SOUTH AFRICA:

STRENGTHENING THE YOUTH LIFE EXPERIENCE

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MENTAL HEALTH, HIV AND AIDS

- Mental illness is linked to HIV and AIDS via:
  - increased risk behavior (exposure and transmission)
  - poor health promotion
  - poor medication adherence
  - reduced effects of behavioral interventions
- Treating mental illness will stem the progression of the AIDS epidemic
- Teens in psychiatric care are at elevated risk for HIV transmission and teenage pregnancy, because they engage in the same risky behavior as their peers but at higher rates. WHY?
  - poor risk assessment, irrational thinking, cognitive deficits, interpersonal problems, lack of assertiveness

SA STYLE GOALS

- Reduce adolescent risky sexual behavior and drug/alcohol use;
- Increase condom use among sexually active teens;
- Increase parents' and teens' knowledge and awareness of substance use, sexually transmitted infections, and risky behaviors;
- Improve parent-teen and teen-peer/partner communication; and
- Improve parental monitoring

SA STYLE LOGISTICS

- Participants
  - 12-18 year old males and females with primary caregiver
  - Attending mental health services
  - Inclusion/exclusion criteria
  - Approximately 120 dyads
- English, Afrikaans and Xhosa speaking families
- Incentives and transportation remuneration
- Assessments
- 2 half-day workshops

SA STYLE COMPONENTS: PARENT

- Information about typical adolescent development;
- Discuss effective, consistent, and appropriate parental monitoring;
- Practice managing their emotions in response to teens' behavior;
- Review the unique challenges associated with teenage mental illness (e.g., greater risk taking, HIV risks linked to mental health problems, need for increased monitoring);
- Develop a personalized monitoring plan.

SA STYLE COMPONENTS: TEENS

- Focus on personal vulnerability to HIV/STI infections;
- Discuss the benefits of good parent-teen communication;
- Learn to manage affective arousal during stressful situations;
- Identify ways to recognize and choose healthy peer and partner relationships;
- Learn how to identify risky people, places, and situations; and
- Develop personalized risk plans to increase safe behavior particularly when they may worry about partner rejection

FORMATIVE PHASE COMPLETED:

- Extensive formative work (e.g., focus groups, feedback groups, in-depth interviews, theater testing).
- Conducted 8 focus groups to elicit opinions, beliefs, and attitudes and discuss issues facing families in their communities
- Conducted 2 Key Informant interviews
  - mental health & substance use providers to determine needs of youth with psychiatric and drug/alcohol problems
- Revised survey instruments and the curriculum
- Conducted theater testing and revise curriculum accordingly

PILOT PHASE: STAGE 1 & 2

PROCESS, RECRUITMENT AND PARTICIPANTS

- Completed pilot test 20 parents and their 12-18 year old adolescents to revise the intervention based on formative work.
- Pilot Phase 2 is a randomized control two group trial.
- The enrolment ratio is 2:1 thus 60 in intervention and 30 in control.
- Ninety (90) teens and their parents or care-givers will be randomly assigned to one of two conditions.
- Parent-teen dyads will participate in one of two HIV prevention interventions, SASTYLE or a Health Promotion control group, FUEL.
- The interventions will be delivered separately over two days, to maximize participation and provide real-life utility.
- SASTYLE and FUEL will last approximately 5 hours respectively.
- All participants will receive an intervention designed to reduce HIV transmission behaviors.
- At each workshop, we will enroll 10 dyads into the experimental group and 5 families into control group.
- Two facilitators will co-lead each group, and we will provide breakfast, lunch, and snacks during the day.
- All research activities will occur at the Red Cross War Memorial Children's Hospital, Lentegeur and Empilweni.
- We estimate 20% attrition from baseline assessment (1 - 3 weeks prior to the intervention) to the intervention, and we estimate 90% retention from intervention to the 3-month follow-up.
- We will collect extensive feedback about the program's feasibility, tolerability, acceptability, procedures, and curriculum, from participants, workshop observers, and facilitators.

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