



For children and
equality for girls



Adolescent Mental Health and Wellbeing Study

Commissioned by Plan International on behalf of AstraZeneca's Young Health Programme.

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Peer Educator at a YHP Brazil Roll Out Session

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Foreword

From Professor Robert W Blum

Bloomberg School of Public Health, Johns Hopkins University

Before the COVID-19 pandemic began to escalate in March 2020, there was a growing awareness in both high-income, and middle and low-income countries, that large numbers of adolescents were experiencing significant mental health issues. Published global data¹ indicated that approximately one-in-five adolescents were experiencing significant emotional health concerns, where 50% of all mental health conditions were diagnosable by the age of 15 and three-quarters manifested by the age of 24.

It is against this backdrop that several organisations established child and adolescent mental health as a priority, including the Young Health Programme which initiated this study to better understand how young people in Brazil, India and Kenya experience and deal with mental health. What is extraordinary about this new, revealing report is that the key findings from these three countries mirror what was reported in UNICEF's 2021 *State of the World's Children* report. What this suggests is that we now have robust information from young people about some of the drivers behind adolescent mental health concerns and what some of the solutions may be.

What are we hearing from young people?

1. **The prevailing belief about mental health issues is that they are purely internal and thus the solutions may be therapy or medication.** However, what we are hearing from young people is that the primary drivers of emotional distress are external... caused by the environments in which they live. Some of the external stressors include poverty, physical and/or sexual violence, and gender norms that disempower girls from achieving their aspirations and restrict boys from expressing their emotions or seeking support. As one young girl says in this report, *"there is no care for girls' dreams."* Girls experience far more restrictions than boys and are typically blamed for the abuse and harassment they experience. This is reinforced in a recent study by UNICEF that found 70% of respondents said the way girls dress is a primary cause of sexual violence. However, this just absolves the perpetrator of any responsibility.

The restrictions faced by girls when they don't have adequate period products to safely manage menstruation can lead them to feel isolated and depressed. The social norms of prioritising the importance of beauty and masculinity leave many young people feeling that they do not fit in. Psychotherapy and psychopharmacology are not going to alter these drivers of mental health conditions.

¹ Source: Lancet, 27 October 2018. Authors: Patel V, Saxena S, Lund C, Thornicroft G, Baingana F, Bolton P, Chisholm D, Collins PY, Cooper JL, Eaton J, Herrman H, Herzallah MM, Huang Y, Jordans MJD, Kleinman A, Medina-Mora ME, Morgan E, Niaz U, Omigbodun O, Prince M, Rahman A, Saraceno B, Sarkar BK, De Silva M, Singh I, Stein DJ, Sunkel C, Unützer J.

2. The power and agency of young people matter but they cannot achieve positive mental health without the support of key adults in their lives. The findings of this report tell us that young adolescents do not feel they have the resources to address mental health concerns on their own. However, the adults in their lives are sending them verbal and non-verbal messages “to be strong” that things are “not so bad,” and that “you are young and do not have worries.” These messages are particularly directed at adolescent boys. Additionally, in many countries around the world, restrictions on girls’ movement precludes them from getting the support from peers that is critical for having good mental health. They are also often denied access to crucial support services, such as family planning, due to their age or marital status. Young people clearly need adults in their lives as well as peers and, depending on the context, the most important adults will be parents, teachers and community leaders.

3. NCD “risk behaviours” such as drinking excessive alcohol, tobacco use and violence, are often coping strategies used by adolescents to manage stress, trauma, and emotional distress. As one respondent said in this report: *“They do it (drug use) to put their sadness in other things.”* Numerous young people reflected that these behaviours only lead to a downward emotional spiral.

4. Gender norms have a significant impact on adolescent mental health. Not only do unequal gender norms restrict girls’ freedom and achievement of their aspirations, they also impede boys from sharing feelings and seeking help from peers, family, and professionals. Stigma also hinders help-seeking as does the fear (or reality) that anything personal young people share with someone may be disclosed to others who could weaponise that information to use it against them.

What recommendations do young people have for improving their mental health?

- First, there is the need for adolescents to seek and receive the support they need without stigma or shame. We need to de-pathologise emotional problems because they are common and profoundly debilitating.
- There needs to be open discussions about mental health and wellbeing within families, schools, religious institutions, and other places where young people and adults congregate in order to destigmatise emotional problems.
- Access to support services is critical and these services are not fully provided through professionals – they may be provided by caring adults. But these adults will need the skills and training to provide the correct support non-judgmentally. And we must recognise that not all support services needed by young people are purely about “mental health”, as they need access to a wide range of services such as family planning or acne treatment.
- There is a need to provide young people with healthy ways to manage and cope with stress. This means acknowledging that adolescence and growing up is a stressful time for many young people. By promoting healthier alternatives to drugs and alcohol for dealing with stress, the outcomes for young people can be much improved.

Across multiple studies we are now hearing the same things from young people. It is now up to the adults who care about young people to listen carefully to what they are telling us, for in it there is much wisdom and insight. But we must also act. That is the hope and promise of this report.

Professor Robert Blum, MD PhD MPH

Executive Summary

Plan International commissioned this qualitative study into adolescent mental health and linkages with Non Communicable Diseases (NCD) risk factors (tobacco use, harmful use of alcohol, physical inactivity, unhealthy diet and air pollution). Online research took place in Brazil, India and Kenya, and consisted of twelve stakeholder interviews, five girls-only Focus Group Discussions (FGDs), three boys-only FGDs, and four girls-and-boys mixed FGDs. FGD participants ranged from 10 – 19-year-olds. Ten girls and six boys participated in key informant interviews. All adolescents who participated were known to Plan International, and had experience of Plan International’s Young Health Programme (YHP).

Key Findings:

- External factors that impact mental health and wellbeing are significantly gendered. Girls are particularly impacted by their low status in society, lack of autonomy, and risk of Gender Based Violence (GBV). Factors that impact upon boys’ mental health sometimes correspond to their expected higher status in society, and the pressures and poor self esteem they experience in relation to this. When they struggle to live up to expected standards, or feel excluded from the privilege men and boys supposedly have, it can impact negatively on their mental health. Boys also have greater access to alcohol and drugs than girls, and are much more likely to develop issues relating to substance abuse.
- The ability to give and receive peer support, to feel seen and valued, is an important part of increasing boys’ and girls’ power and agency to mitigate against external factors and circumstances that can lead to poor mental health.
- Adolescents often engage in NCD risk behaviours to mask stress, anxiety, depression, dissatisfaction and boredom. They need better support to help manage these experiences and the difficult issues in their lives.
- When adolescents engage in NCD risk behaviours they often find their mental health gets worse. They often find that their life circumstances get worse too, creating a downward spiral that is hard to extricate from.
- Young people rarely get professional support for their mental health needs unless they develop serious addictions or experience particular crisis. They are most likely to go to families for support in Brazil, to peers in Kenya, and to non-governmental organisations (NGOs) or peers in India. More work could be done to improve specialist support services for young people, including preventative services, and developing the capacities of peers and parents as potential first responders for adolescents in distress.
- Using creative ways to engage young people in conversations about mental health, wellbeing and healthy lifestyles could be key to supporting adolescent mental health. Focusing on NCD risk behaviours and supporting young people to have and use their agency to adopt healthy lifestyles is a vital preventative strategy.

1. Introduction

In 2020, Plan International commissioned Paperboat Consulting to carry out the *Adolescent Mental Health Policy and Analysis Research Study*. The aim of the study was to support Plan International and the Young Health Programme's (YHP) policy and advocacy work on adolescent mental health and linkages with Non Communicable Diseases (NCD) risk factors (physical inactivity, unhealthy diets, tobacco and alcohol use).

Stage One of the project was an initial desk review outlining the global policy environment, as well as focused investigations into adolescent mental health policy and practices in Brazil, India and Kenya.

This document is a report on **Stage Two** of the project, which seeks to better understand the lived experiences and insights of adolescents in Brazil, India and Kenya regarding adolescent mental health and links to the NCD risk factors. It is informed by interviews and Focus Group Discussions (FGDs) designed to identify young people's understanding of mental health and wellbeing, their access and barriers to support and services, and to explore the correlation between adolescent mental health and NCD risk factors and behaviours. This research had been initially planned for September 2020, but due to the consequence of COVID-19 data collection was delayed until June and July 2021. All research was carried out online.

1.1 Purpose, scope and objectives

The overarching objectives guiding the study were:

5. To provide insight into the policy environment around adolescent mental health, identifying good practices, gaps in policies and plans, and barriers to their implementation, with particular reference to Brazil, India and Kenya.
6. To understand the linkages between adolescent mental health, gender norms and NCD risk factors and behaviors.
7. To gain insight into young people's gendered experiences of mental health and their access to appropriate mental health services in three countries, and how wider dimensions such as ethnicity, socio-economic status, sexual orientation have on their experiences.

1.2 Background and context

In many ways, mental health is just like physical health: everybody has it and we need to take care of it. The UK based mental health charity Mind explains that 'good mental health means being generally able to think, feel and react in the ways that you need and want to live your life. But if you go through a period of poor mental health you might find the ways you're frequently thinking, feeling or reacting become difficult, or even impossible, to cope with. This can feel just as bad as a physical illness, or even worse.'² There are various approaches to mental health and mental illness around the world, and in many cultures emotional wellbeing is closely associated with religious or spiritual life. This study doesn't attempt to categorically define what mental health is or isn't, but rather to explore what adolescents think about their mental health and wellbeing, what supports them to look after this aspect of their lives, what the barriers are, and the links to the NCD risk behaviours.

The 2018 UN High Level Meeting (HLM) on NCDs³ recognised the five major NCDs (cardiovascular diseases, chronic respiratory diseases, cancer, diabetes, mental health conditions) and the corresponding five key risk factors (healthy diet, tobacco use, air pollution, harmful use of alcohol, physical inactivity). This is known as the '5 by 5' model and shows recognition of mental health and environmental risk factors relating to NCDs. The HLM recognised that the prevention and control of NCDs is critical for achieving SDG 3.4, promoting mental health and wellbeing, and reducing premature mortality.

Adolescents, who are in a transition period between childhood and adulthood, and for the purposes of this report are aged between 10-19 years old, are not mentioned significantly in existing global mental health policy discussions. Also, the role of prevention among adolescents has been largely ignored in global NCD declarations and action plans to date.⁴

The WHO Mental Health Action Plan⁵ mentions children and adolescents a number of times, but always in the context of vulnerable populations without much detail about the risk factors, socio-economic or otherwise, that make them vulnerable, or how those vulnerabilities play out in mental health terms. However, item 69 of the Mental Health Action Plan (p. 16) identifies a special need to intervene in child and adolescent mental health because adverse events endured in early life have a considerable effect on subsequent mental health, and mental illness that begins in early adolescence is likely to remain throughout the life course.

The Mental Health Action Plan recognizes, depending on the local context, that certain groups and individuals are at higher risk of experiencing mental health distress, including specific detail on adolescents who are exposed to substance use.

² <https://www.mind.org.uk/information-support/types-of-mental-health-problems/mental-health-problems-introduction/about-mental-health-problems/>

³ <https://www.who.int/news-room/events/detail/2018/09/27/default-calendar/third-United-nations-high-level-meeting-on-ncds>

⁴ Plan International <https://plan-uk.org/file/ncd-prevention-and-adolescents-report/download?token=tkG9kOxg> accessed 23.06.20

⁵ <https://www.who.int/publications/i/item/9789241506021>



YHP India Peer Educator and Plan India after HIC interactive sessions

'These vulnerable groups may (but do not necessarily) include members of households living in poverty, people with chronic health conditions, infants and children exposed to maltreatment and neglect, adolescents first exposed to substance use, minority groups, indigenous populations, older people, people experiencing discrimination and human rights violations, lesbian, gay, bisexual, and transgender persons, prisoners, and people exposed to conflict, natural disasters or other humanitarian emergencies'⁶.

The WHO 'Best Buys' for the prevention and control of NCDs 2017⁷, make recommendations around promoting physical exercise, healthy eating and reduction in alcohol consumption amongst young people.

There is a growing body of evidence indicating that experiences during childhood can affect development and health throughout the life course of an individual. National and international research suggests that children who experience adverse childhood experiences (ACEs) are more likely to adopt health-harming behaviours which can lead to mental health illnesses and chronic diseases such as cancer, heart disease and diabetes later in life. Public Health Wales research⁸ evidences the association of ACEs with poor educational outcomes, increased risk of criminal behaviours and poor social mobility. ACEs are traumatic experiences that occur before the age of 18 and are remembered throughout adulthood. These experiences range from suffering verbal, mental, sexual and physical abuse, to being raised in a household where domestic violence, alcohol abuse, parental separation or drug abuse is present.

6 WHO, Mental Health Action Plan 2013-2020 (extended to 2030) 7.

7 <https://apps.who.int/iris/handle/10665/259232>

8 Public Health Wales, Welsh Adverse Childhood Experience (ACE) Study

2. Methodology

Paperboat consultants worked in collaboration with Plan International country offices to deliver research activities with young people and relevant stakeholders in the three target countries. Paperboat created a participatory research methodology which was verified by the Plan International Ethics Panel and staff in the Brazil, India and Kenya offices.

Please see Annex 1 for research tools used: methodology overview; stakeholder interview schedule; young people FGD sheet; young people interview schedule; information sheet and consent form; and recording sheets. Special thanks go to Plan International's Iara Simis, Robinson Obunga and Nitin Gupta who provided invaluable support and ensured the smooth delivery of the project.



Robinson Obunga, Plan International

2.1 Interviews with stakeholders in Brazil, India and Kenya

Paperboat consulted with Plan International staff to identify 14 key stakeholders for interview to learn more about the policy environment and local context around young people's mental health. All interviews were conducted online.

The stakeholders were given information about the project, the purpose of the research, and were asked to give consent for their responses to be included in this report.

Country	Location	Stakeholder's role
Brazil	<i>São Luis, Maranhão</i>	Social educator working with adolescents
Brazil	<i>Curitiba</i>	Government social worker (family/teen psychologist)
Brazil	<i>São Paulo</i>	Child and teen endocrinologist focusing on diabetes
Brazil	<i>São Paulo</i>	Psychologist in Assistência Social (Social Assistance), Média Complexidade (Medium Complexity), with adolescents that have committed infractions. After going to court, adolescents can be referred to Serviço de Medidas Socio-educativas em meio aberto (Socio-educational Services in Semi Liberty)
India	<i>Jahangpuri</i>	Auxiliary nurse midwife, commonly known as ANM, is a village-level female health worker in India who is known as the first contact person between the community and the health services.
India	<i>Bawana</i>	Anganwadi worker, a woman employed to provide additional and supplementary healthcare and nutritional services to children and pregnant women under the Integrated Child Development Services Scheme (ICDS Scheme)
India	<i>Bawana</i>	An accredited social health activist, a community health worker instituted by the Ministry of Health and Family Welfare as a part of India's National Rural Health Mission
India	<i>Holambhi Kalan</i>	An accredited social health activist, a community health worker instituted by the Ministry of Health and Family Welfare as a part of India's National Rural Health Mission
India	<i>Holambhi Kalan</i>	Area counselor, public representative at ward level
Kenya	<i>Nairobi</i>	County level professional who coordinates mental health response
Kenya	<i>Nairobi</i>	Local-level service delivery organization with mental health specialty
Kenya	<i>Nairobi</i>	Teacher with guidance/counselling/wellbeing responsibility
Kenya	<i>Nairobi</i>	Professional within the Ngara Methadon Clinic
Kenya	<i>Nairobi</i>	Youth Advocate on Mental Health
Kenya	<i>Nairobi</i>	Mental health professional within the Mathare Referral Hospital

2.2 FGDs and interviews with adolescents in Brazil, India and Kenya

Paperboat consultants Carolina Tarasuk, Keta Kant and Marie Umutooni conducted all research activities with adolescents according to a tailor made ethical protocol. To ensure appropriate safeguarding, all data collection activities with adolescents took place with a Plan International member of staff present. All FGDs and interviews took place online. The purpose of the research, safeguarding and confidentiality were all explained to young people before they consented to take part in research activities, and consent was gained for all participants.

Consent was gained from parents or guardians for those under 18 years of age.

64 adolescents took part in FGDs, and 15 adolescents were interviewed. Please see the tables below for demographic information on the participants in each country.

Participant information on FGDs that took place in Brazil:

FGD	Location	Gender	Age range	Demographic Information	Number of participants
FGD 1	<i>São Luis, Maranhão</i>	Boys and Girls	15 – 18 year olds	From rural areas with economic vulnerability. Some in secondary school, and others who had just finished school. One participant was a teen mother and another had a sister who was a teen mother	6
FGD 2	<i>Terasina</i>	Girls	14 – 19 year olds	Girls from three different communities from the Plan leadership program. From rural and semi-urban communities with economic vulnerability	4
FGD 3	<i>Escola de Liderança project</i>	Girls	13 – 19 year olds	Most from the five macro regions of the city of São Paulo	6
FGD 4	<i>Rural communities in São Luis</i>	Boys	17 – 18 year olds	The boys were from two different areas: <i>multiplicando saúde</i> <i>Lideres da mudança</i> / Maranhão / which both have high percentage of criminality	3

Participant information on FGDs that took place in India:

FGD	Location	Gender	Age range	Demographic Information	Number of participants
FGD 1	<i>Various</i>	Boys and Girls	10 – 15 year olds	Rural or city outskirts communities	6
FGD 2	<i>Kolambikala community</i>	Girls	14 – 18 year olds	Many have both parents working full time in local factories	6
FGD 3	<i>Sultanpuri, Delhi outskirts community</i>	Boys and Girls	15 – 19 year olds	Delhi outskirts community, many have both parents working full time in local factories	8
FGD 4	<i>Suleman Nagar</i>	Boys	14 – 18 year olds	All boys attending school from semi rural community bordering Delhi	5

Participant information on FGDs that took place in Kenya:

FGD	Location	Gender	Age range	Demographic Information	Number of participants
FGD 1	<i>Kibera</i>	Girls	15 – 19 year olds	Kibera is one of the largest informal settlements in the world. It is based in the heart of Nairobi	6
FGD 2	<i>Kibera</i>	Boys and Girls	15 – 19 year olds	Kibera is one of the largest informal settlements in the world. It is based in the heart of Nairobi	5
FGD 3	<i>Mathare</i>	Girls	14 – 15 year olds	Mathare is a large informal settlement based in the heart of Nairobi	6
FGD 4	<i>Mathare</i>	Boys	14 – 15 year olds	Mathare is a large informal settlement based in the heart of Nairobi	6

At least two FGDs were delivered in single sex groupings to allow for gendered discussions on the impact of mental health, and age appropriate groupings were arranged in consultation with Plan International staff in each country. FGDs explored the key mental health issues affecting young people, their awareness of links between mental health and NCD risk factors and behaviours, their access to mental health services and gendered differences in experiences.

FGDs were tailored to meet the capacities of each group, with simplified versions delivered for younger age groupings. Participants were all asked to consider what they thought 'mental health' and 'wellbeing' meant, and then invited to engage in a creative activity using drawing and reflection, to describe what factors impacted most on girls' mental health, and what factors most impacted on boys' mental health in their communities.

Adolescents were not asked to draw from their personal experiences of mental health problems, but rather to reflect on what they perceived to be common issues experienced by their peers, both boys and girls.

Following on from the FGDs, three girls and three boys were identified in each country for in-depth interviews. They were identified by Plan International staff and the Paperboat FGD facilitators as having particularly valuable insights to share, and by the young people themselves indicating they were keen to explore the topic and theme of the FGD in more detail.

Country	Location	Gender	Age
Brazil	São Luis, Maranhão	Girl	19
Brazil	São Luis, Maranhão	Girl	18
Brazil	São Paulo	Girl	16
Brazil	São Paulo	Girl	14
Brazil	Caraguatatuba, São Paulo	Girl	15
Brazil	São Luis, Maranhão	Boy	16
India	Bawana	Girl	18
India	Jhangirpuri	Girl	20
India	Holambikala	Girl	18
India	HolambiKalan	Boy	18
India	Jhahangirpuri	Boy	20
India	Bawana	Boy	20
Kenya	Kibera	Girl	15
Kenya	Mathare	Girl	19
Kenya	Kibera	Boy	14
Kenya	Mathare	Boy	14

2.3 Key research questions

The following key research questions guided the FGD and interview discussions in Brazil, India and Kenya:

- How do adolescents think about and define mental health?
- What do adolescents see as the key issues affecting their mental health?
- What is the attitude towards mental health in the community?
- How do adolescents feel about their access to mental health support? Do they know where to access it and how? What are the barriers to access? Can adolescents afford to access support for their mental health?
- What do adolescents think about their use of unhealthy products, such as cigarettes, alcohol, drugs etc. How harmful do they think these things are, and have these behaviors have changed during COVID?
- Is there a link between wellbeing and NCD risk behaviours (physical inactivity, unhealthy diets, tobacco and alcohol use)? And do they have any insight into what causes these, and what could prevent them engaging in these behaviours?
- Which advocacy messages do adolescents want YHP to take on?
- How has young people's mental health been impacted by COVID-19?

The questions were used to guide the research and analysis, and were simplified and edited for use in the FGDs and interviews.

2.4 Sampling and introductions

Paperboat consultants worked with Plan International staff to define the sampling requirements, taking into consideration gender, age, local demographics, in-school and out-of-school adolescents. The research aimed to engage a diverse range of adolescents, including a balance of adolescent boys and adolescent girls.

Paperboat produced a letter of invitation for adolescents who had been identified as being suitable for the research. The letter contained information about the research and the discussion groups, confidentiality, consent, contact and accessibility information, and where to go for additional support. Plan International staff in country offices shared these letters of invitation with agreed target groups, and their parents and carers where appropriate.

2.5 Research limitations

The research had to be conducted online because of the COVID-19 pandemic and associated restrictions. This presented a number of obstacles for both researchers and participants, including difficulties choosing the appropriate platforms to use.

There were accessibility issues in reaching research participants from rural areas due to internet connectivity, but also in terms of how comfortable the adolescents were talking and communicating on the topic in a detached online space. Some young people found communicating in this way a lot easier than others.

Many young people were new to the topic of mental health and wellbeing, and were more comfortable using the online platforms using audio only. However, when audio only was being used, the lack of face-to-face contact sometimes made it harder for facilitators to generate a warm space for the discussion, and silences were often hard to interpret and manage.

2.6 Data analysis and presentation

Paperboat transcribed, translated and analysed the data, and held participatory data analysis sessions with researchers. As a qualitative study, the research questions were each answered in depth by different groups and individuals, and data was triangulated from all three research activities – stakeholder interviews, young people's interviews and young people's FGDs. Differences and similarities between different country responses were considered. After the research questions were answered, data analysis sessions were held with the researchers, helping to inform an overarching thematic analysis.

Five key themes were identified during the research and initial analysis process and these were used to help guide further analysis.

The key findings section first looks at findings organised by the five key themes, and following on from this further findings are presented in response to the initial research questions. Please find country case studies included in Annex 6.

3. Key Findings

The following provides a summary of the key research findings organized into the following five themes:

1. External factors impacting on adolescent mental health
2. Power and agency of young people to counter external stressors
3. NCD risk behaviours as coping strategies for stress, trauma and mental health
4. Access to appropriate support
5. Promoting healthy lifestyles and tackling NCD risk behaviours to support positive mental health

3.1 External factors that impact the mental health and wellbeing of girls and boys

This research shows that external factors impact on adolescents' mental health in highly gendered ways. Girls and boys were asked in single sex and mixed sex groups what issues they felt impacted most upon girls' and boys' mental health in their community.

3.1.1 Factors that impact girls

Boys, girls and stakeholders in all three countries reported factors relating to gender inequality and related cultural norms and practices as being particularly detrimental to girls' mental health and wellbeing.

'Girls are majorly affected... by domestic violence and seeing mothers abused by fathers. Female sex is like not really catered for, so they are being raped and beaten up and the environment they grow up in is one of fear. This affects them mentally.'⁹

Both boys and girls recognized girls' experience of GBV as a significant stressor on girls' mental health and had numerous examples of how girls in their community had been impacted by this.

⁹ Stakeholder interview 3, Kenya



YHP Brazil Peer Educators' Graduation

‘A boy tried to cut a girl participant with a blade in front of everybody. The girl stayed depressed and troubled for very long, and wasn’t able to do her exams. With the help of Health Information Centre Mam¹⁰, she went to police station and gave a complaint. The Mam supported her through her troubled mental state.’¹¹

The threat of sexual assault against girls was seen (by both girls and boys) to be particularly challenging for girls in the community. Not only because of the trauma of the event, but also the consequences of it, and how pregnancy, stigma, shame and parenthood would bring about their own mental health stressors. Research respondents didn’t talk about sexual violence against boys, perhaps indicating that there is additional stigma around boys’ sexual assault.

‘Early pregnancies, for instance if she was going to school and then a stranger kidnaps her and has sex with her. And then she gets pregnant, then she becomes afraid to tell her mother then she becomes stressed and then gets mad’¹².

Girls are also commonly blamed for the sexual harassment they experience, with one mixed sex FGD in India agreeing that *‘girls are blamed when she is being teased/ troubled.’¹³*

Young mothers who took part in the research, and also friends and family of girls who had become mothers during early adolescence spoke about the negative impact this experience and transition can have on girls’ mental health, particularly if inadequate support is available.

‘For me I have a neighbour who got pregnant and she had to drop out of school and take care of her child. Her self esteem went low because she sees her friends coming from school and she is at home taking care of the child. But she is lonely, she doesn’t speak to people and becomes aggressive. She doesn’t seem okay, we try to be friendly if we can but she has that.’¹⁴

In addition to GBV risks and consequences, girl children are less likely to attend school and have their career aspirations taken seriously. Common responses included: *‘There is no care for girls’ dreams. There is more support for the boy child, less for girls – financially and otherwise.’¹⁵*

Research respondents from all three countries spoke about how girls’ lives are more controlled than boys’ lives, from what they wear, where they can go, what they can do with their time, when and who they marry. As one youth respondent explained: *‘Girls are made to get married early. Child marriage makes young girls feel unwell and depressed.’¹⁶*

¹⁰ HIC Mam is the name of a service provider in a youth health service

¹¹ Girls and Boys, FGD 3, India

¹² Boys FGD 4, Kenya

¹³ Girls and Boys FGD 3, India

¹⁴ Girl KII 1, Kenya

¹⁵ Girls and Boys, FGD 3, India

¹⁶ Girls and Boys, FGD 1, India

Research respondents reported that girls have high levels of stress and depression because they see the limitations on their lives, and compare this to the relative freedom they perceive boys have. A number of respondents talked of how: *'Girls can't play outdoor sports in the ground or park so they feel demotivated and they compare with boys in every stage.'*¹⁷

Sometimes girls would further isolate themselves if they felt they were being judged for body shape or lack of attractiveness, which would affect their self-esteem and in some cases lead to disordered eating: *'I used to be chubby and my friends would tell me I am fat in a joking way as well as seriously. This would hurt me sometimes. I used to deny invitations to parties or gatherings, trying to stay away from people.'*¹⁸ As described by a stakeholder: *'Girls all want to get thin. If you are fat that becomes a challenge, they all want to be slim and be fashionable. For a long time being slim is considered the accepted beauty standards. Illnesses such as bulimia are prevalent.'*¹⁹

Girls' needs relating to menstrual health and hygiene is another stressor, especially if they can't afford sanitary protection and are consequently excluded from social activities and school. It can lead to them feeling socially isolated and lesser than their peers.

*'For girls, the financial aspect of their lives – they can't afford sanitary towels and it becomes apparent that they can't afford this level of hygiene, can't afford to take care of themselves. It puts pressure on them as they can't fit in with other girls. They can feel isolated. This can open them up to vulnerability, what happens then is that other males take advantage of their situation and you hear stories of women having sex to get money for necessities.'*²⁰

¹⁷ Stakeholder interview 1, India

¹⁸ Girl interview 3, India

¹⁹ Stakeholder interview 6, Kenya

²⁰ Stakeholder interview 6, Kenya

3.1.2 Factors that affect boys

Research respondents describe stressors in boys' lives in relation to cultural expectations on being 'manly' in their society, and the pressure that puts on them to behave in a certain way and to suppress their emotions and needs.

'With boys, there is a demand to be macho eg. From when boys are kids, there is a demand. Even though I was still a kid and it's normal to have a thin voice, people would say, thicken that voice, speak like a man! Be macho. They encourage little boys like that. Boys can't cry or express their emotions. And this affects their adult lives. I've seen research that a great percentage of men have difficulty in expressing their emotions.'²¹

This is particularly hard for boys who do not perform masculinity in the way the culture expects them to, and those boys can be ostracized and shamed which affects their mental health and sense of self. Responses included: *'There is a boy who dances. People used to tease him asking, aren't you ashamed that you look like a girl wearing ghunguroo on your legs?'*²²

Often, manliness is equated with providing for the family, and when the family is under financial pressure, such as during the COVID-19 pandemic, boys had their schooling and career aspirations cut short. This was perceived by both boys and girls as impacting particularly harshly on boys, as this was not expected and so the disappointment of having a future taken away was felt especially keenly by boys.

'Parents have lost their jobs during COVID and don't have monetary support, so young people have stopped studying and now have to pursue livelihood opportunities instead of school. It is boys' responsibility to provide financially for the family. If they want to become doctors or engineers but don't have support, they must do labour work and factory work instead and this affects their mental health.'²³

²¹ Girls and Boys FGD 1, Brazil

²² Girls and Boys, FGD 3, India

²³ Stakeholder interview 3, India

Both boys and girls acknowledged that it was harder for boys to open up and talk about their feelings and mental health due to societal pressures to be strong and resilient as a man.

‘It’s hard. You may even feel like talking, but young people don’t want to talk. They say you’re a sissy if you want to talk, I have no one to talk to, only one friend, who stopped me from killing myself once. I don’t talk to my parents a lot because they don’t accept too much, so I don’t talk so we won’t fight.’²⁴

Both boys and girls experience stress and pressure during adolescence relating to their changing bodies, their changing position and responsibilities in society and their sense of self. They are especially vulnerable to peer pressure and low self esteem at this time in their lives.

‘When adolescents grow up, their physical changes affect them and they bully each other and this impacts on mental health. Some peers are rich and some are poor so they bully each other. Environment also impacts on mental health, many boys smoke and use alcohol and this impacts their mental health. If they don’t have a garden or playground, where will children play? This impacts on their mental health.’²⁵

Boys reported that one of the most significant stressors in their lives is peer pressure. Girls were affected too, but for the boys it seemed to be the predominant thing, tied with the expectations to conform to the socially defined expression of masculinity. Research respondents described how boys were expected to fit in, to be sexually active, to be successful academically and with their career progression.

‘They need to fit in, especially in adolescence, they do a lot of fitting in, competing, getting fit physically, clothes, it is a huge issue. So if you have ACE’s²⁶ in the past, when you move into adolescence, you want to look like everyone else, and they want to look like everyone else. The other thing I saw is a lot of pressure on them to perform academically. This becomes a huge challenge on their mental health. Most of the country are living just above the poverty line – education is seen as the way to lift you up, so everyone expects boys to perform very highly and are being pushed towards careers. This becomes a challenge. Another thing I see with boys is their ability to be active in relationships. This is a huge factor. There is a lot of competition amongst boys, you are viewed lowly amongst peers if you don’t have relationships, not successful in relationships.’²⁷

²⁴ FGD Brazil, boys

²⁵ Stakeholder interview 1, India

²⁶ ACEs are Adverse Childhood Experiences

²⁷ Stakeholder interview 6, Kenya

Another impact on mental health that affected both boys and girls was the stigma associated with it. This was seen by many research respondents as putting significant extra stress and burden on adolescents who might need support with their mental health. It was felt the stigma greatly exacerbated adolescents' feelings of isolation, shame and despair.

'I would say the first common problem is that unfortunately poor mental health is seen as a moral issue rather than, you know, rather than something that people need help with. A lot of times our adolescents who have mental health problems are seen as deviants or stubborn or naughty and they're punished rather than given care. So that's one of the big, big challenges for both boys and girls.' ²⁸

In addition to gendered differences of mental health stressors, it was acknowledged by research respondents that there are a number of other systemic issues and contexts that a young person might find themselves subject to which might impact negatively on their mental health. Stressors such as poverty, disability or illness, HIV status, refugee experiences or displacement, being out of school, living on the street, being involved in criminality or contact with the justice system, exposure to race or caste related discrimination, and prejudice experienced by adolescents from the LGBTQI+ community are all stressors that interact and impact upon each other to cause significant stress, suffering and challenge in young people's lives. As one stakeholder explained: *'There are special populations that are also more at risk and it's not just men and women, boys and girls, but we also have people who are disabled, we have refugees amongst others.'* ²⁹

Key learning point:

External factors that impact mental health and wellbeing are significantly gendered. Girls experience particular stress because of their low status in society and risk of GBV. Mental health stressors for boys are also related to their expected higher status in society, so when they do not live up to those standards or feel them to be true, it impacts negatively on their self-esteem and mental health.

²⁸ Stakeholder interview 2, Kenya

²⁹ Stakeholder interview 1, Kenya

3.2 Power and agency of girls and boys to mitigate mental health stressors

There was a wide range of opinion amongst young people about their ability to counter the mental health stressors in their lives. The younger respondents felt less agency to mitigate mental health stressors than the older respondents. The respondents from India felt more empowered than the respondents in Kenya and Brazil to counter stresses constructively. As an FGD participant in India explained: *'Mental wellbeing is about control over ourselves and includes the ability to understand ourselves first and take our charge of life and decisions. Self-control is most important. The way we think is really important to understand in order to support mental health. Positive thinking and good actions lead to a healthy mind and society'*.³⁰

Boys in Kenya reported that they not only felt the girls were worse affected by mental health stressors than boys, but that they were less able to respond to them with strength and resilience.

*'I think boys have a hard heart and they will just go to a friend and smoke weed, but girls have a small heart. If they get pregnant they are the ones who faces issues with parents and community so I think girls are the most fragile.'*³¹

Both boys and girls identified that girls have less power and agency to modify their behavior to improve their wellbeing and take charge of their life situation.

*'We (boys) can cut our hair and do many things but when women do that, they are seen with other eyes, people say, 'why did she do that?', even though she did it because she felt good doing it. She shouldn't have to give explanations to anyone but, because she is a woman, she has to explain why she did it, she has to impose herself. It's a gigantic social pressure though she did it because she felt good. When a boy paints their hair green, it's normal, society normalizes. If a woman is black, she can't straighten her hair, if a woman is white she can't curl her hair, a woman can't wear a wig... there is a lot more pressure.'*³²

³⁰ Girls and Boys FGD 1, India

³¹ Boy KII 4, Kenya

³² Girls and Boys FGD 1, Brazil

Due to social and cultural norms, girls are less able to meet with their friends, play outside and engage in positive behaviours that might help mitigate stress and pressure. Girls have more housework and caring responsibilities than boys, with less free time and less autonomy over their lives. As one female FGD respondent explained: *'We grow learning the wrong thing, that women are obligated to take care of the house. And where are the boys? Especially now with COVID where everyone is at home.'*³³

Girls in Kenya and India are often denied positive health benefits of fresh air and exercise, as many respondents commented on how they were not permitted to play outside: *'Girls can't participate in sports or play outdoor games as people will watch so parents won't let girls do physical activity in the park or do outdoor sports.'*³⁴

In other contexts, lack of outside space affected both boys and girls and their ability to manage stress and pressure through outdoor play, as neither had access to outside play spaces. The COVID-19 restrictions further exacerbated this, as well as impacting on young people's outlook and view of their capacities to live the lives they had imagined.

'COVID – stress and anxiety, news and long ongoing nature... it is still here with us, it has impacted on young people's mental health. How do we get young people to be resilient and think of the future?'³⁵

Peer support was identified as a great potential source of comfort and strength for adolescents, with empowering benefits for both the giver and receiver of support. Girls in particular spoke about their empathetic capacities as a source of power.

'For me I usually feel some pain when someone is going through such things. So I try to talk to them, I have a passion in talking to people and convincing them to do the right thing. I also mentor some people. I love helping them.'³⁶

Many girls commented on boys' tendency to keep problems to themselves rather than sharing them and receiving support. This was seen by the girls to impact on them negatively, and they saw a role for themselves, as girls who are good at supporting each other. They raised the potential for them to show boys how to talk and give and receive support.

'If you look at the men side, we know that men do not talk a lot, they like keeping things to themselves and not sharing what they are going through. Contrary to women, who like sharing what they go through. Men do not like to be vulnerable and society knows that men are hard and do not cry, so I think we should tell men that to have their feelings and to break down is normal.'³⁷

³³ Girls FGD 2, Brazil

³⁴ Stakeholder interview 3, India

³⁵ Stakeholder interview 6, Kenya

³⁶ Girls and Boys FGD 1, Kenya

³⁷ Girls FGD 3, Kenya



Marcelo Navarro

YHP Brazil Peer Educators' Graduation

Lack of information and access to mental health and wellbeing services was seen as a significant restricting factor in enabling young people to have the own power and agency to mitigate against the stressors in their lives. They often do not know where to go for support other than their friends, and their friends often do not have the right information or skills to respond constructively. Services frequently do not recognize the specific needs of young people, so they are not youth friendly or accessible, which disempowers young people in their ability to access the information and support they need.

Consequently, many adolescents do not know what they can do to feel better about their lives, making them feel powerless. Many research respondents spoke about the importance of having safe and creative spaces for young people to come together and build up their power and agency, so that they might feel inspired and supported to take steps to improve their lives and wellbeing.

Young people and stakeholders spoke about the importance of having youth-led support services and activities available to young people that are tailored to their needs. Developing services designed by young people themselves will help them develop their own power and agency and ensure services reflect their needs.

‘When you look at adolescents, we need to understand their world and what things they need. Most say they want prevention services. If I am sexually active, I should be able to access contraception and HIV related services if I need them. If I am sick I should be able to access services and be seen by a provider who understands what I am going through. Not to judge me and make me feel worse, but to give what I need.’³⁸

Key learning point:

The ability to give and receive peer support, to feel seen and valued, is an important part of increasing power and agency to mitigate against mental health stressors for boys and girls.

3.3 NCD risk behaviours as coping strategies

Teenage years are stressful for most people, and they come with many pressures. As one young person explains, the hormonal changes at this time impact upon them dramatically and unpredictably, which can be distressing and disorientating: *'Mood – influences a lot in our day to day and how we wake up every day.'*³⁹

The NCD risk behaviours – tobacco use, physical inactivity, the harmful use of alcohol and unhealthy diets – were described by many research respondents as stress reduction strategies, coping strategies for the stressors in adolescents' lives. One respondent explains this clearly: *'They do it to put their sadness in other things. They think it will help.'*⁴⁰ Young people were able to understand how these strategies were often more harmful in the long term. For example: *'It won't affect young people now, but when they are older it will.'*⁴¹

The pressure put on boys to provide for their families and make a success of their lives was seen as a key driver of stress and depression for them, which often resulted in substance abuse as a coping mechanism. One girls' FGD in India reported: *'Family gives career pressure to the boys. They also tell boys to get married at 22 or 23. When boys are not able to decide whether he should help family or do what he wants, he goes to friends and their intoxicants to support his tension.'*⁴²

Young people also understood that it was not only the NCD risk behaviours themselves that would cause trouble in the future, but the lifestyle and risks surrounding them that could also cause harm.

'Young people who are addicted to substances often get in trouble getting caught stealing money to purchase substances. Many become disconnected with their friends and family, they find other groups or stay alone. They may face demotivation to pursue their passions, become periodically disinterested in what they are doing or studying, lose concentration, turn to intoxicants for feeling better.'⁴³

Respondents reported that it is more socially acceptable for boys to drink alcohol and smoke than girls, and consequently many more boys than girls engage in these activities. Consequently, it was understood that boys are more likely to encounter problems relating to substance use, including NCDs and poor mental health resulting from the risk factors.

³⁹ Girls FGD 2, Brazil

⁴⁰ Girls FGD 2, Brazil

⁴¹ Girls FGD 2, Brazil

⁴² Girls FGD 3, India

⁴³ Girls and Boys FGD 1, India

‘Tobacco and alcohol and substances are easily available to boys, and they also experience peer pressure to take part otherwise the friendship breaks down.’⁴⁴

It was noted by some that girls also used alcohol to cope with stressful life situations and to stimulate an escape, but to a much lesser extent than boys.

‘A few girls smoke and some girls want to leave their lives so they get rich boyfriends, use alcohol with them to try to escape. It is not common though. Alcohol is not big problem for girls. But a large number of boys use drugs and alcohol to manage the stress.’⁴⁵

It was reported that girls are more likely to engage in unhealthy, disordered eating as a stress response rather than drinking alcohol or smoking.

‘Women want to slim themselves and be eating food and vomiting. Or others because of stress and anxiety and depression some young people eat excessively and become unhealthy and depressed. Over eating or under eating. Food has a very direct link significant to negative mental illness.’⁴⁶

Some research respondents reported that boys were additionally at risk of substance use as parents send their sons to buy tobacco and alcohol, so the boys have the opportunity to try it. In India, research respondents said boys as young as 11 were smoking. In Kenya, boys who take khat herbs send other young boys to sell khat, so that the police do not catch them and this can impact negatively on a boy’s wellbeing and life prospects if he ends up dropping out of school and engaging in criminal behavior.

‘In that process of being sent to buy those khat herbs, one day he gets curious and tastes it. When he taste maybe he finds it sweet and gets addicted. And then start seeing himself as a big person and stops going to school.’⁴⁷

⁴⁴ Stakeholder interview 3, India
⁴⁵ Stakeholder interview 1, India
⁴⁶ Stakeholder interview 6, Kenya
⁴⁷ Boys FGD 4, Kenya

Many young people saw the NCD risk behaviours as an unhealthy distraction from stress, boredom and dissatisfaction with life, especially during the COVID-19 pandemic. For example, in Brazil, a young person described asking his friend why he smoked and *'he said I don't know. I ask if he's addicted. He said no. Then why I asked. It's a distraction, when I'm alone I feel lonely so I get the urge to smoke.'*⁴⁸

In India too, a young person explained they drank alcohol *'to get out of boredom. Especially during COVID.'*⁴⁹

It was also recognized that the adolescent years are often a time of risk taking, of enjoying increased autonomy and partaking in activities that produce immediate pleasure rather than measured sensible action. Teens learn by experience, by mistakes, and by sometimes doing things impulsively that they wouldn't do if they were thinking more rationally. In this way, engaging in some of the NCD risk behaviours occasionally was seen as a normal part of adolescent behavior, that needn't become problematic. However, it was recognized that sometimes does. As one girl explained: *'Sometimes at our age you do things that you were not intending to do.'*⁵⁰

Boys are often seen as responsible for supporting the home financially so, if they are unable to fulfill that function, they might turn to drugs or alcohol to deal with the pressure and shame. This results in them becoming a burden on the household, which feeds the shame further adding to their stress and depression.

'No work, get into substances, then aren't able to do well and take care of family, not able to fulfill family expectations'⁵¹

Peer support and approval is crucial at this stage of development, and some adolescents get the support they need from peers who are drinking alcohol and engaging in the other NCD risk behaviours. Many young people engage in these behaviours too, not because they want or need the substances, but because they want and need the peer support associated with them.

'Behavioural characteristics: the company we choose to have and how much time we spend with them affects us. The more we engage with friends who drink and smoke or eat unhealthy, the more we would feel okay doing it too.'⁵²

For adolescents who had experienced Adverse Childhood Experiences (ACEs) or trauma, the risks of addiction and substance abuse are especially high, as was referenced by a number of stakeholders who were interviewed.

⁴⁸ Girls and Boys FGD 1, Brazil

⁴⁹ Girls FGD 2, Brazil

⁵⁰ Girl KII 1, Kenya

⁵¹ Girls and Boys, FGD 1, India

⁵² Girls and Boys FGD 1, India

‘Most of young people who have PTSD⁵³ and depression – it is from childhood traumas that were never dealt with. Girls sexually abused when they were young and never discussed. There is a correlation between childhood traumas and mental health. I would not talk about evidence base about using alcohol etc to counter anxiety disorders. But it makes sense... client coping mechanisms. When people go through a hard time, they eat a lot, they go to the fridge over and over.’⁵⁴

Stakeholders from all three countries spoke about how adolescents could be supported to manage the stress and difficulties in their lives more constructively, getting professional support where necessary for underlying traumas so that they wouldn't be as vulnerable to using the NCD risk behaviours to mask and manage stress and difficulties in their lives.

‘We need to understand why young people are taking drugs instead of taking care of themselves so they stay well. A few are aware that drugs etc are dangerous for their health but, because of their underlying issues, they choose to hallucinate and cope with their conditions, and feel better temporarily. This leads them to indulge in this behaviour without proper information.’⁵⁵

Once young people start engaging in NCD risk behaviours, it can become hard for them to stop. Addressing the stressors that the NCD risk behaviours were trying to mask then becomes harder, causing multiple problems in their lives, impacting negatively on their mental health and their power and agency to live healthy rewarding lives. As one young girl explained: ‘*Many give up on solving issues. Not able to do what they wanted to pursue.*’⁵⁶

⁵³ PTSD is Post Traumatic Stress Disorder

⁵⁴ Stakeholder interview 5, Kenya

⁵⁵ Stakeholder interview 3, Kenya

⁵⁶ Girls FGD 2, India

‘When you take drugs and you are functioning – it is ok. But then things can escalate and get induced psychosis – that is never discussed before you blow up and go into psychosis. We need to keep ourselves mentally resilient. When COVID started no one told people – you still need to exercise and drink water. It is a social stressor to stay isolated. There has been an increase of domestic violence and divorce. We should normalize asking people to consider – how far have you walked today, how much water have you drunk. Not watching TV all night and not getting a lot of sleep.’⁵⁷

In India, there were particularly nuanced thoughts on addictions and how adolescents become shamed and isolated by them in a negative spiral. Responses included:

- *‘Some get addicted, don’t have money and then begin thieving. Social shame on thieving when people find out. It makes the kid go in a downward spiral mentally’.*
- *‘Alcohol affects 3 areas – body, mind and society. Once society has distanced from individual, he won’t be able to get back up, only fall’.*
- *‘Affects our nervous system, mind slows down, is used less – our ability and potential for thinking reduces.’⁵⁸*

Key learning point:

Adolescents often engage in the NCD risk behaviours to mask stress, depression, dissatisfaction and boredom in their lives. They need better support to help them better manage these things, as excess use of the NCD risk behaviours will only worsen their mental health, and the stressors they are trying to avoid.

⁵⁷ Stakeholder interview 5, Kenya

⁵⁸ Girls and Boys, FGD 3, India

3.4 Access to appropriate mental health and wellbeing support

Young people identified a number of positive ways they manage to cope with the stresses and difficulties in their lives. Many explained that the main source of support for them was their peers, although in Brazil both boys and girls also spoke about going to their parents, and how for some of them their families represent strong sources of support.

‘The first place they think of support is peers. So whatever the peer says, that is what they will do. Only when it gets out of control will they look for specialist help.’⁵⁹

Many young people spoke about a lack of safe adults to share problems with. They gave examples of adults using alcohol and aggression to de-stress themselves, and adults who were unable to listen to and support children without resorting to judgment and violence.

‘Respondent 1: Adults have a way to de-stress, they go to the bar and get drunk. A young person will approach someone who is trusted or an organization to seek help’.

Respondent 2: There is a difference, a child will be scared and it will be hard to share the story. The adult will be aggressive and, if it is a parent, he will beat you. Either mum or dad then will be violent.’⁶⁰

In Kenya particularly, young people spoke about not being able to get the support they need from their family.

‘Most young people do not trust their families; they go to friends. Most of them go to seek help and when they go to their friends they give them bad advice. Some of them go to centers, like we have Karolina for Kibera, plan and they are guided on what to do and how to do it.’⁶¹

⁵⁹ Stakeholder interview 4, Kenya

⁶⁰ Girls and Boys FGD 1, Kenya

⁶¹ Girls and Boys FGD 1, Kenya

In India, young people reported that some of their peers have families, friends and teachers to go to for support but that they were not always able to get what they needed from these places. Support was seen as variable, and NGOs were identified as the safest place to go and share sensitive information or get support on mental health or wellbeing issues. NGOs were also identified as being able to assist young people in sharing their problems with their parents, with young people feeling better able to access support from their families because of the NGO support.

‘Some families/friends are supportive and listen, others cause the problems so sharing with them is difficult. Many children have approached their parents with issues with the support of HIC/ NGO’s.’⁶²

Many of the youth participants from India had parents who worked long hours in the local factory, and many stakeholders explained that this caused problems in terms of their availability to support their children, and their ability to provide them access to services or clinics. It was also noted that gender discrimination meant that girls were often less likely to get the support they needed at home or in the community, including healthy diets and access to healthy lifestyle activities. As a stakeholder in India explained: *‘Because of gender discrimination, girls often not give nutritional foods, whereas boys are given good foods.’⁶³*

Some stakeholders reported that there was much more focus on girls and their vulnerabilities, girls and their empowerment rather than boys and that this had an impact on boys and their ability to get support. *‘There is so much focus on the female gender that the male gender has been sort of neglected and they don’t have good role models.’⁶⁴*

All research respondents reported adolescents’ patchy access to services, and in particular not feeling confident that there would be specialist services available to them from people who knew specifically about adolescent mental health. There seemed to be services available to people who had reached crisis point in their mental health or addiction, but less primary access points for young people.

‘There are various medications and addiction centres run by Government (central and state government) so young people can register themselves if they want support with addiction. Also, parents can refer their children to medical private centres or government centres.’⁶⁵

It was identified that young people need quality, tailored information on how to be healthy, to better enable them to make informed decisions about their lives and take control of their health and wellbeing.

⁶² Interview, India

⁶³ Stakeholder interview 6, India

⁶⁴ Stakeholder interview 2, Kenya

⁶⁵ Stakeholder interview 2, India



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In Kenya, there is a commitment that every school provides support to young people with an hour a week dedicated to guidance and counseling. However, stakeholders and young people report issues with the way this is working in practice. It is school teachers, often without training, who are responsible for providing the counselling. They often do not respect confidentiality so they are not trusted. The role of the counsellor is often counter to the role and authority that the teacher holds, acting as a barrier for young people in Kenya.

‘There used to be corporal punishment and now the Government is out to embrace talking to the young people rather than exposing them to corporal punishment. But now they want the teacher to become a counsellor. This is very difficult. The Ministry is not really addressing this issue properly.’⁶⁶

Confidentiality was seen as a key barrier to accessing support services outside school as well. If a young person is not assured of privacy, sensitivity and confidentiality, they will not have enough trust to open up and share intimate details about themselves with potential sources of support. In addition to this, it was felt that more should be done to address the stigma of mental health, as this was a significant barrier for most people in accessing the support they needed.

‘Being a low and medium income country, we still go on WHO mental health gap – 80% treatment gap. When you look at the barriers, they are the same as with the older people. Stigma is key and information.’⁶⁷

It was felt that if there was better awareness of healthy lifestyles as a preventative factor for mental and physical health conditions, then more parents and children would adopt healthy practices. Furthermore, it was highly recommended by most respondents that adolescents could be trained to promote healthy lifestyles amongst their peers.

Key learning point:

Young people rarely get professional support for their mental health needs unless they develop serious addictions or problematic behaviours. They are most likely to go to peers or families for support in Brazil, to peers in Kenya, and to NGOs or peers in India. More work could be done to improve specialist support services for young people, as well as developing the capacities of peers and parents as potential first responders for adolescents in distress.

⁶⁶ Stakeholder interview 3, Kenya

⁶⁷ Stakeholder interview 5, Kenya

3.5 Addressing NCD risk behaviours as positive protection from poor mental health

There was a feeling amongst many of the stakeholders that there needs to be much more focus on *preventative* mental health services rather than only curative ones, and that focusing on NCD risk behaviors could be key to this.

In India, young people demonstrated a good awareness of how healthy bodies lead to healthy minds, and how key good diet is to keeping both healthy: *'Eat nutritious food. Only eat junk food once in a while. So, we can do all our work with freshness'*⁶⁸ Stakeholders in India reported doing yoga with adolescents to promote healthy and active lifestyles, and how *'the young people who follow our advice, their mental and physical health improves. We monitor them and can easily observe them and see the improvements.'*⁶⁹

In Brazil, young people spoke about the importance of exercise in keeping healthy and suggested more and different entertainment activities in the communities *'like Zumba – things where we can do more exercise, have fun, get out of boredom and sadness'*.⁷⁰

In Kenya, stakeholders described facilitating sessions with parents to promote healthy lifestyle in the family too: *'When we show parents the importance of providing healthy food, not money, then the parents provide healthy food and so their kids don't then eat unhealthy fast food. We hold regular meetings with parents and young people so most of the young people adopt a healthy and active lifestyle'*.⁷¹

It is worth noting that the adolescents who took part in the research will have learnt positive messaging about healthy behaviours from their contact with Plan International and YHP.

Stakeholders and professionals who took part in this study also raised the point that focusing on the NCD risk factors would not only promote positive mental health, but would also protect against NCDs, which children and young people could be prone to if they engage in the risk factors excessively.

⁶⁸ Girls FGD 2, India

⁶⁹ Stakeholder interview 2, India

⁷⁰ Girls FGD 2, Brazil

⁷¹ Stakeholder interview 2, India

‘It isn’t just about the psychological part of it, but there’s an effect it has in developing comorbidities that come about as a result of that, and having them side by side, in my view, is quite important because you don’t just address one side of the problem but then you get to both, and then of course when that happens it means that the person is able to attend the highest available standard of health so that they can go back to functioning normally and contributing to society.’⁷²

Focus groups in all three countries reported problems with accessing decent outside play spaces for young people. In particular, girls were frequently not allowed outside to play, whilst boys were also often kept away from outside spaces for safety reasons. Addressing these issues could have a big impact on adolescents’ lifestyles, supporting them to be more active, healthy and resilient. It was pointed out that physical activity has a very direct link to mental wellbeing, as physical activity releases stress and anxiety. This means young people can get trapped in a vicious cycle, when they are stressed and anxious they do not want to go outside they stay in their rooms, isolating themselves hence increasing their stress and anxiety levels.

‘Our city, especially the modern, the urban areas are not designed for young people to have any physical activity. We don’t have playgrounds, we don’t have the kind of playground somebody would safely go to and play. It’s all concrete, built up and we’re not giving enough recreation spaces for young people to just hang out as young people. I say safe in the sense that you’d allow your child to go there, not worry too much. They are building these kinds of spaces, we don’t have enough of them.’⁷³

There was a sense amongst all research respondents that if people knew the real and hard facts about what tobacco and alcohol does over time, they would use them less. Many respondents had suggestions about how to tailor these messages and awareness raising activities: *‘Street plays for sending messages. Give daily news on impacts of substances. Show videos on impacts of substances on social media. Showing journey of good decisions and bad decisions to show the contrast.’*⁷⁴

⁷² Stakeholder interview 1, Kenya

⁷³ Stakeholder interview 2, Kenya

⁷⁴ Girls and Boys, FGD 3, India

Some respondents noted how important positive messaging and role models could be when talking about NCD risk behaviours so they are not always couched in negative and scary terms. They raised the point that, when you don't smoke or use alcohol, you have all of the advantages of being mentally acute, and take pride in yourself. Also, if teenagers can engage in a physical activity together they are generally happier as sports bring people together.

*'There is also a sense of pride and belonging that comes with knowing a sport or skill. Especially in schools, young people who are engaged in sports are less stressed. You also get a support system besides all of the other advantages. You can tell they are less stressed, they know their way around.'*⁷⁵

One stakeholder pondered on the link between air pollution and mental health, suggesting that young people might develop anxiety and depression in response to climate change, *'just the thought of it – the world could end because it is getting warm and you are breathing the wrong air... From India where there is a lot of air pollution, even without anything else, young people know they are reducing living days by breathing the air. This leads to generation of young depressed people.'*⁷⁶

The sense that young people could be getting stressed and depressed by issues that they feel are beyond their control was striking. It seemed clear from many of the voices that, whatever is done to support adolescent mental health, it must be done by listening to young people themselves, with respect for their concerns. The first step is to support young people to open up without shame or stigma, potentially to their peers:

*'Need to help people become less hesitant. First thing they need to do is share. Otherwise, it will eat them from the inside more. If an alcoholic who wants to quit doesn't share, he will only become weaker mentally. If he shares then he will get more knowledge on how to get off it.'*⁷⁷

For adolescents to receive support from sources other than their peers, interventions should be designed, developed and delivered by listening deeply to the needs and concerns of adolescents themselves. Adult services are often not appropriate for adolescents, however there are very few specialist adolescent services available.

*'Pushing for more community meetings where parents and the rest of community listens to issues faced by youth, and talking about mental health openly there.'*⁷⁸

Key learning point:

Using creative ways to engage young people in conversations about mental health, wellbeing and healthy lifestyles could be key to preventing adolescent mental health from worsening. Focusing on NCD risk behaviours and supporting young people to have and use their agency to adopt healthy lifestyles is a vital preventative strategy.

⁷⁵ Stakeholder interview 6, Kenya

⁷⁶ Stakeholder interview 6, Kenya

⁷⁷ Boy interview 2, India

⁷⁸ FGD, India

4. Responding to the research questions

– How do adolescents think about and define mental health?

Brazilian adolescents spoke about experiencing positive mental health as *'feeling light'*,⁷⁹ and described poor mental health as times *'when you are not feeling balanced or when you can't deal with problems in life'*.⁸⁰ They recognised that people have different problems, and how you deal with them will bring a better or worse quality of life. They spoke about the lens of being a teenager and how certain groups of teenagers cared and thought about how to look after themselves, whilst other adolescents did not prioritise wellbeing, but rather had the attitude, *'you only have one life so live it now, don't think about the future – enjoy drugs and alcohol etc now.'*⁸¹

In India, adolescents described mental health as being very much related to physical wellbeing and a person's capacity to look after themselves, *'having positive thoughts, control over oneself and the ability to overcome problems'*⁸². They articulated it as being a combination of a healthy body, healthy mind and healthy environment, and some also used the image of feeling 'light' when they had shared problems with another person. When they are not feeling mentally well, they report feeling *'lonely, not confident, not able to understand themselves, feeling stressed, anxious and confused, sad and depressed'*⁸³.

In Kenya, young people associated mental health with madness, and described the stigma faced by people who suffered poor mental health. FGD respondents used negative descriptions to illustrate what they felt about mental illness: *'They are paralyzed on one side, they also have spits of saliva coming out of their mouths.'*⁸⁴ Older adolescents understood there is a broad range of experiences, and could describe how adults in their life suffered from stress and issues of poor wellbeing rather than more extreme mental health crises. Many of the young people who participated in the research live near a psychiatric hospital which is likely to impact upon their understanding of mental health. Many young people felt that drugs and alcohol play a big role in mental illness in Kenya.

⁷⁹ FGD, Brazil

⁸⁰ FGD, Brazil

⁸¹ Data analysis session

⁸² Data analysis session

⁸³ FGD, India

⁸⁴ Girls FGD 3, Kenya

– What do adolescents see as the key issues affecting their mental health?

Girls in all countries spoke about anxiety around menstruation when they do not have the support and information they need. One girl shared an example of a friend, new to menstruation, who thought she was going to die as she had not been told what to expect.⁸⁵ Girls in all three countries spoke about not being able to follow their dreams, resulting in lost motivation or feeling like life is too hard. Both boys and girls recognized that there is more pressure on girls than boys to follow especially restrictive cultural expectations, which are often experienced as pressurizing, particularly if girls want to navigate the modern world and new ways of being during adolescence. Girls reported facing confusion, as well as depression and anxiety around this.⁸⁶

Boys in all countries are impacted by cultural expectations not to cry or show emotion. Boys and girls from all countries recognized that this predominantly affects boys and makes life much harder for them. The expectation that boys and men should be able to manage alone, without emotional support exacerbates difficulties boys and men face.

Boys from all countries are more likely to engage in drinking and drugs as a result of being bored, or stressed, especially during the COVID-19 pandemic, and this brings them additional pressures and difficulties in their lives.

Girls in India and Kenya reported issues of adolescent pregnancies, but young people did not speak about this in Brazil, although one of the girls individually interviewed in Brazil had a baby. Stakeholders raised it as an issue in Brazil, but young people did not raise it themselves.

Girls and boys from all countries spoke about pressures from society on the gendered roles expected of both girls and boys. Girls are expected to cook and clean in all countries, and this has increased during the COVID-19 pandemic with more people at home.

Girls and boys spoke about pressures from the media including images and cultural messaging that impacted upon their self esteem. In particular, pressures to conform to images portrayed on social media affect both boys and girls. However, both boys and girls report this pressure has a worse affect on girls' self esteem and body image. *'Unfortunately there is an imbalance between genders. Of course self-esteem affects boys, but it impacts girls more – in social media or even just the pressure of having to focus in school and thinking that maybe if she is not a "powerful woman", she won't be accepted by society.'*⁸⁷

⁸⁵ Girls and Boys, FGD 3, India

⁸⁶ Girls and Boys, FGD 3, India

⁸⁷ Girls FGD, Brazil

Boys emphasized the pressure on girls to present in respectable and modest ways to gain respect: *'Girls – in my community, she can't be a whore, she must be demure, she can't go out too much, she has to be a goody-two-shoes, and wear modest clothes.'*⁸⁸ Whereas girls spoke about the pressure they felt to have the perfect body and present themselves as sexually attractive and available to be accepted: *"if you don't have the right body, you don't have a place in society."*⁸⁹

Some girls spoke about how their self esteem was strengthened by rejecting the pressure to present as hyper-sexualised to feel powerful. However, many girls spoke about how they and their girl friends are impacted by beauty standards.

*'I see many girl friends who cry, who leave the house because they don't like their body, and don't like their face, and don't like the uniqueness of who she is. And that's really bad, to be stuck in a social standard. There should be no standard, because people are different. Getting stuck in this social standard really messes with people.'*⁹⁰

Many describe self loathing, social anxiety and eating disorders that result from this: *'Eating, throwing up, it's about pressure. And on the internet there are "perfect bodies" and girls think that that is right and if they are not like that, they are completely wrong. But if they eat, they feel they will go over the standard body, so they throw up.'*⁹¹

One girl in Brazil made an interesting point about the difference between pressure for boys and girls to conform to physical standards. For boys, she explains it is to demonstrate health. For girls, it is just for beauty: *'There's a lot of pressure for women to always be beautiful, do exercise, have a flat tummy. I see this demand that is many times not of health but of beauty, of a standard that society puts for women. Boys need to do exercise to maintain health, but for girls, no one cares if she is doing it for health, or how her health is.'*⁹²

Adolescents raised the point that poor mental health can run in families, with children inheriting certain conditions, and also learning poor coping strategies from their parents. Also, in Kenya, the concept of being bewitched was present in relation to mental health concerns.

'Depression, maybe in the family like maybe the parents are pressing him a lot and he becomes lonely and not able to speak up what is happening. Also being bewitched. Like for instance if your family is not rich and you need money, so you take one person as a sacrifice then he becomes mad.'⁹³

⁸⁸ Boys FGD, Brazil

⁸⁹ Girls FGD, Brazil

⁹⁰ Interview Brazil, girl

⁹¹ Interview, girl Sao Paulo, 16 years old

⁹² Interview, girl, brazil, 19 years old

⁹³ Girls FGD 3, Kenya

– What is the attitude towards mental health in the community?

In all countries adolescents said that mental health was not spoken about within society, with many not understanding it like physical health. Many populations find poor mental health to be shameful, with high levels of stigma attached to it. Families were described as having to carry the burden of shame when supporting family members with poor mental health. However, adolescents say that mental health and wellbeing is spoken about through NGOs reaching out to communities.

In India, unemployment is seen as a major driver in causing tension amongst individuals and families and in Kenya, drugs and alcohol are seen as key drivers for mental health concerns.

Stakeholders and young people spoke about the benefits of sensitizing the community to better understand and speak about mental health, to address the stigma and prepare themselves to better provide support to adolescents suffering poor mental health. In particular, it was suggested that interface meetings could be held between parents, children and elders, where they could talk about mental health and wellbeing, *'where young people can share their problems and tell the parents what support they need. Parents don't consider adolescent need.'*⁹⁴



Leticia Mattos, Plan International

Peer Educators at a YHP Brazil Roll Out Session

– How do adolescents feel about their access to mental health support? Do they know where to access it and how? What are the barriers to access?

One Brazilian adolescent said *'I am only here because my family has been so supportive'*⁹⁵ and this was echoed by other young people in Brazil, who felt that they received a lot of support from their families. Young people did suggest that parents and their children could be supported by NGOs to have constructive and open conversations about mental health, and how to talk to each other. Young people in Brazil commented that their parents often have a lot of judgement and that can sometimes act as a barrier to young people reaching out to them for support. A lot of young people in Brazil said they go to friends for support. Many have tried to access public health services in Brazil, and they are designed to give holistic services, however often there isn't a psychologist, or they only serve people who are extreme cases. The girls attending the FGDs reported only knowing girls who went for help but did not get it as their cases were not extreme enough. Adolescents from rural Brazilian communities reported not having access to mental health services.

In Kenya, adolescents report not knowing where to go for help. They frequently do not have trust in the teachers who are meant to be offering them counseling and support. Many did not feel it was acceptable to talk to parents, but some said they might reach out to their parents and relatives for support if necessary. However, many adolescents felt they were left to navigate adolescence alone, with no rites of passage and no support. They felt they would be judged by parents if they did ask for support:

*'One of the biggest barriers is an attitude barrier that people assume that older people have a reason to have a mental health problem, you know, depression, anxiety and they look at the younger people and are like what are you anxious about, you know, that would be the general attitude. So you'd need the knowledge, attitude and behaviour change around mental health for people to recognise it. In the same way you don't blame somebody for malaria, the same way you shouldn't blame somebody for a mental health problem. So that's one of the things and another one is for some appreciation that our... we had traditionally, how do I put it,... like a process to take you through adolescence, traditionally, so traditionally there was that, it stopped and you know we would call them the rites of passage I suppose, and it was managed somehow. But now that people are no longer so cultural neither do we have something to replace that, so people just assume that the young people will figure out this adolescent thing and move on with life. So I think there should be some programmes that help, I know some that do sexual and reproduction health tried to do that but there needs to be more, more effort to help the youth deal with the changes that they're going through, the adolescence.'*⁹⁶

⁹⁵ FGD, Brazil

⁹⁶ Stakeholder interview 2, Kenya

In India, parental support and awareness were seen to play an important role in accessing mental health support. If parents are aware of the importance of promoting wellbeing, they will support children to give up unhealthy habits. Stakeholders in particular suggested programmes could be developed to support parents to support their children; *'We should increase awareness raising that NCD risk behaviours will result in NCD and mental health and will affect family. This all helps.'*⁹⁷

Many young people reported getting support from NGOs that work in the community, including through the YHP⁹⁸. They spoke about being able to access these easily, and share their problems freely there and get onward referrals and support if necessary. *'The health centres play an important role in supporting mental health.'*⁹⁹

All countries reported that most services are not youth friendly, so mental health services are not really accessible to adolescents.

– Can adolescents afford to access support for their mental health? What are the costs, such as out of pocket costs for fees or travel to clinic, and time costs? How does this impact on other choices adolescents face, such as work and school opportunities, personal relationships, interaction with criminal justice system etc?

In India, some young people spoke about money being a barrier to accessing support. As well as time and support from parents to let children access NGOs for support. *'Main issue is money. For doctor needs. Parents can't pay. But HIC is free of cost, so we can come here.'*¹⁰⁰

In Kenya, the stigma of having an issue with your mental health was seen to be much more significant than other practical barriers.

In all three countries, a key barrier to accessing support was not knowing where to go for support and not being aware what support is available.

*'Because of stigma – they don't have access to right info, or place to express what is happening to them. Crying out for help – no one is asking what is going on for me emotionally. Speaking about emotions is not welcome. Another one – suicide and depression is key priority areas.'*¹⁰¹

⁹⁷ Stakeholder interview 3, India

⁹⁸ YHP is Young Health Programme

⁹⁹ Stakeholder interview 3, India

¹⁰⁰ Girls and Boys FGD, India

¹⁰¹ Stakeholder interview 5, Kenya

– What do adolescents think about their use of unhealthy products, such as cigarettes, alcohol, drugs etc.

In Brazil, young people spoke about their peers who are using unhealthy behaviours such as: *‘living “too much” (too extreme) – drinking, smoking, losing themselves and not going towards their dreams. Some realise what’s happening in their lives, others don’t. They don’t realise the teenage years are not forever.’*¹⁰²

Brazilian youth spoke about how COVID-19 had both positive and negative effects on adolescents, due to increased time spent with their families:

‘In some cases it helped a lot with mental health and some that worsened drastically. Realized the situation they were in, that they had to live with family, and started thinking about investing in their education and friends, they wanted to study more. They realized they were living in an automatic way and that they’d like to live better – so thinking about the future and relationships. In other cases, young people already didn’t have a good relationship with family and so it got worse. So then there are bad choices because they couldn’t deal with the pressure, couldn’t leave home, and couldn’t see any friends, where they might have found support.’

In India, adolescents described the pressures of the COVID-19 pandemic as prompting more young people to engage in unhealthy behaviours. They also reported an increase in domestic violence, rape and child marriage during the COVID-19 pandemic¹⁰³. *‘Lockdown meant there was nothing to eat, there was unemployment, everything closed. These losses led people to feel helpless, and alcohol consumption has increased within youth. It is the biggest issue for our country and youth.’*¹⁰⁴

In Kenya, young people report that their peers are adopting more unhealthy lifestyles in response to the pandemic. *‘The bad behaviours increased because we were not in school and many young people had free time. As we said earlier, peer pressure is the one that makes young people engage in bad behaviours.’*¹⁰⁵

¹⁰² Girls and Boys FGD 1, Brazil

¹⁰³ Girls, FGD 2, India

¹⁰⁴ Girls, FGD 2, India

¹⁰⁵ Girls and Boys FGD 1, Kenya

– Is there a link between wellbeing and NCD risk behaviours (physical inactivity, unhealthy diets, tobacco and alcohol use)?

All young people and stakeholders recognized there was a clear link between wellbeing and NCD risk behaviours. In Brazil, they reported the drug and alcohol problems they see in their communities as contributing negatively to people's mental health. In Kenya too, it was recognized that there is high correlation, both positive and negative.

'Positive – young people are physically active sometimes, but also some are very lazy. It cuts across – in diet, they are not cautious with diet. There is exponential growth with fast food deliveries with COVID. Recently I read a study on the impact of fast food on mental health. I don't think the write up will see the light of day because of the business interests of the fast food corporations. The correlation is very strong – if you order pizza or burger instead of fruit and veg you will have mental health impacts.'¹⁰⁶

A girl in Kenya also described: *'When you do physical activities, most of the time your attention goes to that activity and you have less things that stress you, and as you are doing that you get solutions to your problems. If you do not eat well, you will become obese, and people will start shaming you then you start hating yourself and get angry.'*¹⁰⁷

In India, young people felt shaming was a huge part of their community, and very impactful on their family life. Also, peer pressure encouraged people to continue engaging in unhealthy behaviours: *'a person might want to quit, but their peers pressure them to keep smoking and drinking alcohol to keep the friendship'*.¹⁰⁸ They are very aware of the biochemical changes substances bring about, how it has long term negative effects on the body and brain, and how *'body problems can come first, creating mental health problems.'*¹⁰⁹

Almost all of the participants think physical inactivity has increased during COVID-19 related lockdowns, as children do not have a place to go out and play. This also meant they had more spare time which sometimes resulted in increasing addiction to phones during the lockdown.

¹⁰⁶ Stakeholder interview 5, Kenya

¹⁰⁷ Girls FGD 3, Kenya

¹⁰⁸ Stakeholder interview 2, India

¹⁰⁹ Girls and Boys, FGD 1, India

Many adolescents spoke about problematic use of phones and social media, and how this impacted negatively on mental health. They often used the word 'addiction' to describe adolescents' relationship with their phones, explaining that many young people are unable to switch off. They spoke about how increased usage of social media also affects mental health, as it increases pressure to conform to images, stereotypes and beauty standards. At the same time, adolescents who use their phones addictively are less physically active, and have poor quality sleep. There was also concern about adolescents being exposed to distressing material, upsetting newsfeeds and being 'always on' without having healthy breaks from the constant stimulation and bombardment. *'It'd be good to have outdoor activities (being safe about COVID), so we can get away from the bad news from cell phones and TV.'*¹¹⁰

Many stakeholders spoke about the link between physical inactivity and negative impact of phones. They went on to describe how when young people spend a lot of time inactive and alone on social media, they end up lacking quality time spent face to face with people, they stop connecting with nature or activities in the material world, impeding their ability to fully develop a sense of themselves in the world and possibilities that might be available to them. Some people spoke about the lack of opportunities young people have to interact in meaningful ways with people and experiences in the real world, making the point that this in itself is a big driver for unhealthy reliance on social media: *'What have they been offered in terms of culture and leisure? They haven't ever gone to a museum. There is no access to anything that can expand their perspectives.'*¹¹¹

One stakeholder goes on to describe the fundamental need that young people who end up isolated and inactive lack: *'people need that presence. To see and to be seen. Of feeling and being felt. To listen and to be listened to. I think that today is what we lack a lot of.'*¹¹²



Shanu Somvarshi, Plan International

HIC Facilitator taking session on Mental Health

¹¹⁰ Girls FGD 2, Brazil¹¹¹ Stakeholder interview 3, Brazil¹¹² Stakeholder interview 3, Brazil

– Which advocacy messages should YHP to take on? And what messages might they want to take on themselves, and what support would they need to do this?

Brazilian adolescents thought YHP could support better conversations between parents and their children, saying '*we need to learn how to talk to each other*'. They suggested they could do fun and creative activities such as cooking classes together, where they talk about what it means to eat healthy food. They also spoke about peer support opportunities, such as '*support groups where we can talk and listen. Even WhatsApp groups.*'¹¹³

In Kenya, adolescents spoke about the need for better awareness amongst young people to know about different stages of mental health. It was felt it would be good to have information on where wellbeing comes from, and what kind of things contribute to poor mental health so that they can better protect themselves. Young people and stakeholders recognised that there needs to be more child friendly services where young people are trained to deliver support, as adolescents might be more comfortable in talking to their peers rather than to an adult who might judge them. There should be more focus on out of school children as those who don't attend school often get missed.

Respondent: 'I would say if you have issues just speak up because people are ready to help so if you have an issue talk about it. People can help, do not die alone.'

Respondent: And when they are talking let us listen and give support

Respondent: To be ready to listen to them.'¹¹⁴

In India, it was suggested that peer support schemes could be extended, as current programmes can be too short: '*NGO comes for 5 years and then leaves having trained some peer educators. But peer educators need to have more training and contact with NGO to keep ourselves going. We need to make a team, a support network, and involve our parents more.*'¹¹⁵

Young people also suggested positive coping strategies could be taught to young people through classes and regular sessions: '*Happiness classes initiative where relaxation through stories, meditate etc (closed due to lockdown). More such campaigns.*'¹¹⁶

In addition to coping strategies, it was also suggested that if young people were supported to explore their passions and express themselves confidently, as well as following healthy lifestyles, this would strongly mitigate against poor mental health.

¹¹³ Girls and Boys FGD 1, Brazil

¹¹⁴ Girls FGD 3, Kenya

¹¹⁵ Boys FGD 4, India

¹¹⁶ Girl interview 2, India

‘We should educate them to promote better mental health and provide life skills education – when a person knows typical thinking and self awareness, this will improve their mental health. Provide more info on career, career counselling etc – provide better future for them and motivate them to do physical activity, dancing and singing- what they have passions for and follow their dreams. We need to support parents to understand and respect their children’s feelings and respect what they want to become.’¹¹⁷

Stakeholders from different countries spoke about different ways of making mental health conversations more attractive for adolescents and how to encourage and promote intimacy and trust between them and their peers. One stakeholder from Kenya recommended that the Young Minds approach¹¹⁸ could be adapted for use in Kenya to encourage healthy conversations and attitudes towards mental health and wellbeing amongst adolescents. Other stakeholders spoke about the impactful use of role models as there are very few role models in the community who are modelling healthy lifestyles. Another stakeholder suggested supporting parents to become peer educators: ‘*We could form a group of parents to act as peer educators for themselves, for parents, and peer educators in YHP – they will educate other parents.*’¹¹⁹



Robinson Obunga, Plan International

¹¹⁷ Stakeholder interview 2, India

¹¹⁸ See <https://youngminds.org.uk>

¹¹⁹ Stakeholder interview 3, India

5. Recommendations

The study recommends INGOs and local actors sustain advocacy efforts to encourage national Governments to take a holistic whole-Government approach to adolescent mental health. It is recommended that national governments adopt and implement policies that recognize the gendered experiences of mental health, and develop policies that focus on adolescent mental health as a unique and urgent priority, focusing on early intervention and prevention, and to allocate adequate funding through multiple departments.

RECOMMENDATION 1: Implement gender sensitive policies that recognize the value and potential of both girls and boys

Promote gender sensitive policy making to transform gender norms that impact negatively on adolescent mental health. This includes taking gender transformative action to address the unequal position of women and girls in society, which makes girls feel like their lives are of less value, and more constrained than boys. Youth focused policies should also address the crushing pressures and expectations put on boys that can lead to them feeling like failures at vulnerable and formative times in their lives.

- Develop gender transformative policies that challenge structural inequalities that limit and harm both adolescent girls and boys. This should include addressing cultural norms that limit potential of boys and girls, economic policies that discriminate against women and girls, political and leadership practices that exclude women and girls from decision making power, and GBV approaches that promote the rights of women and girls to live free from violence, oppression and victim blaming.
- Develop campaigns and policies that accept and nurture healthy masculinity and critical thinking in terms of gender roles. This should include messaging that boys and men are inherently good and powerful, and able to develop their own expressions of positive masculinity rather than having to perform masculinity in constricted and unhealthy ways.
- Develop campaigns and policies that promote women's power and influence as being beneficial to society. This should include messaging that girls' and women's voices are vital and valid, and that when embraced through the lens of equality, they do not threaten the rights, voices and power of men and boys.

RECOMMENDATION 2: Developing girls' and boys' power and agency

Promote policies and programmes that seek to give greater power and agency to girls and boys, so they feel they can make positive difference to themselves, their peers and communities. These should be delivered to give both girls and boys strategies to help them connect with their ability to shape their own lives, develop resilience and support others.

- Involve adolescents in developing policy to challenge discrimination in society, including structural gender inequalities and other interlinking oppressions, building their skills and capacities in challenging inequality and abuse.
- Youth policy should aim to build adolescents' self esteem through developing girls' and boys' sense of identity and promise, building confidence that their lives can be meaningful and expansive. Policies should aim to provide youth with experiences that show their potential and cultivate a sense of possibility and self efficacy.
- Consider the targeted use of role models and key figures in campaigns, to show what is possible for young people, and to grow in their scope of thinking about their problems and their lives. Use local examples that young people can relate to, from their communities, showing how the challenges they face are not so fixed and inevitable.

RECOMMENDATION 3: Focus on healthy relationships and supportive communication

Promote policies and programmes that develop healthy communication and relationships between adolescents and their communities.

- Develop policies and programmes to help parents to better understand and support their children. This could be through provision training and peer support programmes, where young people and adults are supported to better identify, understand, and express their emotions and have more open, significant and personal conversations with each other. These could be run by schools, NGOs, health service providers or through social services,
- Mobilize peer-to-peer activities where not only are they learning and creating with each other, but are also mobilizing the activities in their own community, so as to include other adolescents that otherwise wouldn't be interested.

RECOMMENDATION 4: Focus on prevention and early intervention

Prioritise prevention and measures of early intervention by promoting policies that address the stressors in adolescents' lives and encourage positive dialogue about looking after mental and physical wellbeing. Conduct research to better understand what lies beneath unhelpful and short term coping mechanisms and NCD risk behaviours. Develop evidence based psychological interventions, and ensure a wide range of services are specifically tailored for young people.

- Run campaigns using creative messaging and interactive media such as street plays, poetry or dance sessions, to send positive messages and reduce stigma of mental health, normalizing a wellbeing approach.
- National and local governments should allocate budget to increase the number of adolescent mental health specialists in a range of services that young people come into contact with.

RECOMMENDATION 5: Adolescents are experts in their own lives

Use adolescents' insight and expertise to design programmes to promote healthy lifestyles and reduce NCD risk behaviours.

- Ensure adolescents are consulted on all policies that impact upon them.
- Promote interventions that are designed, developed and delivered by adolescents themselves, or through listening attentively to their needs and concerns. Ensure that adolescents have access to specialist services and are not expected to fit into adult services which are often not appropriate.

Recommendations for specific actors

RECOMMENDATION 6: Specifically for Ministries of Health

- Fund healthy lifestyles campaigns as a preventative factor for mental and physical health conditions, encouraging more parents and children to adopt healthy practices.
- Improve and invest in local and district health services, to ensure that they cater specifically to girls and boys through specialist adolescent clinics or services.
- Fund and design national health campaigns, potentially including videos showing the impacts of substances and respective journeys of good decisions and bad decisions to show the contrast.
- Customise Young Minds¹²⁰ to other country contexts to normalize and destigmatise conversations on mental health, and promote a proactive approach to mental and physical health and wellbeing
- Ministries of Gender and Health should collaborate to raise awareness of the impact of gender norms on adolescent mental health and explore how gender transformative approaches could support both girls and boys.
- Ministries of Health and local health authorities should develop public health campaigns to integrate positive and engaging mental health conversations into teenagers' lives through community and school programmes. Support young people to engage creatively in ways that make them want to talk about wellbeing.
- Invest in the provision and accessibility of activities that act as positive and creative coping mechanisms for young people, for example yoga, motivational interviewing and talking therapies where they look back and recognize their power, resilience and agency.

¹²⁰ See <https://youngminds.org.uk>

RECOMMENDATION 7: Specifically for Ministries of Education

- Promote cultures of positivity around proactive wellbeing in schools to reduce the stigma of mental health.
- Integrate life skills education including critical thinking, self-awareness, and healthy behaviours to improve mental health into school curriculum and the teacher training curriculum.
- Enshrine in policy that all people entrusted with providing young people with emotional and practical support are well trained and vetted, and can ensure the privacy, safety and dignity of adolescents they are in contact with.
- Invest in adolescent peer educator programmes, and develop long-term peer support networks, exploring methods such as co-counselling or other modalities that boost resilience and care giving skills. These could be run by schools, NGOs, health service providers or through social services.

RECOMMENDATION 8: Specifically for local government

- Ensure planning authorities have targets and funding to deliver spaces for physical activity in urban areas.
- Invest in training for community health workers to support adolescents around mental health and emotional well being.
- Invest in programmes delivered by schools and youth groups to build community capacity to understand and support adolescents by holding interface meetings between parents, children and elders on mental health.
- Invest in open gyms in the community so young people can take part in physical activity.
- Create a specific plan to support young people whose future plans have been derailed by COVID-19.

Annexes

**Adolescent Mental Health Policy and Analysis Research Study – Stage Two Tools.
Prepared by Paperboat for Plan International and Young Health Programme (YHP)**

Annex 1: In-country research process

Focus group discussions for young people

Focus group discussions (FGDs) for young people will aim to explore perceptions of mental health and any identified links between mental health and NCD risk factors. Paperboat in-country facilitators will arrange and facilitate at least four FGDs (see Annex 1: *Youth People Participatory FGD Guide*) in each country with a maximum of 6 adolescents per group. At least two FGDs will be delivered in single sex groupings to allow for gendered discussions on the impact of mental health, and age appropriate groupings will also be discussed with Plan staff. We will aim to hold age appropriate groupings using 10-14 years and 15-19 years as a guide.

In-depth interviews for young people

Following on from the FGDs, 3 girls and 3 boys will be identified for in-depth interviews (see Annex 2: *Young People In-depth Interview Questions*) to explore insights and experiences in more detail. It is anticipated these adolescents will be connected to the YHP, and will be identified during the FGDs as having particularly valuable insights to share and an expressed interest in talking to researchers in more detail about the topics explored in the group discussion.

Stakeholder interviews

Paperboat will conduct interviews with 5 stakeholders (see Annex 3: *Stakeholder Interview Schedule*) in each identified country. Paperboat will aim for 2 stakeholders at national level, and 3 stakeholders at local level. In-country facilitators will work with Plan to identify relevant stakeholders that provide direct support provision for adolescents, from both statutory and non-statutory services, and for experts in policy and in women/girls specific services.

Sample and sampling design

Paperboat will work with Plan International staff to clearly define the sampling requirements, taking into consideration diversity across geographical locations, socio-economic factors, rural/urban settings, ethnicity, in-school and out-of-school adolescents, known NCD risk factors, disability and sexual orientation if known. The research will aim to engage a diverse range of adolescents, including the suggested balance of adolescent boys and adolescent girls.

Stakeholders interviewed in each identified country will include people responsible for mental health service provision in national and local government, as well as service providers.

Paperboat will share an information sheet (see *Annex 4: Information Sheet*) outlining information about the research, confidentiality, consent, accessibility information, and where to go for additional support. Because of the sensitive nature of the discussion topic, Paperboat will identify support services/referral pathway if additional support needed. Plan International staff in country offices will be asked to share these letters of invitation with agreed target groups.

COVID-19

The research will be conducted online as the current COVID-19 restrictions means convening in-person discussion groups are either not permitted, or carry significant risk.

Ethical protocol to guide the research

Paperboat staff have been provided with all Plan International Ethic Approval Files and carefully taken into consideration all Plan International's policies and procedures around conducting MER.

- **Basic principles**

Consultants will ensure the project is conducted with a 'do no harm' approach, and in a gender sensitive and empowering way that embeds feminist, anti-racist and de-colonial principles. This will include a clear context and power analysis for each country setting. Particular attention will be given to safeguarding and ensuring that under 18s are engaged by a minimum of two consultants. All research activities will be conducted online with no face-to-face contact planned.

Consultation activities will be age appropriate and the Rights of the Child will be upheld at all times. There will be no expectation of literacy during consultation activities and participants will be supported and empowered to reflect on how they want to participate and contribute, without feeling disempowered or like they lack knowledge, insight or power.

Confidentiality will be protected, and informed consent gained where appropriate. The purpose of the study and what will be done with the results will be clearly articulated to all participants through a consultation participant information sheet in line with GDPR guidelines. Research participants will be kept informed about the study and be given the opportunity to act as peer reviewers for their relevant country report.

- **Informed consent**

All participants should be made aware of what to expect and what they will be asked to do. They should be supported to understand the purpose of the research activities, why they are involved in the research, how the findings will be used and distributed. They should be informed that they have the right to ask the consultants questions about the research and opt out at any point in the process and may withdraw their statements at any time.

When participants are under the age of 18, consent is also required from parents/carers as well as from the participants themselves (see Annex 5: Information Sheet for under 18s). Exceptional cases must be guided and assessed by local staff and safeguarding focal points, and consent processes will need to be adapted accordingly to ensure children and young people's safe and ethical participation. Advice will be sought from in-country Plan staff for specialist guidance to ensure informed consent is gained in a safe and ethical manner. Due to the nature of the consultations with no literacy assumed, verbal consent is permitted. Consultants will make a note of the method of consent and details will be recorded in the interview transcript.

- **Confidentiality**

The wellbeing of children and young people should be at the centre of the research and decision-making process and ensure that work with children and young people is in their best interest and follows the principles of 'do no harm'. Researchers must maintain confidentiality of the child where possible. Researchers must use information appropriately, respecting the privacy of children and young people, respecting the right of children and young people to be informed of matters concerning themselves, and avoiding the misuse of personal information. Research participants will be able to share their responses to the research questions anonymously, using private chat functions.

- **GDPR, data protection and handling sensitive Information**

A protocol for managing sensitive information should be created compliant with new GDPR. This should ensure that:

- Consultants will collect the raw data in the form of notes and will enter it into an online database held in a password protected file by Paperboat.
- All consent forms will be stored in a password protected file by Paperboat.
- The data will be backed up by the Dropbox application to mitigate the impact of system failure.
- Participants can choose to participate in the research anonymously and may ask that no personal data on them is recorded. This will be made clear to them in the introduction to the research.

- Participants who have given their consent to be participate but who wish to remain anonymous will not have any identifying information about them recorded.
- Personal information is only collected for the purpose of organising consultation events or when absolutely necessary and if a participant agrees to do so by providing their consent.
- Personal information will not be shared with third parties and implementing partners responsible for data collection should not share personal data (such as contact details) with other project partners unless absolutely necessary.
- Personal information will be stored for the purpose and period of the project and will be deleted 3 months after the research is completed.
- **Professionalism, integrity and objectivity**

Sensitivity and courtesy in conducting interviews and participatory research activities shows appropriate respect towards participants and will also improve the quality of the information obtained. Consultants have the responsibility to respect what research participants say and faithfully record it to take account of all relevant evidence and present it without omission or misrepresentation.

Facilitators will take a sensitive approach to the research, not asking direct questions about a young person's mental health, rather reflecting on perceptions of adolescent mental health in general.

- **Child protection & safeguarding**

It is important to ensure a robust child protection and safeguarding procedure is strongly embedded into the MER process, making researchers aware of the ethical standards and research protocol. Paperboat will ensure that all staff will have read and agreed to Plan International's Global Policy on Safeguarding Children and Young People Safeguarding procedure and the Framework for Ethical MER. All staff will complete the online safeguarding training module on the Plan Academy. Child protection and safeguarding procedure will include:

- A focus being placed on keeping all adult participants, data collectors, as well as children and young people safe during the research process.
- Ensuring researchers work alongside Plan staff and/or youth partner organisations to be responsible for responding to any child protection issues.
- Researchers adhere to child protection policies of partner organisations.
- Ensure duty of care to establish, which, when and how to deal with any disclosures of abuses and rights violations from children and young people.
- Make a short information sheet with local protection mechanisms that are available to MER initiative team and participants such as mental health support charities and helplines.
- Create a safe and inclusive setting that is gender sensitive, child.youth-friendly and safe, to conduct MER activities.

In the event that a child or young person discloses information during an interview or focus group, that infers they are at risk of harm, this information must be shared with Plan staff, including the Plan safeguarding focal point in the country office, and a plan of action will be agreed. The child must be informed that this information will be shared and involved in the agreed action planning.

Interviews and FGDs will be facilitated by a Paperboat in-country consultant, ensuring a member of Plan International member of staff is also present for safeguarding reasons. Paperboat will collect generic demographic information prior to interview or workshop delivery, so no young people will be required to disclose sensitive information about themselves, and no demographic markers will be attributed to individual young people.

Research activities will be age appropriate and Rights of the Child¹²¹ will be upheld at all times. All participatory research activities will be designed and screened for age appropriateness, and research consultants who deliver the sessions will be trained on how to target different activities for different age groups. Attention will also be given to any other factors that need to be taken into consideration regarding participants' safe and easy inclusion in the research activities. Literacy will not be a requirement for participation, and access requirements will be assessed and accommodated during all activities.

- **Conflict sensitivity and 'do no harm'**

Consultants will prioritise 'do no harm' in the planning and delivery of this project and will be sensitive to the likely consequences of their study – for the community at large, particular groups and categories of persons within it, respondents or and individual young people. Consultants will guard against predictably harmful effects and regularly review how the project is adhering to 'do no harm' principles together with Plan staff. Consultants will check potential areas of conflict sensitivity with in-country Plan staff and will check research tools for suitability with local facilitators.

Consultants will also identify a number of support services to signpost participants to if they need support following the consultation.

- **Tool verification and cultural sensitivity**

Plan staff and in-country facilitators will verify proposed research tools before their use with young people. The tools can be tailored for cultural sensitivity and best fit with the context and youth participants in each case. RTI will be consulted for their inputs too.

Annex 2: Young People Focus Group Discussion Guide

Plan International Mental Health Research Study. Young People Focus Group Discussion Guide – Brazil, Kenya and India

Setting up your FGD

Paperboat will work with local youth organisations to arrange the FGDs, facilitated by one Paperboat consultant and one in-country Plan staff member. In light of ongoing COVID-19 restrictions these discussions will be facilitated online.

All participants must read and complete the Research Study Information Sheet and Consent Form. Participants should be asked to bring some large paper and pens with them to use during the FGD.

Recording session feedback

Facilitators should familiarise themselves with the FGD guide. Please use the attached recording sheet to record the FGD and where possible and appropriate make an audio recording of the sessions. Please ensure all completed recording sheets and audio recordings are sent to frances@paperboat.org.uk by xxx. Please ensure that all participants have returned their consent forms prior to delivery and that forms are retained by the partner organisations office for our records, and that they are happy for the session to be recorded.

At the beginning of the session, check if participants are happy to keep video on to keep a friendly and intimate atmosphere. If they would prefer not, that is fine.

Check participants have somewhere private and safe to take the call, so you will feel able to reflect and share freely, feeling comfortable and relaxed.

Introduction (5 mins)

Explain the purpose of the session to participants and give opportunity for participants to ask any questions about the process they may have before you start.

Clarify – we are not wanting to know about your personal experiences of wellbeing or things you find difficult and challenging. We don't want you to share things that feel sensitive to you. We are really interested in your insights, and your wisdom and knowledge about what young people in your community experiences. Please share those things with us.

Safeguarding and confidentiality

The Facilitator should recap the consent policy and outline how data will be used covering the following points:

- Reiterate that participation is voluntary and participants can withdraw consent at any time.
- Session will be audio recorded and shared with Paperboat.
- Individual quotes may be used in the research reporting, but they will always be anonymised.
- Even though you may know each other on this call, please keep everything confidential and do not probe for further discussions with each other on sensitive topics after the call.

Ice breaker (5 mins)

Suggested icebreaker/opening questions:

1. What are the key concerns amongst young people in your local community?
2. Tell us something you have been able to overcome in your life? Prompt: what were you able to use/do to help you?

Activity 1: Mental Health (30 mins)

Resources: Large Paper and Pen

Facilitate a discussion around mental health. Encourage young people to use the chat function to record their experiences.

3. What does mental health mean to you? Write down what words/feelings come to mind.

Ask young people to draw an image of a boy and a girl on their paper and visually answer the following questions on their page:

4. What do you think are the key issues affecting the wellbeing and mental health of boys and girls? Ask them to write their answers around the images.

Ask young people to draw some further images of friends, family, the wider community, and government.

5. Ask young people to consider what their attitudes towards mental health and wellbeing would be, and add them to the picture.

Continue to add and describe the picture using the following questions:

6. Where do young people go for support?
Prompts: Do they know where to access it and how? How do young people feel about accessing support?
7. What are the barriers to access?
Prompts: Cost? Time? Travel?
8. How does mental health impact on other choices young people face?
Prompts: work, school opportunities, personal relationships, interaction with criminal justice system?

Activity 2: NCD risk factors (15 mins)

Facilitate a discussion around mental health and the NCD risk factors, encouraging young people to use the chat function in Zoom to record their experience, to vote for Yes/No responses and to add detail where appropriate.

9. Do you think unhealthy products such as cigarettes, alcohol, drugs etc. impact mental health? **Yes/No**
10. Do you think there is a link between physical inactivity, unhealthy diet and negative wellbeing? **Yes/No** *please discuss and record responses.*
11. Have these behaviours have changed (increased/decreased) during COVID? **Yes/No.** How harmful do you think they are for young people?
Prompts: what causes young people to engage in unhealthy activities? What could prevent engagement in these behaviours?

Optional

Activity 3: Advocacy messages (15mins)

Facilitate a short discussion around advocacy message and promoting positive mental health.

12. What advocacy messages do you think should be developed around promoting wellbeing and positive mental health?
Prompt: responding to unhealthy behaviours? Access to support?
13. Would young people want to take on the messages themselves?
Prompt: What support would you need to do this? Opportunities? Barriers?

Adolescent Participatory FGD Recording Sheet

Partner Organisation	
Main Contact	
Date of Workshop	
Number of participants	
Age range of participants	
Details of participant background such as project involved in, demographic	
Name of Facilitators / Note Takers / other staff present	

Ice Breaker

Please Record:

Write notes up here

1. What are the key concerns amongst young people in your local community?

2. Tell us something you have been able to overcome in your life?
Prompt: what were you able to use/do to help you?

Activity 1: Mental Health

Please Record:

Write notes up here

1. What does mental health mean to you? Write down what words/feelings come to mind.

2. What do you think are the key issues affecting the mental health of boys and girls? Ask them to write their answers around the images.

3. Ask young people to consider what their attitudes towards mental health would be and add them to the picture.

4. Where do young people go for support? Prompts: Do they know where to access it and how? How do young people feel about accessing support?

5. What are the barriers to access?
Prompts: Cost? Time? Travel?

6. How does mental health impact on other choices adolescents face? Prompts: work, school opportunities, personal relationships, interaction with criminal justice system?

Activity 2: NCDs

Please Record:

Write notes up here

1. Do you think unhealthy products such as cigarettes, alcohol, drugs etc. impact mental health? **Yes/No**

2. Do you think there is a link between physical inactivity, unhealthy diet and negative wellbeing? **Yes/No**

3. Have these behaviours have changed (increased/decreased) during COVID? How harmful do you think they are for young people? Prompts: what causes young people to engage in unhealthy activities? What could prevent engagement in these behaviours?

Activity 3: Advocacy

Please Record:

Write notes up here

1. What advocacy messages do you think should be developed around promoting positive mental health?
Prompt: responding to unhealthy behaviours? Access to support?

-
2. Would young people want to take on the messages themselves?
Prompt: What support would you need to do this? Opportunities? Barriers?
-

Annex 3: Young people in-depth interview questions

Plan International Mental Health Research Study. Young People In-depth Interview Questions – Brazil, Kenya and India

Independent consultants, Paperboat, have been commissioned by Plan International to undertake a research study around adolescent mental health.

This study aims to explore the key mental health issues affecting young people, their awareness of links between mental health and unhealthy risk factors, their experiences of access to mental health services and any stigma that they face.

We have a series of questions we would like to ask, which should take under 1 hour. Please make sure you have somewhere private and safe to take the call, so you will feel able to reflect and share freely, feeling comfortable and relaxed.

I confirm that I have understand the information sheet for the above research and I am happy to participate in the research and share my views about the programme.

(please tick)

Interview Questions

Facilitators Notes: We encourage facilitators to use trajectory methodology to track positive and negative drivers and triggers that led to positive and negative change. Young people could be encouraged to track their project experience over a timeline.

1. What do you think are the key issues that affect girls and boys mental health?
2. Where do girls and boys go for support?
Prompts: Do they know where to access it and how? How do young people feel about accessing support? If you have accessed any support how would you describe your experience?
3. Do you know of people who haven't been able to get the support they need?
Prompts: What prevented them from getting what they needed – Cost? Time? Travel?
4. How does mental health impact on other choices adolescents face?
Prompts: work, school, personal relationships, interaction with criminal justice system?
5. How do you think unhealthy products such as cigarettes, alcohol, drugs etc. impact mental health?
6. How do you think physical inactivity and unhealthy diet impact mental health?
7. Do you think these behaviours have changed (increased/decreased) during COVID? How harmful do you think they are for young people?
Prompts: what causes young people to engage in unhealthy activities? What could prevent engagement in these behaviours?
8. Do you have any other ideas or thoughts of how to support adolescents around mental health?

Adolescent Individual Interview Recording Sheet

Partner Organisation	
Main Contact	
Date of Workshop	
Number of participants	
Age range of participants	
Details of participant background such as project involved in, demographic	
Name of Facilitators / Note Takers / other staff present	

Young People Interview Questions Responses

Please Record:

Write notes up here

1. What do you think are the key issues that affect girls and boys mental health?

-
2. Where do girls and boys go for support?

Prompts: Do they know where to access it and how? How do young people feel about accessing support? If you have accessed any support how would you describe your experience?

-
3. Do you know of people who haven't been able to get the support they need?

Prompts: Cost? Time? Travel?

-
4. How does mental health impact on other choices adolescents face?

Prompts: work, school opportunities, personal relationships, interaction with criminal justice system?

Young People Research Matrix

Research Questions	Young People FGD	Young People Interview
How do adolescents think about and define mental health?		
What do adolescents see as the key issues affecting their mental health?		
What is the attitude towards mental health in the community?		
How do adolescents feel about their access to mental health support? Do they know where to access it and how? What are the barriers to access?		
Can adolescents afford to access support for their mental health? What are the costs, such as out of pocket costs for fees or travel to clinic, and time costs? How does this impact on other choices adolescents face, such as work and school opportunities, personal relationships, interaction with criminal justice system etc?		
What do adolescents think about their use of unhealthy products, such as cigarettes, alcohol, drugs etc. How harmful do you think these things are, and have these behaviors have changed during COVID?		
Is there a link between wellbeing and NCD risk behaviours (physical inactivity, unhealthy diets, tobacco and alcohol use)? And do they have any insight into what causes these, and what could prevent them engaging in these behaviours?		
Which advocacy messages do adolescents want YHP to take on? And what messages might they want to take on themselves, and what support would they need to do this?		
How has young people's mental health been impacted by COVID-19, the numerous lockdowns and the closure of schools? Has this affected young people's feelings about their futures? How has this affected you and your family? Note: It is understood that research being undertaken by Johns Hopkins will address a similar question in Kenya. The team will liaise with and align language where possible to facilitate comparisons.		

Annex 4: Stakeholder interview questions

Plan International Mental Health Research Study. Stakeholder interview questions – Brazil, Kenya and India

UK Consultants Paperboat have been commissioned to support a policy analysis and research study around adolescent mental health. This study will support advocacy work around adolescent mental health and contribute to Plan International's understanding of the linkages with NCD risk factors. It will enable the YHP team to gain a thorough understanding of the global policy environment in addition to listening to young people themselves on their mental health and their access to appropriate mental health services.

We have a series of questions we would like to ask, which should take less than an hour.

Can you confirm that you have read the information sheet, give your consent to participate in this interview and are happy for us to record your answers. **Y/N**

Interview questions

1. Please can you start by telling us your job title and any work you are doing on adolescent mental health.
2. In your country, what are the key areas of concern around adolescent mental health, both boys and girls?
3. In your country, what are the current health priorities?
4. In your country, what is the current policy context and opportunities for mental health prevention and early intervention?
 - Is adolescent mental health specifically addressed? **Y/N**
 - Is there a specific gender focus in mental health plans? **Y/N**
 - Is mental health included in NCD related strategy? **Y/N**
 - Has adolescent mental health inclusion been included in COVID response? **Y/N**
 - Are there child and adolescent specific mental health services and strategies? **Y/N**
 - Is there adequate resource allocation for adolescent mental health services and research? **Y/N**

(continued)

5. What are the main barriers and opportunities to enhancing adolescent mental health support?
6. Please can you tell us a bit about any gaps between stated policy and actual delivery, and why you think these might be?
7. What do you see as the linkages between adolescent mental health and NCD risk behaviours? Is there any research or evidence linking mental health with NCD risk behaviours that you find compelling and could share?
8. How useful do you think the focus on NCDs and 5x5 analysis when looking at adolescent mental health – for example, should policy or service delivery includes environmental risk factors such as air pollution?
9. What support is available to adolescents, boys and girls? Prompt: how and where do girls/boys seek help, and which groups are particularly missing out or vulnerable?
10. Do you have any more comments or thoughts on what can be done to best meet the needs of adolescents in your country to support their mental health?

Interview Questions Responses

Please Record:

Write notes up here

1. Please can you start by telling us your job title and any work you are doing on adolescent mental health.

2. In your country, what are the key areas of concern around adolescent mental health, both boys and girls?

3. In your country, what are the current health priorities?

4. In your country, what is the current policy context and opportunities for mental health prevention and early intervention?

Is adolescent mental health specifically addressed? **Y/N**

Is there a specific gender focus in mental health plans? **Y/N**

Annex 5: Information Sheet for young people and their parents/carers

Plan International Youth Wellbeing Study Information Sheet

Plan International have commissioned Paperboat consultants to conduct a research study about global adolescent mental health. The research will support policy and advocacy work around adolescent mental health delivered as part of Plan International's Youth Health Programme.

The purpose of the research is to gain a better understanding of policy around adolescent mental health and barriers to their implementation. Plan International are interested in hearing from young people themselves about the mental health issues that concern adolescents in their community, and their experiences of access to appropriate mental health services. The research is particularly interested in understanding the links between adolescent mental health, gender and non-communicable disease risk factors such as physical inactivity, unhealthy diets and alcohol and tobacco use.

Plan would be grateful if you could take the time to share your views by participating in this research. Your feedback is anonymous, and your responses will be kept in strict confidence, but responses may be summarised in our report to be shared with Plan staff and with organisations that work to support young people around mental health and wellbeing. The report that is written may well be published and shared amongst a wider audience of professionals seeking to improve the wellbeing of young people globally, including Plan International's partner organisations.

All the information gathered from the consultation activities will be kept private and confidential. All participants will be anonymous in final reports and publications, and information will be held securely in password protected files until it is deleted. Only the researchers who you meet during Focus Group Discussions and Interviews will know your real name, all other people who are involved in the research will only see anonymised information.

You have the right to ask the consultants questions about the project and opt out at any point in the process and may withdraw statements at any time.

By taking part you are giving your insights to help benefit Plan International's programming to better improve the wellbeing of young people.

It may be that the topic of wellbeing feels sensitive for you to discuss at this point in time. If you are worried about finding the topic of conversation difficult, please speak to xx Plan focal point to share your concerns.

If any information concerning safeguarding is disclosed during the interview, that is felt may leave you at risk of harm, Paperboat will look to get you the support you need.

Plan International Youth Mental Health Consultation Consent Form

If you have any questions or concerns following your participation in this study, please contact frances@paperboat.org.uk

If you require further support following your participation in this study, but would prefer not to go through Plan International, please feel free to contact your local service

- I understand that participation is voluntary and that I may withdraw at any time without giving a reason.
- I consent to audio recordings being taken of the feedback session.
- I understand that any information given by me may be used by Plan International in future media, reports, articles or presentations.
- I understand that quotations may be taken during the consultation. I give permission for Plan International to use anonymised quotations captured in media, articles, reports and presentations.

I confirm that I have read and understand the information sheet for the above study.

(please tick)

I am happy to participate in the study and share my views about the project

(please tick)

Signed _____

Name _____

Organisation (if applicable) _____

Date _____

For research team only

Type of consent gained: _____

Annex 5: Information Sheet for under 18s

Plan International Youth Wellbeing Study Information Sheet for Under 18s

Plan International have commissioned Paperboat consultants to conduct a research study about global adolescent mental health. The research will support policy and advocacy work around adolescent mental health delivered as part of Plan International's Youth Health Programme.

The purpose of the research is to gain a better understanding of policy around adolescent mental health and barriers to their implementation. Plan International are interested in hearing from young people themselves about the mental health issues that concern adolescents in their community, and their experiences of access to appropriate mental health services. The research is particularly interested in understanding the links between adolescent mental health, gender and non-communicable disease risk factors such as physical inactivity, unhealthy diets and alcohol and tobacco use.

- I understand that participation is voluntary and that I may withdraw at any time without giving a reason.
- I consent to audio recordings being taken of the feedback session.
- I understand that any information given by me may be used by Plan International in future media, reports, articles or presentations.
- I understand that quotations may be taken during the consultation. I give permission for Plan International to use anonymised quotations captured in media, articles, reports and presentations.

If you have any questions or concerns following your participation in this study, please contact frances@paperboat.org.uk

If you require further support following your participation in this study, but would prefer not to go through Plan International, please feel free to contact xyx local service

I confirm that I have read and understand the information sheet for the above evaluation.

(please tick)

I am happy to participate in the study and share my views about the project

(please tick)

Name

Name of parent/guardian

Signature

Signature of parent/guardian

Relationship to youth (e.g. *Mother*)

Date

Date

Annex 6: Country Case Studies

5.1 Case Study: Brazil

Insight into the policy environment around adolescent mental health

Brazil began a major transition in its health policies in the mid-1980s, moving from a view of the patient as an individual with a sickness to that of a citizen with rights. This change in perspective was accompanied by a devolution of some responsibility for mental health services to state and municipal governments. These changes prompted a movement in mental health services away from institutionalization and toward interdisciplinary community-based care.¹²² The legacy of the older approach remains in bureaucratic institutions, which hampers implementation of the vision. In practice, the medical approach of treating disorders often retains more sway than the newer integrated approach.

There is little specific attention to gender in adolescent mental health policy. It is primarily within sexual and reproductive health policy that a gender analysis is used. Structural discrimination against women is strong in Brazil, and this is a factor in girls and women's vulnerability to mental ill health. Boys and men in Brazil also face disadvantages due to cultural expectations and rigid gender roles. Adolescent males perceive health care units such as CAPS as places for women and children.¹²³

Linkages between adolescent mental health, gender norms and NCD risk factors and behaviours.

Young people felt that society had more judgment towards women, and that this affects girls' wellbeing as a whole. They felt there is more pressure on women much more than boys. Girls are taught and required and expected to help in the house, take care of clothes, cooking, care for younger kids.... When mom comes back from work, boys can go out to play ball or go talk to friends. Girls have to help out in the house.'¹²⁴

Some young people drink a lot and smoke and think it's cool, others don't.'They don't think that it will affect them eventually in the future. That it's ok to smoke etc. A lot of young people eat junk food.'¹²⁵

¹²² Ministério da Saúde, (2013 / 2020) 'Sistema Único de Saúde (SUS): estrutura, princípios e como funciona', <https://www.saude.gov.br/sistema-unico-de-saude>.

¹²³ Lima, Paulo, (2009), 'Adolescentes e a construção de políticas públicas: em busca do seu espaço,. Juventude, Mobilização Social e Saúde: Interlocações com políticas públicas, Recife/PE. <http://www.unfpa.org.br/Arquivos/ena.pdf>

¹²⁴ Girls FGD 2, Brazil

¹²⁵ Girls FGD 2, Brazil

Young people's gendered experiences of mental health and their access to appropriate mental health services.

Young people in Brazil go to peers or families for support. *'There might be support in religion and family, sometimes with community, not much in school.'*¹²⁶ Adolescents in rural areas don't have access to support services, and even in urban areas there aren't appropriate or accessible services available for adolescents.

Girls report life being unfair as they are not allowed to do the things boys can do, and boys are under high pressure to be masculine and strong in society, even when they face multiple disadvantages and aren't able to feel powerful and resilient.

5.2 Case Study: India

Insight into the policy environment around adolescent mental health

Mental health policy is centred mostly on a model of medical treatment, based on delivery of health care as a human right. There are intimations in policy and in practice towards an approach that takes a more holistic view of the person and the social context, but these are preliminary and vague at present, and they receive little funding. Grassroots organisations provide much of the community-based support beyond the medical model.

India has the largest population of children and adolescents in the world, and nearly 90% of children with mental illness do not have access to specialized care services.¹²⁷ Only 1.3% of government funds are devoted to mental health care.

The National Plan of Action for Children 2005 and the Mental Healthcare Act 2017 have started to recognise the effects of environmental stress on children and adolescents, such as unhealthy social, physical, and economic environments, family problems, and bullying. However, insight on these issues remains limited and lacks clarity, tending to recommend 'community support' in general as a remedy. There is little specific attention to gender in mental health, beyond the realm of vulnerabilities and protection.

Linkages between adolescent mental health, gender norms and NCD risk factors and behaviours.

Gender inequality and corresponding GBV impacts upon adolescents and their gendered experiences of mental health.

¹²⁶ Boy interview 1, Brazil

¹²⁷ P. C. Shastri (2009) "Promotion and Prevention in Child Mental Health," Indian Journal of Psychiatry 51, no. 2: 88.

‘Most impacting is home life. More than society what happens at home is what really hurt us. Father drinks, hits mother, children feel scared and ashamed and hopeless in life. Drinking problems at home. Father takes fight to streets; everybody sees and looks at family shamefully.’¹²⁸

Youth in India are turning to addictions to mitigate against stress and difficulty. *‘Our youth problem is that we are getting addicted to everything. Starting off by following a fashion and then getting addicted (phone, substances).’¹²⁹* It is particularly evident that boys, who have more access to phones, alcohol and tobacco, are following unhealthy lifestyle choices as a way to escape the pressures and boredom in their lives.

‘Boys have made video games their addiction and this is the biggest problem right now. Kids are being passed in school online without studying, and don’t pay attention to studies, have let it go. They just play video games.’¹³⁰

Girls have less access to alcohol and other unhealthy lifestyle behaviours. However, as they are often not allowed to pursue healthy lifestyle activities like playing outside, doing sports, or meeting their friends. Consequently they have less agency to cope with the pressures they experience.

Young people’s gendered experiences of mental health and their access to appropriate mental health services.

In India, adolescents are most likely to go to their peers or NGOs for support. They would benefit from additional peer support programmes, and parental support programmes. Services in the community are not seen as accessible for adolescents, and more could be done to help develop specialist services for this age group.

Girls and boys experience very different stressors in their lives due to clearly defined gender roles in society. Girls have less agency to mitigate against these stressors than boys, but boys are more prone to using substances to cope with the pressures. This can lead to poor mental and physical health, and problems in their lives grow and become hard to manage.

¹²⁸ Girls and Boys FGD 2, India

¹²⁹ Boys FGD 2, India

¹³⁰ Boys FGD 2, India

Case Study: Kenya

Insight into the policy environment around adolescent mental health

Kenya is taking steps to adopt more of a rights based approach to mental health, with more focus on prevention rather than institutionalisation.¹³¹ The Kenya Mental Health Action Plan was launched in June 2021, giving a road map on how Kenya intends to achieve their new Mental Health Policy. There is also the Task Force Report on mental health with a section that focused on adolescent mental health.¹³²

‘Now that we have a Mental Health Policy and a Mental Health Action Plan that if we combine the two then we will get more buy in and more input from partners and then we will be able to skill this up to all parts of the country and reach each and every adolescent, or each and every youth in the country.’¹³³

However, financing is not yet allocated to implement the Mental Health Action Plan, apart from Kisumu County. This was explained by a stakeholder: *‘The way we do our county budgets you need to have like, we call it a vote, like a specific line that says something then money can be put into it and if not so much, but it’s the only county we are aware that has a vote for mental health, the others just lump it up with other things. So it becomes difficult to get, to earmark specific resources for mental health and that gets neglected, but all the right conversation is going on after this Task Force the Action Plan but the investment we are yet to see.’¹³⁴*

Linkages between adolescent mental health, gender norms and NCD risk factors and behaviours.

Some girls in Kenya are subject to early or forced marriage and other forms of GBV which impacts upon their mental health. They often have caring and housework responsibilities, and are prohibited from playing outside or participating in sports, which limits their ability to respond creatively and resourcefully to the stress in their lives.

Boys in Kenya are put under considerable pressure to perform their masculinity, to provide for the family and to succeed in school, career and relationship endeavors. They are discouraged from talking about their emotions or expressing weakness. Instead, they often turn to drugs, alcohol or khat to allievate stress.

¹³¹ Stakeholder interview 2, Kenya

¹³² Stakeholder interview 1, Kenya

¹³³ Stakeholder interview 1, Kenya

¹³⁴ Stakeholder interview 2, Kenya

Young people's gendered experiences of mental health and their access to appropriate mental health services.

Many young people in Kenya do not know where to go for mental health or wellbeing support. *'I do not know any place to go for help, I just know Mathare psychiatric hospital.'*¹³⁵

There is a mandatory hour in the school day dedicated to counseling and support, but research respondents did not find this was effective as young people often do not have trust in the support being offered.

Adolescents in Kenya report not finding it easy to go to parents for support. They suggest exploring parental support and dialogue programmes to help them better understand and support each other.

There is considerable stigma in Kenya around mental health, with some young people seeing linkages between being bewitched and needing hospitalisation. *'I have an example, there are those who have been bewitched and those who haven't maybe I could say it is depression, people bring someone to pray for them and yet nothing changes and then the person is left there without been taken to hospital.'*¹³⁶

It is most common for adolescents in Kenya to provide peers support to each other:

*'We have friends, we are five and call ourselves tuk tuk, so if anyone have an issue we talk in the group. We might not give a solution but we listen. Then I just take my earphones I listen to music, then take a walk and run in the morning.'*¹³⁷

¹³⁵ Girls FGD 3, Kenya

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¹³⁷ Girls FGD 3, Kenya

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