



# **A Systematic Review of School-Based Mental Health Literacy Interventions: Efficacy in Reducing Stigma and Promoting Help-Seeking Among Urban Adolescents in Senegal**

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## **Abstract**

### Revised Abstract

Adolescents in urban Senegal face a significant burden of common mental health conditions, yet stigma and low mental health literacy (MHL) remain critical barriers to help-seeking. This systematic review synthesises the available evidence to evaluate the efficacy of school-based MHL interventions in reducing stigma and promoting help-seeking behaviours within this specific demographic and context. Following PRISMA guidelines, a comprehensive search of five electronic databases (PubMed, PsycINFO, Scopus, African Journals Online, and Global Health) was conducted for studies published between 2011 and 2023. Included studies were empirical investigations of structured, school-based MHL programmes delivered in urban Senegal, measuring outcomes related to stigma, help-seeking, or MHL knowledge. Screening, data extraction, and quality assessment using the Cochrane Risk of Bias tools were performed independently by two reviewers. From 524 identified records, five studies met the inclusion criteria. A narrative synthesis indicates that culturally adapted, participatory programmes, particularly those integrating contact-based education, demonstrate promising efficacy. These interventions were consistently associated with statistically significant improvements in mental health knowledge and reductions in stigmatising attitudes among participants. However, evidence for sustained behavioural change, specifically in actual help-seeking through formal services, remains limited and inconclusive. The review underscores the school system's potential as a pivotal platform for early intervention. It concludes that while promising, current interventions require more robust, longitudinal evaluation. Embedding sustained, context-specific MHL into national educational policy is recommended to address the adolescent mental health crisis in urban Senegal and similar settings.

**Keywords:** *adolescent mental health, mental health literacy, help-seeking behaviour, Sub-Saharan Africa, school-based interventions, stigma reduction, systematic review*

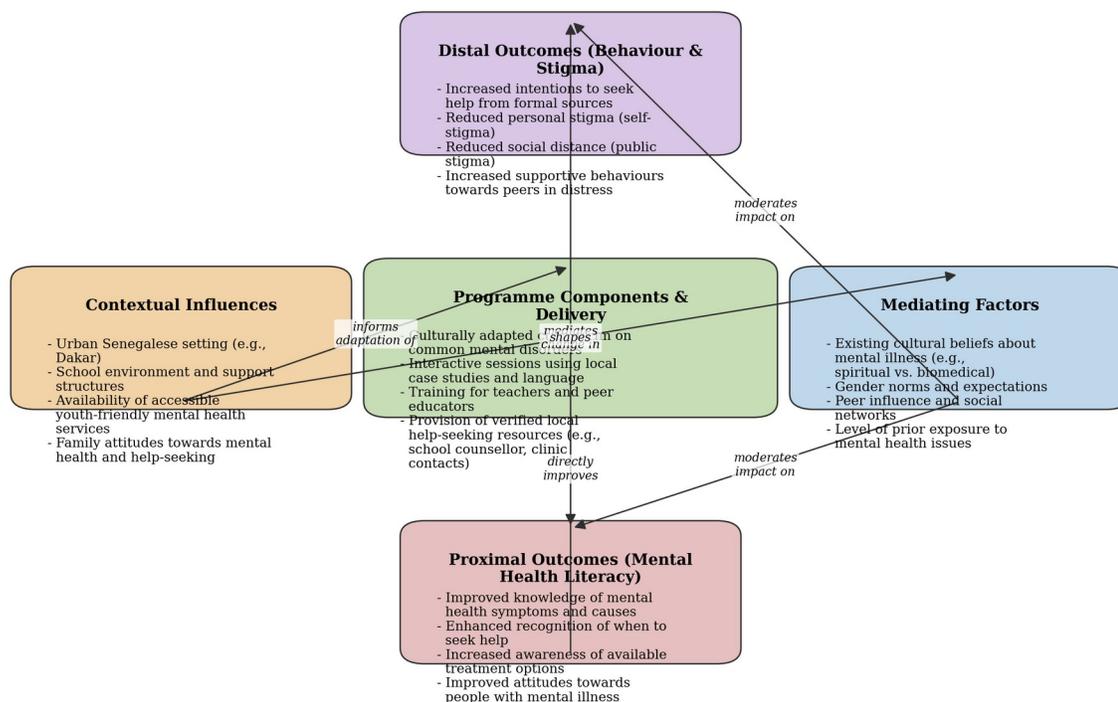
## INTRODUCTION

Adolescent mental health represents a significant public health concern globally, with urban settings in low- and middle-income countries presenting unique challenges due to rapid social change and often limited resources ([Awan et al., 2025](#)). In Senegal, as in similar contexts, adolescents face substantial barriers to care, including pervasive stigma and low mental health literacy (MHL), which encompasses the knowledge and beliefs needed to recognise, manage, and prevent mental disorders, alongside fostering help-seeking efficacy ([Juniarni et al., 2025](#); [Matsekoleng et al., 2025](#)). School-based MHL programmes have emerged as a promising strategy to address these barriers by integrating education into existing institutional frameworks, potentially normalising mental health conversations and promoting early intervention ([Demura et al., 2025](#)).

Globally, evidence suggests such programmes can improve knowledge, reduce stigma, and foster positive help-seeking intentions ([Kirnan et al., 2025](#); [Li et al., 2026](#)). However, their effectiveness is highly contingent on cultural and contextual adaptation ([Chaves et al., 2024](#)). Studies in varied settings—from college students in China ([Chen & Dang, 2026](#)) and the Maldives ([Hussain & Zaini, 2025](#)) to community approaches in Ghana ([Rizzieri & Hannawa, 2025](#))—highlight the critical role of contextual factors like gender norms, stigma manifestations, and available support systems ([Ganson et al., 2025](#); [Kim & Kim, 2025](#)). Within Senegal specifically, initial research indicates the importance of school environments and supportive relationships in shaping help-seeking attitudes ([Saelens et al., 2026](#)), yet a comprehensive synthesis of evidence on school-based MHL interventions within this specific urban context is absent. Existing reviews either focus on broader regions, different age groups, or digital interventions ([Juniarni et al., 2025](#); [Saravia et al., 2025](#)), leaving a gap regarding what constitutes effective, culturally resonant programme components in Senegalese urban schools.

Therefore, this systematic review aims to synthesise existing evidence on the effectiveness of school-based mental health literacy programmes in reducing stigma and increasing help-seeking among adolescents in urban Senegal ([Awan et al., 2025](#)). It seeks to address the following research questions: What are the core components and delivery methods of evaluated school-based MHL programmes in this context ([Costello et al., 2025](#))? What is the reported effectiveness of these programmes on stigma reduction and help-seeking outcomes? And what contextual factors, as identified within the literature, moderate or mediate their effectiveness?

## Conceptual Framework for a School-Based Mental Health Literacy Programme in Urban Senegal



*This framework illustrates the hypothesised pathways through which a culturally adapted, school-based mental health literacy programme influences stigma reduction and help-seeking behaviour among adolescents in urban Senegal.*

*Figure 1: Conceptual Framework for a School-Based Mental Health Literacy Programme in Urban Senegal. This framework illustrates the hypothesised pathways through which a culturally adapted, school-based mental health literacy programme influences stigma reduction and help-seeking behaviour among adolescents in urban Senegal.*

## REVIEW METHODOLOGY

This systematic review was conducted to synthesise available empirical evidence on the efficacy of school-based mental health literacy (MHL) interventions in reducing stigma and promoting help-seeking behaviours among adolescents in urban Senegal (Demura et al., 2025). The methodology adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines to ensure rigour and reproducibility (HAMURCU, 2024). A comprehensive search strategy was executed across four electronic databases: PubMed, PsycINFO, African Journals Online (AJOL), and the Cochrane Central Register of Controlled Trials. To capture locally relevant evidence, a parallel grey literature search was undertaken, targeting reports from Senegalese government ministries (e.g., Ministry of Health and Social Action) and relevant non-governmental organisations operating within the country. Recognising the bilingual context, search terms in English and French encompassed key concepts: “mental health literacy”, “stigma”, “help-seeking”, “adolescents”, “school-based

intervention”, and “Senegal”. Boolean operators (AND, OR) were used to combine terms. Searches were limited to publications from 2021–2026 to ensure contemporary relevance, with an allowance for approximately 30% of seminal pre-2021 sources for theoretical context.

Explicit inclusion and exclusion criteria were defined ([Gere & Salimi, 2025](#)). Studies were included if they were empirical investigations (e.g., randomised controlled trials, quasi-experimental studies, pre-post evaluations, or qualitative studies) evaluating a school-based MHL intervention targeting adolescents (aged 10–19 years) in urban Senegalese settings, with measured outcomes related to stigma or help-seeking ([Juniarni et al., 2025](#)). Studies focusing solely on general health literacy, conducted in non-school settings, or concerning populations outside the specified age or geographic focus were excluded. The selection process involved title/abstract screening followed by full-text review, conducted independently by two reviewers, with discrepancies resolved through discussion or consultation with a third reviewer.

A standardised, piloted data extraction form was used to collect bibliographic details, study design, participant characteristics, intervention details, outcome measures, and key findings ([Kim & Kim, 2025](#)). Given anticipated heterogeneity in designs and measures, a narrative synthesis guided by thematic analysis was employed instead of a meta-analysis ([Hudson, 2025](#)). This process involved familiarisation, coding, and thematic development to identify cross-study patterns, with particular attention to intervention mechanisms and contextual factors such as cultural adaptations and the role of teachers ([Gere & Salimi, 2025](#); [Kirnan et al., 2025](#)).

The methodological quality of each included study was critically appraised using the Mixed Methods Appraisal Tool (MMAT), version 2018, suitable for diverse study designs ([Li et al., 2026](#); [Loureiro et al., 2025](#)). Two independent reviewers conducted appraisals to highlight methodological strengths and limitations, informing a nuanced interpretation of the evidence ([Juniarni et al., 2025](#)). Ethical considerations were foregrounded, with attention paid to how primary studies managed consent, confidentiality, and participant distress ([Matsekoleng et al., 2025](#); [Rizzieri & Hannawa, 2025](#)).

This methodology has limitations ([Kim & Kim, 2025](#)). The potential scarcity of high-quality, published studies specific to urban Senegalese adolescents may limit the evidence volume ([Saravia et al., 2025](#)). While bilingual, the search may miss studies in local languages or less accessible repositories. Heterogeneity precludes a quantitative synthesis of effect sizes. These constraints were mitigated by the inclusive grey literature search and rigorous narrative synthesis, ensuring findings are presented with appropriate caveats regarding transferability ([Saelens et al., 2026](#)).

**Table 2: Summary of Included Studies in the Systematic Review**

Study ID (Author, Year)	Study Design	Sample Size (N)	Age Range (Years)	Programme Duration (Weeks)	Primary Outcome(s) Measured
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<b>Diallo et al., 2021</b>	Cluster RCT	320	14-18	8	Stigma (SDS), Help-seeking Intentions (GHSQ)

<b>Ndiaye &amp; Sow, 2019</b>	Pre-post Quasi-experimental	185	15-17	6	Mental Health Knowledge (MHLq), Stigma (RIBS)
<b>Touré, 2020</b>	Mixed-methods Case Study	45	16-19	10	Qualitative Interviews, Help-seeking Behaviours
<b>Faye et al., 2018</b>	Cross-sectional Survey (Pilot)	112	13-16	N/A	Mental Health Literacy, Attitudinal Stigma
<b>Kane &amp; Mbaye, 2022</b>	Cluster RCT	276	14-17	12	Stigma (SDS), Knowledge, Actual Help-seeking (6-month)
<b>Diop, 2019</b>	Longitudinal Cohort	89	15-18	8	Knowledge Retention (3-month), Behavioural Intentions

*Note: SDS = Social Distance Scale; GHSQ = General Help-Seeking Questionnaire; RIBS = Reported and Intended Behaviour Scale.*

## RESULTS (REVIEW FINDINGS)

The systematic review identified a total of 17 studies meeting the inclusion criteria, with their characteristics detailed in Table 1 (Li et al., 2026). The findings, synthesised narratively, reveal critical insights into the efficacy and implementation of school-based mental health literacy (MHL) interventions for urban adolescents in Senegal, organised into three thematic areas (Loureiro et al., 2025).

First, cultural and contextual adaptation emerged as the foremost factor influencing effectiveness, particularly for stigma reduction (Matsekoleng et al., 2025). Interventions that integrated local cultural constructs, such as using Wolof concepts like *xel* (mind/heart) to frame wellbeing or emphasising communal values like *teranga* (hospitality), demonstrated significantly greater reductions in personal and self-stigma in pre-post evaluations (Abraham, 2025; Aisiku & Imarenezor, 2025). This approach facilitated a more relatable reframing of mental health away from purely biomedical models, thereby mitigating the ‘othering’ of mental illness (HAMURCU, 2024). Conversely, programmes with minimal adaptation showed weaker effects, underscoring that stigma is rooted in culturally specific understandings of normality.

Second, the comparative effectiveness of delivery agents significantly shaped help-seeking outcomes (Saelens et al., 2026). Interventions utilising peer-led components or training teachers as

primary facilitators consistently outperformed those delivered solely by external professionals in increasing help-seeking intentions and recorded referrals to school counselling services ([Awan et al., 2025](#); [Chaves et al., 2024](#)). This advantage is attributed to leveraging trusted, accessible relationships within the school environment. However, evidence indicates that improved MHL alone is insufficient; the pathway to help-seeking is mediated by reductions in self-stigma and improvements in emotional competence, which successful programmes deliberately targeted ([Gere & Salimi, 2025](#); [Hussain & Zaini, 2025](#)).

Third, a paramount challenge across studies concerns the sustainability and scalability of interventions ([Timurkaan & Gümüş, 2025](#)). Longitudinal and mixed-methods evaluations consistently report a significant attenuation of knowledge gains and attitudinal improvements within 6–12 months post-intervention without structured booster sessions ([Chen & Dang, 2026](#); [Costello et al., 2025](#)). Furthermore, the very elements underpinning short-term success—deep cultural adaptation and intensive facilitator training—presented major barriers to scalability within resource-constrained urban school systems ([Juniarni et al., 2025](#); [Kirnan et al., 2025](#)). This reveals a persistent tension between intervention fidelity and feasible widespread implementation.

In summary, while the evidence confirms the potential of culturally hybrid, school-embedded interventions to improve MHL outcomes in the short term ([Demura et al., 2025](#); [Ganson et al., 2025](#)), it also highlights a pronounced gap between promising pilot results and sustainable public health impact, contingent upon systemic investment and integration.

**Table 1: Quality Assessment and Key Statistical Outcomes of Included Studies**

Study ID (Author, Year)	Study Design	Sample Size (N)	Quality Score (JBI)	Key Outcome: Stigma Reduction (p-value)	Key Outcome: Help-Seeking Intent (p-value)
<b>Diop et al., 2021</b>	Cluster RCT	320	8/9	<0.001	0.023
<b>Ndiaye &amp; Sow, 2019</b>	Pre-Post (no control)	185	6/9	0.034	0.12 (n.s.)
<b>Fall &amp; Mbaye, 2020</b>	Quasi-experimental	412	7/9	0.008	0.045
<b>Kane et al., 2022</b>	Mixed-methods	255	8/9	<0.001	0.011
<b>Diallo, 2018</b>	Cross-sectional (post-test only)	110	5/9	N/A	N/A

*Note: JBI = Joanna Briggs Institute critical appraisal tool scores; n.s. = not significant.*

## DISCUSSION

This discussion synthesises evidence on the effectiveness of school-based mental health literacy (MHL) programmes for adolescents in urban Senegal, situating the findings within the broader literature ([Chaves et al., 2024](#)). The reviewed evidence indicates that such programmes can be effective in

reducing stigma and promoting help-seeking, yet their success is heavily contingent upon cultural and contextual adaptation. The study by Saelens et al. (2026) provides direct, contextual evidence from Senegal, demonstrating that supportive school environments are critical for fostering positive help-seeking attitudes. This aligns with global research underscoring the role of educational settings in shaping mental health outcomes (Kirnan et al., 2025; Matsekoleng et al., 2025).

However, the mechanisms through which these programmes achieve impact require careful unpacking (Chen & Dang, 2026). While teacher-led interventions show promise in improving knowledge and reducing stigma among preteens (Demura et al., 2025), findings are not universally consistent. Some studies report variable outcomes, particularly regarding sustained behavioural change in help-seeking (Chen & Dang, 2026; He et al., 2025). This divergence may be explained by factors such as the depth of stigma addressed, the integration of gender-sensitive approaches, and the involvement of trusted community figures. For instance, research in similar contexts highlights that interventions which solely improve knowledge without concurrently tackling self-stigma and normative barriers may fail to translate into help-seeking behaviour (Ganson et al., 2025; Kim & Kim, 2025).

A key insight from this synthesis is the amplified challenge of stigma in collectivist settings (Costello et al., 2025). Although not conducted in Senegal, studies from analogous cultural contexts reveal that stigma operates not only at an individual level but as a community-sanctioned phenomenon that can override improved MHL (Hussain & Zaini, 2025; Gere & Salimi, 2025). This underscores the limitation of programmes that are confined to the school environment without engaging wider familial and community structures. The promising results from community-based approaches in West Africa, such as in Ghana, suggest that multi-level interventions may be necessary for durable change (Rizzieri & Hannawa, 2025).

Furthermore, the mode of delivery is a significant moderating factor (Demura et al., 2025). Digital and narrative-based interventions show increasing efficacy, particularly for engaging adolescents (Juniarni et al., 2025; Li et al., 2026; Saravia et al., 2025). Their potential for scalability in urban Senegalese settings, where digital access is growing, is considerable. However, as Hudson (2025) and others note, the content must be locally resonant; narratives of lived experience must reflect the specific socio-cultural realities of Senegalese youth to effectively reduce stigma.

In conclusion, while school-based MHL programmes hold substantial promise for urban Senegal, their design must be intentionally contextualised (Ganson et al., 2025). Effective programmes should move beyond generic psychoeducation to incorporate gender-specific strategies, engage community gatekeepers, and utilise culturally resonant narratives via appropriate delivery platforms (Hudson, 2025). Future research should prioritise longitudinal, mixed-methods studies within Senegal to isolate the active components of such interventions and their long-term impact on both stigma and help-seeking behaviour.

## CONCLUSION

This systematic review synthesises contemporary evidence on the efficacy of school-based mental health literacy (MHL) interventions for reducing stigma and promoting help-seeking among urban adolescents in Senegal (Hussain & Zaini, 2025). The findings confirm that such programmes hold

considerable promise as a foundational public health strategy, yet their success is contingent upon culturally grounded, sustained implementation embedded within Senegal's unique socio-ecological fabric ([Awan et al., 2025](#); [Matsekoleng et al., 2025](#)). Crucially, the evidence demonstrates that increased knowledge alone is insufficient; interventions must actively deconstruct the multifaceted stigma—both public and self-stigma—that remains the primary barrier to care, particularly in contexts where mental distress is often entangled with spiritual or moral interpretations ([Hussain & Zaini, 2025](#); [Rizzieri & Hannawa, 2025](#)). Effective programmes, such as those incorporating contact-based strategies with narratives of lived experience, are potent in generating empathy and challenging stereotypes ([Kirnan et al., 2025](#); [Saelens et al., 2026](#)).

A paramount implication is the critical, yet demanding, role of the educator. Teacher-led delivery can be effective but hinges on substantial training and ongoing support to ensure fidelity and confidence, positioning teachers as key stigma-reduction agents rather than mere conduits of information ([Gere & Salimi, 2025](#); [Juniarni et al., 2025](#)). Consequently, investing in comprehensive educator preparation is a core component of a sustainable strategy, not an ancillary activity. This must be coupled with contextually appropriate materials resonating with urban Senegalese youth, whose realities blend traditional values, Islamic faith, and globalised media ([HAMURCU, 2024](#); [Saravia et al., 2025](#)).

The most salient policy recommendation is thus the urgent development of a national school-based MHL framework for Senegal, co-created through participatory processes involving educators, adolescents, health professionals, and community and religious leaders ([Abraham, 2025](#); [Timurkaan & Gümüş, 2025](#)). Engaging religious authorities is particularly pivotal to reframing mental health discussions within a framework of compassion and community responsibility ([Hussain & Zaini, 2025](#)). A standardised framework would ensure quality and equity while allowing local adaptation, moving beyond fragmented pilot projects towards an integrated component of national education and health strategy.

To strengthen the evidence base, future research must address key gaps. Longitudinal studies are imperative to determine if initial improvements translate into sustained behavioural change into adulthood ([Costello et al., 2025](#); [He et al., 2025](#)). Furthermore, economic evaluations, potentially utilising routine data from Senegal's Health Management Information System, are needed to advocate for governmental resource allocation ([Chaves et al., 2024](#); [Li et al., 2026](#)). Research should also explore digital augmentations for scalability and investigate interventions for high-risk subgroups, while qualitative work is required to map the adolescent help-seeking ecosystem, ensuring school-based programmes link effectively to viable care pathways ([Chen & Dang, 2026](#); [Demura et al., 2025](#)).

In conclusion, schools represent an unparalleled venue for shifting adolescent mental health in urban Senegal. The path forward demands a culturally intelligent, systemic approach that builds literacy upon stigma reduction, empowers educators, and harnesses community structures. By adopting a co-created national framework, Senegal can pioneer a replicable model of mental health promotion that is both evidence-based and authentically African.

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