

Youth-Led Co-Creative Mental Health Training Programme for Improving Mental Wellbeing and Reducing Stigma among Adolescents in Hong Kong: Insights from A Pilot Study

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Abstract

Recent studies have shown adolescents in Hong Kong have experienced symptoms of various mental disorders. These may have lasting impacts into adulthood, leading to a significant disease burden. A strength-focused, youth-driven, and co-creative mental health prevention programme was conducted among adolescents in Hong Kong. This newly-designed programme aimed to train adolescents in an 8-week programme to increase their awareness of mental health issues and to implement their own community mental health educational activities to reduce stigma and promote mental health and mental wellbeing among the youths in the community. In this pilot study, 46 youth trainees were recruited through community centres and schools. After completing the 8-week training, 22 educational activities were designed and implemented between November 2022 to March 2023. The results showed that the stigma held by the trainees significantly reduced whereas the qualitative data showed that they held a more positive attitude towards mental illnesses, more self-understanding and found ways to manage their emotions. The trainees also reported that the sharing from peers in recovery and the hands-on experience in organising the activities supported these positive changes. The implications of this pilot study were discussed.

Keywords: Positive youth development, mental health prevention, adolescents, youth-led, stigma

Background

Adolescence is often considered as a life stage full of challenges which increase their vulnerability to mental health problems. A review of Hong Kong adolescents' mental health problems indicated that 2.2% and 6.9% of children and adolescents had depression and anxiety disorders, respectively (Yuen

et al., 2019). The situation seems to be worsened by contextual factors such as COVID-19 in recent years. Hong Kong Federation of Youth Groups reported in 2021 that 51.9% of the surveyed 3,669 secondary school students displayed emotional symptoms of depression (as cited in Tsang & Fong, 2022). More recently, a local survey revealed that 16.6% of young people (aged 15 to 24) had probable

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mental disorders, including depression, anxiety, panic disorder, bipolar disorder and psychotic disorder, while depression is the most common condition among all (Wong et al., 2023). These findings suggest not only a significant need for mental health services but also a more proactive approach to prevent the problems.

Prevention of mental health problems with adolescents' strengths

In recent decades, research has identified protective factors and applied them in programmes to promote resilience and mental wellbeing among adolescents (Masten et al., 2011; Ostaszewski, 2020). Yet, prevention programmes generally take a provider-led approach, resulting in low engagement in mental health services or psychoeducational programmes (McGorry et al., 2013). Moreover, individuals may face barriers when seeking mental health services, including fear of being stigmatised, feelings of embarrassment, lack of mental health literacy, and preference for seeking help from friends and family (Robles & Bronstein, 2020; Wong et al., 2023). These barriers may also be applied to participating in the prevention programmes.

Indeed, adolescents have a lot of potential and training them as health educators and leaders could bring long-term gains in their knowledge, attitudes, leadership and related behaviours (Shankar et al., 2020). There has been a paradigm shift towards viewing young people as valuable resources to be developed such as the framework of Positive Youth Development (PYD) (Lerner et al., 2003; Shek, 2006). Drawing on this PYD framework, a strength-based and youth-driven approach, which involves youth in the programme development and decision-making, has been adopted to create positive changes programmes among youth. Examples include suicide prevention (Antonio et al., 2020) and increasing mental health awareness among teenagers and adolescents (Davis-Bordovsky, 2020). The primary benefit of involving youth in developing services and programmes to address mental health is to enhance the acceptance and engagement of young people. Moreover, youth leaders can expand their knowledge and skills, sense of mastery and responsibility by contributing to development of the programmes. Hence, youth-led health projects can simultaneously enhance programme effectiveness and have positive impacts on the community (Suleiman et al., 2006).

By integrating the PYD framework and the recent trend of positive psychology, a transformative/transformation-focused (T), resilient-promoting (R), and youth-driven (Y) prevention programme, called TRY Gym, was therefore designed and developed by the project team to provide a platform to train Chinese youths and adolescents in resilience and transform barriers into opportunities. This programme was introduced in a supportive and stigma-free environment for improving knowledge on mental health, learning how to deal with emotional distress; building resilience with other members of the programme, and co-create events to promote mental wellness for the youths. The content of the TRY Gym aims to cultivate young people's strengths and resilience amid challenges which in turn transform negative experiences and self-perception into growth mindset, cognition and behaviours that ultimately improve their wellbeing.

The theoretical framework underlying the TRY Gym programme

The design of the TRY Gym programme was based on positive psychology (PP) that aligns with the development of youths' strengths. Positive psychology research focuses on individual traits such as virtues and character strengths, including gratitude, as well as positive emotions like happiness and flow, positive relationships such as social support, and positive institutions like family and school. The team also explores how these factors work together to promote optimal functioning for individuals, groups and institutions (Seligman & Csikszentmihalyi, 2000). In view of the stressors and challenges faced by adolescents, another emphasis of the programme is resilience building. The recent trend of positive psychology suggests the significance of acknowledging the reality that sufferings happen in our lives and wellbeing is achieved is to overcome sufferings and achieving an adaptive balance. Through the process of this self-transcendence, that is confronting the sufferings or difficulties with courage and finding resilience to overcome them, individuals were able to transform life adversities into meaning, life goals, and healthy values that support their wellbeing (Wong et al., 2021).

To take resilience as a capacity, internal factors such as individual traits and positive emotions, as well as external factors, such as supportive relationships and environment were highlighted in the programme

(Masten et al., 1990). Furthermore, the TRY Gym incorporated experiential learning and co-creation of adolescents’ own mental health promotion events. With this youth-led approach, participants had the ownership of the programme which could strengthen their self-transcendence, transform their mindset and enhance their resilience. Petrovskaya and Shaposhnikov (2020) suggested that experiential and service learning can help adolescents shift their values from self-enhancement to self-transcendence, which involves identifying meaning, setting life goals, and embracing healthy values through commitment, creativity, and prosocial behaviours. This shift is beneficial for their mental well-being. Lastly, the recovery concept and human library were also salient features of the TRY Gym training, which aimed to reduce the stigma of mental illness. Proposed by the Intergroup Contact Theory (Allport, 1954), intergroup contact can promote positive attitudes and behavioral intentions towards mental illness (Giacobbe et al., 2013). The sharing of peers in recovery of mental illness in the programme would act as the direct contact and facilitate attitudes and beliefs transcendence among the participating adolescents.

Project Aim and Objectives

The TRY Gym programme aimed to improve the mental wellbeing of adolescents in Hong Kong with a proactive, co-creative, and strength-focused approach. The objectives were to (1) train adolescents aged between 16 and 25 (Gym Trainees) in an 8-week programme to equip them with mental health literacy and knowledge as well as to increase their awareness of their mental health and own resilience; (2) to create a strengths-promoting platform to allow Gym Trainees to implement community mental health educational projects supported by our team to improve mental health resources and reduce stigma of Gym Trainees and their peers. It was hypothesised that after undergoing the training, practice and implementing their own mental health promotion activities, the Gym Trainees would have lower level of mental

health stigma as well as higher level of self-efficacy and wellbeing.

Methods

Participants and Setting

Participants recruited in this project were (1) between the ages of 16 and 25, (2) expressed an interested in mental health and promotion, (3) were committed to participating for the entire 9-month duration of the project, and (4) were willing and able to serve as youth ambassadors. Some individuals were excluded from the project because they reported to have active suicidal ideation or were not able to sustain conversations for 20 minutes. In the TRY Gym programme, 46 adolescents were recruited through three local social service organisations as youth ambassadors. Their demographic information is shown in Table 1.

The training

To equip participating youth with knowledge and skills for them to create their youth-led mental health promotion events, they received face-to-face group training to gain information and insights of mental wellness through talks, workshops by mental health professionals, experiential activities, human library and expressive arts activities. They were taught how to manage their emotions in facing life situations, cultivate self-compassion, build self-efficacy by being aware of their strengths, identify mental health resources available in their community, and learn about design thinking for incorporating into their educational activities to support youth’s mental wellbeing. The theme of each session can be found in Table 2 below. After completing the training, trainees went onto the Practice stage and Application stage where they would apply some of the knowledge learnt in the training to design their own mental health promotion programmes.

Table 1.
Demographic information of participants (n=46)

	Mean (SD)	n (%)
Age	20.63 (2.97)	
Gender		
Female		29 (63.0%)
Male		17 (37.0%)
Education level		
High School		14 (30.4%)
Higher Diploma		10 (21.7%)
Associate Degree		2 (4.3%)
Undergraduate		20 (43.5%)

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Table 2.
Session themes and objectives

Session	Session Theme	Session Objectives	Main Activities
1	Overview of Mental Health Issues in Hong Kong	<ul style="list-style-type: none"> • Creating a safe environment for learning and transformation • Gaining knowledge about mental illnesses and mental wellness 	Talk and experiential activities
2	Mental Health Recovery	<ul style="list-style-type: none"> • Introducing the concept of mental health recovery 	Human library
3	Resilience Building	<ul style="list-style-type: none"> • Recognising elements of resilience • Being more aware of how they overcome challenges or difficult situations in their lives 	Expressive arts activities
4	Self-Compassion	<ul style="list-style-type: none"> • Introducing the importance and strategies of self-care • Highlighting personal agency and strengths in maintaining wellness 	Workshop and peer sharing
5	Listening Skills	<ul style="list-style-type: none"> • Understanding the characteristics of a good listener to better support others 	Workshop
6	Design Thinking	<ul style="list-style-type: none"> • Introducing the concept of design thinking on developing mental health educational programme 	Experiential activities
7	Exploring Community Resources	<ul style="list-style-type: none"> • Enhancing knowledge of community resources relating to mental health 	Talk and human library
8	Mental Health Promotion in the Digital World	<ul style="list-style-type: none"> • Orienting participants to designing health promotion event(s) • Considering the pros and cons of using social media in health promotion 	Experiential activities and sharing

Evaluation of the programme and process of change

Interview with trainees

To gain insight into the changes of participants and how those changes took place, the team conducted qualitative interviews with six randomly chosen ambassadors prior to the program's commencement. After the programme, five ambassadors were interviewed to gain a better understanding of their perceptions of mental issues, why they chose to participate in the programme, and their experience of organising youth-driven activities. The interviews also focused on what they have learnt from the three stages of the project and their personal change.

Questionnaire for trainees

A survey was used to collect basic demographic information, including age, gender, and education level of all participants, as well as their levels of self-

efficacy and stigma before and after participating the TRY Gym programme.

The Generalized Self-efficacy Scale which consists of 10 items (Schwarzer, 1993) was used to measure perceived abilities to respond effectively to difficult situations on a 4-point Likert scale (1= Not at all true to 4 = Exactly true). Sample items include "I am confident that I could deal efficiently with unexpected events" and "if I am in trouble, I can usually think of a solution". A higher score means higher perceived self-efficacy. The Chinese version of the scale has demonstrated good internal consistency (Cronbach's alpha=0.91, Schwarzer et al., 1997).

Additionally, the Perceived Devaluation and Discrimination Scale, which is a 12-item scale (Link, 1987), was used to evaluate the level of stigma towards individuals with mental with mental illness. The scale has 12 items and is rated on a 6-point Likert scale. Sample items include "Most people would accept a fully recovered former mental patient as a teacher of young children in a public school" and

“Most people in my community would treat a former mental patient just as they treat anyone.” Higher scores indicate a lower level of stigma. In addition, single-item questions, including their improvements in mental health information, increase in awareness of their mental health conditions and levels of self-compassion, were asked on a 5-point Likert scale (1=strongly disagree to 5=strongly agree).

Evaluation Forms for Youth-driven Activities Participants

Three youth-driven activities were organized by the Gym trainees. Participants of these workshops or activities organised by the trainees were invited to complete an evaluation form, including questions about their mental knowledge, perception of mental illness, confidence in helping others, and overall satisfaction. They rated how much they agreed with the statements on a 4-point Likert scale. Sample items include “I feel more comfortable in discussing mental health issues and seeking professional help” and “I am confident in my ability to help myself and others address mental health issues”.

Procedures

After obtaining informed consent from

participants, the Gym trainees were given a link to the online survey and completed it as the baseline time. They were assigned to one of the groups based on the referring organisation or their residential district and attended the eight sessions of training. 45 Gym trainees completed the training stage and were asked to complete the same online survey for the second time to assess the changes. They then went through a 4-week Practice stage where they completed practices such as gratitude journal, and active listening. Afterwards, they formed 7 groups to design their own youth-led mental health promotion activities in the Application stage (6 months).

During the Application stage, the Gym Trainees with the support by supervisors, designed and implemented 22 mental health promotional events and group activities, such as a talk on self-compassion, forest bathing, expressive arts workshop, playback theatre, etc. The young people who joined these youth-driven activities were invited to complete the evaluation form to know their views towards the events or activities. Survey for the last time. Interviews with randomly selected ambassadors were also conducted before, after the training stage, and after the application stage. All interviews were audio-recorded with the consent from the participants for analysis.

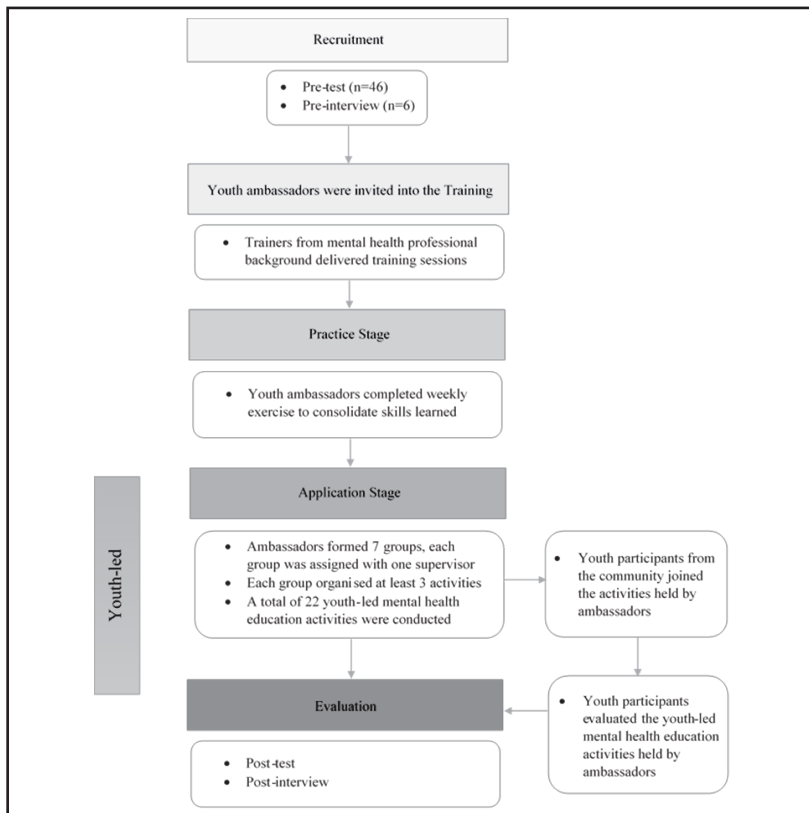


Figure 1: Flowchart illustrating different stages of the TRY Gym project

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Data Analysis

The change of scores on psychological outcome measures over time were calculated and statistical data analyses were performed by IBM SPSS Statistics Package v.28. All interviews were conducted by a research assistant who was trained and supervised by the first and second authors. The audio recordings were transcribed, and themes of the interview content were extracted using thematic analysis approach (Braun & Clarke, 2012) by the project team who have had extensive experiences in conducting qualitative research in mental health field. The meaning and interpretation of the themes was further discussed and agreed upon by the project team.

Ethical Considerations

Ethical approval was obtained from the University's Human Research Ethics Committee. Programme objectives, potential harms and benefits, voluntary participation in the evaluation, and the right to withdraw were explained clearly to the participants. Informed consent was obtained from all participants and their parents/guardians if under 18. Participants were also provided with information on professional mental health support.

Results

Quantitative Analysis

Repeated measures ANOVAs were conducted to evaluate the changes in the scores on self-efficacy and devaluation and discrimination scales. An upward trend was noticed for both scores after the programme, but no statistically significant result was found in the score on self-efficacy ($F = .27, p = .76$) at baseline (Mean = 24.61, $SD = 6.96$), and post-application phase (Mean = 25.10, $SD = 4.45$). As a higher score indicates a lower level of stigma, there was a significant reduction in this dimension (F

=3.92, $p < .05$) from baseline (Mean = 38.35, $SD = 10.89$) to post-application phase (Mean = 42.15, $SD = 6.47$). Moreover, participants in general agreed that they had a deeper understanding of mental health related information (3.85/5), were more aware of their mental health conditions (3.95/5) and increase in self-compassion (4.05/5).

Evaluation forms were given to the participants of youth-led activities to obtain feedback after the activities and 154 responses were received. Results showed that the youth-led activities were attractive to participants. In addition, the Gym trainees were able to incorporate mental health knowledge in the activities to reduce misconceptions and give them ideas to handle their current mental health concerns. Table 3 below summarises the key findings.

Qualitative Results

Reasons for Joining the Project

The primary reason that participants joined the programme was being interested in mental health and would like to gain more practical skills through the programme. Some of them mentioned that they hope to learn new ways and community resources to "take care of themselves first" so that they could share it with people around them and "bring good to the public". In general, counselling skills, stress management, and self-care practices were common skills they would like to learn. Moreover, the opportunity to connect with other youths and create their own "meaningful project" appealed to them very much.

Overall Changes

Attitudes Towards Mental Illness. Interviewees indicated some changes in their self-awareness and mental health. Some of them found that they paid more attention to people with mental illness and have incorporated new knowledge, such as the concept of personal recovery, in their understanding of mental health issues. For instance, labelling would create

Table 3.
Feedback from participants on youth-led activities

Key findings
Mental health knowledge and stigma
● 82% agreed or strongly agreed that they had gained an understanding of mental health knowledge through the information given in the activities.
● 79% agreed or strongly agreed that the activities were helpful to remove mental health misconceptions.
● 97% agreed or strongly agreed that they have a positive view towards mental health issues.
Self-help and helping others
● 86% of them agreed or strongly agreed that they have confidence in handling their mental health needs/concerns.
● 70% agreed or strongly agreed that they were confident to help others with mental health needs/concerns.
Future participation
● 95% were willing to learn more about mental health.
Overall comments
● 97% agreed or strongly agreed that the activities/workshops were helpful to them.

stereotypes and prevent people from seeking help; recovery is about finding ways to be at peace with oneself. An interviewee believed that dealing with mental health problems is not about labelling a person as normal or not; rather, it is about accompanying with them and letting them know people are supporting them.

Increased self-understanding. The programme enabled youth ambassadors to better understand themselves in terms of awareness of their emotions, the causes of their emotions, their needs, and personal qualities and limitations. For most interviewees, they had no or limited experience in organising activities and it was a brand-new experience to design and implement their own mental health promotion activities. One interviewee mentioned that this was his “new attempt, new challenges, and I need to overcome my fear”. The Application stage also offered opportunities to work with young people of different backgrounds. This enhanced their understanding of communication styles, limitations and areas for improvements.

Better emotional management. The participants noted that they paid more attention towards their emotions and mental well-being increased after participating in the programme. This helped them to address their psychological needs more effectively and promptly. For example, they adopted techniques like mindfulness to manage stress.

Important components to create change

Being flexibility. They learnt to be flexible when they implement their activities during the Application stage. An interviewee mentioned that her group had organised an activity, but unforeseen circumstances arose. Consequently, it was important for the group to remain flexible and not become “bound by the plan”. Instead, they adapted to the situation, which exemplified the idea of resilience.

Human Library Sharing from Peers with Life Experience/Recovery Journey. Human library sharing of the challenges and recovery journey was salient learning for participants. A participant expressed that after listening to the human library sharing, she realised “the need to take good care of oneself and things take time” which has made her feel less worried.

Exercises to Apply and Practise Newly Learnt Skills. The Practice stage was useful for participants. A participant shared that she already knew what mindfulness and gratitude were before joining the programme, yet the exercises encouraged her to practise more often and build it into a new habit. Moreover, a participant realised through a gratitude diary that her life “was not that bad” and there could be “something in each day, maybe having comfort food, that could cheer me up”.

Guided Application. Most interviewees had no or limited experience in organising activities before joining the programme. Designing their own mental health promotion activities was a brand-new experience. One of the interviewees mentioned that this was his “new attempt, new challenge and I need to overcome my fear”. Despite with uncertainties, interviewees learned and gained insights from the process with guidance from supervisors. Through working with people of different backgrounds, the TRY Gym trainees were able to enhance their communication skills, and empathy, as well as reflect on their own limitations and areas for improvement.

Discussion

This project aims to improve the mental wellbeing of adolescents in Hong Kong through a TRY Gym, a proactive, co-creative, and strength-focused programme. This programme met the objectives to train youth ambassadors with mental health knowledge and listening skills, and to co-create youth-driven mental health educational projects for their peers in a stigma-free, strength-building, and resilience-promoting environment. Although the results from the survey did not show a significant increase in self-efficacy, the evaluation forms from the youth-driven workshops/activities and qualitative interviews indicated increased knowledge and improvements in emotional management and a more positive attitude towards mental health issues.

The responses from the interviewees provide support for the structure of the programme that consists of three stages. While the training workshops were attractive for the youth as they wanted to equip themselves with more practical skills to care for their own and others’ mental health, the 4-week practice period was essential. Not only it helped consolidate the learnt skills acquired in the Training stage, but it also allowed the trainees to experience the impacts before sharing them with their peers. Finally, the Application stage gave them chances to put their ideas into action. The experience was “challenging” and generated “fear”, but the results were rewarding. Some interviewees achieved a sense of mastery and greater confidence after the successful running of the community-based psychoeducational activities.

The content of the training workshops was generally appropriate for the participants. The trainees found the strategies for managing emotions, such as mindfulness, and practical skills, like empathic listening, to be helpful. They were able to apply these skills to their everyday lives and improve their overall wellbeing. Additionally, they were able to share their ideas with their peers during the application stage. The topic of mental health recovery with the sharing of human libraries was particularly appealing to the adolescents. Some adolescents found a new perspective

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to look at their own problems. Furthermore, the reflection on the labelling effect, the meaning of recovery, and support for the persons in recovery have transformed participants' perception of the meaning of mental illness. They tended to express a more neutral or positive attitude towards individuals with mental illness. These results demonstrate that the trainees were able to accomplish the aims of TRY Gym, which is to promote transformations in their attitudes and enhance their resilience. In line with previous research, increasing contact with people who have experienced mental health problems, such as in the form of human library, could reduce prejudicial attitudes and improve acceptance (Bagci & Blazhenkova, 2020; Stuart, 2016).

Moreover, resilience was also observed among the youth ambassadors. With no or limited experience in organising group activities, some participants found the Application stage challenging. They were worried about the outcomes, but the support from the group members helped them to overcome the fear. They were also more able to respond to sudden or unexpected changes to the plan. This study found that supervisors play a crucial role in supporting youth-driven projects during the application stage. In the future youth-led programmes, supervisors could offer more guidance on planning and implementation on psychoeducational programme related to mental well-being, including information on how to plan a workshop or group activity, tips on leading a discussion, and providing feedback for improvements.

A majority of the participants of the youth-led workshops and group activities expressed that these activities were helpful for them and they were satisfied with these activities. For example, more than 80% of them had better mental health knowledge and reported having confidence in handling their mental health needs. Furthermore, over 90% of them were willing to join future activities and wanted to learn more about mental health knowledge. Similar to a study on youth-led mental health stigma programmes (Bulanda et al., 2014), the findings converged to suggest that activities co-created by the youth had greater acceptance and could bring positive changes to their peers.

Furthermore, the interview responses and observations provided some directions for the programme improvements. First, the mode of delivery of training workshops could be more interactive. In addition to art-based activities, this program could also use online games and multimedia to engage participants. Second, introducing more group tasks in the training and practice stages could enhance trainee bonding.

The evaluation of the pilot study is based primarily on the self-reported survey and interviews with a small sample size, therefore, the results should be interpreted with caution. Despite these limitations, this study documented a proactive, co-creative, and strength-

focused programme designed for and led-by the youth, which provided them with valuable opportunities to transform and grow. The mental health of adolescents is crucial to the community. Prevention programmes should consider going beyond the provision of mental health knowledge per se to offer opportunities for young people to proactively take part in the programmes. This could facilitate the young generation's personal growth as well as bringing an impact on the mental wellbeing of their own and the community.

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摘要

改善香港青少年的精神健康及減少污名化的青年主導共創精神健康培訓計劃：先導研究之見解

研究顯示不少香港青少年曾經或正在經歷不同的精神疾病的徵狀，這些情況可能會帶來長遠的影響。此研究在香港青少年中開展了一項強調優勢、青年主導、以及共同創新的精神健康預防計劃。計劃旨在透過為期八節的小組培訓以提高青少年對精神健康議題的認識，並在完成培訓後將他們所學的精神健康知識應用於為期六個月的「共創階段」，在所屬社區舉辦教育活動向其他青少年推廣精神健康，以減輕污名化及促進社區上青少年的精神健康。在此項先導研究中，團隊透過社區機構和學校招募了總共46名青少年練習生參與培訓，並於2022年11月至2023年3月期間共舉辦了由青少年主導的22項社區精神健康教育活動。研究結果顯示，練習生對精神健康的污名化明顯減少。而質性數據顯示，他們對精神疾病持有更正面的態度、更多的自我認識，以及找到有效的管理情緒方法。練習生亦表示復元人士的分享以及組織活動的實踐經驗有助他們產生正面改變。

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