

9/15/2022

Aruba

COMMISSIONED BY

Heart Centered Leadership Foundation

EVALUATED BY



**The impact of mental resilience  
intervention Curason pa Curason project  
Evidence from youth in San Nicolas, Aruba**

**R E S I L I E N C E**





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Quotation of source is compulsory

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## I Executive summary

- Heart Centered Leadership Foundation (HCLF) in 2021 initiated the 'Curason pa Curason' program aiming to bolster mental resilience of youth and young adults by engaging the target group at schools and normalizing conversations around the topic. The project was co-funded by Fonds 21 in the Netherlands.
- The main research question posed, was: To what extent does mental resilience of respondents increase after participation in activities through the project 'Curason pa curason'?
- Using an experiment in San Nicolas, Aruba, this research shows that providing targeted interventions have a measurable impact on the youth and young adults resiliency scores, but that the impact may be more significant for girls.

## II Motivation

- According to HCLF, mental health related expenditure per inhabitant on Aruba significantly lags that of its peers in the Kingdom of the Netherlands.
- According to the Central Bureau of Statistics more than 54% of households in San Nicolas have an average income of less than Afl. 2.000 per month, compared to the national average of 44%, indicative of inadequate job creation and lower social-economic prospects.
- Educational intervention is well suited to impact evaluation, and a randomized control trial (RCT) technique was utilized. This means that we can compare outcomes between groups and interpret differences as impact using the difference-in-difference method.

### III Methodology

The research approach further contained a qualitative and quantitative component:

#### Qualitative

Prior to the intervention, focus groups were conducted with the participation of teachers, health coordinators, practitioners in the social field, and counselors of the participating schools.

#### Quantitative

To establish a baseline, participating pupils and a control group were surveyed according to the resilience scale (BRS). Following the intervention, the BRS scores were once more measured for both the participants and the control group.

### III Methodology

- Surveys were distributed in both Papiamentu and English (included in appendix)
- The Brief Resilience Scale (BRS)\* questionnaire was utilized, for which the question list is included in the appendix.
- Necessary precautions were taken to ensure the anonymity of respondents through the application of an anonymous identification number to compare pre- and post results.

\*The Brief Resilience Scale was created to assess the perceived ability to bounce back or recover from stress. The scale was developed to assess a unitary construct of resilience, including both positively and negatively worded items. The possible score range on the BRS is from 1 (low resilience) to 5 (high resilience).

Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The brief resilience scale: assessing the ability to bounce back. *International journal of behavioral medicine*, 15(3), 194-200.

### III Methodology

The intervention consisted of 2 activities:

#### **Interactive lecture**

Participants received a 30-minute lectures covering:

- a. What is mental health?
- b. Healthy coping skills
- c. Mapping social capital (micro, meso, macro)
- d. Where can you go should you require assistance?

#### **Impact cafe session**

An interactive 2-hour session, where students under the guidance of conversation leaders talk about mental health: the strengths and weaknesses, threats and opportunities that can impact their mental health. Students are encouraged to share ideas, solutions and recommendations that are collected by HCLF, summarized and communicated to professionals and relevant policymakers.



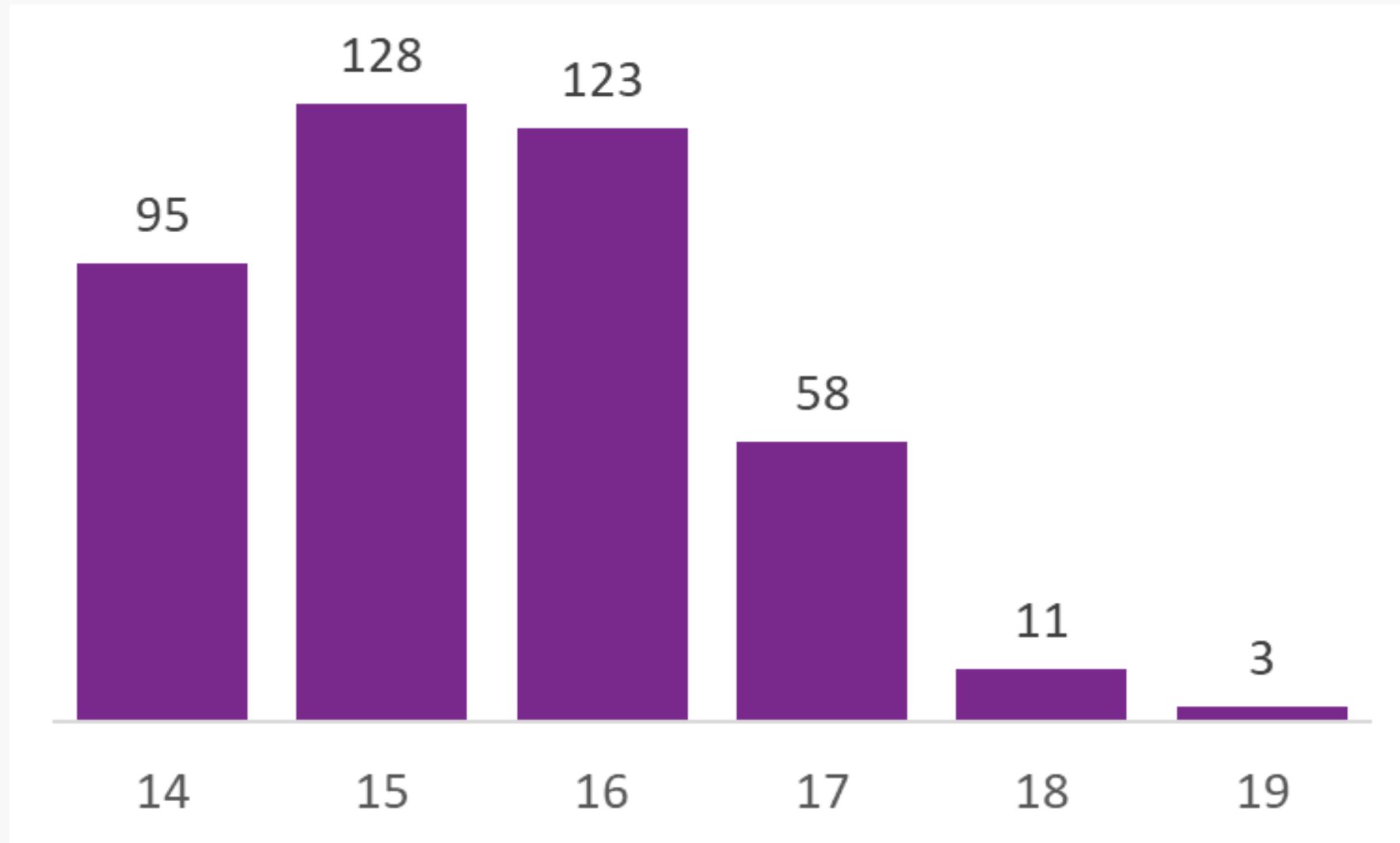
### III Methodology

- The intervention took place in San Nicolas at Filomena College MAVO, C.G. Abraham de Veer and John Wesley College, while Colegio Sint Augustinus was utilized as the control group.
- All subjects were 3rd or 4th year MAVO students.
- In total 270 responses were collected and analyzed, surpassing the initial target of 250 responses.

<b>School</b>	<b>Pre</b>	<b>Post</b>	<b>Total</b>
<b>Treatment Group</b>			
C.G. Abraham de Veer	54	59	113
Filomena College Mavo	47	70	117
John Wesley College	19	21	40
<b>Control group</b>			
Colegio San Augustinus	74	76	150
<b>TOTAL COLLECTED</b>	<b>120</b>	<b>150</b>	<b>270</b>

## IV Research results

### Distribution response by age



### Distribution response by gender

	Pre	Post
<b>Treatment Group</b>		
Male	28.8%	29.5%
Female	21.6%	20.1%
<b>Control Group</b>		
Male	28.0%	23.4%
Female	26.8%	21.8%

## I Research results

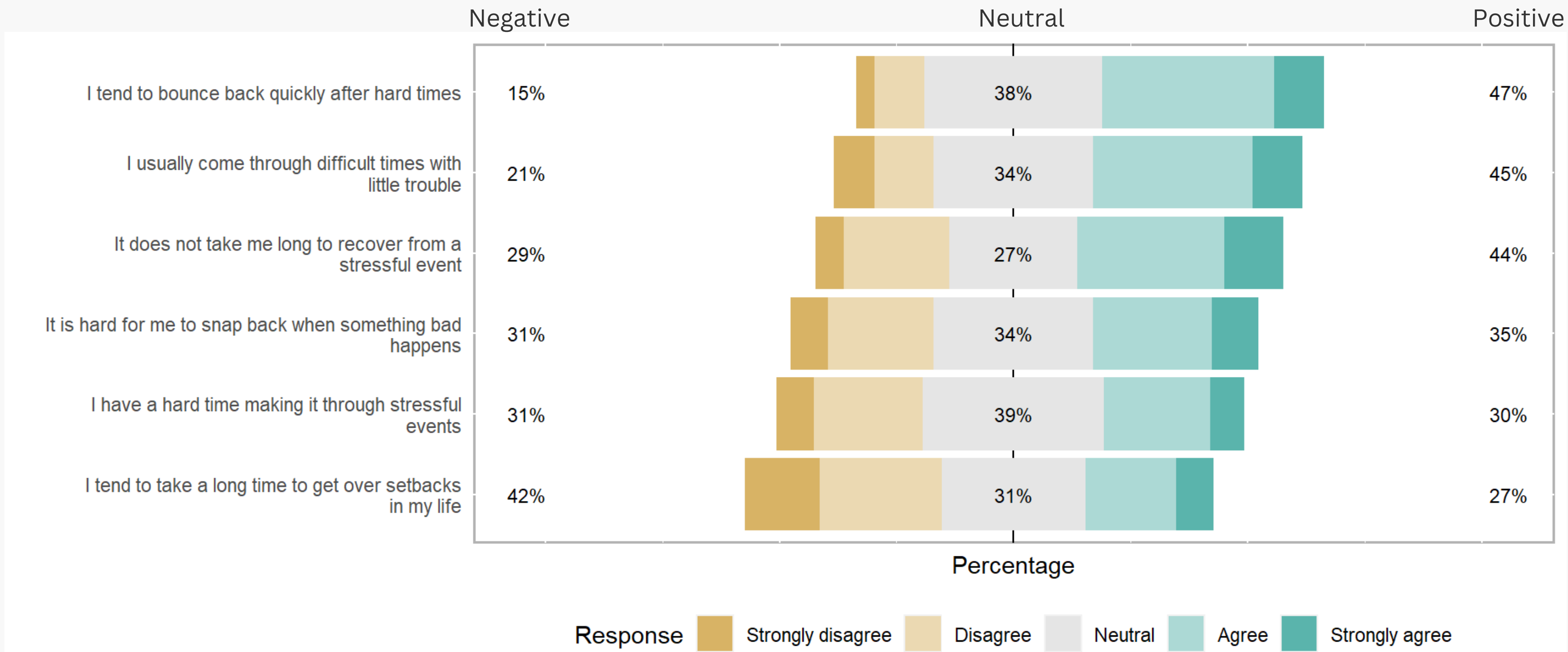
### Top factors negatively impacting mental resilience according to participants

Rank	Factor
1	School environment
2	Self-esteem
3	Home environment
4	Lack of skills (expressing emotions, solve problems)
5	Money
6	Absence of father
7	Friends

*Mental resilience is defined as the ability to mentally or emotionally deal with a crisis or to return to pre-crisis status quickly. Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress.*

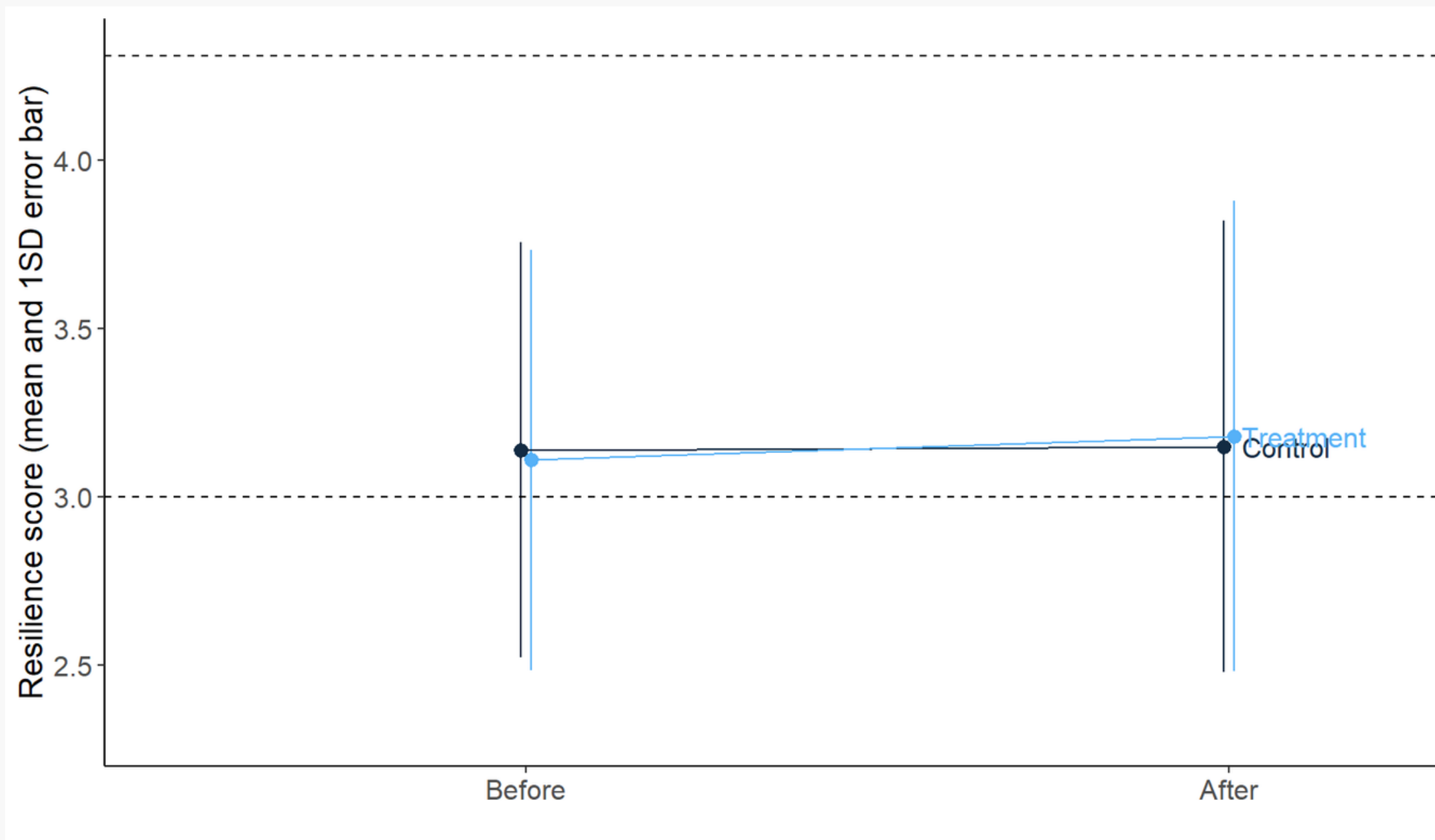
## I Research results

The figure above denotes the responses for the 6 statements that comprise the Resiliency scale. Statements that were phrased negatively were inverted for calculating the score.



## IV Research results

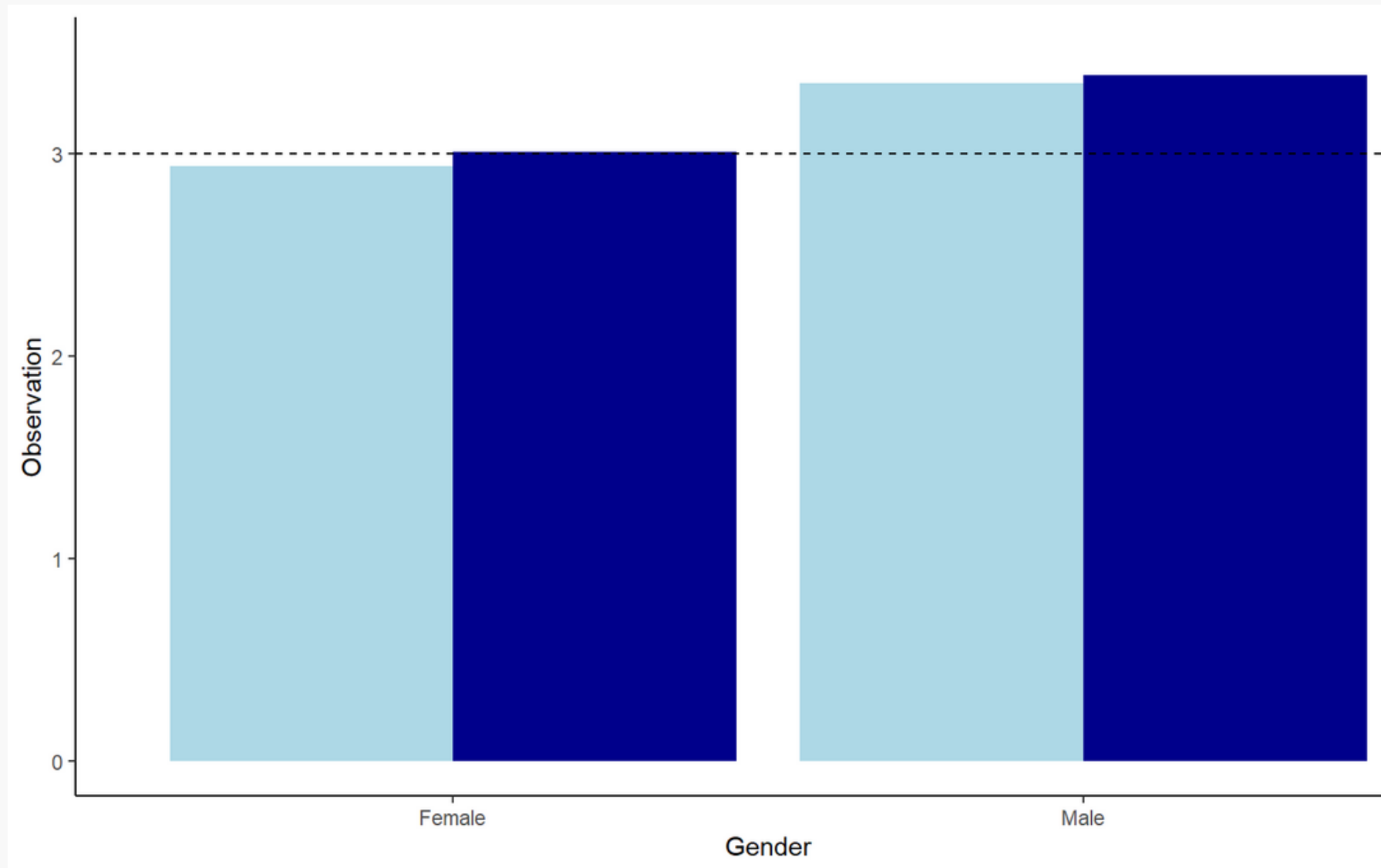
The mental resilience assessment results suggests an increase of 2.1% in the resilience scores of the test group following the intervention, while the results remain static for the control group that did not partake in the intervention program.



The score of '3.0', denoted by the dotted line is indicative, according the BRS methodology of what is deemed an acceptable level of resilience "normal resilience".



## IV Research results



Gender		Average	Interpretation	Impact
Male	Pre	3.35	Normal resilience	
	Post	3.39	Normal resilience	1.2%
Female	Pre	2.94	Low resilience	
	Post	3.01	Normal resilience	2.4%
TOTAL	Pre	3.12	Normal resilience	
	Post	3.18	Normal resilience	2.1%

-Upon disaggregation by gender, it becomes apparent that there are marked difference between the results for female students versus male students.

-It is particularly striking that the female average starts below the "normal resilience" level of 3, and surpasses the threshold following the intervention. While the program also appears effective for male respondents, they start of at a level of 'normal resilience'.

#### IV Conclusion and discussion

Respondents were on average of opinion that the information received was useful, important and encouraging.

Statement	Mean (Scale 1-5)
Information received was useful	3.8
Information received was deemed important	3.7
Information received encouraged me to improve	3.4

## I Conclusion and discussions

- The overall impact of the program appears effective, as it increased the average resilience score of participants by 2.1%.
- There exists an opportunity to leverage on the existing program that shows increased resiliency, with a more targeted approach aimed at more vulnerable sub-groups (particularly female, but perhaps also lower education levels).
- Continued use of rigorously designed studies to evaluate impact is advised, for comparison purposes, including for alternative interventions (e.g. workshops, trainings).
- For future interventions it is advisable to focus on pre-define intended outcomes of the program. To this extent the information on top factors negatively affecting mental resilience could provide guidance.