

Original Article

Factors affecting Beneficiary Attendance in a Community Youth Mental Health Promotion Programme (Yuva Spandana) in Karnataka, India

Lavanya Garady¹, Pradeep S Banandur², Mutharaju Arelingaiah³, Gururaj Gopalkrishna⁴, Gireesh HJ⁵, Jyoti M Koujageri⁶, Sateesh L Sajjanar⁷, MS Ramesh⁸, Srinivas K⁹

^{1,2,4,5}Department of Epidemiology, Centre for Public Health, NIMHANS, Bengaluru, Karnataka, India.

³Department of Psychiatric Social Work, NIMHANS, Bengaluru, Karnataka, India.

⁶CMR University, Bengaluru, Karnataka, India.

^{7,8,9}Department of Youth Empowerment and Sports, Government of Karnataka, Bengaluru, Karnataka, India.

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Corresponding Author:

Pradeep S Banandur, Department of Epidemiology, Centre for Public Health, NIMHANS, Bengaluru, Karnataka, India.

E-mail Id:

doctorpradeepbs@gmail.com

Orcid Id:

<https://orcid.org/0000-0003-0738-3246>

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A B S T R A C T

Background: Yuva Spandana is a unique community-based Youth Mental Health Promotion programme implemented to provide guidance and counselling services to youth having any issues through Yuva Spandana Kendras (YSKs) across Karnataka. We assessed the factors affecting beneficiary attendance to YSKs across Karnataka.

Methods: A conceptual framework was developed to understand the factors affecting beneficiary attendance through stakeholder consultation. First-time beneficiaries attending guidance centres between 1st January 2017 and 31st December 2018 across 30 districts of Karnataka were considered as study subjects. Requisite data were drawn from the computerised management information system (CMIS) specifically developed for the programme. Multivariate linear regression was performed with factors affecting beneficiary attendance as the outcome and a host of hypothesised exposures.

Results: For every sensitization programme where > 1 issue was addressed, the beneficiary attendance increased by 84%. Reaching out to parent beneficiaries through sensitization programmes and referring clients to resource mapped organisations significantly increased beneficiary attendance at YSK by 79% and 81% respectively. For every percentage increase in reminder calls to beneficiaries who sought support following a sensitization programme, beneficiary attendance increased by 2.18 times. Availability of internet connectivity at these guidance centres in 2017 increased beneficiary attendance by 18 times.

Conclusions: This study provides important inputs towards increasing beneficiary attendance at large scale youth mental health promotion programmes in India.

Keywords: Youth Mental Health Promotion, Mental Health Promotion, Client Satisfaction, Programme Evaluation

Background

India has the largest youth population in the world. Nearly 70% of the population is below the age of 35 years.¹ They are presumed to be healthy but, about 2.6 million young people between 10 and 24 years die each year.² Transition in traditional family systems, influenced by the rapid changes in economic, social, and political scenarios globally, pose social, psychosocial, behavioural, and mental health challenges amongst youth. Significant numbers of youth have issues related to alcohol, tobacco, lack of physical activity, unsafe sex, and exposure to violence.² Considering these, youth and families need support to deal effectively with these challenges.

As a consequence, the Department of Youth Empowerment and Sports, Government of Karnataka, along with Centre for Public Health, Department of Epidemiology, NIMHANS, implemented a youth mental health promotion programme called Yuva Spandana (meaning responding to youth). Yuva Spandana is a programme to bridge the gap between youth, their families, and the ever-changing society in order to enable a smooth transition of youth from childhood to adulthood. This is a Youth policy of Karnataka 2014 initiative, drafted with a vision to reach, engage, and empower the youth of Karnataka and facilitate the all-round development of the society.³

Under the programme Yuva Spandana, youth guidance centres named Yuva Spandana Kendras (YSKs) (meaning youth response centres) are established at all district stadiums across Karnataka. Trained youth named Yuva Samalochakas (YSs) (meaning youth counsellors) and Yuva Parivarthakas (YPs) (meaning youth change agents) provide services in YSKs free of cost. YSKs provide guidance/counselling services to youth with any issue. Broadly, youth issues such as education and academic issues, relationship issues, personality development issues, safety issues, gender, sex, and sexuality issues, and health and lifestyle issues are addressed in the programme. Various activities are conducted under the programme with an intent to bring beneficiaries to YSKs. Sensitization programmes, resource mapping, and guidance services are the core activities performed under the programme Yuva Spandana.

The Sensitization programme is the first point of contact between probable beneficiaries to YSK and the programme service providers (YP/ YSs).⁴ After the sensitization programme, participants fill a feedback form to evaluate the programme and seek support at YSKs. The YPs segregate collected feedback forms into 'support required' and 'support not required' forms. All the feedback forms are brought to the YSKs within 2 days of the sensitization programme for safe keeping. Yuva Samalochakas at YSKs make phone calls to all the beneficiaries who request support in feedback forms and fix appointments at YSKs.

They provide guidance to beneficiaries after s/ he comes to YSK. These steps are part of the Standard Operating Procedures (SOPs) inbuilt into the programme in order to ensure all beneficiaries requesting support are contacted over phone first. YSs and YPs facilitate beneficiaries to access services at YSKs. The process that follows a sensitization programme is presented in Figure 1.

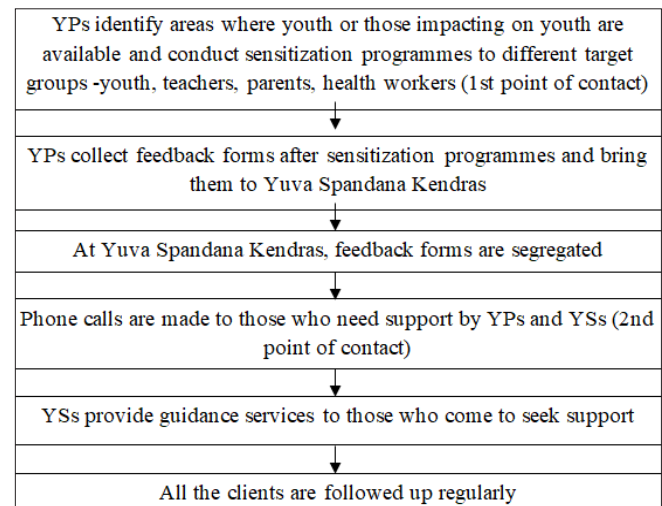


Figure 1. Process following a Sensitization Programme

The programme Yuva Spandana is in its sixth year of implementation. There has been a gradual and essential shift in the focus of the programme. Initially, it was to establish Yuva Spandana Kendras across all the 30 districts within Karnataka. Now, with YSKs established in all the districts, the focus is on expanding coverage and ensuring quality of services for beneficiaries seeking guidance at YSKs. With this shift in focus, an understanding of factors associated with beneficiaries attending YSK is important to undertake a focused approach towards programme activities that bring in beneficiaries to YSK. Thus, we aim to assess the factors affecting beneficiary attendance at YSKs in Karnataka.

Materials and Methods

A cross-sectional study design was employed for the present study. All the first-time beneficiaries attending YSKs between 1st January 2017 and 31st December 2018 across 30 districts of Karnataka were considered as study subjects for the study. All the required data were drawn from the computerised management information system (CMIS) specifically developed for the programme Yuva Spandana. Registration and visit details of all beneficiaries were considered. Further, the data related to all sensitization programmes, resource mapping, and phone call forms were also utilised. All the data from monthly reports and training reports were also obtained. Detailed information about the data used for the current study is depicted in Tables 1 and 2.

The preparatory phase involved the development of a conceptual framework to understand the factors affecting beneficiary attendance. A draft of the conceptual framework on factors affecting beneficiary attendance was developed by the investigators, keeping in mind the various activities of Yuva Spandana that may contribute towards beneficiary attendance. Two stakeholder consultations, namely one core team and one field team consultation workshops were held to finalise the conceptual framework, methodology of data collection, and to list out the potential exposure variables affecting beneficiary attendance (Figure 2).

Ethical approval for this study was obtained by Institute Ethics Committee NIMHANS vide letter No.NIMH/DO/ETHICS COMMITTEE MEETING/2018, DATED 10/01/2019. Informed consent was taken from all the respondents.

Statistical Analysis

Data from different sources were organised by district in the same order, assigning the same serial number across all databases. They were merged using the serial number for the district as a unique identifier. Descriptives and frequencies along with multivariate linear regression

analysis were performed. Linear regression analysis was performed with the number of beneficiaries registered in YSK during the study period as the outcome. The number of beneficiaries registered/ attending YSK was considered as an outcome. Factors within the conceptual framework for client attendance to YSK (Figure 2 and Tables 1 and 2) were hypothesised as exposure variables. All exposure/ confounding variables significantly associated with outcome at 10% level ($p < 0.10$) in univariate analysis were eligible to be considered for multivariate analysis.

In multivariate linear regression analysis, each of the exposure/ confounding variables eligible to be included in the multivariate model was included one after the other using a forward stepping process. All exposure/ confounding variables that were significantly associated with the outcome at 5% levels ($p < 0.05$) and changed the β co-efficient of at least one preceding variable by 10% were retained in the final model. Each model was compared with the preceding model using likelihood ratio-test with appropriate degrees of freedom. All statistical analyses were performed using Stata 12.1 software.

Table I. Secondary Source of Data for Finalised List of Factors and Potential Exposure Variables to be analysed for assessing Factors affecting Client Attendance in Yuva Spandana

S. No.	Data Required	Source	How the Data was Pooled and Utilised
Sensitization Programme	During Sensitization Programme (SP) Number of Sensitization programmes. Issues addressed. Challenges faced. Groups/ type of beneficiaries addressed.	Sensitization Programme (SP) format	District-wise total number of sensitization programmes conducted in 24 months. District-wise number of sensitization programmes with number of issues addressed (all issues/ only one issue/ > 1 issue/ no issues addressed). District-wise number of SPs with different challenges faced during the sensitization programme conducted. District-wise number of SPs with different beneficiaries reached.
	Post-Sensitization Programme Collecting feedback forms. Phone calls to clients and reminder calls to clients.	Sensitization Programme format and phone call format	District-wise total number of feedback forms collected post sensitization programme in 24 months. District-wise 24 month average of phone calls/ reminder calls to clients post sensitization programme.
Resource Mapping	Type of organisation. Number of resources mapped. Issue wise service provision. Issue wise costing of service.	Resource mapping format	District-wise number of organisations mapped overall and by type (government/ non-government (for-profit and not-for-profit). District-wise number of mapped organisations providing services for each issue addressed under the programme. District-wise number of mapped organisations providing services free-of-cost/ subsidised cost/ full cost.

Facilities available at YSK	Colour code charts on facilities at YSK. Availability of YSs. Availability of YPs.	Yuva Spandana monthly report	District-wise 24 month average of 12-different facilities (coded as yes/ no) at YSK. District-wise number of months when YS was available during the 24-month assessment/ period . District-wise number of months when all five YPs were available during the 24-month assessment period.
Trainings	Number of YS and YP trained. Socio- demographic profile of Yuva Samalochakas and YPs	Training Registration data	District-wise total number of YSs and YPs trained from the start of the programme. Socio-demographic profile of Yuva Samalochakas and YPs who were working during the study period
Monitoring and Evaluation	Monitoring systems. Advisory committee meetings. Karnataka Development Programme (KDP) meetings	Yuva Spandana monthly report	District-wise number of months when advisory committee meetings were held. KDP meetings conducted during the 24-month assessment period
Publicity drives	During Sensitization Programmes Banner display. Brochure distribution. Pamphlets distribution.	Sensitization Programme format	District-wise number of SPs where banner was displayed/ brochures/ pamphlets distributed during the 24-month assessment period
	Name board at YSK. News articles of activities of Yuva Spandana.	Yuva Spandana monthly report	District-wise number of months where name board was displayed for the YSK during the 24-month assessment period. District-wise number of months where news articles of activities about Yuva Spandana were published/ aired/ broadcasted during the 24-month assessment period
Quality of guidance	Reminder calls. Follow up. Referrals.	Yuva Spandana monthly report	District-wise number of reminder calls/ follow up/ referrals made during the 24-month assessment period
Others	Socio-demographic profile of clients	Client registration data	Socio-demographic profile of clients under Yuva Spandana as collected using registration form during the assessment period

Table 2. Primary Source of Data for Finalised List of Factors and Potential Exposure Variables analysed for assessing Factors affecting Client Attendance in Yuva Spandana

Data Required	Source	How the Data was Pooled and Utilised
Monitoring systems Deputy Director/ Assistant Director support in conduct of overall activities of Yuva Spandana in the district	Subjective information as perceived by YS/ YP	District wise support categorised as very poor (1), poor (2), satisfactory (3), good (4), and excellent (5) as perceived by YS/ YP

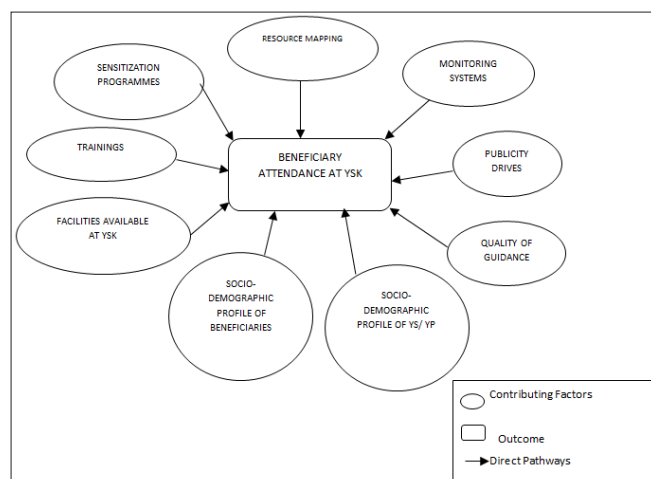


Figure 2. Final Version of Conceptual Framework to assess Factors affecting Client Attendance

Results

Overall, there were 6895 beneficiaries with more than half (54.74%) of the beneficiaries being male. The mean age of male beneficiaries was 21.6 ± 8.3 years and that of female beneficiaries was 20.69 ± 7.1 years. About half of the beneficiaries were in the age group of 16-20 years and almost 3/4th of them (73.8%) had studied beyond high school. A majority of the beneficiaries were unmarried (87.2%) and were students (70%) (Table 3).

Univariate simple linear regression analysis showed that 31 variables were found eligible to be included in the final multivariate model (Tables 4 and 5).

More than one issue addressed during a sensitization programme, reaching parent beneficiaries through sensitization programmes, referrals to resource mapped services, proportion of reminder calls made to clients who sought support following sensitization programmes and internet connection in YSK were associated with increased beneficiaries in YSK between 1st January 2017 and 31st December 2018 in Karnataka (Table 6). For every sensitization programme where more than one issue was addressed, the beneficiary attendance increased by 84% (Adj.β = 0.84; 95% CI = 0.53-1.15). Reaching out to parent beneficiaries through sensitization programmes increased beneficiary attendance at YSK by 79% (Adj.β = 0.79; 95% CI = 0.20-1.37). Referring clients to resource mapped organisations significantly increased beneficiary attendance by 81% (Adj.β = 0.81; 95% CI = 0.34-1.28). For every percentage increase in reminder calls made to probable beneficiaries who sought support following a sensitization programme, the beneficiary attendance increased by 2.18 times (Adj.β = 2.18; 95% CI = 0.52-3.83). Availability of internet connectivity at YSKs in 2017 increased beneficiary attendance by 18 times (Adj.β = 18.00; 95% CI = 5.86-30.13).

Table 3. Socio-demographic Profile of Beneficiaries visiting YSK from 1st January 2017 to 31st December 2018

Socio-demographic Profile of Clients	Male		Female		Total	
	N	%	N	%	N	%
Total number of beneficiaries	3774	54.74	3121	45.26	6895	100
Mean age of clients (in years)	21.62*	8.33 [§]	20.69*	7.19 [§]	21.2*	7.85 [§]
≤ 15	474	12.56	379	12.14	853	12.37
16-20	1,805	47.83	1,648	52.8	3,453	50.08
21-25	707	18.73	599	19.19	1,306	18.94
26-30	356	9.43	215	6.89	571	8.28
31-35	177	4.69	134	4.29	311	4.51
>35	255	6.76	146	4.68	401	5.82
Education						
Illiterate	100	2.65	80	2.56	180	2.61
Middle school	287	7.61	167	5.35	454	6.58
High school	611	16.19	563	18.04	1,174	17.03
Above high school	2,777	73.58	2,310	74.01	5,087	73.78
Present Marital Status						
Currently married	426	11.29	393	12.59	819	11.88
Others	11	0.30	52	1.67	63	0.91
Unmarried	3,337	88.42	2,676	85.74	6,013	87.21

Occupation						
Agriculture	151	4	43	1.37	194	2.46
Business	110	2.91	15	0.48	125	1.81
Salaried employee	122	3.23	55	1.76	177	2.57
Student	2,601	68.92	2,228	71.39	4,829	70
Unemployed	647	17.14	499	15.99	1,146	16.62
Others (non-agricultural labourer, coolie, house work etc)	143	4.26	281	9.28	424	6.36

*: mean, \$: standard deviation

Table 4. Univariate Analysis of Exposure Variables related to Sensitization Programme and Training affecting Beneficiary Attendance

n = 30 districts

Characteristics related to Sensitization Programme and Training	β -coefficient	P-value	95% Confidence Interval	
			Lower	Upper
Number of sensitization programmes conducted	0.65	< 0.001*	0.29	1.02
Number of issues addressed during sensitization programmes				
More than one issue addressed	1.1	< 0.001*	0.58	1.61
Challenges faced during sensitization programmes				
Programmes where audio systems were not functional	3.84	0.08*	-0.56	8.25
Publicity materials used during sensitization programmes				
IEC-banners	0.67	< 0.001*	0.28	1.06
IEC-brochures	0.67	< 0.001*	0.29	1.05
Articles published in newspapers	28.39	0.01*	7.07	49.71
Types of beneficiaries reached through sensitization programmes				
Students	0.75	< 0.001*	0.33	1.18
Teachers	5.41	0.10*	-1.08	11.89
Parents	1.21	0.04*	0.08	2.35
Beneficiaries in community	1.69	< 0.001*	0.59	2.78
Other beneficiaries	1.38	0.02*	0.21	2.55
Post sensitization activities				
Number of phone calls made to those with issues in feedback forms	0.09	< 0.001*	0.04	0.15
Number of follow up beneficiaries at YSK	1.51	< 0.001*	0.7	2.31
Number of beneficiaries referred to resource mapped services	1.53	< 0.001*	0.82	2.24
Training related characteristics of YPs and YSs				
Number of YPs	-22.16	0.029*	-41.92	-2.39

*Significant at or below 10% ($p \leq 0.10$), eligible to be included in the multivariate model.

β : Regression co-efficient for univariate simple linear regression. Only statistically significant variables are shown in the table.

Table 5. Univariate Analysis of Exposure Variables related to Resource Mapping and Human Resource at YSK affecting Beneficiary Attendance

n = 30 districts

Characteristics related to Resource Mapping	β-coefficient	P-value	95% Confidence Interval	
			Lower	Upper
Characteristics of resource mapped organisations				
Total number of resource mapped organisations	1.69	< 0.001*	0.65	2.73
Total number of organisations resource mapped for health and lifestyle issues	2.16	0.01*	0.53	3.8
Total number of organisations resource mapped for education and academic issues	1.92	0.03*	0.16	3.68
Total number organisations resource mapped for safety issues	1.73	0.05*	0	3.47
Type of resource mapped organisations				
Government organisation	2.49	0.02*	0.37	4.61
Resource mapped organisations for health and lifestyle issues by costing of services				
Subsidised cost	4.6	< 0.001*	1.74	7.46
Resource mapped organisations for education and academic issues by costing of services				
Subsidised cost	5.64	< 0.001*	2.44	8.83
Resource mapped organisations for personality development issues by costing of services				
Subsidised cost	5.57	< 0.001*	2.05	9.1
Resource mapped organisations for safety issues by costing of services				
Subsidised cost	4.4	0.01*	1.36	7.45
YPs and YSs under Yuva Spandana Programme				
Number of male YPs selected in 2018	-42.45	0.04	-83.71	-1.19
Number of female YPs selected in 2018	-56.86	0.01	-101.24	-12.48
Total number of male YPs selected from 1st Jan 2017 to 31st Dec 2018	-45.23	< 0.001	-73.34	-17.12
Total number of female YPs selected from 1st Jan 2017 to 31st Dec 2018	-49.81	0.01	-83.3	-16.31
Total number of YSs working in YSKs in 2018	21.45	0.01	7.15	35.75
Total number of YPs working in YSKs in 2017	27.42	0.02	5.04	49.8
Total number of YPs working in YSKs in 2018	23.65	0.02	4.45	42.84

*Significant at or below 10% (p ≤ 0.10), eligible to be included in the multivariate model.

β: Regression co-efficient for univariate simple linear regression. Only statistically significant variables are shown in the table.

Table 6. Multivariate Linear Regression Analysis of Factors affecting Beneficiary Attendance at YSK

	Adjusted β-coefficient	P-value	95% Confidence Interval
Number of sensitization programmes where more than one issue was addressed	0.84	< 0.001	0.53-1.15
Number of parent beneficiaries reached through sensitization programmes	0.79	0.01	0.20-1.37
Number of beneficiaries referred to resource mapped services	0.81	< 0.001	0.34-1.28
Percentage of reminder calls made to clients	2.18	0.01	0.52-3.83
Number of YSK having internet connection in 2017	18.00	0.01	5.86-30.13

Discussion

The programme Yuva Spandana is the first-ever state-level mental health promotion programme in India, developed in line with the National Youth Policy - 2012. The current article aimed at understanding the factors which contribute to increased clientele to Yuva Spandana Kendras and Identified the factors that enable service utilisation by the beneficiaries in the community. Our study revealed that it is essential to:

- Address more than one issue for which the services are available within the programme while sensitizing beneficiaries
- Conduct more sensitization programmes to parents groups
- Make reminder calls to beneficiaries who requested support through feedback forms, to fix appointments at YSK
- Provide referral letter to beneficiaries to seek services at resource mapped individual/ organisations
- Ensure internet availability in YSK in order to increase beneficiary attendance at YSKs

In this study, a systematic, objective assessment of factors affecting client attendance was done by developing a conceptual framework through stakeholder consultations. Our study utilised programme data collected utilising a specifically developed Computerised Management Information System (CMIS) that captures data in real-time. This study utilised programme data from multiple sources. Data quality is ensured within the programme by stringent methodology incorporated right from the stage of training of YSs and YPs to routine monitoring of data (both during data collection and entry). YSs and YPs who enter data on CMIS are rigorously trained in both capturing and entering data in CMIS. Data related training is an important part of both basic and refresher training schedules of the programme. Besides in-house training, programme staff provides support for field-level data management during their field visits. The Monitoring and Evaluation Officer of the programme along with the Field Coordinator and Field Liaison Officers closely monitor all data entered in CMIS on a day-to-day basis. The Programme Coordinator and Principal Investigator of the programme supervise this process of data monitoring regularly. All these ensure real-time data collection with minimal errors in data entry.

Activities conducted to develop the conceptual framework were scientific and comprehensive. Thus the results of the study can be generalised to all Yuva Spandana Kendras across Karnataka. In addition, stakeholder involvement in designing the study is likely to ensure stakeholder participation. It is likely to facilitate the field team to utilise these results and own future interventions based on these results. Intervening on these factors could improve client attendance for the programme in future.

One of the factors affecting beneficiary attendance in YSKs in Karnataka was addressing multiple issues during a sensitization programme. Addressing multiple issues ensures that there is something for every beneficiary at YSK. During these sensitization programmes, YPs broadly address 6 issues covering the entire gamut of youth issues.⁴ Hence, when YPs address multiple issues, youth are exposed to a spectrum of challenges and can connect to issues that they face and seek support for the same at YSKs thereby increasing beneficiary attendance.

YPs conduct sensitization programmes at the field level for different groups such as youth clubs, students, parents, teachers etc.⁴ It was observed that conducting sensitization programmes for parents increases beneficiaries to YSKs. In the Indian context, parents are the key decision-makers in the family. Although it seems that the youth are independent, when it is the question of seeking support or care, the youth are under the control of their parents or caretakers in India. Hence, focusing on sensitising parents would bring their children to YSKs.⁵

YPs collect feedback forms from participants after the sensitization programme. Our study found that making reminder calls to schedule appointments to YSK following the sensitization programme increases beneficiary attendance. This helps in building rapport and confidence among potential beneficiaries. For the beneficiary, receiving a reminder call post sensitization programme is likely to reinforce the fact that "there is somebody who is willing to listen to me and help me with my problems" - a message that is shared as part of the sensitization programme. Usage of technology for increasing service utilisation of programmes is the need of the hour.^{6,7}

Yuva Samalochakas provide guidance to beneficiaries who come to YSKs and refer them to an appropriate referral institution for further help. Our results reveal that referrals to resource mapped services bring beneficiaries to YSKs. This process provides an opportunity to showcase services available at YSK through beneficiaries themselves and thereby promote cross-referrals. It also provides evidence to resource mapped organisations about an ongoing successful programme.

It was observed that having an internet connection during 2017 is a significant factor affecting client attendance. Having an internet connection in YSK ensures that district teams at YSK are well supported by the core team at NIMHANS enabling the district teams to confidently handle clients at YSK.

Univariate simple linear regression analysis showed 27 variables to be significant. However, only 5 factors were found to be statistically significant in multivariate analysis. The variables which were significant in the univariate

analysis might seem to be less important compared to the five factors significant in multivariate analysis in increasing clients. However, this might not be true. Logically, given the robust monitoring and supervision in-built into the programme, an analysis done as part of the routine monitoring and evaluation in July 2017 revealed that availability of YSKs, potential beneficiaries agreeing to visit YSK during phone call following sensitization programmes, focusing on teachers and youth in sensitization programmes, and sensitization programmes and friends as a source of referral increased beneficiary attendance.^{8,9} Other sources of information and challenges and difficulties faced during sensitization programmes decreased client attendance. Learning from the previous evaluation helped us intervene (e.g. - focussing on teachers through sensitization programme) on these factors. These might have made these programme components/ exposure variables insignificant at this stage of the programme. This is known to happen as part of the evolution of the programme. However, these would still be relevant as activities of the programme and need to be part of the routine monitoring and supervision along with a special focus on the five factors identified in this study.

Limitations

This study is not without limitations. Other relevant factors affecting beneficiary attendance such as quality aspects of sensitization programmes, guidance and client satisfaction levels are not considered in the current study. Since the majority of programmes are focused on the student population, it is obvious that the majority of the beneficiaries attending YSKs are students. Hence the generalisability of the results to other beneficiaries is questionable.

Conclusion

This study provides important inputs on what brings beneficiaries into such large community-based youth mental health promotion programmes. Utilising this evidence; the programme team can plan for evidence-based implementation of the programme. Henceforth, YPs would be strengthened to address all 6 issues in the sensitization programmes conducted for any group.⁴ This would be monitored to conduct more programmes for parent groups. Referring of beneficiaries to referral institutions/ individuals would be continued and further efforts would be made to strengthen the networking between those organisations/ individuals. Emphasising the importance of making reminder phone calls to those who had sought support through feedback forms is another factor to be vigorously monitored by the programme. Finally, availability of functional internet in the centre to monitor and supervise on a daily basis is essential.

We believe that the findings and the conduct of this study provide important insight for programme managers, implementers, policymakers, and funders on factors that need to be looked into while developing and implementing large community-based youth mental health promotion models such as Yuva Spandana.

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Abbreviations

- **YSP:** Yuva Spandana Programme
- **YP:** Yuva Parivarthaka
- **YS:** Yuva Samalochaka
- **YSK:** Yuva Spandana Kendra
- **CMIS:** Computerised Monitoring Information System
- **SOPs:** Standard Operating Procedures
- **KDP:** Karnataka Development Programme

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