



Adolescent Mental Health Matters

*A Landscape Analysis of Unicef's Response
and Agenda for Action*

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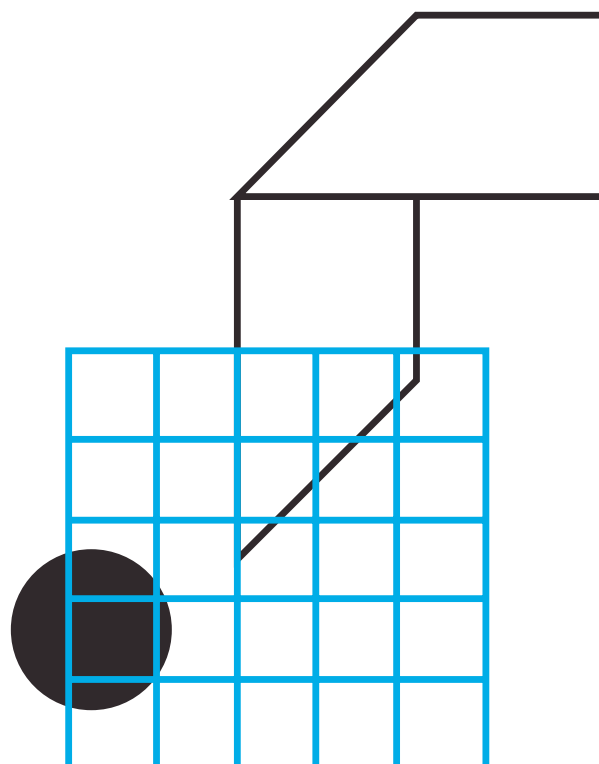
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Acknowledgements:

This initiative was led by UNICEF HQ's Health Section (Maternal Newborn and Adolescent Health Unit), with support from Sarah Skeen, Marguerite Marlow, and Olamide Akin-Olugbade from Stellenbosch University. UNICEF global, regional, and country level staff across various sections provided information and technical insights that have informed the recommendations put forward in this landscape assessment.

Technical Contributors: Cristina De Carvalho Eriksson (Health HQ), Purna Banati (ADAP WCAR), Roshni Basu (ADAP EAPR), Liliana Carvajal (DAPM HQ) Nina Ferencic (HIV ECAR), Zeinab Hijazi (CP HQ), Tomomi Kitamura (Health MENA), Joanna Lai (Health HQ), Luula Mariano (Health ROSA), Shirley Mark Prabhu (Health EAPR), Alejandra Trossero (Health LACR), Marcy Levy (ADAP HQ).

Editing: Tanvi Jain, Angelina Cui, Pooja Vyas.

Document design: Sanchita Jain

For more information contact:

Willibald Zeck

wzeck@unicef.org

Joanna Lai

jlai@unicef.org

Background and Purpose

Adolescent Mental Health has increasingly become an important global health and development priority, with recognition that that:

- **Adolescents have a right to quality mental health care and psychosocial support services**
- **Mental well-being is central to adolescent health and development**, and is impacted by a range of complex family, cultural, societal, economic and environmental factors that put the mental health of young people at elevated risk.
- **Mental well-being among adolescents predicts a range of risk behaviors**, including self-harm, tobacco and alcohol use, drug misuse, risky sexual behaviors, and violence - the effects of which persist throughout the life course.
- **Mental well-being impacts the capacity of young people** to learn, participate, and be productive members of society.

Up to 50% of all mental health conditions start before the age of 14 years. Suicide is one of the three leading causes of death among adolescents¹

Given the adolescent burden of disease and disability caused by poor mental health and the impact of mental well-being on the survival, growth and development of young people, this is a priority area of action for UNICEF.

This landscape analysis was conducted to:

- Provide a cross-sectional reference point of UNICEF's AMHPSS efforts at the global, regional, and country level
- Highlight strengths and critical factors influencing UNICEF's work in AMHPSS
- Identify opportunities for strengthening UNICEF's AMHPSS strategies, policies, and programs

BOX: LANDSCAPE ANALYSIS PROCESS

The landscape analysis was conducted between July- September 2019 and included:

- Key informant interviews within UNICEF HQ, Regional, and Country office teams across different sections;
- Country AMHPSS program data collection through a survey tool and data analysis;
- Desk review of UNICEF strategy and policy documents, technical reports, bulletins, program tools, websites, peer-reviewed articles and meeting reports.

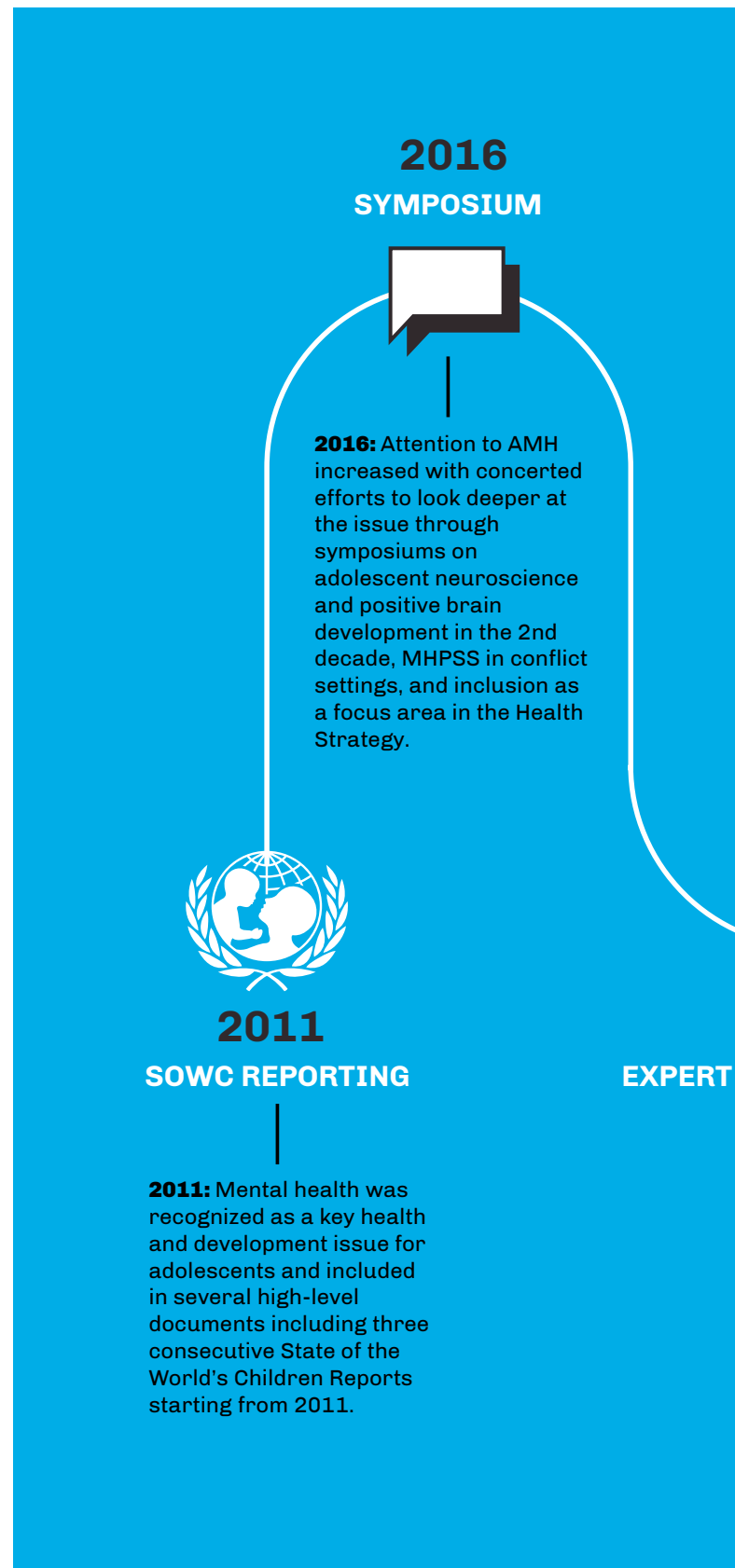
¹ Kessler RC, Angermeyer M, Anthony JC, et al. Lifetime prevalence and age-of-onset distributions of mental disorders in the World Health Organization's World Mental Health Survey Initiative. *World Psychiatry* 2007; 6: 168–76.

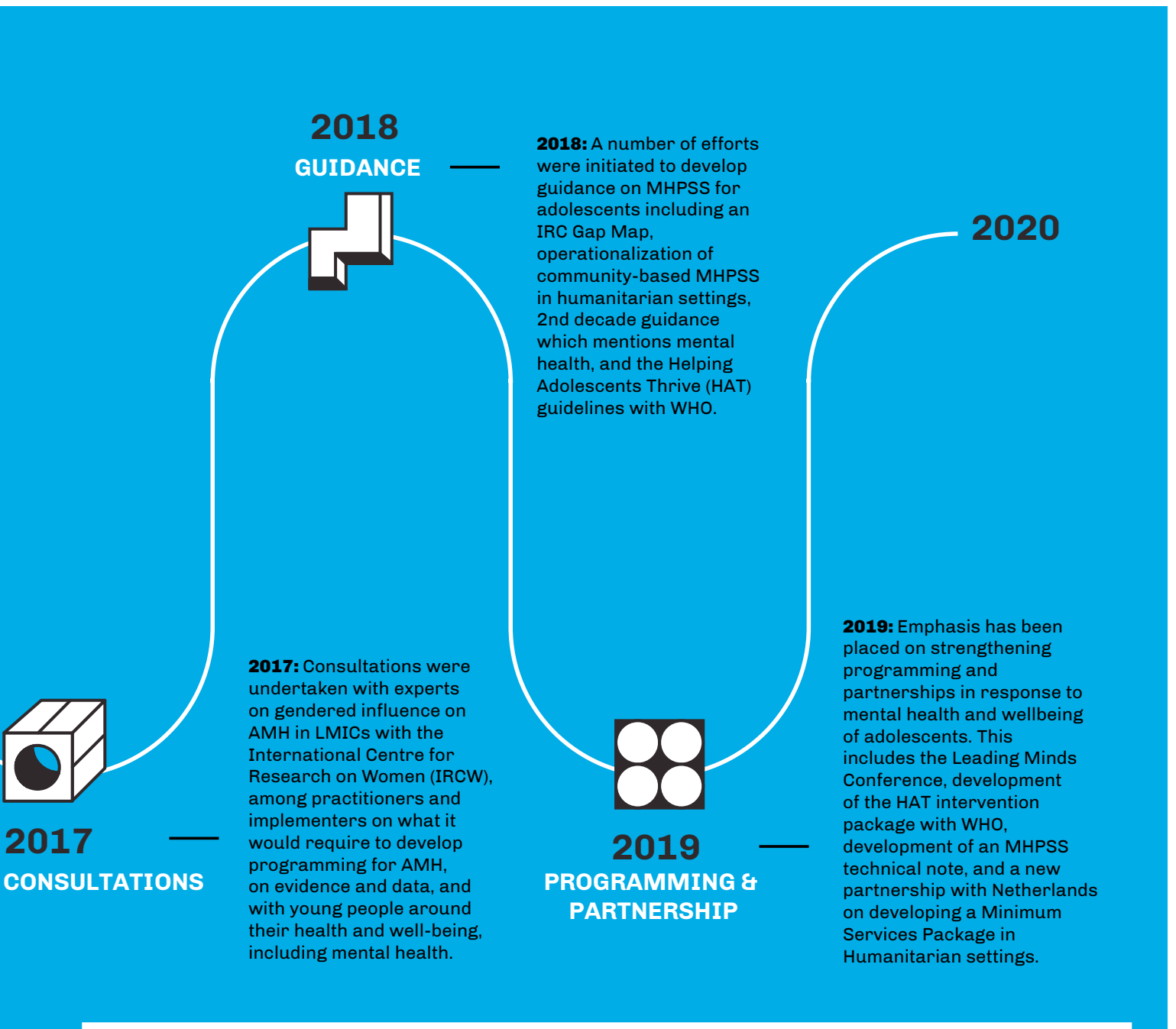
What has been done to date?

Over the past decade, UNICEF has worked to advance AMHPSS through the following key areas:

- Policy and advocacy
- Technical tools and guideline development including guidance documents, monitoring tools, and programmatic frameworks
- Programming (promotive, preventive, screening, care, treatment, and rehabilitation)
- Research and evidence generation including epidemiological studies, situational analyses, needs assessments, and program evaluation
- Adolescent and Youth engagement in AMHPSS policy, programming and research

This landscape assessment will provide an overview of UNICEF's key activities to date within these areas at the global, regional, and country level.





REGIONAL Health Programming includes AMHPSS(LACRO, ECARO), HIV MHPSS to Key Populations, CP in Emergency Settings
COUNTRY Policy, Programming, Tool Development, Research, Adolescent Engagement

What has been done at the global level

Policy and Advocacy

Key global reports and advocacy documents

- State of the World's Children 2011 report, [Adolescence: an age of opportunity](#), called AMH “an urgent challenge for investigation and investment”.
- A dedicated section of the report 2012 report, [Children in an urban world](#), which recognised the impact of urbanisation on mental health
- 2013 report, [Children with disabilities](#), which outlined the risks to psychological well-being experienced by children and adolescents with disabilities
- 2017 report [Children in a digital world](#), which had a strong focus on mental well-being
- 2018 [Global Annual Results Report \(Goal Area 1\)](#), which re-affirmed UNICEF's commitment to AMH
- [UNICEF Humanitarian Action for Children \(2019\)](#), which describes the risk to mental health of children and adolescents living in emergency settings

Coordination of meetings relating to AMHPSS

- 2019(planned): [Leading Minds Conference](#), titled Healthy Minds, Healthy Futures. The conference will provide a platform for new partnerships between UNICEF, the private sector, donors, and other partners to set strategic goals and funding priorities in child and adolescent mental health
- 2019: [Helping Adolescents Thrive \(HAT\)](#) intervention development meeting
- 2018: Supported intercountry training workshops in the ESA, LAC, MENA and WCA regions with the aim of providing the necessary technical guidance to implement the AA-HA guidance
- 2018: [UNICEF consultation on Mental Health: What is required and how can UNICEF position its programming?](#)
- 2017: [Expert consultation on gendered influences on adolescent mental health in low-income and middle-income countries](#)
- 2016: [Adolescent Neuroscience Symposium](#)
- 2015-2018: [Conference series on MHPSS in conflict settings](#)

Relevant interagency committees and task forces

- [Interagency Standing Committee \(IASC\)](#), in which UNICEF leads references groups for i) children and families and for ii) community-based approaches to MHPSS.
- [UN Inter-Agency Task Force on Non-Communicable Diseases \(UNIATF\)](#)
- [UNICEF leads the Inter-Agency Task Teams on Children and HIV/AIDS \(IATT\)](#), which includes teams focused on care and support for children affected by HIV/AIDS and young people and HIV/AIDS.
- [Inter-agency Network for Education in Emergencies \(INEE\)](#)
- [Committee on the Rights of Persons with Disabilities](#)

Tools and Guidelines

- [Helping Adolescents Thrive \(HAT\)](#): Health Section of UNICEF is partnering with WHO to develop a package of evidence-based psychological interventions to promote adolescent mental health, and prevent mental disorders, risk behaviours and self-harm among adolescents.
- [The Measurement of Mental Health Among Adolescents at the Population Level \(MMAP\) Project \(ongoing\)](#): The Measurement of Mental Health Among Adolescents at the Population Level (MMAP) is led by the Data and Analytics Section of UNICEF. The project aims to develop a methodological framework for the development of tools to measure adolescent mental health.
- [UNICEF Operational Guidelines: Community-based mental health and psychosocial support in humanitarian settings \(2018\)](#): provide a framework for the promotion and protection of mental health in humanitarian settings.
- [Programme guidance for the Second Decade: Programming with and for adolescents \(2018\)](#): highlights AMHPSS as one of five focus areas for future work.
- [Draft of Global Framework on Transferable Skills \(ongoing\)](#): draft document that was developed by the Education section at UNICEF headquarters, outlines core principles to guide country-level work on transferable skills.
- [INEE Guidance Note on Psychosocial Support \(2018\)](#): describes strategies for integration of MHPSS interventions into education programmes in emergencies.
- [Guidelines on Mental Health Promotive and Preventive Interventions for Adolescents \(ongoing\)](#): partnering with WHO on Guidelines on Mental Health Promotive and Preventive Interventions for Adolescents, which will provide recommendations on promotive and preventive psychosocial interventions for adolescents.
- Proposed [MHPSS Minimum Service Package](#) is a new initiative to develop and implement a set of key evidence-based interventions for humanitarian agencies to use in acute emergencies and ongoing humanitarian settings.
- The draft guidelines of [Multisectoral Action for Adolescent Health, Nutrition and Well-being: Operational guidance for country offices](#) make the case for mental health and include specific recommendations and strategies for programming.

Research and Evidence

- [The Adolescent Brain: A second window of opportunity \(2017\)](#)
- [Evidence Gap Map on Adolescent Wellbeing in Low and Middle-Income Countries](#)
- [Data and indicators to measure adolescent mental health, social development and well-being](#)
- [Adolescents' Mental Health: Out of the Shadows: Evidence on psychological well-being of 11 15-year-olds from 31 industrialized countries](#)
- [The Transfer Project](#)
- Evidence review on linkages between use of digital technology and psychological well-being and mental health, included in the [2017 State of the World's Children report](#)
- [What we need to know about ethical research involving children in humanitarian settings](#)

Programming

- [Community of Practice on MHPSS](#), led from the Child Protection Section at HQ to connect UNICEF staff who are involved in programming in MHPSS or who are planning to start work in this area

Adolescent Engagement

- [HAT](#): adolescents are being consulted on programme aims and content during the development phase.
- [MMAP](#): interviews and focus groups are being held with adolescents (and parents) to explore understandings of mental health among adolescents, measurement of mental health and interventions.
- [Our Future, Our Health: Multicountry Consultations with Young People on Primary Healthcare](#) highlighted that mental health was repeatedly raised as one of the most important health concerns for adolescents, along with the lack of access to services.



What has been done at the regional level?

At the regional level, the AMH response has differed according to regional priorities and resources. At least two regions (LACRO and ECARO) have dedicated resources to AMHPSS as a standalone area of programming under Health programming. In other settings, AMHPSS is integrated into other responses, most commonly Child Protection, particularly in emergency settings, and HIV in both the general adolescent population and in selected key populations in different regions.

Region	Key contextual issues	Programme responses	Research and evidence
LACRO	Good epidemiological data, strong community-based responses for health, good partnerships between sectors. Limited government budgets, lack of prioritization, limited integration into primary health care, lack of available evidence-based programmes	Mental health standalone area, included in regional plan, focus on participation in MMAP, evidence generation, and policy implementation	Conducted two comprehensive situation analyses guiding the response in the region including a mental health-specific mapping
ECARO	Differing priorities and resource levels across the region. Relatively well-resourced social services systems and availability of tertiary-level training for providers. Emerging use of telemedicine and online tools. Mental health often specialized service, meaning not integrated into primary care and community-based services are under-developed. Stigma resented, partly due to legacy of past political abuse of psychiatric care system. Number of special at-risk groups including HIV, refugees and migrants, adolescents affected by violence and abuse, adolescents in care. Parental consent often needed to access care.	Support of large suicide prevention programming in Kazakhstan Integration of mental health into other areas of programming (e.g. HIV) Regional-level gender-responsive adolescent life skills framework. Emerging use of tele-medicine and online tools to support mental health in the region	Programme evaluations (e.g. Kazakhstan programme). International adolescent mental health conferences held in 2018 and 2019. Regional review of parenting programmes

Region	Key contextual issues	Programme responses	Research and evidence
EAPRO	<p>Strong focus and leadership involved in responses to key populations, digital tools widely used, focus on adolescent engagement</p> <p>No budget allocated to mental health at regional level, government funding also limited, uncertainty about priority areas for action</p>	<p>Mental health integrated into responses for key adolescent populations including adolescents with HIV and married adolescents</p>	<p>Focus on getting data and evidence for key populations to guide programming efforts</p>
ESARO	<p>Region has highest rates of adolescent HIV globally with large predicted youth population bulge. UNICEF has well-established relationships with country governments in maternal and child health, HIV, early childhood development, and education. AMHPSS is not seen as a government priority in the region, largely due to other health priorities in the region. There are limited available epidemiological data for the region. Lack of technical capacity for mental health.</p>	<p>Most AMHPSS-related service delivery in the region is integrated into the HIV response. COs in the region support implementing partners and country governments to develop services such as peer support and group interventions for adolescents with HIV. Some programmes have been evaluated and scaled to other areas, but most are limited in size. Quality of programmes is varied. There are various activities to engage adolescents in the region, through UNICEF-supported activities such as U-Report and national-level adolescent committees. There are a number of entry points for AMHPSS services to exist, including HIV services, care for pregnant adolescents, and school-based health services.</p>	<p>Two regional assessments on HIV services have highlighted initiatives that integrate AMHPSS into HIV care. A mapping activity on refugee children was conducted to assess service delivery for this group, which found limited focus on MHPSS. The Transfer Project is running in ten countries in the region. The aim of the project is to measure the impact of cash transfers on a range of outcomes, including AMH.</p>
ROSA	<p>Large population of adolescents, high levels of inequality across the region and a sharp urban-rural divide. Strong UNICEF communication is present in the region with the capacity to push out messages to wide audiences as well as a well-developed presence at the sub-national level with the ability to influence decision-making around policies and programming.</p> <p>Gender disparities including gender-based violence and adolescent marriage place girls at risk for mental health conditions and limit access to AMHPSS. There is considerable pressure on adolescents to do well at school and high rates of bullying in schools, and use of corporal punishment. Same-sex relationships are thereby illegal limiting access to services.</p>	<p>AMHPSS is integrated into ADAP, child protection and education activities in the region and included in the health response to a limited extent.</p> <p>There is also a focus on life skills initiatives in the region, delivered both through school and after school or community club platforms. Other regional-level initiatives include the development of a hotline for child and adolescent abuse and counselling, using the same number across different countries. UNICEF is also supporting child protection networks in countries. Media, such as radio, has been used to educate adolescents about AMH concepts.</p>	<p>ROSA completed gender assessment which notes that AMH was identified as an area requiring further policy and programming. Linked to this, there has been extensive mapping of work on child marriage in the region and documentation of AMHPSS responses for this group (limited).</p> <p>Conducted study on social workforce which includes some information on mental health training that social workers receive across the region, which is variable. Documented challenges in the report including low levels of training, poorly resourced systems, high workload, and weak information systems.</p>

Region	Key contextual issues	Programme responses	Research and evidence
WCARO	<p>Number of acute and protracted emergencies, resulting from conflict, communicable disease outbreaks, climate change, fragile governments, mass displacement and rapid urbanisation and large numbers of unaccompanied adolescents, victims of sexual violence and children recruited by armed groups.</p> <p>Widespread recognition of the importance of MHPSS by governments, particularly in emergency settings and well-established links with country governments. UNICEF is able to influence approaches to AMHPSS.</p> <p>Competing disease priorities mainly from communicable diseases and maternal and child health concerns, weak government mental health services, and weak referral systems. Adolescents can be difficult to reach, as they often enter the workforce early or are married. Online tools have limited reach, but radio outreach programmes have been used. High levels of stigma. Limited funding for MHPSS programmes.</p>	<p>MHPSS programming mostly linked to Child Protection. There is an active regional child protection working group which includes MHPSS in its focus.</p> <p>Existing child friendly spaces that are implemented in conflict-affected areas, some life skills programmes in schools, and community-based services available in countries, provided by non-specialist workers through NGOs. There are child protection community networks in many places, supported by WCARO. In some countries, WCARO is working with government to improve training curricula for MHPSS workers and to assist them to set up MHPSS systems. Non-emergency states rely on IASC resources and adapt them for the local context (e.g. Gambia). Most recently, WCARO has been supporting the MHPSS response to the outbreak in the DRC.</p>	<p>Respondents noted a lack of data and evidence for the region.</p>
MENARO	<p>MHPSS programmes have been developed in response to humanitarian crises and conflict. Country governments recognise the importance of AMHPSS.</p> <p>Factors limiting the AMHPSS response in country include lack of data, the lack of integration into adolescent health services, limited trained and supervised human resources, and the high cost of accessing care. Many AMH services are privatised meaning that they are not accessible to all.</p>	<p>MHPSS response situated in the Child Protection section and in Education section, which supports regional work on life skills. MENARO has been an organisational leader in UNICEF's work in life skills with the development of a regional life skills framework with an emphasis on curriculum reform, teacher training, quality content and access for out-of-school youth.</p> <p>Regional digital youth forum which provides a platform for knowledge sharing and discussion on a number of issues facing young people in the region, including mental health and well-being.</p>	<p>Several regional mapping activities have taken place, including one of the life skills programmes, from across the MENA region, MHPSS projects targeting children and youth (currently underway), and parenting programmes.</p> <p>Based on the recommendations of the AAHA! Framework, MENARO conducted a landscape analysis of adolescent health and well-being.</p> <p>Research symposium was held in 2018 with a focus on issues facing adolescents and youth in the region.</p> <p>MENARO has also supported participatory action research with adolescents in the region, particularly around the links between gender and adolescent well-being.</p>

What has been done at the country level?

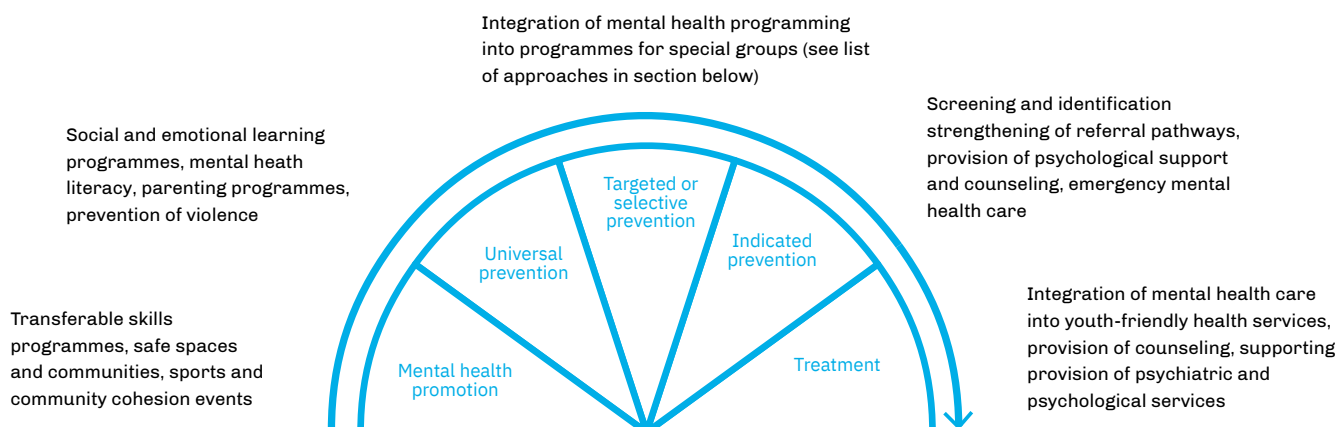
UNICEF country office (CO) activities in adolescent mental health vary greatly. This section is intended to provide an overview of different approaches that countries are engaging in regarding the following areas: i) policy and advocacy, ii) programming (promotion, prevention and treatment in the general population and in special populations), iii) tool and guideline development, iv) research and evidence and v) adolescent engagement. See the country case studies in Annex 1.

Current approaches to policy and advocacy

<p>Building multisectoral collaboration for AMH</p> <p>Developing coordination mechanisms or working committees with representatives from different government sectors to address AMH</p>	<p>Advocating directly with governments</p> <p>Engaging with policy makers directly to integrate mental health into existing health response for adolescents and/or improve mental health services</p>	<p>Development of expert country networks</p> <p>Creation of expert groups</p>	<p>Technical support for laws, policies and plans</p> <p>Engaging with governments to provide assistance and support in the development of documents to guide system and service development in AMH, such as AMH National Action Plans and National Strategies</p>
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Current approaches to programming

Current programming varies in scope, scale and target population by country. Activities can be considered in terms of a continuum of care and support from those that focus primarily on promoting positive mental health to those that are designed to provide treatment services for adolescents with mental health conditions.



Current approaches to prevention and treatment in special at-risk populations

UNICEF has particularly strong programming and activities for adolescents from at-risk groups who are vulnerable to mental health conditions. The types of groups that are targeted vary greatly according to priority issues in each region and country. In many cases, COs report providing mental health support through other programmes targeted at these groups. Activities cover a range of AMHPSS responses, including selective prevention programmes, indicated interventions, and provision of treatment.

Special populations	Examples of current activities and/or entry points at country level
Adolescents in humanitarian emergencies	<ul style="list-style-type: none"> Training frontline workers in identification and referral Child friendly spaces, safe spaces for adolescent girls Safe schools Provision of psychosocial programmes in community, formal and informal education settings Peer support groups Support programmes for parents and caregivers Support programmes for survivors of sexual violence Vocational and skills training Seed funding for entrepreneurship Sports and other recreational activities
Adolescents exposed to violence	<ul style="list-style-type: none"> Developing modules for psychosocial support focused on impact of violence Ensuring that AMHPSS aspects are integrated into violence prevention programming
Adolescents in the justice system	<ul style="list-style-type: none"> Support establishment of AMH services within justice system Training of justice system frontline workers in AMH Supporting government in setting up diversion programme for high-risk youth Review of legal and strategic frameworks governing AMH issues within justice system
Adolescents living with HIV	<ul style="list-style-type: none"> Training youth leaders in peer support interventions Establishment of ALHIV networks to promote well-being Provision of psychosocial support Integration of mental health into HIV care HIV adherence and psychosocial support through home visiting Adolescent support groups
Adolescent mothers	<ul style="list-style-type: none"> Provision of specialized support groups for young mothers Identification, training and supervision of peer adolescent mothers to support pregnant and breastfeeding adolescents Integration of AMHPSS into maternal care
Street and out of school adolescents	<ul style="list-style-type: none"> Provision of a range of services including psychosocial interventions, reintegration support, parenting interventions, vocational skills training, use of mobile units to improve access
Ebola-affected adolescents	<ul style="list-style-type: none"> Provision of psychosocial support to survivors and family members Material assistance Identify care for adolescents separated from parents Re-establish community networks Strengthen referral pathways for those requiring additional mental health support and treatment
Adolescents from indigenous groups	<ul style="list-style-type: none"> Development of specific protocols to address AMH in indigenous populations with limited access to AMHPSS services
HIV positive adolescents	<ul style="list-style-type: none"> Integration of PSS into HIV care Training packages of PSS for HIV care providers Adolescent clubs for HIV+ adolescents

Current approaches to incorporating digital tools in programming

COs report using a range of digital tools to engage around issues of AMH and related areas. Digital tools are used to provide information about mental health and available services as well as a service provision platform. For the most part, these approaches and programming responses are still under development and are not yet tested.

Websites	Social Media	Mobile phones	TV and radio	U-Report
Provision of information on AMH and available services for adolescents, referral to services, information about programming for providers	Social media platforms used to provide information on AMH-related issues through widespread campaigns	Two-way SMS feedback on services, counselling service via SMS or chatbot, referral to AMH services Psychological counselling via phone	Using TV and radio to reduce stigma and share information about AMH issues within stories or shows	Use of U-Report platform to garner adolescent views on AMH issues

Current approaches to tool and guideline development

Several COs report engaging in activities to develop technical tools for use in countries to support of implementation of AMH programming.

AMH training packages	Service standards, clinical practice guides, programmatic guidelines	Costing tools	Services mapping
Developing coordination mechanisms or working committees with representatives from different government sectors	Development of clinical standards, treatment protocols, guidance for clinical practice and/or standardized procedures, tools, curricula and indicators for AMH services	Development of methodology to assess costs of adolescent mental health services across different sectors	Mapping of services, particularly in humanitarian settings

Current approaches to research and evidence

Several COs report involvement in local-level research projects relating to AMH. For the most part, these were developed in order to develop a better understanding of the burden of disease relating to AMH, risk factors for AMH problems and available services. To a lesser extent, COs reported involvement in evaluation studies of programmes that had been undertaken. Commonly, COs report using study results to advocate with governments for more investment into AMH services.

Descriptive studies	Routine data gathering	AMH service descriptions	Cost effectiveness studies	Programme evaluations
Epidemiological studies, descriptions of risk and protective factors for AMH (both quantitative and qualitative)	Regular tracking and reporting of service-related information, inclusion of AMH indicators in national surveys	Description of AMH systems and services in countries, across different levels of prevention and treatment, across multiple sectors	Assessment of cost effectiveness of interventions	Evaluations of the impact on AMH of mental health-specific interventions, or other interventions with potential benefit for AMH

Current approaches to adolescent engagement

UNICEF has well-developed platforms for engaging and consulting with youth that are being used for AMH-related issues. There are a number of reported examples of UNICEF COs promoting and supporting the engagement of adolescents in policy and programming work.

Engagement in conferences	Digital media	Adolescent forums, meetings, and networks	Training courses and skills development	Other adolescent-friendly activities
Promoting participation of adolescents in conferences relating to AMH, including presentations and online content	Using digital media to collect adolescent opinions and ideas	Bringing adolescents, families and other stakeholders together through structured meetings and networks treatment, across multiple sectors	Training adolescents in advocacy and other activities	Using adolescent-friendly and appealing activities to engage in education and elicit opinions from adolescents e.g. hackathons, sports events

Leveraging UNICEF's strengths to accelerate action for adolescent mental health

UNICEF's comparative advantages give it a distinctive position to accelerate action towards improving the mental well-being of adolescents.

Advocacy and building strategic partnerships

UNICEF is the global leader on issues affecting children and adolescents and is centrally placed to advocate for the importance of strengthening a global AMHPSS response. UNICEF has longstanding links across the UN system, national governments, youth networks, technical partners, and the private sector across the world. This uniquely allows UNICEF to build strategic partnerships to support development of solutions in a diverse range of contexts. Its strong communication for development capacity and experience using mass media to highlight complex issues affecting children is also critical to increasing awareness, demand, and engagement of young people in ensuring positive mental well-being.

Ecological and life course approach

UNICEF recognises that child and adolescent development is influenced by factors at multiple levels and uses an ecological framework to understand risk and protective factors at the individual, inter-personal, socio-economic, physical environment, and policy levels. As a result, UNICEF works across all sectors that impact children and adolescents, using longstanding connections with different national ministries (Health, Education, Social Development, and others) and is well-placed to promote whole-of-government responses to address the well-being of children and adolescents. UNICEF recognises the importance of engaging adolescents' caregivers in programming and that programmes are more likely to be successful and sustained when families are involved and has recently begun to engage in promoting parenting programmes, which include parents of adolescents. UNICEF embraces a life course approach and as such, has expertise in a range of programming relating to AMHPSS, including maternal and child health, early childhood development and adolescent health.

Strong in-country presence and experience

UNICEF is actively running programmes in countries across different levels of government, working closely with national and subnational governments as well as civil society partners. UNICEF has the capacity to take programmes to scale. Current approaches to AMH tend to be pilot studies with limited roll out, but UNICEF has extensive experience in developing and implementing programming for children and adolescents across countries and will be able to leverage this experience in rolling out AMHPSS programming. UNICEF has a strong background in MHPSS services in humanitarian settings. The agency is a global leader in MHPSS for children and adolescents, with dedicated technical capacity at all levels. There are a number of seminal

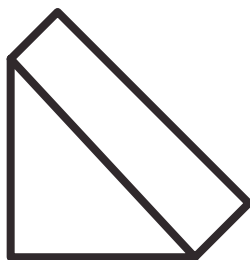
normative documents that UNICEF has developed or contributed to which have relevance for non-emergency settings and there is a great deal of potential for lessons learned in the humanitarian context to be applied to other developmental states.

Engagement with adolescents

UNICEF has extensive networks of young people in regions and countries, and is, therefore, able to engage a large number of adolescents through the U-Report platform. These connections can be leveraged to inform the development, roll out and evaluation of programming for this group, and to ensure that programming is accessible, acceptable and sustainable. Efforts to engage youth can also be used as platforms to provide information on mental health and to create demand for services.

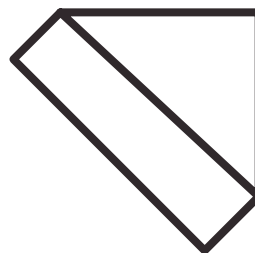
BOX: Critical factors influencing UNICEF's work in AMHPSS

Stakeholders across global, regional and country levels report a number of positive and negative factors that influence UNICEF's current and potential future role in AMH policy and programming.



- Lack of UNICEF frameworks, guidelines and endorsed programmes in AMH
- Confusion about definitions and roles of different sections
- Country level factors including resources, stigma, prioritisation, weak systems, lack of multisectoral responses, legal barriers
- Lack of epidemiological data and programme evaluations
- Limited scale up of successful programmes
- Few funders

- Widespread awareness of importance of AMH
- High level prioritisation of AMH
- Existing capacity in some sections and regions
- Engagement of adolescents
- Engagement of family members
- Demand for services



From learning agenda to action: what next?

Based on the results of the landscaping assessment, in order to take the learning agenda to the action stage, the following key recommendations are made:

Promote a whole-of-government approach to strengthen MHPSS in order to tailor to the needs of adolescents

UNICEF should continue to prioritise adolescents as a focus area and to support the strengthening of AMHPSS services that are tailored to the needs and developmental stage of adolescents. UNICEF should work in partnerships with governments and other country-level partners to strengthen policies and programming across the continuum of services and care, using a multisectoral approach. Multisectoral partners include Health (integration into primary care, leveraging access points through nutrition, HPV vaccination), Education (safe schools, bullying interventions, transferable skills programmes), and Child Protection (parenting programmes, adolescent spaces, community networks) and others. UNICEF should support efforts to create an enabling environment to improve adolescent mental health at the country level, including legislative and regulatory improvements (removing barriers to care and restricting access to tobacco, alcohol and drugs), gender-sensitive policy development, adequate financing and infrastructure development.

Increase efforts towards prevention and early intervention

Interventions to promote positive mental health and prevent mental health conditions aim to strengthen the ability of adolescents to regulate their emotions, develop their interpersonal skills and relationships, improve their capacity to solve difficult problems with the resources available to them, and promote supportive social environments and networks.

The HAT intervention package, under development in partnership with WHO, is designed for universal delivery to promote adolescent mental health, and prevent mental disorders, risky behaviours and self-harm among adolescents. UNICEF should continue to be actively engaged in these processes with WHO and other key partners. The next steps of intervention package development include the addition of content for selective groups. UNICEF should promote the use of existing entry points with special populations in countries as service delivery platforms for HAT. For indicated level prevention efforts, screening and case identification, UNICEF should continue to support efforts to screen and refer adolescents with high levels of symptoms.

Support development, piloting and scale up of new service delivery models for AMHPSS

To improve treatment services, UNICEF should support the development and piloting of innovative service delivery models to provide counselling and treatment for adolescents with mental health conditions. These can include integrating mental health into existing services for adolescents (e.g. into adolescent-friendly health services) as well as adapting service delivery models that have been successful in improving access to care in other related areas (including adult mental health programming), such as task shifting to lay health workers, collaborative care services, home visiting and home-based care, and parental training. Digital environments, schools, and community organisations all should be considered as potential platforms for delivery of AMHPSS services.

Invest in building data and evidence on adolescent mental health

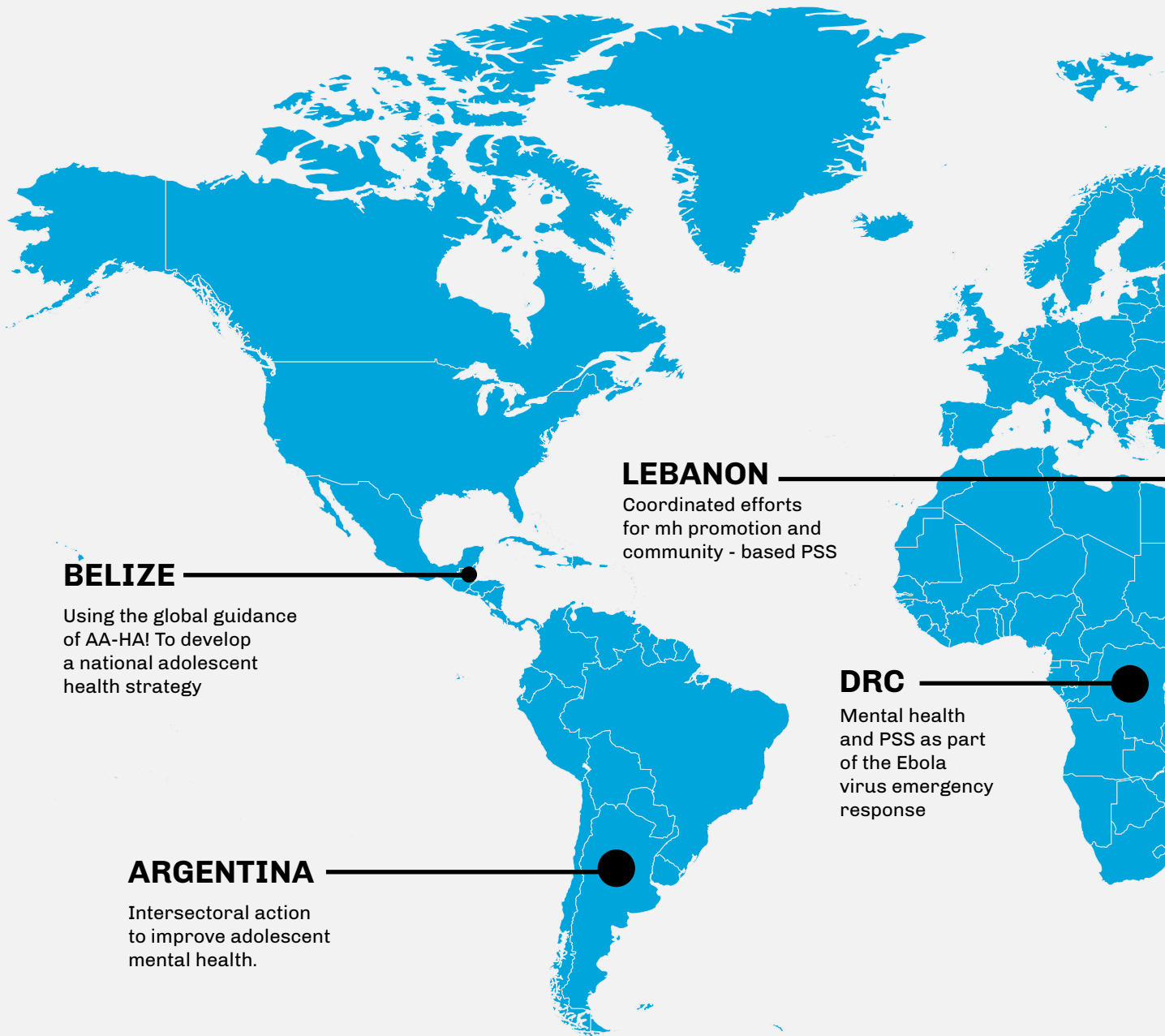
UNICEF should establish a data and evidence agenda on issues relating to AMHPSS focused on three areas:

- Firstly, inclusion of indicators relating to AMHPSS in the indicator framework of the Strategic Plan. This will allow for tracking of country and regional-level activities to strengthen the mental health response.
- Secondly, monitoring of AMHPSS outcomes using the MMAP tool. The next steps of the MMAP project will be to validate the tool in three countries, after which it should be integrated into national and subnational level surveys, including MICS.
- Thirdly, generating implementation-related evidence through evaluation of programming, specifically on the implementation and evaluation of scale up of evidence-based interventions. This will allow for generation of lessons about how to scale up interventions that have been successful at small scale in countries.

Engage and build capacity of youth leaders in advancing AMHPSS advocacy, research, and programming at global and country levels

UNICEF should increase and continue to support meaningful engagement of young people through establishing and building upon existing mechanisms for their participation, as well as support (capacity building and mentoring) them to contribute at the global, regional, and country levels. The support of ADAP will be important to ensure that the uniquely critical perspectives and skills from adolescents and youth drive and inform AMHPSS policy and program recommendations as well as implementation and research.





BELIZE

Using the global guidance of AA-HA! To develop a national adolescent health strategy

LEBANON

Coordinated efforts for mh promotion and community - based PSS

DRC

Mental health and PSS as part of the Ebola virus emergency response

ARGENTINA

Intersectoral action to improve adolescent mental health.

KAZAKHSTAN

A data-driven response to adolescent suicide prevention

CHINA

Identification of problem to community-based action

TAJKIKISTAN

Integrating mental health in the Youth Social Engagement and Development Country Program

MONGOLIA

Mongolia's cross-sectoral and multi-level response to improving adolescent mental health

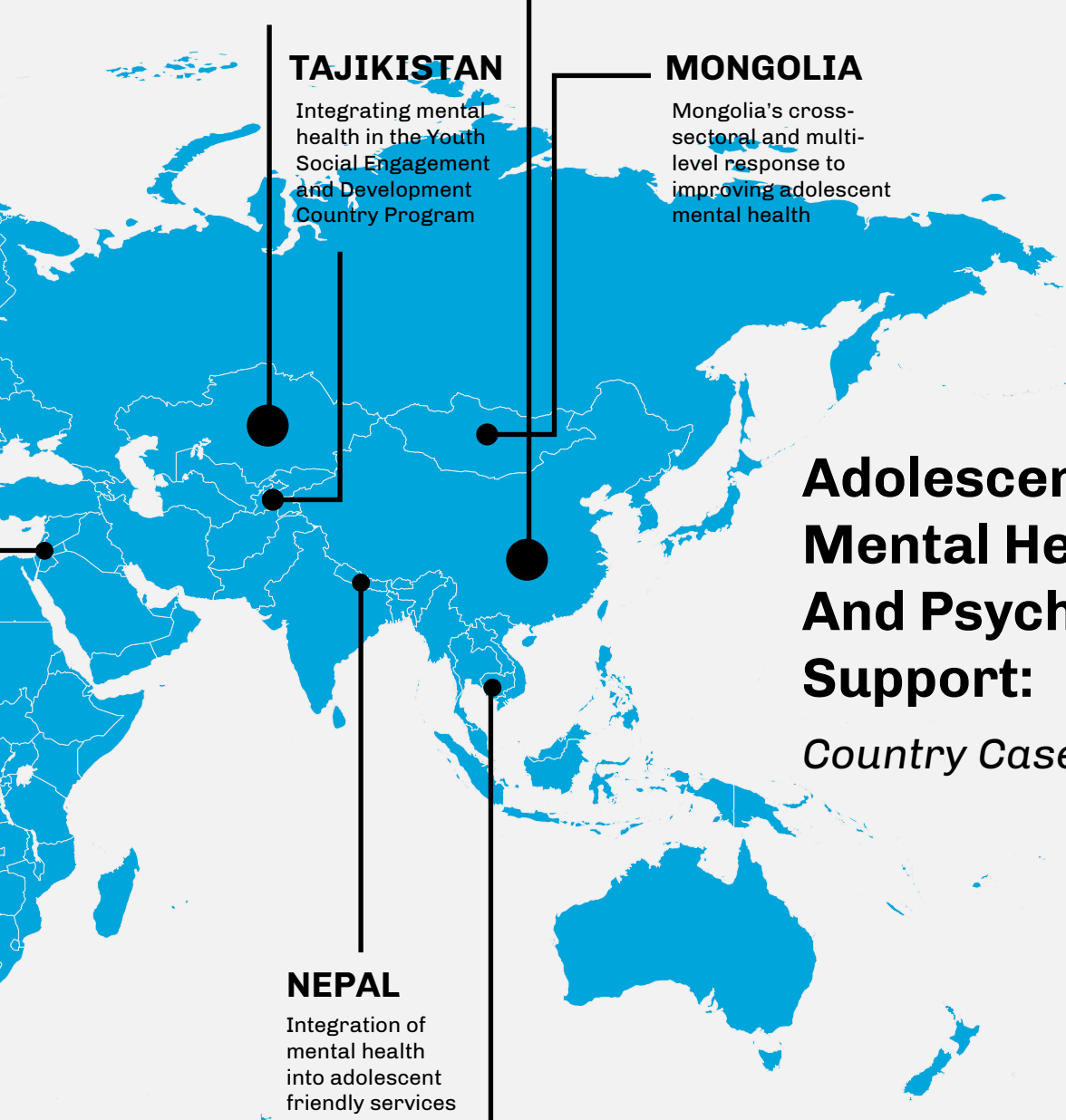
NEPAL

Integration of mental health into adolescent friendly services

THAILAND

Reaching adolescents through e-services and capacity-building for service providers

Adolescent Mental Health And Psychosocial Support: *Country Case Studies*



CHINA



IDENTIFICATION OF PROBLEM TO COMMUNITY-BASED ACTION

<p>146 million adolescents</p> <p>(10.6% of the total population)</p>	<p>KEY CHALLENGES:</p> <ul style="list-style-type: none"> • Mental health: suicide; anxiety and depression; abandonment, lack of life skills • Rural-urban inequalities: migration; school drop-out; lack of access to services 	<p>RESPONSES:</p> <ul style="list-style-type: none"> • School-based counselling services • Prioritising “left-behind” children • Socio-emotional learning and life skills training • Early detection through screening and referrals

Among adolescents in China, suicide is the third leading cause of premature mortality, following drowning and road traffic accidents. A 2017 survey of 15,415 adolescents reported that 40% of respondents had self-harmed in the past year, and one-third reported feelings of anxiety. Issues identified to affect China's adolescent population include family separation, isolation, internet addiction and lack of socialisation and social skills¹.

Importantly, rural-urban inequalities and migration are critical issues threatening the wellbeing of adolescents, particularly for rural and “left-behind children”. China's rapid economic growth has resulted in the largest internal migration in history. Millions of parents from rural regions leave their children behind to find work in urban areas. The country's unique household registration system (Hukou) denies most rural children access to urban education and health services. Consequently, 61 million rural children were left behind by their parents between 2010 and 2015. These children have been found to suffer higher rates of suicide ideation and depression, with suicide rates threefold that of urban children². Large discrepancies also

exist in terms of service provision between rural and urban areas. Many adolescents 15 years and older do not continue with senior secondary education and drop out of school to migrate for work³. Entering the work force, these out-of-school adolescents often lack the social and emotional skills necessary to cope in a work environment. With increased financial independence and parental absence, risk behaviours among adolescents such as tobacco use, drug abuse and unprotected sex are increasing⁴.

Laws and policies promoting adolescent mental health

The Chinese government is aware of the burden of mental illness and has taken legislative action: China's first Mental Health Law entered into effect in 2013. For children and adolescents, the law aims to promote psychological wellbeing and prevent mental disorders through school-based counselling services. Every school is required to have a counselling unit with at least one professional counsellor. A series of regulations have been issued to guide the provision of mental health services in schools.

¹ Situation Analysis of Adolescent Health in China, Executive Summary, 2015

² Liu Z, Li X, Ge X. (2009). Am J Public Health.

³ Population Status of Adolescents in China in 2015: Facts and Figures

⁴ UNICEF. Education for adolescents: Why, what and how?

Following the suicide of four abandoned siblings in 2015, governments have recently been prioritizing adolescent mental health and well-being, especially of children that have been left-behind. At the community level, the Ministry of Civil Affairs has now been mandated with early screening and detection. New laws are being enacted to mitigate the negative effects of the hukou system to allow the children of migrants access to education if they move with their parents.

UNICEF's Work

UNICEF has recently been asked to take up programming and support for adolescent mental health at the request of the government. The Adolescent Health and Development Demonstration

Project is jointly conducted by China's National Health Commission and UNICEF.

The project aims to provide evidence related to adolescent health and wellbeing to inform policy development and intervention, to advocate for multi-sectoral cooperation and to develop a comprehensive service model that meets the needs of adolescents. Key project intervention areas include mental health, injury and violence prevention, sexual and reproductive health and promoting healthy lifestyles. The project targets adolescents, their parents and caregivers, health providers and teachers, as well as leaders and policy makers in health and education. UNICEF is well positioned to work on this issue because it links key sectors and programming needed to address adolescent health holistically.

Box 1. UNICEF China's initiatives that support adolescent mental health:

Child-Friendly Spaces	Originally established for children affected by the Wenchuan earthquake, child-friendly spaces provide protection services, recreation activities, and non-formal education to vulnerable children. Staff are trained to recognise warning signs of violence, abuse and exploitation, provide psychosocial support, and to refer children to services. The Government has subsequently actioned Children's Places nationally, aiming to provide one Children's Place in 90% of all urban and rural communities by 2020.
Social and Emotional Learning (SEL) project	The SEL Project focuses on improving students' social and emotional competences (self-awareness, social-awareness, interpersonal relationships, communication and decision-making) and build capacities of teachers and principals to create an enabling learning environment. Assessment of the SEL model showed that children in project schools demonstrated improved self-confidence, communication, interpersonal skills and the ability to cope with challenges. The MoE has also agreed to extend SEL to teacher education universities to strengthen the training of teachers in China.
Adolescent Life Skills Programme	The "Step into the Society" vocational education curriculum empowers adolescents with social, civic and financial knowledge. This gender-sensitive life skills training package covers topics such as independence and self-management, interpersonal skills and communication, career development, social and emotional learning and financial education. In support of the education and development of out-of-school adolescents, UNICEF is also working to improve the quality of teaching and learning in vocational schools and non-formal venues. UNICEF in partnership with the MoE drafted two life skills modules on interpersonal skills and social and emotional learning for senior secondary vocational school students.
Barefoot Social Workers	Community members are trained and supervised to deliver child welfare services, in order to identify children in need, support them in seeking services, and raise community awareness on child protection issues. Through this initiative, vulnerable children receive social assistance, guardianship arrangements, health care and training for parents. The government adopted this model to strengthen the care and protection of children left behind in rural areas by migrant parents and other vulnerable children.



Aligned to the organisation's equity focus, much of UNICEF China's work takes place in rural parts of western and central China, where many of the most vulnerable adolescents are located. While UNICEF currently does not have a specific focus on age groups or on a particular category of adolescents (such as left-behind, or migrant adolescents), many programmes (see Box 1) are reaching these groups⁵.

UNICEF China's Adolescent Mental Health Programme

Informed by an epidemiology review, situation and stakeholder analysis, UNICEF developed a comprehensive programme to specifically address adolescent mental health. Implemented by UNICEF's Health, Nutrition and WASH division, the initiative works to establish direct programme linkage between their health and education programming, with mental health screening, counselling and referral mechanisms integrated into school

curricula and health facilities' routine services.

The programme focuses on preventative intervention, prioritising awareness, screening and supporting positive mental health (stress reduction, coping skills, support groups). This includes building adolescent's knowledge and skills for better mental health and providing information on when and where to access services. Services are delivered through a combination of school, health and community

settings, linked with professional psychological institutes. The programme also uses technology avenues such as Weibo and Wechat to deliver services to adolescents. In school settings, UNICEF supported the development of new mental health screening guidelines that help teachers identify adolescents in need of support and train them to facilitate mental health support groups.

UNICEF's adolescent mental health service package includes:

- Positive psychology manual and group guidance in schools for adolescents, teachers and parents
- Stress reduction and attention exercises
- Screening for psychological disorders in health facilities
- Family counselling
- Campus crisis intervention in schools

⁵ UNICEF in China and Beyond. 2019.

Through its development and implementation, several learnings have emerged. Multi-sectoral cooperation needs to be strengthened to address lack of synergies between sectors and develop the capacity of service providers from different sectors to address adolescent mental health. Adolescent involvement needs to be prioritised so that adolescents are meaningfully engaged in the design and implementation of interventions that affect them. While views are changing, traditional hierarchies of authority often limit the opportunities to engage adolescents in this process. UNICEF is uniquely positioned to advocate for young people's involvement in political dialogues and to create

platforms that engage adolescents in policy and program design. Confucian traditions prioritise education and many parents place immense pressure on their children to succeed academically. As a response, parents need to be engaged in mental health programming, addressing the resulting pressure and stress that adolescents face. Innovative approaches are needed to work with traditions, while still finding ways to address the current challenges affecting adolescents. UNICEF could facilitate partnership with local organisations and authorities, drawing on international expertise as needed.

THAILAND

REACHING ADOLESCENTS THROUGH E-SERVICES AND CAPACITY-BUILDING OF CARE PROVIDERS



<p>8.7 million adolescents</p> <p>(13.3% of the total population)</p>	<p>KEY CHALLENGES:</p> <ul style="list-style-type: none"> • Mental health: suicide; lack of services • Sexual and reproductive health: adolescent pregnancy; STIs and HIV 	<p>RESPONSES:</p> <ul style="list-style-type: none"> • Capacity-building of service providers to address adolescents' mental health (training and screening tools) • Support for adolescent mothers • Provision of mental health support through online avenues • Addressing sexual and reproductive health

Health services in Thailand are fragmented, often lacking sensitivity to adolescents' needs. Adolescent mental health specifically has received little attention, even though suicide is one of the leading causes of death among Thai adolescents⁶. Results from the 2015 Global School-based Student Health Survey showed that 1 in 8 students (13%) had attempted suicide in the preceding 12 months⁷. However, the number of professionals across Thailand that provide counselling to adolescents are limited, and those available mostly work in specialised health facilities, which restricts adolescent's access to these services.

Another key challenge for adolescents in Thailand relates to their sexual and reproductive health. Adolescent pregnancy is currently a major national concern, since the adolescent pregnancy rate in Thailand is three times that of the region⁸. For every 1,000 live births, 60 are to adolescent females⁹. This translates into almost 300 girls aged 15-19 giving birth every day. Due to social stigma against unplanned pregnancies and adolescent sexuality, adolescent mothers generally receive little social

support from their families and the community. In Thailand, young mothers make up a substantial proportion (40%) of the country's child support grant beneficiaries, indicating their additional financial vulnerability¹⁰.

Results from the 2015 Global School-based Student Health Survey showed that nearly one in five students (13-17 years) have had sexual intercourse, and that 40% of them did so before they were 14 years old¹¹. At this age (and until they turn 18), children in Thailand still require their parent's signature to access reproductive health services. This indicates that the average age Thai adolescents become sexually active vastly precedes the age at which they are able to access relevant services without adult consent. As a result, many sexually active adolescents lack access to contraception and sexual health counselling. Perhaps unsurprisingly, Thailand is facing an increase in HIV and sexually transmitted infections (STI) cases, with 70% of all STI cases occurring among young people¹². Lack of knowledge and misinformation around sex and contraceptive methods (especially from online

⁶ UNICEF. A Situational Analysis of Adolescents in Thailand 2015-2016

⁷ WHO Fact Sheet Thailand. 2015 Global School-based Student Health Survey

⁸ UNICEF. UNICEF Thailand Annual Report 2018 ⁹ UNICEF. Education for adolescents: Why, what and how?

⁹ National Statistical Office of Thailand 2012

¹⁰ UNICEF. Situational Analysis of Adolescent Pregnancy in Thailand. Synthesis Report 2015.

¹¹ WHO Fact Sheet Thailand. 2015 Global School-based Student Health Survey

sources) contributes to adolescent pregnancy and other risky sexual behaviours.

UNICEF's Work

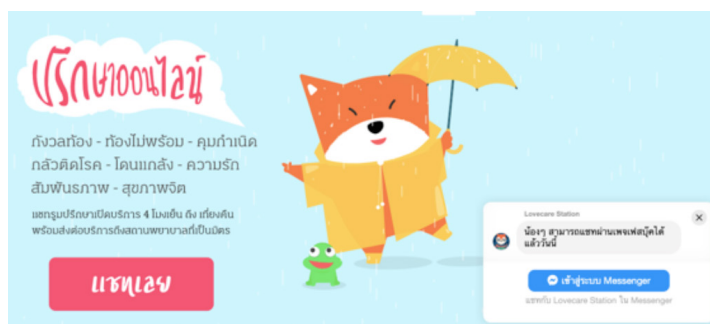
UNICEF Thailand's Adolescent Development and Participation division works to increase key healthy behaviour practices among adolescents. Towards this goal, UNICEF supports the development of capacity-building programmes for care providers, to enable them to provide adolescent-friendly and gender-sensitive services. UNICEF also works to increase adolescent participation in the planning and delivery of services that respond to their needs. At the policy level, they aim to increase investments that strengthen the delivery of adolescent-sensitive programmes.

Using e-services to address adolescent mental health

Adolescents in Thailand lack access to relevant health information and services, especially around mental health and comprehensive sex education. Where services are available, social norms, stigma and discrimination often serve as barriers to access them¹². The anonymity of the internet takes away the fear of stigma and discrimination, where adolescents in Thailand have very high access to and make substantial use of the internet. Online platforms are therefore well-placed to reach adolescents and provide them with much-needed information and services.

Lovecarestation.com is an internet health promotion and counselling platform run by local NGO Path2Health. The platform's focus was initially

on HIV, and with UNICEF support, the platform expanded to include sexual and reproductive health, including for men having sex with men. With the vision to offer comprehensive services on health topics that are of importance to young people, mental health information and basic online counselling and referral services were added to the platform. Over 770,000 adolescents used the platform in 2018, particularly for information on contraception and teenage pregnancy. This was a significant jump from 150,000 users in 2017. Moreover, in 2018, 7,209 young people registered for its online counselling and referral services, the majority (5,334) being girls aged 10-25 years¹⁴.



Building the capacity of care providers to address adolescent mental health

To address adolescent challenges related to mental health as well as sexual reproductive health, UNICEF Thailand has worked to build the capacity of care providers (such as teachers, nurses and hospital staff) who work directly with adolescents to address these issues.

A screening tool for adolescent depression.

While national clinical guidelines are available for

¹² UNICEF. Situational Analysis of Young People at High Risk of HIV Exposure in Thailand. Synthesis Report.

¹³ UNICEF. Situational Analysis of Adolescent Pregnancy in Thailand. Synthesis Report 2015.

¹⁴ UNICEF. UNICEF Thailand Annual Report 2018

general depression screening, practitioners in community settings lack practical tools to identify adolescents in need of mental health support. As a result, practitioners use tools designed for adults, lacking any normative test specifically for Thai adolescents. UNICEF Thailand and the Ministry of Public Health (MoPH) developed a Thai version of the Patient Health Questionnaire for Adolescents – a brief, self-report questionnaire that screens for depression among adolescents. The tool was used to establish a national norm on depression for adolescents, helping mental health practitioners and teachers screen adolescents for depression and other mental health concerns. The screening tool is accompanied by a practitioner handbook, outlining the flow of care and standard operating procedures for professionals providing adolescent depression therapy. The use of this tool will facilitate early case detection and the referral of adolescents with depression to accessible services and support.

[Mental health training for service providers.](#)

Adolescents have limited access to specialised mental health service providers. UNICEF in collaboration with local NGO Path2Health organised mental health training sessions for service providers who have frequent contact with adolescents through their work. Through the training, pharmacy staff and nurses are equipped to provide adolescent-sensitive counselling, conduct initial mental health screenings and make appropriate referrals to medical or other social services. Mental health training was also added to the Ministry of Public Health's capacity development of health professionals – mainly nurses, psychologists and health development officers. The MoPH also trained teachers from schools in Bangkok on psychological first-aid, mental health screening

and the referral system¹⁵. These training initiatives facilitate adolescent's access to mental health support.

UNICEF supported the Child and Adolescent Mental Health Rajanagarindra Institute (CAMRI) to develop a course specifically on counselling for adolescents, and to incorporate this into the existing e-training platform available on CAMRI's website. The course targets teachers and nurses who work with adolescents on a daily basis and aims to train them in providing counselling to adolescents related to violence against children, game addiction, depression and drug abuse. UNICEF supported the development of "thaiteentraining.com" an online training course on counselling for adolescents.

[Addressing post-partum depression among young mothers.](#)

WHO's Thinking Healthy toolkit modifies evidence-based psychological treatments into low-intensity psychosocial interventions that can be delivered in settings where specialists and resources are scarce. UNICEF Thailand supported the adaptation and testing of a low-intensity, community-based intervention to address post-partum depression among young mothers (under age 25) receiving the government's child support grant. UNICEF facilitated collaboration between the departments of Health, Mental Health, and Children and Youth, providing financial support to test the programme's implementation and document the lessons learnt. The intervention is now being scaled up as part of the government's post-partum screening package.

KAZAKHSTAN

A DATA-DRIVEN RESPONSE TO ADOLESCENT SUICIDE PREVENTION



<p>1.2 million young people (15-24yrs)</p> <p>(14% of the total population)</p>	<p>KEY CHALLENGES:</p> <ul style="list-style-type: none"> • Mental health: suicide; anxiety and depression • Lack of awareness, skills and resources 	<p>RESPONSES:</p> <ul style="list-style-type: none"> • Study on the prevalence, risk and protective factors of suicide • Pilot and scale-up of a multi-sectoral adolescent mental health promotion and suicide prevention

15

Kazakhstan has one of the highest suicide rates in the world, ranking second in the region and sixth globally. Evidence from 1990–2009 showed that Kazakhstan had some of the world's highest suicide rates for young adults, adolescents and younger children. The country had the world's highest suicide rate among boys aged 10–14 years and ranked fourth highest for girls of the same age¹⁶. While many other countries showed a decrease in suicide rates, in Kazakhstan suicides increased from 22.5 to 25.6/100,000¹⁷. Mortality among children and teenagers in rural areas tends to be higher than those in urban areas, and approximately 70% of all registered adolescent suicide cases were completed by rural adolescents¹⁸.

A recent report described Kazakhstan as a “wasteland for adolescent mental health services”. There is a lack of awareness, skills and resources to address adolescent mental health¹⁹. Those most able to address these issues (e.g. teachers and health providers) lack training and expertise to identify and refer adolescents at risk. Adolescents themselves and their families lack awareness of mental health issues and how to deal with the problem. Until

recently, very little was aware of the issue of adolescent suicide or know why the rates are so high.

The Government of Kazakhstan increasingly recognised suicide as a prominent public health issue affecting Kazakhstan's youth. In response to this issue, the Government and UNICEF have taken joint action to improve mental health and to reduce the risk of suicide among this group. Since little was known about the drivers of adolescent suicide, UNICEF and the Ministry of Health proposed a study on the prevalence of suicide and the factors that affect suicide among adolescents. In 2012, the Vice Prime-Minister approved the plan to conduct a comprehensive suicide study, a first of its kind in Kazakhstan.

The Suicide Study

With financial and technical support from UNICEF, a study on prevalence, underlying causes, risk and protective factors in respect to suicides and attempted suicides in Kazakhstan was launched²⁰. An international research team, in close collaboration

¹⁶ Itad 2018. Promoting Adolescent Mental Health and Prevention of Suicide in Kyzylorda Oblast, Kazakhstan

¹⁷ UNICEF 2014. Assessment of suicide prevention activities in Kazakhstan.

¹⁸ Kazakhstan General Prosecutor Office, 2010-2014

¹⁹ Itad 2018. Promoting Adolescent Mental Health and Prevention of Suicide in Kyzylorda Oblast, Kazakhstan

²⁰ UNICEF 2014. Study on prevalence, underlying causes, risk and protective factors in respect to suicides and attempted suicides in Kazakhstan

with UNICEF, the Ministry of Health and National Mental Health Centre, local authorities and civil society organisations, organised three subprojects:

- Development of a system for case reporting and analysis of completed suicides based on the psychological autopsy in 5 regions of Kazakhstan;
- Establishment of an epidemiological observatory on suicide attempts;
- Evaluation of prevalence and risk factors associated with suicidal ideation and attempted suicide.

Prevalence:

- 1.5% of high school students had attempted suicide in the past 2 weeks
- 46.5% of adolescents were identified as at risk; 3.3% were considered high-risk
- Risk factors:
 - Poor state of health
 - Substance and tobacco use
 - Family history of suicidal behaviours and mental health problems
 - Exposure to abuse and violence
 - Family, school and peer conflicts

The study confirmed that suicidal behaviours are a serious problem for Kazakhstan youth. Psychological problems, such as depression and anxiety, were linked to suicidal behaviour. Almost 70% of high risk pupils and 37% of suicide cases reported mild or moderate symptoms of depression, while 20% of high risk pupils showed severe depression. Suicide cases and high risk pupils showed high impulsivity

and aggressiveness, behaviour traits which often facilitate acting out of suicidal thoughts and using severe methods. Suicide was influenced by family history and context, and adolescent's state of health, personality traits and interpersonal relationships. School psychologists at the time of the study were left to tackle adolescents at risk with lack of support from other sectors, while external mental health workers claimed to have no time or authority to provide support.

The study presented a unique perspective on the issue of suicide in Kazakhstan and provided valuable epidemiological data to inform recommendations. Following the study in 2014, UNICEF provided technical assistance in the assessment of adolescent self-harm preventative activities ongoing in the country and provided the Government with a set of recommendations to improve adolescent mental health and prevent suicides.

UNICEF's recommendations were based on the latest WHO guidelines which recommends targeting the issue at primary (universal), secondary (selective) and tertiary (indicated) levels. The importance of careful translation and cultural adaptation of all materials was emphasised and a theme of much importance was that stigma may be preventing persons from seeking help. The findings and recommendations of UNICEF were carefully reviewed by Parliament and Government. In December 2014, the Prime Minister Office requested UNICEF's technical assistance in developing an adolescent mental health promotion and suicide prevention programme. In turn, Ministries of Education and Health and local governments of all regions were requested to ensure scaling up of the programme nationwide by end of 2018.

Recommendations, informed by the Suicide Study results:

- Establishment of coordination centres for suicide prevention
- Development of a national suicide prevention plan and a national mental health plan
- Establishment of an observatory for suicidal behaviours
- Performing preventive actions for adolescents (specifically screening and raising awareness)
- Mental health professionals and school staff training

A joint order from three Government of Kazakhstan Ministries (Ministry of Education and Science, Ministry of Health, and Ministry of Internal Affairs) was signed in March 2015, giving UNICEF a mandate for staged implementation of a programme to address the alarmingly high rates of mental ill health and suicide among adolescents in Kazakhstan.

Promotion of Adolescent Mental Health and Suicide Prevention Programme

UNICEF Kazakhstan and its partners developed a pilot programme, the Promotion of Adolescent Mental Health and Suicide Prevention Programme, to promote mental health and prevent adolescent suicide. The implementation of the programme started in two large pilots in two regions of the country and covered all adolescents at the age 14-17 in 477 schools. The intervention package is unique in its innovative combination of three components:

- Interactively raising awareness with adolescents;
- promoting mental health and health seeking behavior;
- identifying adolescents at high risk and ensuring and improving referral by health and mental health specialists.

Continuity of care was strengthened through a collaborative approach, where school psychologists and general primary healthcare practitioners, composed multidisciplinary teams to follow up adolescents at risk.

Programme components:

- Identification of adolescents at risk for suicide and mental health problems
- Gatekeeper training for school staff
- Awareness raising intervention for adolescents
- Capacity building of mental health workers and primary health workers
- Assessment of the impact of adolescent suicide prevention

In line with global recommendations, the pilot grounds its suicide prevention within a broader context of mental health promotion among adolescents and incorporates a complementary approach of both screening and education in its materials. During the pilot phase, stigma was found as the main barrier to access care and treatment. Availability of services was very restricted and relied on a small number of psychiatrists. The programme invested in training and awareness across the health and education sectors, to improve identification and referral of adolescents at risk. The programme also engaged with local government, health care staff and parents to overcome stigma-related barriers.

During the first year, the project reached over 35,000 adolescents and 23,630 staff from 312 educational organisations. Impact assessment, costing and evaluation components of the pilot programme, provided evidence to show that the programme contributed to overcoming stigma-based barriers when delivering programme activities,

improving adolescent mental health and well-being, and reducing suicidal ideation. The programme contributed to increasing awareness of mental health issues among adolescents (and their parents), decision makers, gatekeepers and health providers. Importantly, trust greatly increased between adolescents and school psychologists, adolescents and parents, and parents and school staff. School psychologists who previously had low confidence are now recognised by colleagues and parents to be key in mental health promotion and suicide prevention. The evaluation of the programme also emphasised that the pilot's success was related to the support of the local government office and the close collaboration between the education and health sectors. Overcoming family stigma related to mental health and acceptability of the intervention were achieved by applying both top-down and grassroots-level sensitisation efforts. The pilot started in an area

with high political will and generated the momentum needed to reach other geographical areas at a later stage.

Recognising these successes, the Government of Kazakhstan recommended scale-up of the programme to other regions of Kazakhstan. With UNICEF's technical support, large-scale piloting of the programme started in a second region in 2016. Resulted in leveraging resources for further national scaling up, 16 regions (out of 17) reported adjusted budget allocations needed to launch the programme. Prioritisation of adolescent mental health promotion and suicide prevention has resulted in 51% decrease of self-injury mortality in the age group 15-17 at the national level (number of suicide cases decreased from 212 in 2013 to 104 in 2018 in the age group 15-17).

ARGENTINA



INTERSECTORAL ACTION TO IMPROVE ADOLESCENT MENTAL HEALTH

<p>6.7 million young people (15-24yrs)</p> <p>(15% of the total population)</p>	<p>KEY CHALLENGES:</p> <ul style="list-style-type: none"> • Mental health: suicide • Adolescent pregnancy • High rates of sexual violence 	<p>RESPONSES:</p> <ul style="list-style-type: none"> • Study on the prevalence and risk factors of suicide • School-based comprehensive health advisory services • Adolescent participation in policy development

In Argentina, suicide is the second cause of death in adolescence, after traffic accidents, and in the last 20 years, youth suicide has increased by 4.7 percentage points. Results from the Global School-based Student Health Survey showed that 1 in 6 students (16.2%) had attempted suicide in the preceding 12 months.

Among adolescent girls and young women aged 10-24, pregnancy and childbirth is the third leading cause of death in this group. Adolescent pregnancy is a persistent challenge, with the adolescent birth rate remaining stable over the last two decades.

For every 1,000 live births, 64 are to adolescent females, and every year 2,500 babies are born to girls younger than 15. Statistics from the National Plan for the Prevention of Unintentional Pregnancy in Adolescence (Plan ENIA) report that these births are largely a result of incidents of sexual abuse or occur in relationships characterised by unequal power dynamics.

UNICEF's Work

The increasing rates of suicide and violence point to complex problems that affect adolescents' health and well-being. In Argentina, UNICEF is addressing these issues from an intersectoral perspective, implementing a range of activities to generate evidence, and strengthening support for mental health and reduce violence²¹.

Raising awareness and generating evidence on issues affecting adolescents

UNICEF is advocating for adolescents' rights to health and working to influence government policies through generating evidence on issues affecting adolescents, such as suicide. UNICEF conducted a descriptive and exploratory study in Argentina on risk factors associated with adolescent suicide. The study included both quantitative and qualitative methods to identify the factors that affect adolescent suicide. In order to provide key stakeholders with important statistical information on the issues affecting the adolescent population of Argentina, UNICEF produces bulletins that include indicators

²¹ UNICEF 2018. UNICEF activities in support of adolescents: A global mapping and analysis.

of adolescent health. The bulletins provide data on adolescent pregnancy and mortality, with a specific emphasis on mortality due to external causes such as accidents, suicide and violence. In addition, UNICEF is supporting intersectoral round-tables for the development of roadmaps and protocols for the care of cases associated with suicide attempts.

UNICEF also strengthened its relationship with journalists and media outlets, including the most important media groups in the country, in order to increase media coverage of adolescent's issues. In addition, guidelines were established to improve media coverage on sensitive issues such as violence, suicide, adolescent health and sexual abuse.

Mental health promotion

School-based health advisory services

UNICEF Argentina has specifically committed to reductions in suicide rates among adolescents from 11.4 per 100,000 (baseline rates for 2011-2013) to 4.7 per 100,000 (target for 2020). To achieve this, a programme supporting gender-responsive health for suicide prevention has been pioneered through the establishment of school-based health advisory services. UNICEF collaborated with national and local government, secondary schools and NGOs to roll out a multi-sectoral approach across education, health and social service sectors.

A multi-disciplinary team developed guidelines for implementation, including relevant training modules, to support comprehensive health counselling services in secondary schools, directed towards professionals and health teams that carry out health

advisory activities in educational institutions.

The school-based comprehensive health advisory services aim to:

- Bring the health resources to where adolescents are
- Provide a safe and confidential space where adolescents can obtain timely and reliable health information, as well as express their emotions and concerns.
- Equip adolescents with the tools needed to resolve issues that they face on a daily basis
- Build relationships of trust between adults and young people

Currently the model is implemented in 64 secondary schools reaching 15,800 adolescents, and will be expanded to 3,000 secondary schools by 2020.

Baseline data indicated that adolescents consult the advisory services for issues related to sexual and reproductive health, sexual identity, abuse and family violence, violence among peers, suicide and substance use.

In addition, UNICEF supported the strengthening of human resources for adolescent mental health, through the development of a diploma in prevention of self-injurious behavior in adolescents, and a suicide training module for high school comprehensive health advisors in 8 provinces.

Community mobilisation to address sexual abuse

In Argentina it is reported that sexual abuse during adolescence leads to mental breakdown, suicide, and in the case of pregnancy and birth, abandonment of newborns or even infanticide. It is therefore important to intercede with protective measures.

Towards this aim, UNICEF supported community mobilization and intersectoral communication to improve responses to sexual abuse and associated problems. These efforts included workshops with adults, involvement of local businesses, hosting intersectoral roundtables (Education, Health, Justice, Protection), and adolescent participation in the design of interventions. A modeling document with guidelines was developed to allow for replication of the process in other locations. These activities aim to strengthen child protection efforts and support a multi-sector response for victims of sexual abuse and forced pregnancy.

e-Services: Hablemos de Todo

UNICEF launched an online programme “Hablemos de Todo” (“let’s talk about everything”) to provide assistance and promote awareness among adolescents on sexual and reproductive health, gender, violence, suicide and problematic consumption of substances. The platform includes an online chat function to assist young people with questions they may have on these topics. The website’s content and support guides were designed by UNICEF. In six months, the site received more than 120,000 visits and received more than 1,300 queries.

Consultation with adolescents

UNICEF supported 16 adolescent forums in four provinces in the design and management of public health policies. In total, 2,332 adolescents participated. During these forums, adolescents shared their experiences and beliefs related to issues such as pregnancy and suicide. The adolescents developed proposed solutions and interventions for these issues, and presented policy drafts to the Ministers. In addition, adolescent participation was used in indigenous communities to develop a multisectoral approach in preventing suicide and suicide attempts, often linked to sexual abuse. This included workshops involving adolescents to develop training for families to detect depression among adolescents, in indigenous communities.

BELIZE



INTEGRATION OF MENTAL HEALTH INTO NATIONAL HEALTH PLANNING

<p>74,069 young people (15-24yrs)</p> <p>(20.5% of the total population)</p>	<p>KEY CHALLENGES:</p> <ul style="list-style-type: none"> • Violence (homicide, sexual violence, bullying) • Mental health: depression, suicide 	<p>RESPONSES:</p> <ul style="list-style-type: none"> • Adopted the global guidance of Accelerating Action for Health of Adolescents (AA-HA!) to develop a national adolescent health strategy which includes mental health • Mapping exercise for mental health services • Using technology to collect data from adolescents

In Belize, one in five people is aged 10-19 years. Violence, particularly homicide, sexual violence and bullying, are significant adolescent health issues in Belize. Adolescent boys are more likely to drop out of school and become involved with violent gangs or other illegal activities²². Mental health has emerged as a growing cause of illness for adolescents. Data from Belize's Health Information System shows that suicide rates nearly tripled between 2014 and 2017, and that among all age groups, adolescents aged 15-19 years have the highest rates of attempted suicides²³. In addition to violence, adolescents are challenged by high rates of teen pregnancy, sexually transmitted diseases, road traffic injuries, obesity and depression²⁴. Mental health and counselling services are largely unavailable, affected by severe limitations in human resources for mental health.

The newly formulated National Adolescent Health Strategy aims to address all health challenges of adolescents holistically, including mental health. Belize is one of the first countries to adopt the global guidance of Accelerating Action for Health of Adolescents (AA-HA!). Based on AA-HA! guidance,

UNICEF and partner agencies supported the Belize Ministry of Health (MoH) to evaluate adolescent health needs before developing their national health programme for adolescents²⁵. This process places extensive emphasis on adolescent participation, and adolescents from across the country provided input through a variety of participatory activities. Adolescent representatives were included in the Adolescent Health Technical Working Group (AH-TWG) that completed a needs analysis to identify the most prominent issues affecting adolescent health and development. The needs assessment was followed by a landscape analysis to take stock of existing adolescent programmes, policies, legislation and resources, and to prioritise interventions accordingly.

Through national consultations, adolescents identified key issues that affect their health, consolidated into the following four themes by the AH-TWG:

- Positive health and development
- Violence, accidents and injury
- Sexual and reproductive health

²² Pan American Health Organization, 2018. Country Focus, Belize

²³ UNICEF, 2019. UNICEF Belize Adolescent Health Digest

²⁴ Pan American Health Organization, 2018. Country Focus, Belize

²⁵ UNICEF, 2019. Developing a national adolescent health strategic plan for Belize.

- Mental health, substance use and self-harm

Under each theme, adolescents (in consultation with key stakeholders) identified priority programmes and services. The Adolescent Health National Strategic Plan will be implemented in three phases over a period of 12 years. The operational plan will be developed every four years, to ensure that implementation strategies remain relevant through each new phase. Three line-ministries will work together to implement the plan, namely the Ministry of Health (MOH), the Ministry of Education, Youth, Sports and Culture (MOEYSC), and the Ministry of Human Development (MHD). These three ministries have the responsibility to translate the policy goals into budget allocations for improving adolescent health²⁶.

UNICEF's Work

Through extensive involvement in the development of the National Adolescent Health Strategy, UNICEF has supported adolescent mental health through a variety of related initiatives:

Supporting quality services for adolescents

To strengthen health service delivery for adolescents in Belize, the MoH has initiated work to define norms and standards of care for adolescents, including for psychological assessment. In December 2018, the MoH, PAHO, UNICEF and UNFPA reviewed available global guidance on quality standards to develop these norms and standards of the health care plan. The inclusion of psychological assessments in the norms and standards will facilitate timely follow-

up and referrals for improved support for mental health. Following the completion of the national adolescent health strategy and adaptation of the norms and standards for adolescent health care in 2019, the MoH will pilot the delivery and evaluate the effectiveness of routine adolescent health check-ups, including psychosocial assessment.

UNICEF Belize introduced the Helping Adolescents Thrive (HAT) project, a multi-country initiative to support the development of guidelines on mental health promotion and preventive interventions for adolescents, as well as a package addressing interpersonal violence, mental health, substance abuse, SRH and additional identified local priorities. With support from UNICEF, MoH arranged workshops and training of local facilitators on the concepts and strategies to be used for package, through focus group discussions with adolescents.

UNICEF launched U-Report Belize, a platform that enables rapid real-time data collection and information dissemination in support of health literacy. Currently, over 1750 U-Reporters have been registered in Belize (48% males and 52% females). Multiple polls have been conducted and results and basic information have been disseminated through U-Report and WhatsApp. A U-Report poll and a Facebook survey enabled wider consultations with adolescents throughout the country.

Three rapid online polls collected data via Facebook in November 2017. Each poll received between 20 and 28 responses on the priority issues to improve health and wellbeing of adolescents in Belize²⁷. In July 2018, a U-Report poll collected data on the issues affecting adolescents and the approach that works for adolescents to get engaged. To help bridge

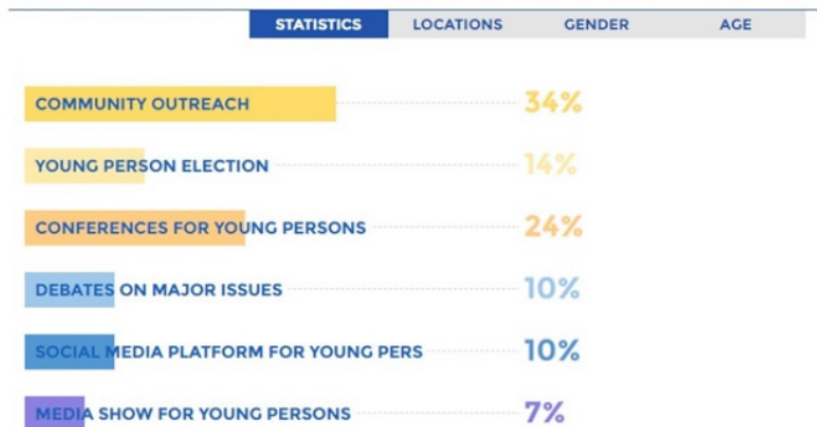
²⁶ UNICEF, 2019. Developing a national adolescent health strategic plan for Belize.

²⁷ UNICEF, 2019. Developing a national adolescent health strategic plan for Belize.

JUL 18, 2018

What can be done to get more young people to participate?

29 responded out of 30 polled



the gap in access to mental health professionals, mental health counselling will be made available country-wide, through U-Report's U-Partners function. U-Partners operates like a dedicated hotline and enables delivery of scheduled, confidential and quality-assured one-on-one counselling, through trained operators via mobile phone. It also offers an opportunity for earlier facilitated referral to a health facility.

UNICEF and the Ministries of Health, Education and Human Development, along with PAHO and UNFPA will collaborate to disseminate age-appropriate information on mental health to adolescents to respond to the high rates of anxiety, stress, substance abuse and suicide ideation. The partnership aims to better inform and empower adolescents, providing them with information on adolescent development, coping strategies, and available sources for support. UNICEF has also committed to support the Ministry of Health in exploring options to improve mental health service

delivery for adolescents (building mental health literacy, access to counselling, and referral) using digital health tools/U-Report.

Evidence generation in adolescent mental health

Adolescent mental health is an area of learning for UNICEF, as well as for the government of Belize. To provide baseline information on adolescent mental health in Belize, UNICEF provided technical support to conduct a mapping exercise through an online survey using the "4Ws" tool. The mapping exercise is an important step to enable improved coordination and partnership among government ministries, for improved use of resources across sectors. The survey identified a number of agencies that provide mental health services and support to adolescents, providing the starting-point for establishing implementation guidance for adolescent mental health service delivery.

Population-based data on mental health conditions among adolescents can help identify adolescents' needs and populations at greatest risk and can inform appropriate interventions that address the mental health needs of adolescents. Testing of the Mental Health among Adolescents at the Population Level (MMAAP) will be used to measure prevalence and burden of mental ill-health among adolescents (ages 10-19) at the population level, including indicators of anxiety, depression, behavioural problems, functional impairment, and suicide ideation/attempt.

A Knowledge, Attitude and Practice (KAP) study for adolescents in school is planned for 2019, using mental health-related indicators in the Global School Health Survey, together with other standard measurement tools to measure the prevalence of mental disorders among adolescents in school. The KAP study will be conducted through a pilot of MICS plus, as a real-time monitoring of the social norms and cultural attitudes related to mental health.

In September 2018, UNICEF, PAHO and the Ministry of Health jointly hosted an Open House on adolescent health with a focus on mental health. This event was organised as an informal “Town Hall” forum for the exchange of information and ideas and allowed the public to engage with experts in conversations on adolescent mental health. Awareness and understanding of the adolescent mental health

issues were increased among partners and stakeholders from the government, NGOs/CSOs, academia and media.

In October 2019, together with the Inter-American Development Bank (IDB) and the Belize government, UNICEF supported a review of findings from a Community Gang Assessment. The assessment provides information on the extent and level of gang activity in Belize City, its impact on all sectors of the community, and risk factors specific to adolescents and young people’s involvement in gangs. As a proactive preventive measure and to facilitate early intervention, risk assessment for gang involvement will be included in the standard assessment for adolescent clients seen in health facilities in gang affected communities.

LEBANON

COORDINATED EFFORTS FOR MENTAL HEALTH PROMOTION AND COMMUNITY-BASED PSYCHOSOCIAL SUPPORT



<p>1.02 million young people (15-24yrs) (16% of the total population)</p>	<p>KEY CHALLENGES:</p> <ul style="list-style-type: none"> • Humanitarian crisis, adversity, poverty • Mental health: trauma, suicide • Child labour, early marriage, low participation in formal and informal education 	<p>RESPONSES:</p> <ul style="list-style-type: none"> • Multi-layered, integrated mental health services through coordination between UNICEF, NGOs, and government partners • Adolescent mental health promotion through life skills programmes • Community-based psychosocial support, through social development centres, child friendly spaces and service delivery in refugee camps

More than eight years into the Syrian conflict, the Middle East and North Africa (MENA) Region is the most dangerous region in the world for adolescents today²⁸. Over 70% of adolescents who died due to collective violence globally were living in MENA. Lebanon accommodates more than 1.5 million displaced Syrians, the highest per capita number of refugees in the world. One in six people living in Lebanon is between the ages of 15 and 24, of which more than half a million are considered vulnerable, including 164,000 Syrian and 51,000 Palestinian youth. A 2012 study of adolescents in South Lebanon found 18.2% had experienced at least one high-magnitude, war-related traumatic event²⁹. Among Lebanese youth, mental health issues are the leading cause of Years Lost to Disability (YLDs). Results from the 2017 Global School-based Student Health Survey showed that 14% of 13-17 year-olds had considered suicide, while 10% had attempted suicide in the preceding 12 months³⁰.

Conflict in the region have significantly impacted the country's economy and infrastructure, placing strain on existing public services. Due to the Syrian refugee crisis, many children and adolescents have been exposed to violence, including sexual and gender-based violence (SGBV). An estimated 180,000 children are engaged in child labour, including in its worst forms. Early marriage is especially pronounced in Palestinian camps and among Syrian refugees. An alarmingly high number (94%) of non-Lebanese youth are not enrolled in formal education, and participation in informal learning is equally low. For both refugees and Lebanese citizens, there exists a critical need for increased mental health support, as well as attention to child protection.

UNICEF's Work

With support from UNICEF and other international agencies, the Ministry of Public Health (MoPH)

²⁸ UNICEF MENA Regional Office, 2017. Translating research into scaled-up action: Evidence symposium on adolescents and youth in MENA.

²⁹ Khamis, V. (2012). Impact of war, religiosity and ideology on PTSD and psychiatric disorders in adolescents from Gaza Strip and South Lebanon. *Social Science & Medicine*, 74(12), 2005–2011.

³⁰ WHO Fact Sheet Lebanon. 2017 Global School-based Student Health Survey.

created a national mental health programme (NMHP) to reform the mental health system in Lebanon³¹. Lebanon's national mental health programme, established in 2014, shifted the service provision from privatised and unregulated, to a system of comprehensive, coordinated services. A Mental Health and Psycho-Social Support (MHPSS) task force was established to mainstream an MHPSS approach in all sectors (education, protection, water sanitation and hygiene). The programme emphasises community involvement, a continuum of care, human rights, and cultural relevance in mental health services³². The services are multi-layered and integrated into the relevant government ministries. Adolescent life skills development, for example, is coordinated with the Ministry of Education and Higher Education, while mental health and psycho-social support services are coordinated within the Ministry of Social Affairs (MOSA).

Mental health promotion through life-skills education

Since 2017, UNICEF reached over 50,000 adolescents and youth with integrated and structured life skills, sport for development and positive leadership programmes³³. Their life skills programme is implemented by several partners across the country, reaching vulnerable adolescents and youth with essential life skills education related to positive communication and effective team work. The programme consists of a core life skills package, to which implementing partners can add additional components, based on the specific needs of youth in their community. For example, in areas where youth struggle to accept and socialise with youth who are

“different”, content that encourages social cohesion and breaking down barriers can be added to the core package. In areas where substance abuse is prominent, the life skills programme includes education and awareness around substance use, health campaigning and community events³⁴.

Through the Life Skills and Citizenship Education (LSCE) curriculum, UNICEF conducted a Trainer of Trainer (ToT) for two new modules for young people in Lebanon around social cohesion and employability. A total of 40 trainers (75% female; 25% male) from the Lebanese MOSA and NGO partners were certified and joined over 90 trainers previously certified in the positive leadership module last year³⁵.

Line Up Live Up (LULU): An evidence-informed life skills education programme

The LULU programme targets at-risk youth (14-18 years) who live in adverse circumstances. Using sport activities, the programme aims to build life skills and increase resilience to risky behaviour, including harmful substance use. During the sessions, participants play sports and focus on skills such as decision-making, saying no and critical thinking, which is then linked to real-life situations, including drug use. In collaboration with the National Mental Health Programme, the Ministry of Public Health, UNODC and Soins Informiers et Developpement Communautaire (SIDC), UNICEF supported a training for trainers on the LULU programme, which was successfully piloted and now being rolled out to all 8 governorates.

³¹ Chammay & Ammar, 2014. Syrian crisis and mental health system reform in Lebanon. *Lancet*, 384 (9942), p 494.

³² UNICEF 2018. Operational guidelines on community based mental health and psychosocial support in humanitarian settings: Three-tiered support for children and families (field test version).

³³ UNICEF Lebanon 2018 Results

³⁴ UNICEF 2018. UNICEF activities in support of adolescents: A global mapping and analysis.

³⁵ UNICEF 2018. UNICEF activities in support of adolescents: A global mapping and analysis.

Creating awareness and providing support for issues related to gender-based violence (GBV)

UNICEF Lebanon partnered with a local NGO (KAFA) to address GBV and discrimination. Community-based training sessions are delivered to adolescents (12-18 years old), using learning through peer-group role play, while engaging and including adolescents from the community to participate and assist in delivering sessions on GBV. Psychosocial support sessions are also provided, to improve awareness, knowledge and resilience among adolescents. Over 130,000 individuals were sensitised on GBV through awareness sessions and community group engagement. UNICEF and partners have also supported over 60,000 women and girls to access safe spaces that offer information sessions and age-appropriate psychosocial services. For survivors of GBV, case management is available, as well as referral to specialised services.

Community-based psychosocial support

Social development centres

Through the development of social development centres (SDCs), UNICEF and partners provided support to MOSA in developing its National Plan to Safeguard Women and Children. These community-based government institutions provide an accessible platform to provide a range of social services to children and families. Through technical, financial and human resource assistance, UNICEF supports 81 SDCs in the 251 localities representing the majority of refugees and vulnerable Lebanese communities. The SDCs offer multi-layer services and referrals in collaboration with 16 UNICEF partners. In 2016-2017, SDCs were supported

to facilitate and lead the establishment of Family Support Networks to help regulate services provided by civil society actors at the local level and to ensure access for vulnerable children and women³⁶.

Services for refugee communities

In 2017, UNICEF provided essential services to Palestinian refugee camps, including immunisations and medication, health, nutrition, water and sanitation services, as well as learning materials and activities. Over 45,000 children and adolescents received psychosocial support. To mitigate negative financial coping strategies among refugee families (e.g. child labour, child marriage, school non-attendance, eating less), a humanitarian child well-being grant was piloted in two governorates. The grant assists families financially and assists with the indirect costs of children attending school. Monitored through an outcome evaluation by Innocenti, the pilot showed higher school enrolment and attendance rates and less reliance on negative coping strategies.

Child friendly spaces

UNICEF provides psychosocial support to Syrian refugee children in Lebanon within the context of its Child Protection and Education emergency response. The Child Friendly Spaces provide a safe place for Syrian children to re-establish routines, to play, study, express their feelings, and spend time with peers, as well as integrate with their Lebanese peers. For children who have developed symptoms of distress, social workers provide support, under the guidance of a trained psychologist. In Lebanon, UNICEF supports a network of 16 child friendly spaces where children from refugee and local communities have access to a range of services,

³⁶ UNICEF 2018. Operational guidelines on community based mental health and psychosocial support in humanitarian settings: Three-tiered support for children and families (field test version).

such as structured recreational opportunities, play groups, peer support services and remedial classes. These spaces also serve as an entry point to work with parents and communities on issues concerning children and adolescents, and identifying those in need of further protection and support.

Coordinated efforts have been instrumental to Lebanon's success:

Through improved coordination, UNICEF and partners have supported standardisation and quality in community-based mental health and psycho-social support (MHPSS) and child protection approaches in Lebanon. Three coordination forums

have been established, where information related to service gaps and needs can easily be shared. The forums have allowed for the development of common approaches and tools, which has helped to ensure that service provision is standardised and consistent. Standardised tools, curricula and operating procedures have been developed for psychosocial support activities, to ensure that they are inclusive and implemented with respect to age, gender and diversity considerations. Through these efforts, children and adolescents have received increasing mental health support and access to services.

NEPAL

INTEGRATION OF MENTAL HEALTH INTO ADOLESCENT FRIENDLY SERVICES



<p>6.3 million young people (15-24yrs)</p> <p>(21% of the total population)</p>	<p>KEY CHALLENGES:</p> <ul style="list-style-type: none"> • Poverty, natural disasters • Child marriage, out of school adolescents • Mental health: suicide 	<p>RESPONSES:</p> <ul style="list-style-type: none"> • Life skills programmes • Youth engagement and consultation for adolescent-friendly services • Mental health and psychosocial support, through the earthquake response

With 40% of Nepal's population under the age of 18 years, addressing the mental health needs of children and adolescents will be crucial to the country's future development. Children are over-represented among the poor, with 31% of children under the age of 18 years living in poverty³⁷. Nepal is highly prone to natural hazards, such as earthquakes, which lead to displacements, disappearances, injuries and death. These events have severe implications for families and children, and their mental well-being³⁸. In the span of less than one month, two devastating earthquakes resulted in over 8,000 deaths, 450,000 people displaced and over 8.5 million people affected³⁹. Despite this, child and adolescent mental health (CAMH) problems have received little attention in Nepal⁴⁰. While the magnitude of child and adolescent mental problems in Nepal is still undetermined, the Ministry of Health and Population of Nepal estimates that about 15–20% of this population (2–3 million) may suffer from some form of mental disorder⁴¹.

Among the country's youth, suicide is a significant problem in Nepal, where 340,000 adolescents attempt suicide every year⁴². Research with families

of suicide victims reported that they attributed their children's suicides to issues such as interpersonal fights, feelings of failure in life or being overwhelmed by poverty⁴³.

Child marriage is another prominent issue, with more than one-third of women aged 20 to 24 years having married before the age of 18 years, and 16% of these women having had a child before the age of 18 years. For children aged 10-14 years, 38% are employed, with working children more likely to be out of school. Although Nepal's government has mandated free and compulsory education up to grade 8, a substantial number of children, especially girls, are still out of school. More than 30% of primary and lower secondary school age children are out of school⁴⁴. Within the education setting, marginalised children and children from certain castes face exclusion and bullying.

Due to a well-developed emergency response following the earthquakes, there is strong capacity for mental health and psychosocial support (MHPSS) among NGO and other partners. Government mental health services on the other hand, are limited to a

³⁷ Mathers, N., Reaching National Coverage: An expansion strategy for Nepal's Child Grant, Policy Brief, UNICEF Nepal, Kathmandu, 2016

³⁸ Aryal M. Nepali children in dire need of mental health service; 2015. <http://www.globalissues.org/news/2015/02/13/20604>.

³⁹ UNICEF. Operational Guidelines: Community-based mental health and psychosocial support in humanitarian settings: Three-

tiered support for children and families.

⁴⁰ Chaulagain et al. 2019. Child and adolescent mental health problems in Nepal: a scoping review. *Int J Ment Health Syst*, 13: 53.

⁴¹ Ministry of Health. Draft National Mental Health Policy. Nepal; 2017.

⁴² WHO (2017). Mental health status of adolescents in South-East Asia: Evidence for action.

few hospitals in larger cities, and lack specialised support services for children and adolescents. Until recently, the focus has largely been on adult mental health, and support for CAMH has been missing⁴⁵.

UNICEF's Work

The government of Nepal has recently started to prioritise adolescent mental health, with CAMH included as a priority in the country's latest mental health policy. UNICEF is supporting their Ministry of Health (MoH) to develop a CAMH training package for health workers and doctors. The package is being tested in one municipality and one hospital, with the aim to roll out a refined model more widely in the coming years⁴⁶. UNICEF also supports the implementation of life skills programmes, community-based mental health and psychosocial support, and youth engagement and consultation to promote and support adolescent health and wellbeing.

Life skills programmes

Nepal's mental health policy emphasises the importance of promoting mental health awareness through community structures such as schools, and building appropriate mental health and psychosocial support (MHPSS) in education settings to reach children. Psychosocial programmes have been implemented in formal and informal education, including through recreational activities and the implementation of a classroom-based intervention. This 15-session intervention combines elements of creative expressive therapy, cooperative play and cognitive behavioural techniques. These initiatives

are part of a multi-tiered psychosocial and mental health care package for children affected by armed conflict. Psychosocial support is also included in the teachers' curriculum supported by the Ministry of Education⁴⁷.

UNICEF supports the GATE (Girls' Access to Education) Programme, which provides literacy and numeracy education, along with life skills training, for out of school adolescent girls. The programme aims to equip girls with the skills needed to go back to school and to raise awareness among their families. Girls in the programme also receive information on issues related to reproductive health, domestic violence and child marriage. "Rupantaran" (transformation in English) is a training skills programme for adolescents in social, civic and financial knowledge and skills. In 2017, 12,993 adolescents (67% girls, 33% boys) received training in the "Rupantaran" programme to influence decisions that affect them and to become change agents in their communities. UNICEF will continue to support the government in including the life-skills modules from "Rupantaran" within the formal and non-formal curricula. Another intervention for adolescents called "SangSangai" equipped 21,466 adolescents (54% females, 46% males) with knowledge and skills on topics related to adolescent sexual and reproductive health and financial literacy.

Mental health and psychosocial support as part of the earthquake response:

Six months following the earthquakes in Nepal, the Department of Women and Children and UNICEF co-led an active psychosocial working group of 80 organisations providing early response activities.

⁴³ UNICEF 2018. Operational guidelines on community based mental health and psychosocial support in humanitarian settings: Three-tiered support for children and families (field test version).

⁴⁴ Ministry of Education, UNESCO and UNICEF, Global Initiative on Out-of-School Children: Nepal country study, Government of Nepal, Kathmandu, Nepal, 2016.

⁴⁵ UNICEF 2018. Operational guidelines on community based

mental health and psychosocial support in humanitarian settings: Three-tiered support for children and families (field test version).

⁴⁶ UNICEF 2018. UNICEF activities in support of adolescents: A global mapping and analysis.

⁴⁷ UNICEF 2018. Operational guidelines on community based mental health and psychosocial support in humanitarian settings: Three-tiered support for children and families (field test version).

UNICEF supported key NGOs to implement a range of interventions integrated with the protection, education and health sectors and developed a template to track services implemented by partners working in MHPSS. Within one year after the earthquake, more than 380,000 people had received MHPSS care and support. The MHPSS initiatives include:

- Community psychosocial centres within women's cooperatives to improve access for rural communities to psychosocial care and support and referral to mental health services.
- Psychosocial programmes in formal and informal educational settings, including through recreational activities and implementation of the 15-session classroom-based Intervention.
- Community MHPSS messaging through community orientation and training sessions.

Community messaging and mobilisation are very effective in Nepal because the informal sector is a major source of support for children and families. Throughout the country are active child protection committees and child clubs, which are supported by the government and NGOs. These clubs help to provide access to MHPSS care and referral for vulnerable children and families.

In addition, disaster risk reduction has been included in the education sector in a three-year project to reduce the vulnerability of children, families and their communities. Eight schools participated in the project, which disseminated knowledge about disaster risk reduction to children, teachers and communities. The programme encouraged the transfer of information from children to parents, as well as encouraging a 'we can do' attitude.

Youth engagement and consultation for adolescent friendly services

UNICEF's Country Programme Action Plan for 2018-2022 aims to address adolescent health issues, including teenage pregnancy, through the implementation of the National Adolescent Health and Development Strategy. The capacity strengthening of health workers will be supported to improve access to gender and adolescent-sensitive health services at health facilities and outreach services, as well as through the school health programme. C4D (Communication for Development) strategies using direct outreach, mass and social media, and e-health platforms seek to promote healthy behaviour by adolescents. UNICEF conducted the formative review of an adolescent health programme, which has addressed the adolescent health situation at global, regional and country level. The review's focus included adolescent sexual and reproductive health, mental health, nutrition, menstrual hygiene and road traffic injuries⁴⁸.

Working with the Family Health Division under the MoH, UNICEF helped establish a two-way SMS mechanism, so that adolescents can submit their opinions and feedback concerning the availability and quality of health services for adolescents in Nepal. Using mobile phone technology through the "Shout Out for Health" programme, this initiative aims to involve adolescents in the improvement of delivering adolescent-friendly health services (especially for SRH), to increase access to services and accountability of health service providers for adolescent health. Over 1,500 adolescents throughout the country have registered for the mobile phone programme and shared their

⁴⁸ UNICEF 2018. UNICEF activities in support of adolescents: A global mapping and analysis.

opinions, views and experiences related to health services in their community. Analytics of voices of adolescents are publicly available for real-time viewing at an online dashboard. Key highlights of adolescents' voices are being compiled in the form of a newsletter and disseminated among health service providers and decision makers. Media will be engaged for spreading the findings back to the adolescents on the response from the stakeholders. Currently responses from the first stream of questions are being analysed. In addition, UNICEF Nepal Country Office worked with Facebook, Nepal Telecommunications Authority and other partners to launch #Net4Good, an online safety campaign for children and adolescents, a day-long education event in Kathmandu aired live on Facebook. The lessons learnt will guide the expansion of the campaign in the next Country Programme.

THE DEMOCRATIC REPUBLIC OF THE CONGO (DRC)



MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT AS PART OF THE EBOLA VIRUS EMERGENCY RESPONSE

<p>17.8 million young people (15-24yrs)</p> <p>(21% of the total population)</p>	<p>KEY CHALLENGES:</p> <ul style="list-style-type: none"> • Humanitarian crisis, political violence • Outbreaks of the Ebola virus disease • Mental health: trauma, posttraumatic stress, sexual violence 	<p>RESPONSES:</p> <ul style="list-style-type: none"> • Adolescent mental health promotion through life skills programmes • Child protection strengthening across initiatives • Community-based mental health and psychosocial support, through the Ebola virus disease response

In the Democratic Republic of the Congo (DRC), children and adolescents represent more than half (54%) of the population. By the time they enter adolescence, they have often survived devastating effects of conflicts, violence, natural disasters and epidemics. An alarming 80% of children in the DRC are faced with at least two major deprivations of their rights, child labour occurs among more than 40% of children aged 5-14 years, and less than half of children attend secondary school⁴⁹. A community-based study conducted with 1,046 adolescents and young adults (13-21 years) in the war-affected Ituri district found that 95% of adolescents reported exposure to at least one traumatic event and more than half met symptom criteria for posttraumatic stress disorder. On average, adolescents were exposed to 4.71 traumatic events, with higher symptoms related to cumulative trauma⁵⁰. Routine patient and programme monitoring data from Médecins Sans Frontiers (MSF) showed that 27% of youth attending mental health services presented with a mental health problem associated with armed

conflict, of which the most common precipitating event was sexual violence (36.5%)⁵².

While the mental health impact of the violence and displacement in DRC is considerable, the health system in most areas has limited or no capacity to respond to these needs. Another major challenge relates to outbreaks of the Ebola virus disease (EVD) in 2018, the first outbreak of the disease in a conflict setting. Over 500 cases have been reported, resulting in 334 deaths. Children and women have been disproportionately affected⁵².

Preventing and responding to the Ebola virus disease in the DRC is challenged by factors such as the presence of armed groups and regular displacement of populations. Social factors such as traditional medical practices and cultural norms, and a pre-existing scepticism of government and the UN have further challenged community acceptance of the response.

⁴⁹ UNICEF, 2018. UNICEF DRC Annual Report 2018

⁵⁰ Mels et al. 2009. Screening for traumatic exposure and posttraumatic stress symptoms in adolescents in the war-affected eastern Democratic Republic of Congo. Arch Pediatr Adolesc Med, 163, 525-30.

⁵¹ Lokuge et al. 2013. Mental health services for children exposed to armed conflict: Médecins Sans Frontiers' experience in the Democratic Republic of Congo, Iraq and the occupied Palestinian territory. Paediatrics and International Child Health, 33, 259.

⁵² UNICEF, 2019. UNICEF Humanitarian Action for Children 2019: Overview

UNICEF's Work

Mental health promotion through life skills education

UNICEF supported the Ministry of Primary and Secondary Education to incorporate learning on 'life-skills' into the primary curriculum, through its participation on a technical committee tasked with the curriculum reform. The integrated life skills curriculum aims to build skills such as self-awareness, decision making, interpersonal relationship management, critical thinking, stress management and communication. Other topics include prevention of HIV infection, reproductive health and protection against forms of violence. The UNICEF Country Office has additionally set up an adolescent working group, who gather evidence on the situation of adolescents in the country and identify effective packages of multi-sector interventions that can be delivered in the next Country Programme⁵³.

Child protection

From 2013 to July 2018, the Government, with the support of UNICEF, trained a total of 12,800 children on their rights, including 830 Youth Reporters. In 2018, engagement of the Youth Reporters resulted in the adoption of 50 commitments by national, provincial, and local authorities, including the signing of a decree on the establishment of a children's parliament⁵⁴. UNICEF's "Young Reporters" actively contribute to media coverage of child issues in the DRC, to help create an environment that is favourable to the rights of the child. In support of ending child marriage, UNICEF contributed to the

establishment of a revised Family Code and the 2017-2026 action plan, adopted by the government. A mandatory module on children's rights were also included in the curricula of Law Faculties across the country, improving the normative and protection framework for children in the DRC⁵⁵.

Integrating child protection and mental health and psychosocial support into the Ebola response

Going beyond traditional psychosocial programmes, UNICEF and its partners, including the Ministry of Health, have adopted an innovative approach where the Child Protection (CP) and Mental Health and Psychosocial Support (MHPSS) response formed a core part of the Ebola virus disease response. The Ministry of Health, WHO, UNICEF and partners are jointly responding to the 10th Ebola virus outbreak in North Kivu Province. The response is set up through different commissions: Surveillance, Vaccination, Infection Prevention Control (IPC)-WASH, Treatment, Psychosocial, Communication, Security and Logistics. The UNICEF Child Protection team in the DRC co-leads the psycho-social pillar of the Ebola response with the Ministry of Health, while the main partner of implementation is the Danish Refugee Council (DRC). The Danish Refugee Council has had a strong presence in the area for decades, which has been a positive determinant in the quality of intervention delivery.

As a matter of great urgency, the Psychosocial Commission was successfully set up in all the sites affected by EVD. The commission includes psychologists, psychosocial agents and Ebola survivors (all Congolese) as well as UNICEF and DRC team staffs (international and national). To

⁵³ UNICEF 2018. UNICEF activities in support of adolescents: A global mapping and analysis. ⁵⁴ UNICEF, 2018. UNICEF DRC Annual Report 2018

⁵⁵ UNICEF, 2017. UNICEF DRC 2017 in highlights

date, there is a total of 288 psychologists and psychosocial workers. The psychosocial workers were all recruited locally, in each of the EVD affected health zones. Local recruitment helps guarantee that response workers are well accepted in the communities, since they are aware of specific social aspects and cultural norms and they are consequently able to provide psychosocial support which is specifically relevant to the needs of affected populations⁵⁶.

Psychosocial support is comprised of daily individualised household visits to break stigmatisation and identify any social problems which may result following the case of Ebola. Psychosocial workers also ensure that children and families with more severe psychological or social problems have access to professional help. The strategy further includes psychosocial training for social workers on referral, follow up and provision of psychosocial support and alternative care.

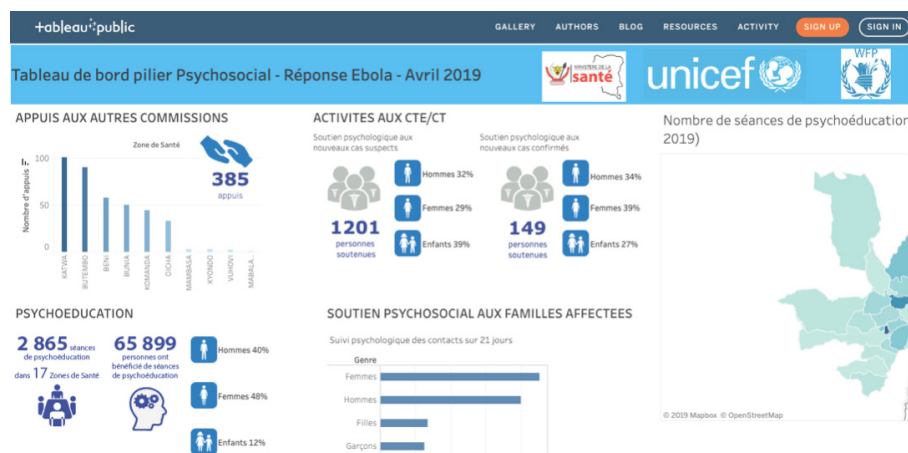
Through this initiative, UNICEF has reached over 4,700 contact families with psychosocial and material assistance, provided psychosocial and nutritional care to 421 infected children admitted to Ebola treatment centres and over 400 orphans and separated children⁵⁷. In addition, UNICEF created a dashboard reporting on the MHPSS activities for the Ebola response.

UNICEF's child protection and psychosocial support for EVD survivors and family members:

- Integration of MHPSS in the different components of the response
- Provides psychosocial support to EVD affected and contact persons
- Provides material assistance to affected families
- Individualized and case by case approach adopted, where psychosocial support is more individualized, and the material assistance is defined according to the needs of families and children affected by EVD.
- Identifies and provides appropriate care to orphans and children separated from their parents due to the epidemic
- Works with specialized staff to help children and families with more severe psychological or social problems / needs; especially for Ebola survivors

The work of UNICEF DRC highlighted here provides a valuable example of ways to inform and adapt child protection programming during public health emergencies, and how to build a more integrated approach between various response initiatives. Furthermore, the psychosocial approaches adopted

for this Ebola response could also be explored for psychosocial activities in UNICEF Child Protection regular programmes, particularly in regard to children associated with armed groups and the reintegration issue.



⁵⁶ UNICEF 2018. UNICEF activities in support of adolescents: A global mapping and analysis.
⁵⁷ UNICEF, 2019. UNICEF Humanitarian Action for Children 2019: Overview

TAJIKISTAN



INTEGRATING MENTAL HEALTH IN THE YOUTH SOCIAL ENGAGEMENT AND DEVELOPMENT COUNTRY PROGRAM

<p>1,691,000 young people (15-24yrs)</p> <p>(17.2% of the total population)</p>	<p>KEY CHALLENGES:</p> <ul style="list-style-type: none"> • High suicide rates • Poor understanding among parents, teachers, and communities • limited access to professionals and resources 	<p>RESPONSES:</p> <ul style="list-style-type: none"> • Study on the prevalence and dynamics of suicide among 12-24 year olds • Mental health component of the 2016-2020 Youth Social Development and Participation Country Program rolled out in schools • Established a referral pathway to connect schools to primary health care facilities • Training PHC staff, especially family doctors, on adolescent mental health

Background

In 2010, UNICEF received an official request from the governor of the Sughd province in Tajikistan to help the province identify causes of high suicide rates among adolescents. In 2011, UNICEF supported the Study on the prevalence and dynamics of suicide among 12-24 year olds in that region in partnership with Columbia University and Tajik National University. Throughout the study, they were supported by a local working group established under the Child Rights Unit, an institution responsible for safeguarding child rights at local level. In conjunction with the study, Khujand State University and a network of NGOs were mobilized to provide free psychosocial support to each of the respondents in the study. The demand for this service was high, highlighting the unmet need for mental health and psychosocial support among adolescents in Tajikistan. The findings from this study stated an average yearly suicide rate of 11.2 (per 100,000) young persons aged 12-24 from 2009-2010, for young girls the rate was 11.7 (per 100,000) and for young

boys the rate was 10.6 (per 100,000). This study was then presented to the Ministry of Education and Sciences and the Ministry of Health and advocated at the government level.

- 1 in 3 adolescents (10-19 yrs) reports being depressed
- 1% of health budget is allocated to mental health in the country (2018)
- 1.3% of adolescents benefit from youth-friendly health services, though this service is underutilized

National Study on Adolescents and Youth, 2018

Program

In 2016, the government issued and approved the national Adolescents Development and Participation programme with a focus on mental health. UNICEF Tajikistan has a programme with exactly same name within its current CPD for 2016- 2020 where one of three outputs is about establishing youth- friendly health services in the country. The MoES and MoH had a joint order on the implementation of this program and established two working groups: decision making and technical experts. The Ministry of Education and

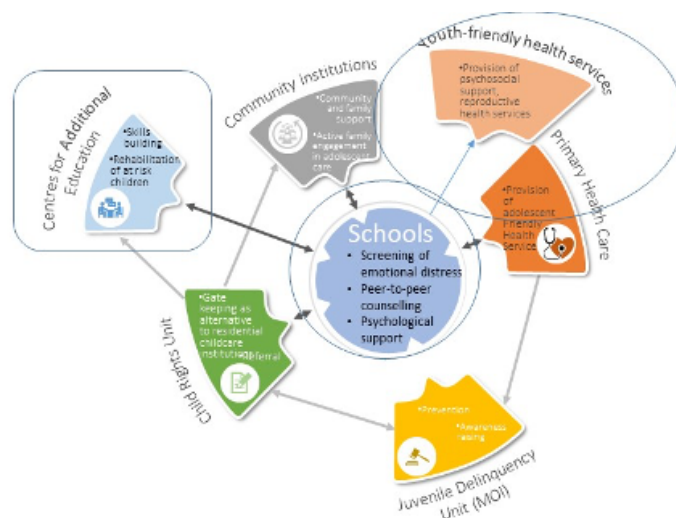
Sciences is the coordinating body for the program that is implemented in close collaboration with Ministries of Health, Interior, Committee on Youth Affairs and Commission of Child Rights in 9 districts – 220 schools.

In 2017, implementation of the program began in select districts throughout the country based on the results from the study in 2011. The program covered 220 school and focused on prevention of mental health conditions using schools as an entry point due to high attendance rates until grade 9. The program also established a referral pathway to connect schools to primary health care facilities. Other sectors such as the police, prosecutor's office and the child rights unit were involved with the goal of sensitizing them on adolescent health and development as well as child-friendly approaches of investigation of cases of juvenile delinquency, suicide and violence against adolescents and youth. . A delegation from Tajikistan, composed of representatives from MoE, MoH, presidential administration, and national association of psychologists visited Germany to understand how mental health programs were established and running. The CO supported training of a pool of national trainers in Tajikistan and then those trainers trained more than 600 school psychologists, family doctors, school administrations, and law enforcement staff to create a favorable environment in schools for this mental health and psychosocial support service. Relevant regulations and guidelines had been developed: a package of training modules on psychosocial development of children and adolescents; screening instruments to detect depression and auto- aggression among adolescents; Standard Operational Procedures for the Referral Pathway; Terms of Reference for school psychologists; monitoring and evaluation framework. After the

capacity building stage, the programme moved to the stage of service delivery (e.g. delivery of counseling services by psychologists and counselors in schools and referral of cases to PHC and other relevant institutions). Monitoring of progress showed that 16% of adolescents in all target schools received mental health counseling and only 0.8% of them were referred to other services by school specialists, this indicates that it is feasible for the preventive approach to start from school. The program also goes beyond just suicide and captures broader issues of mental health among adolescents.

In November 2019, the national workshop had been conducted to present this program pilot: all governmental sectors agreed on the success of this program and authorized expansion of this program to 200 more schools.

AMH Referral Pathway



Challenges/lessons learned

- Persistence of clinical approaches in the national health system and lack of effort on the prevention angle

- Poor cross-sectoral collaboration
- Poor understanding of the issue among parents
- Limited access of professionals to relevant resources that can help their work in AMH support (printed, electronic, web sites, social media groups)

Current efforts

In addition to the counseling team in schools and creating capacity of referral points, the program has established a peer-peer system in 50 of the schools. The 209 trained adolescents (4 per school, 2 girls and 2 boys) had been engaged in identifying early signs of emotional distresses in their peers and provision of support and motivation to their peers in seeking help from psychologists. They also make referrals and accompany peers at psychologist appointments in order to help curb the stigma associated with these appointments. The program consists of several mini sessions for the peer-peer program training among students aged 11-17 yrs.

Next steps

- Institutionalization of AMH topic within pre-and-in service: incorporating adolescent mental health into curricula in in-service institutions of education and health sector as well as in relevant University programmes in order to train the next generation of MHPSS providers. Tajik National University already introduced one course on mental health and prevention of suicide among adolescents
- Development/ finalization of relevant regulations / protocols/ manuals/ screening tests as supporting tools for school psychologists
- Refine and approve standard operating procedures for the referral pathway so that when there is a mental health case or suicide attempt there are guidelines for each agency to follow on how to

refer and provide support to adolescents and their families

- Analyze the existing infrastructure for rehabilitation of victims of psychological violence (with MoHSP, local government-support centers, and Committee of Women).
- Expand program to other regions of the country, including Khatlon and GBAO provinces
- Explore the out-of-school model of this system of provision of mental health services using the infrastructure of Centers for Additional Education in seven districts of the country in the scope of UNICEF and WB Gen U partnership launched this year.

- Youth Friendly Health Service departments are functioning in 21 clinics
- Peer-to-peer HIV prevention implemented through awareness raising on Reproductive Health and Rights
- Capacity of 669 professionals built
- 209 girls and boys prepared to provide support to their peers in 50 schools in pilot regions
- 10932 adolescents with increased awareness on signs of emotional distress and coping skills
- 445 adolescents referred by peer supporters to school psychologist for provision of professional support
- 839 community members with increased awareness on adolescent mental health and existing systems of support
- 180 specialists from education, health, social protection, law enforcement, youth and family affairs involved in process evaluation

MONGOLIA



MONGOLIA'S CROSS-SECTORAL AND MULTI-LEVEL RESPONSE TO IMPROVING ADOLESCENT MENTAL HEALTH

<p>504,000 young people (15-24yrs)</p> <p>(13.6% of the total population)</p>	KEY CHALLENGES:	RESPONSES:
	<ul style="list-style-type: none"> • High suicide rate, increasing substance use, bullying, etc... • Very few mental health services and resources dedicated to adolescents • Poor understanding among parents, teachers, and communities 	<ul style="list-style-type: none"> • Development of adolescent mental health workplan • Baseline survey on status of adolescent mental health • Development of mental health support teams in schools • Further support for health education in schools including development of educational materials and teacher trainings to specifically improve the quality of mental health classes • Parent education implemented through school's parent nights and development of parent toolkits

Background

Mongolia has among the highest rates of adolescent suicide in East Asia and the Pacific – approximately five times the regional average. Recent research found approximately 50% of college students report suicidal ideation and more than 14% report clinically significant symptoms of depression.

Another study stated that 1 in 3 adolescents suffer from emotional or behavioral problems and 1 in 10 suffer from psychosocial disorders. These mental health issues vary considerably with gender.

Adolescent boys commit suicide at a rate 3 times that of adolescent girls the same age (22 boys per 100,000 compared to 7 girls per 100,000). However, girls are more likely to report seriously considering suicide (28% of girls versus 17% of boys) and are also more likely to report suicide attempts. Mental health disorders are more common among boys, particularly, behavioral issues such as conduct disorder, hyperactivity, and attention deficit disorder. In contrast, social and emotional problems such as anxiety and depression are more common among

girls. There is also reported to be a higher risk for suicidal plans and behaviors among adolescents living in urban centers and those who feel lonely or worried, smoke cigarettes, drink alcohol, or have fights at school. Other risk factors for mental health problems and suicide risk include poverty, social exclusion, violence, peer rejection, isolation, lack of family support, and pressure to achieve. In addition, emerging issues, such as online bullying, grooming, sexual abuse, gaming related disorders, and drug use are increasingly impacting the mental health and well-being of young people.

Actions

As a response to these alarmingly high suicide rates, UNICEF supported the Mongolian Government in a cross-sectoral and multi-level response to improving adolescent mental health. This response consisted of influencing policy and programs, evidence generation, improving service delivery systems, empowering adolescents, and making mental health programming gender responsive.

Policy & programs

- Support for national programs on child and adolescent development and protection including NCDs and mental health priorities.
- Strategies to strengthen health, education, and social protection to provide adolescent mental health services.
- Support for Mongolia's first national conference on adolescent mental health, which brings together experts and stakeholders from across sectors.
- Development of an adolescent mental health work plan, approved by both the Ministry of Health and Ministry of Education, Culture, Science and Sports.
- Awareness raising with government decision-makers and the public for the prevalence and burden of mental health problems among adolescents.

Evidence generation

- Baseline survey on the status of adolescent mental health was conducted in a UNICEF target province using the behavioral screening Strengths and Difficulties Questionnaire (SDQ). This included follow up to assess the effectiveness of interventions.
- National survey of adolescent's life skills: Strengths and Supports in the Lives of Mongolian Youth.
- Improving service delivery systems:
- Health: strengthening existing adolescent friendly health service delivery systems by building capacity of doctors in adolescent mental health including psychological counselling.
- Education: introduction of mental health counselling in schools and target areas. Development and integration of a counselling module in teacher training and capacity building with school doctors, social workers and teachers.

Empower adolescents

- Establishment of health education in the secondary school curriculum including modules on mental health, nutrition, comprehensive sexuality education (CSE) and gender-based violence (GBV).
- Design and implementation of a life skills program, which supports socio-emotional learning, adolescent empowerment, and communication with families, peers and teachers.
- Establishment of child development centers in target schools to support adolescent development and participation through student-led publications, clubs, student councils, and peer education.

Gender response

- Raising awareness of social norms that impact adolescent mental health including gender barriers to mental health promotion.
- Incorporating gender equality and bias, gender norms, stereotypes, and power in relationships to CSE and GBV curricula.
- A life skills program is being reviewed in consultation with adolescents to make it gender-responsive.

Challenges/Lessons learned

There are very limited mental health services dedicated to children and adolescents in Mongolia. There is only one department in the entire country with 25 inpatient beds, 3 doctors, 6 nurses, and 1 social worker. Mental health disorders are also highly stigmatized in Mongolian society and only few parents seek counselling or medical help when their children have psychological concerns.

Next steps

- Support for strengthening M&E systems for adolescent mental health including a qualitative survey to explore gender barriers to adolescent mental health.
- Continued improvement of adolescent health services including development of a post graduate adolescent health training program with mental health modules for clinicians.
- Development of mental health support teams in schools composed of school managers, doctors, social workers, health teachers, etc... who are trained to assist teachers identify students in need, provide primary level counselling, instigate referral to secondary mental health services, and provide immediate support to suicidal adolescents.
- Further support for health education in schools including development of educational materials and teacher trainings to specifically improve the quality of mental health classes.
- Peer education on mental health and investment in innovative approaches to reach adolescents in need.
- Parent education implemented through school's parent nights and development of parent toolkits.
- Development of a list of required adolescent mental health services in all relevant sectors with costing of services and advocacy for budget allocation. In 2017, implementation of the program began in select districts throughout the country based on the results from the study in 2011. The program covered 220 schools and focused on prevention of mental health conditions using schools as an entry point due to high attendance rates until grade 9. The program also established a referral pathway to connect schools to primary health care facilities. Other sectors such as the prosecutor's office and the child rights unit were involved with the goal of sensitizing them on adolescent health and development as

