

Feasibility of a Peer-Facilitated Video-Based Mental Health and Substance Use Service-Learning Program

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ABSTRACT

This study examined the feasibility of implementing a peer-facilitated mental health and substance use video-based program delivered by psychology students as part of service learning. The program was delivered on-site and online. Findings reveal improvements in knowledge, attitudes, refusal self-efficacy, and adaptive coping among on-site participants. However, there was no effect on online participants given many implementation challenges. Recommendations include delivering the program on-site, strengthening training for facilitators, increasing program duration, and shortening the videos.

Keywords: mental health, substance use, prevention, technology, Philippines

FEASIBILITY OF A PEER-FACILITATED VIDEO-BASED MENTAL HEALTH AND SUBSTANCE USE SERVICE-LEARNING PROGRAM

Mental health and mental health conditions have become a growing concern in recent years. According to the Global Health Data Exchange, in 2019 an estimated 970 million people globally were living with mental illness, with anxiety and depressive disorders being the most prevalent (WHO, 2022).

The youth seem to be particularly vulnerable. Adolescence is a critical period for the development of social and emotional behaviors that contribute to an individual's mental well-being. Globally, one in seven or 14% of 10- to 19-year-olds experience mental health conditions that often go unrecognized and untreated (WHO, 2022).

Adolescents are also more prone to engage in risky behaviors and are at an

increased risk of substance abuse due to a complex interplay of biological, psychological, and social factors. Biologically, the adolescent brain is still developing with a heightened sensitivity to rewards and an immature capacity for evaluating long-term consequences. All these contribute to heightened risk-taking behaviors (Casey et al., 2008).

Beyond biological factors, social factors play a role in risky behavior as well. Peer influence can be a powerful driver of adolescent risk-taking because adolescents are highly likely to submit to peer pressure driven by a desire to fit in. This can lead them to experiment with substances like alcohol or drugs, even if they are aware of the associated risks (Steinberg, 2008).

Conversely, peers can be a protective factor. For example, there is robust evidence that shows the effectiveness of peer-facilitated education and interventions. Mokadem et al. (2021) found that peer-education intervention

significantly enhanced knowledge, self-efficacy, and attitudes toward drug abuse of secondary school students. Duka-Pante (2019) reports that a peer-facilitated approach is effective in developing knowledge and life skills of students. Peers can present sensitive issues such as mental health and substance use in an easier-to-digest and non-threatening way (Hasel et al., 2016).

This study focuses on peer facilitation through service learning. Service learning is a teaching method that combines school education with community service (Maran et al., 2019; Abenir, 2020). Outside of the classroom, students are tasked to conduct different activities to serve the community. Through service learning, students apply concepts and theories learned in the classroom while contributing to the community. Moreover, the experience allows them to critically reflect on and develop insights about the communities they serve (Kabli et al., 2013). Service-learning fosters student engagement and is a cost-effective alternative to addressing the issues we face in society (Wilczenski & Cook, 2009).

Unfortunately, there is a dearth of literature on service learning from developing economies such as the Philippines. As such, this study contributes to the literature by describing the use of service learning as a means to implement a peer-facilitated, video-based intervention for mental health and substance use prevention in the Philippines.

Mental Health and Substance Use Among Filipino Adolescents

An assessment of the Philippine mental health system reports a 16% prevalence of mental disorders among adolescents and children (WHO, 2007). Moreso, close to one in five Filipino youth aged 15 to 24 have considered ending their life (UP Population Institute, 2022). In terms of substance use, a study reports that 30% of Filipino youths aged 15 to 19 years drink alcohol, 16% smoke, and 2.6% have tried using drugs (Demographic Research and

Development Foundation and University of the Philippine Population Institute, 2014).

There is fledgling evidence on prevention programs for mental health problems and substance use. In the Philippines, a life skills program called *Sulong Kabataan* (Go Forth Youth) was pilot-tested by psychology faculty with community facilitators as co-facilitators. Participants reported increased life skills and confidence in refusing alcohol (Ochoa et al., 2019). However, there is no literature on a prevention program delivered by students. As such, this study focuses on the delivery of a peer-facilitated prevention program through service learning in the Ateneo de Manila University.

Ateneo De Manila University's Service-Learning and Outreach Program

In the Philippines, college students are obliged to undergo the National Service Training Program (NSTP). The goal of NSTP is to “promote civic consciousness among the youth” and develop “their physical, moral, spiritual, intellectual, and social well-being.” It also seeks to inculcate “patriotism, nationalism, and advance their involvement in public and civic affairs” among the youth.

The Ateneo de Manila University (AdMU), sought to implement NSTP from a disciplinal perspective. For this project, psychology juniors enrolled in Abnormal Psychology participated in a service-learning engagement to provide psychoeducation to high school students from partner communities, organizations, and schools. Students were trained to facilitate a prevention program called *Lusog Isip Kabataan Education* (Mental Health for Youth), or LIKE, developed by the Department of Health and USAID RenewHealth project.

Lusog Isip Kabataan Education

The LIKE program is a video-based prevention program that aims to improve mental health and substance use literacy and adaptive coping skills of youth. The program employs a four-step learning process based on

David Kolb’s Experiential Learning Cycle: (1) concrete experience (video, sharing of personal experience), (2) reflection, (prompted by questions), (3) abstract conceptualization (learnings), and (4) active

experimentation (application). It consists of six modules utilizing interactive learning exercises, educational videos, and self-reflection activities (see Table 1).

Table 1
LIKE Modules

Module	Objectives
Module 1: Is all stress bad?	<ul style="list-style-type: none"> · Learn and explain stress, its causes, and effects · Know various stress management techniques
Module 2: What can I do when I am stressed?	<ul style="list-style-type: none"> · Gain deeper understanding and awareness of one’s emotions · Learn healthy ways of coping with stress
Module 3: What are the effects of cigarettes, alcohol and drugs?	<ul style="list-style-type: none"> · Discuss use of cigarettes, alcohol and drugs as an unhealthy way of coping · Explain the causes and negative effects of substance use
Module 4: How do I avoid using substances?	<ul style="list-style-type: none"> · Gain awareness of one’s triggers to substance use · Learn different ways to avoid substance use
Module 5: What can I do when friends ask me to use substances?	<ul style="list-style-type: none"> · Learn about refusal skills · Practice assertive communication
Module 6: How do I become mentally healthy?	<ul style="list-style-type: none"> · Learn about the 10 aspects of well-being · Identify one’s goals and action points to achieve a healthier lifestyle

The purpose of the present study is to examine the feasibility of implementing the LIKE program facilitated by psychology

students as part of service learning. Specifically, we asked:

- 1) What is the impact of the LIKE program on participants?
 - a. To what extent did the program improve knowledge, attitudes, refusal self-efficacy, and adaptive coping of participants?
 - b. Are there differences in outcomes for online vs. on-site programs?
 - c. What are the learnings and takeaways of participants of the program?
 - d. What are areas of success and suggested improvement in the content and delivery of the program?
- 2) What are the learnings of the students that implemented the LIKE program?
 - a. What are their reactions and insights as facilitators of the program?
 - b. What are the perceived areas of success and areas of improvement on the content and delivery of the program?
 - c. What are the takeaways of the facilitators in facilitating LIKE as part of a service-learning program?

METHOD

Research Design

The study used a mixed methods pre- and post-test design. Quantitative data was gathered using pre- and post-test surveys. Qualitative data was obtained through focus group discussions and post-evaluation surveys.

Sample

The sample consisted of 33 youth participants. Of the 33 participants, 18 (55%) were female and 15 (45%) were male, with age ranging from 12 to 20 years old ($M=15.2$, $SD=2.11$). In terms of educational level, 30 were enrolled in public schools and three in private schools. Eleven of the participants

were in grade 9, eight in grade 10, five in grade 7, five in grade 11, and four in grade 8.

The majority of youth participants (31, 93.9%) had no mental health diagnosis. Two reported being diagnosed, and one was receiving treatment at the time. Only one participant reported using substances. Half (16) of the participants attended the program on-site while 17 attended the program online. More than half (18) of participants were recruited from two non-government organizations, and the rest were recruited from two public schools.

Peer facilitators consisted of seven third-year psychology students of AdMU who conducted the program. Of these, five were female and two were male. The LIKE program was facilitated either on-site or online. One facilitator implemented the program on-site while the rest facilitated the program online.

Measures

Knowledge

This scale uses 18 multiple-choice items that focus on the key messages and content from all six modules of the LIKE program (pre-test $\alpha=.72$, post-test: $\alpha=.71$). The knowledge scale aims to measure the effectiveness of LIKE as a psychoeducation program.

Attitudes Towards Substances

This scale measures how people feel about substances. Items were based on the Drug Attitudes Scale (Goodstadt, et al., 1978). It focused on cigarettes, alcohol, marijuana, and shabu, which are the most-used substances in the Philippines per the 2019 Dangerous Drugs Board Household Survey (Dangerous Drugs Board, 2019). This 18-item scale, which included nine reversed items, used a 5-point scale with 1 as “Strongly Disagree” and 5 as “Strongly Agree” (pre-test $\alpha = .48$, post-test $\alpha = .68$).

Coping Behaviors

This scale measures how students cope with stress. It was measured using the Filipino Coping Strategies Scale (Rilveria, 2018), that consists of 37 items utilizing a 4-point scale with 1 as “never” and 4 as “frequent” (pre-test $\alpha = .83$, post-test $\alpha = .92$). The scale consists of nine domains: (1) cognitive reappraisal (pre-test $\alpha = .75$, post-test $\alpha = .58$), (2) social support (pre-test $\alpha = .71$, post-test $\alpha = .88$), (3) problem-solving (pre-test $\alpha = .44$, post-test $\alpha = .86$), (4) religiosity (pre-test $\alpha = .76$, post-test $\alpha = .69$), (5) tolerance (pre-test $\alpha = .29$, post-test $\alpha = .56$), (6) emotional release (pre-test $\alpha = .63$, post-test $\alpha = .62$), (7) overactivity (pre-test $\alpha = .68$, post-test $\alpha = .86$), (8) relaxation (pre-test $\alpha = .73$, post-test $\alpha = .84$), and (9) substance use (pre-test $\alpha = .48$, post-test $\alpha = .65$).

Refusal Self-Efficacy

This scale measures the ability to resist the use of substances in response to various situations. This 11-item scale was adapted from Patton et al.’s (2018) Drinking Refusal Self-Efficacy Questionnaire. It uses a Likert scale ranging from 1 = “I am very sure I cannot resist” to 6 = “I am very sure I can resist” (pre-test $\alpha = .91$, post-test $\alpha = .97$).

Substance Use

Substance use was measured using the CRAFFT questionnaire (Knight et al., 1999). CRAFFT is a screening tool designed to measure the degree of substance use, and identify substance use disorder among youth ages 12 to 21. A translated Filipino version of this was used for this study.

Qualitative Feedback

Qualitative feedback from participants was obtained using open-ended questions from the program evaluation section that is included in the post-test survey. These were: What have you learned from the videos/program? What did you like about the

videos/program? What could be improved in the videos/program?

Focus Group Discussion

Two focus group discussions were conducted with the peer facilitators after the program finished. Questions elicited their perceptions of the program: What do you think was the impact of the LIKE program on your participants? What would you consider the strengths and areas of improvement of the LIKE program? What are your suggestions on how to improve the program? What was your experience in facilitating or implementing the program? What insights did you gain from your experience? What are your recommendations on embedding the program as part of service learning?

Procedure

The project received ethics approval through the University Research Ethics Office of AdMU. A month before the implementation of the program, the psychology students underwent an orientation on the LIKE program and were provided with a facilitator’s manual and link to videos. They were also oriented on the research component of the project and given an informed consent form to complete.

The six modules were implemented in three sessions on Saturday mornings from March to April 2023. The program was implemented online via Zoom and face-to-face at the Ateneo campus simultaneously. Each session consisted of two modules and ran for three hours. Participants were grouped based on their areas. In a group, there were 5 to 6 student facilitators with participants ranging from 8 to 12.

All groups were assigned an area facilitator who is an adult from the community that coordinates with the student facilitators and assists in implementing the program. Quantitative data was collected in the pre-test right before the start of the first module, while the post-test was administered right after the last module. Conversely, qualitative

observations were conducted during the implementation of each module. After the completion of the LIKE program, focus group discussions were conducted online with the peer facilitators. These sessions lasted for 45 minutes to 1 hour.

Data Analysis

Prior to hypothesis testing, the data was inspected for normality. Because the data significantly deviated from normal, both paired sample t-test and Wilcoxon signed-rank test were used to identify the significant difference in pre- and post-test scores. However, given similar results, the student’s T-statistic is reported. Effect sizes are reported using Cohen’s d.

The qualitative data was gathered from the facilitators’ notes, observations, and focus group discussion responses as well as the

participants’ answers in the program evaluation. These were examined using Braun and Clarke’s (2006) phases of thematic analysis, to capture the patterns and themes from the responses of the facilitators and participants.

RESULTS

Impact of the Program on the Participants

Results show significant changes in the scores of the participants from pre-test to post-test for knowledge, attitudes against substance use, and refusal self-efficacy. Among coping behavior, only cognitive reappraisal significantly improved. Effect sizes were small and largest for cognitive reappraisal and knowledge (see Table 2).

Table 2
Summary of Pre- and Post-test Scores

	Pre-test Mean (SD)	Post-test Mean (SD)	t Statistic	Sig. (1-tailed)	Effect Size (d)
Knowledge	9.79 (3.24)	11.09 (3.18)	-2.36	.01*	-0.41
Attitudes	3.84 (0.39)	4.07 (0.42)	-2.46	.01*	-0.43
Refusal Self-Efficacy	4.73 (1.09)	5.14 (1.16)	-2.19	.02*	-0.38
Cognitive Reappraisal	2.86 (0.63)	3.12 (0.58)	-2.64	.01*	-0.46
Social Support	2.61 (0.80)	2.78 (0.86)	-1.43	.08	-0.24
Problem Solving	3.43 (0.42)	3.38 (0.60)	0.51	.69	0.09

Religiosity	3.51 (0.57)	3.4 (0.53)	1.17	.87	0.21
Tolerance	2.55 (0.87)	2.74 (0.80)	-1.19	.12	0.21
Emotional Release	2.11 (0.66)	2.15 (0.62)	-.43	.33	0.07
Overactivity	2.61 (0.68)	2.7 (0.80)	-0.87	.195	0.15
Relaxation	3.25 (0.56)	3.31 (0.68)	-0.50	.31	0.09
Substance Use	1.29 (0.40)	1.28 (0.46)	.19	.58	0.03

N = 33, *p < .05

Comparative data between the online and on-site implementation of LIKE was also examined (see Table 3). Results revealed significant differences in on-site participants

(N = 16) in knowledge, attitudes against substance use, refusal self-efficacy, and coping through cognitive reappraisal but not for online participants.

Table 3
Summary of Comparative Data Between the Online and On-site Implementation

	On-site (N = 16)					Online (N = 17)				
	Pre Mean (SD)	Post Mean (SD)	t	p	d	Pre Mean (SD)	Post Mean (SD)	t	p	d
Knowledge	7.88 (2.83)	9.63 (2.65)	-2.06	.029*	-0.52	11.59 (2.26)	12.47 (1.88)	-1.22	.120	-0.30
Attitudes	3.81 (0.44)	4.02 (0.49)	-1.89	.039*	-0.47	3.87 (0.36)	4.1 (0.36)	45.00	.122	-0.34
Refusal Self-Efficacy	4.36 (0.97)	4.94 (1.10)	-1.95	.035*	-0.49	5.07 (1.11)	5.32 (1.23)	15.00	.203	-0.33
	2.62	2.92	11.50	.005*	-0.78	3.08	3.31	-1.30	.105	-0.32

Cognitive Reappraisal	(0.58)	(0.53)				(0.60)	(0.58)			
Social Support	2.45	2.54	19.50	.383	-0.13	2.76	3	-1.36	.097	-0.33
	(0.68)	(0.70)				(0.90)	(0.96)			
Problem Solving	3.29	3.2	0.65	.737	0.16	3.56	3.54	31.00	.446	-0.06
	(0.34)	(0.63)				(0.45)	(0.53)			
Religiosity	3.50	3.36	1.04	.843	0.26	3.51	3.44	38.00	.874	0.38
	(0.41)	(0.52)				(0.71)	(0.55)			
Tolerance	2.25	2.44	-0.64	.268	-0.16	2.82	3.03	24.50	.131	-0.37
	(0.93)	(0.85)				(0.73)	(0.65)			
Emotional Release	2.08	1.96	1.12	.859	0.28	2.13	2.32	-1.17	.130	-0.28
	(0.60)	(0.57)				(0.73)	(0.62)			
Overactivity	2.53	2.5	0.20	.576	0.05	2.68	2.89	-1.31	.105	-0.32
	(0.56)	(0.75)				(0.78)	(0.83)			
Relaxation	3.11	3.14	-0.19	.426	-0.05	3.39	3.46	-0.54	.298	-0.13
	(0.61)	(0.77)				(0.49)	(0.57)			
Substance Use	1.39	1.31	0.61	.724	0.15	1.2	1.25	-0.54	.297	-0.13
	(0.43)	(0.46)				(0.37)	(0.47)			

*p < .05

Reactions

Data gathered in the post-evaluation provided information about the participants' reactions to the program, videos, and the facilitators. Overall, the participants gave the program a generally high rating; total mean

scores of the evaluation items ranged from M=3.55 to M=3.82 out of a total score of 4 (see Table 4). The highest rating was for helpfulness of the videos and usefulness of the program.

Table 4
Participants' Evaluation Responses

Item No.	Item Description/Question	Mean	SD
1	The program was easy to understand	3.58	0.67
2	The facilitators were good	3.55	0.67
3	I can use the things I learned from the program in my life	3.76	0.47
4	The way they ran the program was effective	3.65	0.65
5	I will recommend this program to others	3.73	0.45
6	The video contains important information	3.70	0.54
7	The videos are easy to understand	3.70	0.54
8	The videos are engaging	3.64	0.65
9	My attention was sustained by the videos	3.55	0.56
10	The things I learned from the video helped me	3.82	0.39

Qualitative Data From Participants

In terms of what they learned from the program, the majority cited learning about stress and its effects. One participant said, "I learned about the positive and negative effects of stress." Others responded that they learned about coping or stress management. Some participants realized that stress is normal and not necessarily negative: "I learned different ways on how to cope with stress and I learned that not all stress is bad."

A majority of the participants also mentioned their learnings about substances: "I have learned how to refuse friends offering cigarettes, alcohol and drugs and self-control." Another also cited learning to think about the consequences of their actions: "I learned how to expand or think about my actions because it might affect my future."

In terms of what they liked most about the program, participants expressed appreciation for their facilitators. Participants shared that their facilitators were fun and

entertaining. According to the participants, "I liked the whole LIKE program because I enjoyed all the sessions (our facilitators are fun) and I have learned a lot," and, "All of our facilitators and the ones that taught us are all kind, entertaining, and there was no dead air during the whole session...."

The participants did not have suggestions in terms of improving the videos and the program. However, a few suggested improving the questions asked during discussions, and to implement the program on-site rather than online.

Feedback from area coordinators indicated that they found the program to be relevant to the students. They observed that student participants showed interest and engagement in the program. One partner organization was Project SOW (Solidarity with Orphans and Widows), which focused on supporting children who lost their fathers during the country's war on drugs from 2016 to 2022.

The organization's coordinator shared, "...[their experience] it was very traumatic even if it's been years already. Interacting with them, you can still see the effect on them. As we were going through the modules I could see a good number of them were very curious and interested with the things taught by the video.

Feedback From Student Facilitators

The focus group discussion with student facilitators elicited their perceived strengths of the programs. Comments were focused on relevance, content, and materials.

Relevance and Appropriateness of the Program

Student facilitators perceived the LIKE program to be relevant to their participants. One facilitator shared, "Overall, the content of the modules was very appropriate especially for our partner community. Since they were high school students, topics—like peer pressure, family situations—were something that they could relate to a lot." Another concurred, "Considering their age group, the design of the modules, especially the videos—I think were engaging enough. Several kids that found them entertaining." Another shared their good experience: "The kids were pretty enthusiastic, and they expressed that the modules were very applicable to them."

Logical Sequence of Content

Facilitators suggested that the order of the topics made sense and were organized well. As one facilitator shared, "We start off light then we go on with the heavier topics and then go back to well-being in the end."

Provision of Helpful Facilitator's Manual

The facilitators shared that the manual for implementing the program helped them immensely. As one facilitator shared, "It was really a big help that we were given the modules already. We had to just read the

slides, show the videos then facilitate the discussions." Another facilitator echoed how the materials made their work easier: "There was already a manual for everything we have to do. We just had to implement it. I feel like the manual itself was pretty easy, we just had to facilitate things."

Implementation Challenges and Enablers

Online Barriers

However, facilitators who implemented the program online expressed frustrations and many difficulties in the form of technical and logistical concerns. Facilitators expressed that participants were not aware of how to use the platform. As one shared, "The students are not very well-versed in using Zoom and even the area facilitators had a hard time entering their respective breakout rooms." Others reported connectivity issues: "Participants sometimes couldn't join due to their gadgets. [...] We were supposed to have around 10 participants, but we were only able to get around like three to four regular participants. Many would get disconnected during the session."

Support From Area Facilitators

The experience in working with partner community organizations was mixed. Area facilitators who were teachers from partner schools and had experience in handling the students and conducting online classes were reported to be very helpful in implementing the program. As one peer facilitator shared, their area partners were "extremely hands-on. At the start, our group was very shy. We relayed this concern to our area facilitator, and they said they will introduce us to the participants. So having this kind of help really gave us more confidence."

However, some facilitators experienced challenges in other partner sites. One shared, "The dissemination of information to area facilitators was lacking. However, in some cases were unaware of their roles especially in preparing the participants."

In other areas, parents served as co-facilitators. However, not all were briefed or could provide support. As recounted by one facilitator, “Even if the parents were participative, there were still a lot of things that weren’t relayed to them. There were lots of constraints especially in terms of gadgets and the use of Zoom platform.”

Virtual Platform

The student facilitators in the online platform reported technological/logistical problems, lack of time, and the lack of connection in an online environment. Most expressed frustrations with the difficulty of engaging students in an online setup. As shared by one, “Even if we’re encouraging them to unmute if they are comfortable, they still choose to use the chat only. But this takes a lot of time. If we want to ask follow-up questions, we have to wait for them to answer.” The online setup not only made it hard to implement the session but to connect with the participants. One student facilitator expressed, “If we are not able to establish rapport with them or they are not comfortable sharing with us... we won’t be able to impart and elicit as many insights and this affects the impact of the program.”

Suggestions From Student Facilitators

Given online challenges, the majority of student facilitators suggested that it was ideal to implement the program on-site. As they suggested, “I think it would have been more impactful if the videos were watched face to face because we don’t know what the experiences of the students watching the videos at home are like. Is the audio okay? Are they really watching the videos?” and “I’m not sure if it’s because it’s online so it’s kind of less engaging... you’re just seeing people on screens but I think this would differ the impact of the LIKE program if it were on-site.”

Content

Some student facilitators also suggested adding more content. One

suggested, “It would be nice if we had more information because the effects are common knowledge. Other drugs, what forms do they come in? Or like how are they shared? Why are the youth doing drugs?”

Time for Facilitator Creativity and Skill-Building

Although the manual was detailed and helpful, some student facilitators wished they had more time and autonomy in facilitating the program. As shared by one, “We didn’t really have many opportunities to be creative considering the time restraints and the online setup.” Another shared, “It’s okay to have a detailed guide, but I think allowing students to be creative in facilitating the module would be good... I think it will naturally come out when the setup is on-site.”

Reactions of Student Facilitators

The focus group discussions also elicited the experience of students as facilitators of a service-learning program. Many students shared that they felt scared and anxious going through the implementation, especially on the first day. One said, “I was kind of scared, what if I said the wrong thing? Like, what if I give them the wrong information?” Despite the initial apprehension, some students appreciated their service-learning experience. As psychology undergraduate students, facilitating a psychoeducation program such as LIKE gave them a “glimpse” of what it is like to apply psychology in the real world.

The psychology students also appreciated that they were given the experience to facilitate and were grateful that they were well-versed in conducting presentations. They shared, “It’s good that we’re familiar with technology and presentation. It’s like we just had a group presentation for class but there’s an additional task like we would have to hear insights from other people and listen and engage them.” Some also shared insights on how the experience was very fulfilling for them despite

the hindrances they encountered. One shared “it was fulfilling on our end to be able to relay information or to teach.” Most of them mentioned how they were scared and fearful at the beginning because of the gravity of the content but felt very fulfilled at the end. One said, “I realized how fulfilling it really is to be able to engage with the students because they also have insights themselves that are very eye-opening and you don’t see it from your perspective.” Others also mentioned how they learned a lot from the kids themselves, “because some of them shared interesting things.”

Some students also shared that the program did not only help the participants, but it helped them as well. They said they did not have anything like this program when they were younger, and facilitating LIKE also taught them new and useful things that they could apply in their own lives to live a healthier lifestyle.

Suggestions for Implementation

Some student facilitators expressed a lack of confidence in facilitation and suggested that more extensive training on facilitation skills is needed. A student facilitator suggested, “I hope there is more focus on helping student facilitators work on their skills and facilitating, active listening and stuff like that.” As another pointed out,

These are not the kind of skill sets that you can just build over the course of a few weeks. So, I think, for this kind of program to be effective, we should have it in the span of the college experience of the students, just so that there can be enough time for us to hone the necessary skills that would make this program more effective.

All student facilitators recommended the continuation of the activity as a service-learning program for psychology students. Another shared its relevance to partners: “In our post-session interviews with our area facilitator, they mentioned that LIKE helped a lot in their area where there was a lot of stigma

about substance use and drugs.” The education and rehabilitative perspective on substance use was enlightening to students. Another peer facilitator shared that the program is not only applicable to a university and suggested that “many other communities need this program as well.” Others suggested that it be continued but only as an on-site program: “I feel like it’s better as an on-site program.” They also suggested a longer duration to have more time to build rapport with their participants.

DISCUSSION

According to the International Standards on Drug Use Prevention (UNODC and WHO, 2018) effective prevention interventions for the youth are those that change perceptions, dispel misconceptions about substance use, build social competence, and use interactive methods that provide opportunities to practice and learn personal and social skills. The evaluation data revealed that the LIKE program equips participants with improved knowledge, attitudes, and refusal skills using interactive methods—key ingredients described in United Nations Office on Drugs and Crime and World Health Organization guidelines.

Both participants and student facilitators expressed satisfaction with the quality of the content and materials. The program was well-received and engaging, and it was structured in a way that made it easy for the participants to follow and understand. Student facilitators also observed the relevance and age-appropriateness of the program’s content and materials. However, significant changes in the on-site group, but not the online group, suggest that the modality of delivery should be considered. The results contradict a meta-analysis that online modalities can be just as effective or even more effective than face-to-face learning (Means et al., 2013). However, the findings are consistent with studies in the Philippines on online learning that highlight issues of poor

connectivity, distractions in the home environment, and online fatigue (Ching & Gungon, 2023).

One of the constraints of the service-learning program was time. The student facilitators suggested allocating more time for the program to allow more interaction and meaningful dialogue with participants. Conducting one module at a time rather than two modules in one session should also be considered. Conversely, another option is to shorten the videos into smaller, digestible segments. This will provide more time for discussion and activities. The recommendation on additional content is consistent with international guidelines suggesting that for early adolescents, prevention psychoeducation is delivered through a series of structured sessions (typically 10 to 15 sessions), taking place once a week with booster sessions over multiple years (UNODC & WHO, 2018). Another possibility is to consider LIKE as a base program and develop more content for higher grade levels.

Some students expressed the desire for them to exercise creativity and flexibility in delivering the modules. One option is to provide alternative activities or to indicate adaptable parts of the module (such as icebreakers or closing activities) so that facilitators would have clear direction on where to exercise creativity while still preserving the fidelity of the program.

LIKE as Peer-Facilitated Program

This pilot examined the use of LIKE as a peer-facilitated program. Participants expressed their appreciation for the college students who played a crucial role in creating an engaging and enjoyable learning environment. The results affirm previous studies that peer-education intervention had a positive effect and significantly enhanced the knowledge, self-efficacy, and attitudes of students in secondary schools toward drug abuse (Mokadem et al., 2021). The findings also validate the value of peer-led educational

initiatives in promoting learning and mutual understanding (UNODC & WHO, 2018). As suggested by Duka-Pante (2019), peers can present sensitive issues such as mental health and substance use in a non-threatening way.

Implications for Future Research

Being a feasibility study, this evaluation had several limitations. The first was the small sample size, which limits the power of the study. A small sample size also led to using non-parametric statistics, which limits the level of analysis and the generalizability of the results. Moreover, most participants included in the program joined online due to pandemic protocols; only one site pushed through with the on-site implementation. As recommended in the previous section, if on-site implementation will be done, it is important to evaluate the delivery with larger samples to provide more robust conclusions. Other moderating variables such as age and grade level can be examined to provide information on the optimum target population.

Another limitation of the study was that it used a simple pre- and post-test design. A randomized control trial is needed to establish more comprehensive evidence with regard to the impact of the intervention. Moreover, longitudinal studies will ascertain the extent to which participants were able to preserve and maintain the competencies they learned because of LIKE.

Since peer facilitators play a vital role in the program, researchers may wish to examine the impact on the facilitators themselves. Data may also be obtained from the partner organizations and communities. Assessing the impact not just on the participants but the community and student facilitators can provide a more holistic view on the impact of this service-learning project.

Service Learning: A Platform for Learning and Outreach

Limitations notwithstanding, this study examined the feasibility of tapping

undergraduate psychology students to facilitate a prevention program as part of their NSTP and service learning. As a teaching pedagogy, service learning employs critical and experiential learning integrated in academics while working with communities to address their needs (Abenir, 2020; Adarlo, 2020). The use of discipline-based outreach is in keeping with the Ateneo de Manila University's identity to develop "persons for and with others" (Adarlo et al., 2022).

Feedback from the student facilitators revealed that they appreciated their role as educators and facilitators of learning. However, some student facilitators expressed the need for more training to build their facilitation skills. This can be addressed by providing more skill-building sessions on active listening and facilitating groups for students prior to implementation. Another option is to do an assessment prior to the semester and provide supplemental training to students with little experience in facilitating group interventions.

Addressing these challenges is essential for the successful implementation of LIKE as a service-learning program. Student facilitators strongly recommended the continued use of a psychoeducation program such as LIKE as part of service learning as they were allowed to have a glimpse of what it is like to practice psychology while being exposed to the social realities of their participants. They shared that their involvement in the service-learning program empowered them and gave them a sense of purpose as psychology students, which is what a discipline-based service-learning program aims to achieve. Moreover, in a country with only 3.4 mental health professionals per 100,000 people (WHO, 2007), tapping students as peer facilitators to deliver prevention programs is a means to fill the gap in human resources for mental health.

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