

**Methods:** The program was conducted by an expert in MB and developed over a period of 8 weeks, with one day session per week for a total of 48 hours. A meeting was held before and after the program to collect data on participants' characteristics, lifestyles, psychological well-being and sense of coherence. The program started on October 2022 and was advertised through the website of the Degree in Sport Sciences and students mailing list and WhatsApp group. The enrolment was voluntarily, and applications were collected in the second half of September. The number of participants was set at 40 for logistical issues and a maximum number of 8 hours of absence was allowed.

**Results:** Out of 56 applications, 38 students (mean age 21.2 years; range 20-25; 60.5% males) followed the program. The majority of students (84.2%) attended the required number of training hours. From participants' feedbacks emerged the creation of a favorable environment to develop soft skills such as teamwork, empathy, self-awareness and adaptability.

**Conclusion:** The MB program was attractive and feasible as the expected number of students to enroll was almost achieved and most participants complied with the required attendance reporting overall positive feedback.

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### Assessing risk perception and its associated factors of university students in the COVID-19 era

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**Background:** The health belief model states that individuals' adoption of health behaviors is influenced by one's risk perception, and health education is often connected with effective management of risk perception. This study was to investigate the factors associated with risk perceptions of china's university students in the face of an infectious disease outbreak such as coronavirus disease 2019 (COVID-19), thereby providing scientific basis and implications for constructing targeted health education system.

**Methods:** A cross-sectional survey study covered 3627 participants was conducted in april 2020 in songjiang district, shanghai, china. A self-administered questionnaire was distributed via an online platform, which aims to assess to what degree the factors are associated with students' risk perceptions of public health emergencies, particularly COVID-19. Descriptive analysis and the chi-square test were used to identify the differences in respondents' risk perceptions, while factor analysis and logistic regression were used to analyze the public factors associated with risk perceptions.

**Results:** University students in both high-risk and low-risk regions were likely to have higher risk perception than those of in medium-risk regions, and female students tended to have higher perceptions of risk than male (both  $P < 0.01$ ). University students with high-risk perceptions showed higher sensitivity to public opinion ( $P = 0.002$ ) and disease seriousness ( $P < 0.001$ ). Female students or students in high-risk COVID-19 regions were more concerned about disease seriousness, while those in low-risk regions were more concerned about public opinion.

**Conclusion:** Female students or students in high-risk and low-risk regions of COVID-19 have higher risk perceptions for COVID-19, and their risk perceptions are identified to be mainly associated with disease seriousness. The risk perception of students in low-risk regions were mainly associated with public opinion. Health departments should take account of different profiles of risk perceptions among varying public groups when promoting and implementing health education under public health emergencies situations.

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### Levels and sources of stress in medical students at a pakistani medical school pertaining to year of study and gender

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**Background and Objectives:** Medical Training is regarded as stressful and stress is prevalent amongst medical students. However, studies assessing whether stress is uniform across year of study and gender in a Pakistani Medical school are lacking. The study primarily aims to examine levels and sources of stress in students at a Pakistani Medical school with regards to year of study and gender. This study also looks at the effects of demographics on self reported stress.

**Methods:** A cross sectional survey was distributed to 350 medical students of year 1, 4 and 5 at Combined Military Hospital, Lahore Medical College, Lahore. It contained a consent form, general demographic information and the MSSQ

questionnaire consisting of 40 items to identify levels and sources of stress.

**Results:** The response rate was 241/350 (68.84%). Year 1 reported a Moderate stress level of 1.890, Year 4 reported a High stress level of 2.039 and year 5 reported a Moderate stress level of 1.925 where academics were the stressors. Males reported a lower stress levels than females ( $p < 0.000$ ). The common sources of stress were academic and social. Linear regression analysis indicated that daily hours of study was positively correlated with academic stressors ( $p < 0.026$ ) and social stressors ( $p < 0.028$ ). Daily hours of sleep was negatively correlated with academic stressors ( $p < 0.045$ ). Year of study ( $p < 0.036$ ) and Marital Status ( $p < 0.024$ ) were negatively correlated with social stressors.

**Conclusion:** The stress levels and sources did change with year of study. Stress and stressors were found to be gender specific with males reporting lesser perceived stress.

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### Promoting family well-being at scale: Optimising and re-designing a digital parenting programme for reducing violence against children in lmics using the 6squad framework

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**Background and Objective:** In response to the increased levels of emotional and physical violence against children due to the covid-19 pandemic and existing barriers to taking parenting programs to scale in lmics, parenting for lifelong health (plh) adapted its parenting programmes into a self-guided chatbot, parenttext. Initial acceptability and engagement with parenttext was tested in multiple pilot studies with results indicating that engagement was a significant barrier to the impact and effectiveness of the digital intervention. Using pilot data, this presentation describes the process of re-designing the intervention to increase engagement and retention.

**Methods:** Mixed methods pilot studies were conducted in jamaica, malaysia, and the philippines. Quantitative data from jamaica ( $n = 1,114$ ), malaysia ( $n = 82$ ), and the philippines ( $n = 97$ ) was analysed descriptively, examining average length of participation, number of modules completed, and interaction rates with different message types. Qualitative interviews with parenttext participants from philippines and malaysia ( $n = 9$ ), and implementers in jamaica and malaysia were conducted and thematic analysis was performed. After data collection, a working group conducted workshops to re-design the intervention using the 6squad/mrc framework.

**Results:** Quantitative analysis showed an average length in the programme of 5 days before disengaging regardless of the percentage of the intervention completed. The working group identified four main areas for re-design: 1) adding personalisation features, 2) introducing mechanisms to trigger re-engagement within the intervention, 3) removing structural features contributing to disengagement, and 4) ease of use given a lack of in-person technical support. A new structure for parenttext was created along with a set of recommendations to address limitations of the current programme.

**Conclusion:** Our findings demonstrate a pragmatic approach for improving digital violence-reduction interventions in lmics and also represent the first use of the 6squad framework for designing a digital programme for family wellbeing.

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### Mental health complexity in post-acute care for acquired brain injury: informing mental health screening development

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**Background and objectives:** In Australia, mental health and acquired brain injury