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Desk Review Report

An Exploration of Stressors and Protective Factors Influencing Youth Mental Health

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ScienceforAfricaFoundation

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We ensure a strong research ecosystem through the implementation of well-established grant-making practices, advocacy and promotion of scientific excellence, emphasis on intra-Africa collaboration and an evidence-based approach to policy-making.

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List of Abbreviations

ADHD – Attention-Deficit/Hyperactivity Disorder

CBT – Cognitive Behavioural Therapy

LMICs – Low- and Middle-Income Countries

NGO – Non-Governmental Organization

PTSD – Post Traumatic Stress Disorder

PWLE – People with Lived Experience

SFA Foundation – Science for Africa Foundation

UNICEF – United Nations Children's Fund

WHO – World Health Organization

YRI – Youth Readiness Intervention

Executive Summary

Youth* is a distinct phase of life involving a complex journey of transition from childhood to adulthood that encapsulates a mix of personal, social and environmental factors which ultimately serve to shape our mental health. Adolescence represents an important inflection point on the journey of every person: experiences in this critical stage of cognitive and psychosocial development impact mental health both positively and negatively and establish a critical basis for vulnerability to mental illness.

As our knowledge of young people* and their mental health continues to grow, it is understood that a significant proportion of health problems and most mortality among the young has at least a partial basis in mental health and/or substance-use disorders. Consistent with this reality, it is estimated that almost 75% of all mental health challenges emerge before the age of 24 (Kessler *et al.,* 2005). The increased reported incidence of stressors in youth, including pressure to conform with peers, academic stress and high rates of unemployment, paint a dismaying picture of youth mental health.

Confronted by this alarming reality,

how do we support and promote the mental health of young people so that they feel empowered to live a more meaningful life? Approaches must include the development of a richer understanding of issues that affect youth, and more and better engagement with young people on their terms, to improve understanding of and receptivity to their needs.

The Being mental health initiative was conceived to better understand the drivers that are impacting the mental health of young people today from their perspective, particularly in low- and middle-income countries (LMICs). This initiative focuses on preventive and promotive strategies to improve youth mental health and wellbeing via research, ecosystem engagement and innovation. Importantly, young people are at the heart of the initiative's programming. They serve as programme advisors and as key stakeholders in consultations. Being is hosted by Grand Challenges Canada (funded in part by the Government of Canada) in partnership with Fondation Botnar, United for Global Mental Health, the UK's National Institute for Health and Care Research, Orygen and the Science for Africa Foundation.

75%

Of all mental health challenges emerge before the age of 24. The increased reported incidence of stressors in youth, including pressure to conform with peers, academic stress and high rates of unemployment, paint a dismaying picture of youth mental health.

*The use of the terms 'youth' and 'young people' in this document will refer to individuals aged between 10 to 24.

Objectives

The main aim of this report is to collate and synthesize information pertaining to emerging stressors and protective factors associated with youth mental health in 13 focal LMICs: Colombia, Ecuador, Egypt, Ghana, India, Indonesia, Morocco, Pakistan, Romania, Senegal, Sierra Leone, Tanzania and Vietnam.

Key Findings

Findings presented in this report help us pinpoint stressors (e.g., low-self-esteem, fear of the unknown, career expectations) that increase psychological distress in youth, as well as protective factors (e.g., community acceptance, faith, peer support) that enable young people to mitigate the effects of the challenges they face. In addition, existing and evolving interventions—including artificial intelligence-powered mental health chatbots designed for young people—are highlighted. Findings emphasize the necessity to establish policy and deliver services that ensure that the voices of young people on mental health are heard, and to enable youth, especially individuals who are not coping satisfactorily with their lives, to access effective support, now more than ever.

Recommendations

Conduct comprehensive longitudinal studies on the rates and types of mental health challenges among youth representing various ethnic and minority identities to develop a better understanding of how various stressors and protective factors affect the emergence of psychopathology in different cultural and ethnic groups.

Consider more inclusive ways of engaging diverse youth in mental health decision-making processes.

Identify effective ways to engage with stakeholders so that they can better contribute to addressing specific youth mental health challenges.

Establish a mechanism to ensure that all interventions targeting youth mental health are framed by robust monitoring, evaluation, learning and plans for effective dissemination into the policy and practice space.

Mental Health at a Glance – 10 Key Facts

1 50% of mental and substance abuse disorders emerge by age 14, and 75% by age 24 (Kessler *et al.,* 2005).

2 Suicide is a leading cause of death among individuals aged 15–29 (WHO, 2021a).

3 An intricate interplay among hereditary and environmental factors including the impacts of trauma, violence and poverty are known to influence youth mental health.

4 Methodologically and culturally appropriate epidemiological studies of the prevalence of mental health problems in youth remain limited in most LMICs.

5 It is estimated that mental health problems occurring in youth aged between the ages of 15–24 account for 17% of disability-adjusted life years (Murray *et al.,* 2012).

6 Mood disorders including depression and anxiety are currently ranked among the main causes of disability affecting youth (GBD 2019 Global Collaborators, 2022).

7 Access to appropriate mental health services remains an obstacle to many young people around the world, especially in LMICs.

8 Policy and programming for youth mental health remains fragmented and inadequate around the globe. Unfortunately, this perpetuates stigma, discrimination and human rights violations in association with people suffering from mental illness.

9 Climate change drives an element of mental anguish among young people.

10 Certain patterns of social media engagement (e.g., Facebook and Instagram) among youth appear to be associated with poor mental health outcomes such as self-harm, mental distress and suicidal behavior.

Initiative focus regions

50% of all mental disorders emerge before the age of **15** and **75%** before the age of **18**

Latin America

Colombia and Ecuador

Africa

Senegal, Egypt, Morocco, Ghana, Sierra Leone, and Tanzania

Europe

Romania

Asia

India, Indonesia, Pakistan and Vietnam
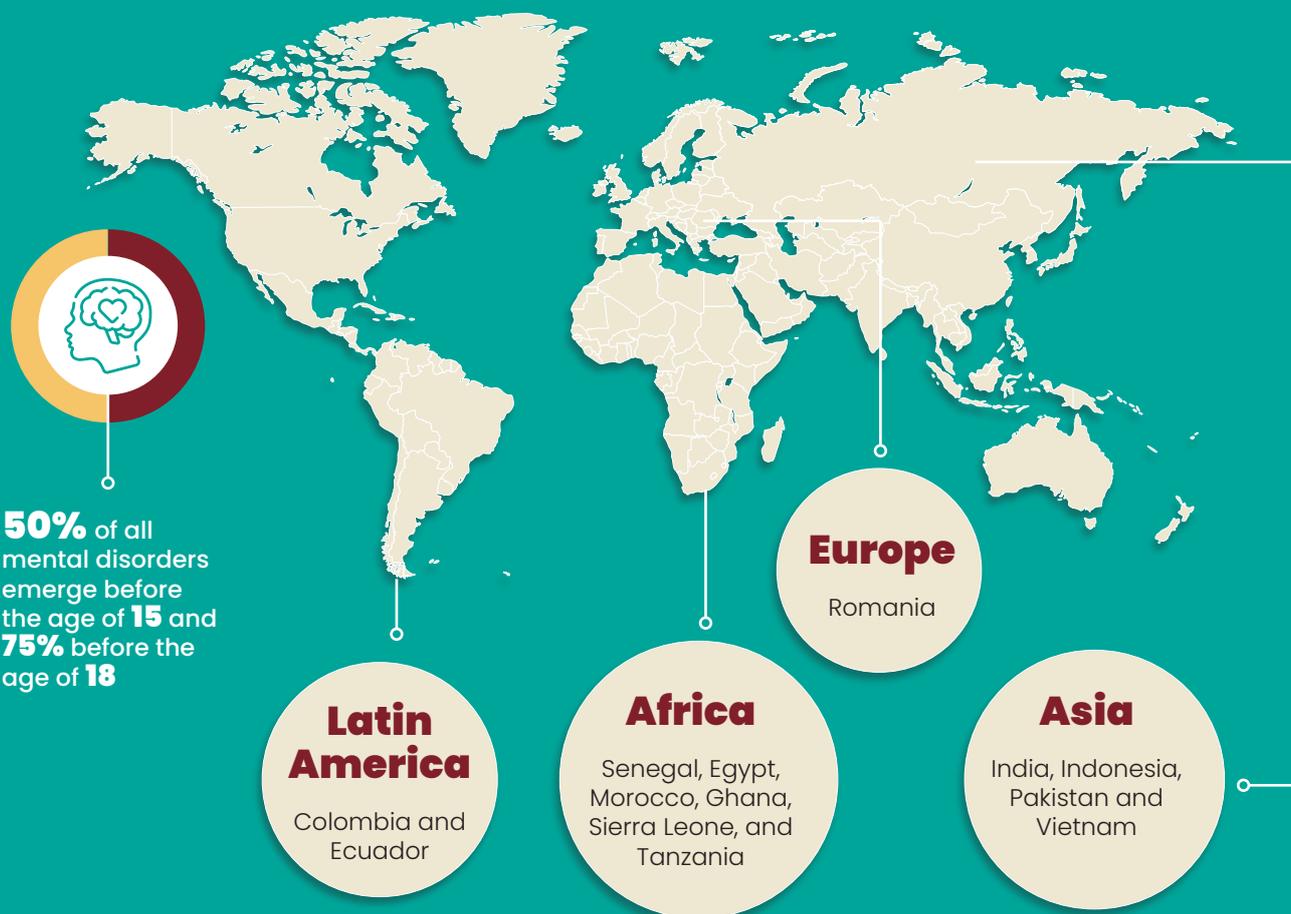
Introduction

Mental health is an integral aspect of everyday life that impacts both our physical health and emotional wellbeing (Galderisi *et al.*, 2015). Like physical health, mental health exists on a continuum that is modulated by life circumstances (Keyes, 2002), with episodes of poor mental health leading to fluctuations in behaviour and psychosocial wellbeing. These fluctuations represent an intricate interplay among inherited and environmental factors which can manifest in various forms ranging from panic attacks to more enduring and debilitating mental health problems such as depression and psychosis. If left unchecked, these conditions can prove fatal, with suicide accounting for almost 700,000 deaths globally each year, many of which are linked to mental health concerns (WHO, 2021a).

Beyond placing a significant burden on national economies on the order of billions of US dollars annually—due to lost productivity (Arias *et al.*, 2022) and other factors—mental health problems represent a leading and pervasive cause of social inequity, disability and premature death (Patel *et al.*, 2018), particularly in LMICs. Individuals suffering from mental health problems are also more likely to be victims of human rights violations (e.g., being shackled or locked in confined spaces) which perpetuate discrimination and stigma (Thornicroft *et al.*, 2022). Despite accounting for at least 18% of the global burden of disease (Vos *et al.*, 2020), median spending on mental health services stands at just 2% of total government health spending (WHO, 2022). Notably, many LMICs lack mental health policies to inform corresponding services or have a dedicated mental health care budget (Rathod *et al.,* 2017; WHO, 2022). The absence of robust policy and efficient mental health services frameworks are known to contribute to the significant treatment gap observed in global mental health (Saxena *et al.,* 2007).

Current estimates suggest that at any one time, around 1 in 7 adolescents are affected by mental health problems resulting in significant functional impairment that interferes with their daily activities (Vos *et al.,* 2020). Perhaps more disturbing is the evidence suggesting that many young people with mental health problems do not receive the care they need in a timely manner (McGorry *et al.,* 2022). Mental health problems commonly reported in young people include eating disorders, depression, anxiety, substance abuse, personality disorders, attention-deficit/hyperactivity

Being specific objectives

1 Highlight distinct stressors and protective factors associated with youth mental health identified in the 13 priority countries.

2 Profile and provide insight into the existing policies and support services for youth mental health.
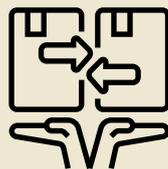
3 Enable international & intersectoral comparisons of youth mental health status, policy and services
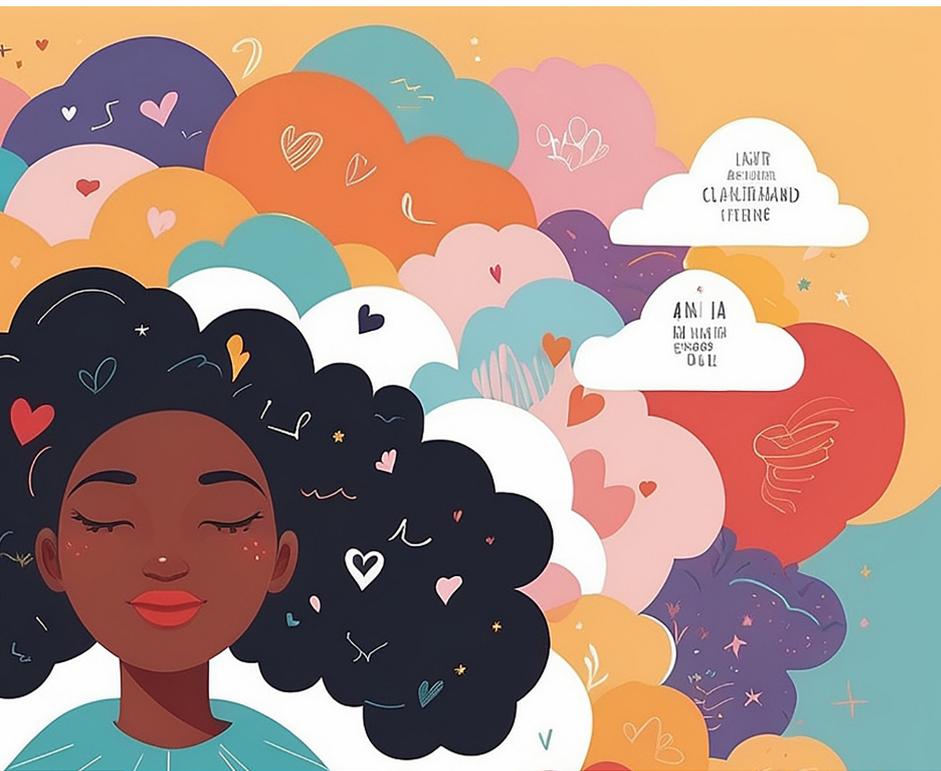
1 in 7

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700,000

Deaths globally each year, many of which are linked to mental health concerns

disorder (ADHD), psychosis and self-harm (Solmi *et al.,* 2022; Uhlhaas *et al.,* 2023). Unfortunately, challenges in diagnosing mental health problems in youth along with insufficient and inefficient provision of early intervention for this vulnerable group result in mental disorders with unnecessary lifelong consequences and suffering. These can include unemployment and underemployment, socioeconomic stress, social and community isolation and criminal justice involvement (Collizzi *et al.,* 2020), each an important determinant of mental health (Kirkbride *et al.,* 2024).

Recent years have witnessed an upsurge of support toward youth mental health spurred by philanthropic and charitable sources (e.g., Mindful Philanthropy), as opposed to relatively low investments for mental health by governments. But there has long existed a drive to promote mental health and wellbeing among youth through awareness in education, community programmes and advocacy campaigns such as the United Nations Children's Fund (UNICEF)'s OnMyMind movement. Notably, one of the recurring themes in efforts to improve the mental health of young people is to increase

investment (McKillackey *et al.,* 2020; Sheehan *et al.,* 2023) in movements currently championed for example by organisations such as Healthy Brains Global Initiative, MQ: Transforming Mental Health, United for Global Mental Health, and the World Health Organization (WHO). Such investments serve the multiple purposes of promoting pioneering research, improving access to quality services, protecting human rights, and providing significant return on investment at both the individual and societal levels (Bitanihirwe *et al.,* 2023).

Mental health is increasingly a priority for investment and promotion around the world and is indeed one of the United Nations Sustainable Development Goals (SDGs) for 2030 (Heymann and Sprague, 2023). Correspondingly, the Being mental health initiative focuses on contributing to more favourable structural conditions for young people's mental health through youth engagement given they are best placed to better identify barriers and gaps as well as offer impactful and sustainable solutions regarding their mental health needs. With a particular emphasis on mental health prevention and promotion, Being works alongside young people to improve their mental wellbeing through research, and ecosystem engagement and innovation in 13 focal LMICs that span Africa (Egypt, Ghana, Morocco, Senegal, Sierra Leone, Tanzania), Europe (Romania), Latin America (Colombia, Ecuador) and Asia (India, Indonesia, Pakistan, Vietnam). A core value of Being is to develop and strengthen research capacity through intercontinental collaboration to drive the development and the outputs of research. Another important aspect of Being is accounting for scientific research beyond its traditional boundaries (e.g., cultural community practices) to gain a clearer perspective of the breadth of research activities taking place in the mental health sector. As Being grows, it is envisioned that youth-led organizations will be central to carrying out the respective work in each of the priority countries. Against this background, the present report seeks to provide an overview of the existing evidence relating to stressors on and protective factors of youth mental health across the diverse countries studied in Being.

Stressors and Protective Factors for Youth Mental Health

As with all aspects of child and adolescent psychiatry, a developmental perspective is crucial when considering mental health outcomes that may be elicited by stressors (viz., an event, series of events or set of circumstances that cause or causes stress). Key sources of these stressors change with age, and the subsequent impact of such stressors will vary with the individual's stage of cognitive, emotional and social development (Costello and Maughan, 2015). These stressors increase the likelihood of experiencing mental health problems (see **Table 1**); unrelenting or too many stressors produce dramatic mental or emotional strain that may contribute to the onset of psychopathology. Indeed, epidemiological studies confirm that 'at risk' populations often experience greater exposure to and/or frequency of stressors over long periods of time (Epel *et al.,* 2018).

Stressors can be external or internal, with external stressors arising from the environment around us that may include trauma (e.g., natural disasters and exposure to violence) in addition to lack of access to key resources such as mental health services. In contrast, internal stressors are generated from inherent factors within us, that can be connected to age, gender, thoughts and feelings (Arango *et al.*, 2021). Protective factors on the other hand can come from a broad range of elements serving to mitigate an individual's response to environmental adversities. These include intrinsic protective traits such as resilience, optimism and self-esteem in addition to supportive relationships, social cohesion and opportunities for the individual to participate in making decisions that affect their life (i.e., autonomy and agency).

*Table 1. Stressors and protective factors of youth mental health

Domain	Risk factors	Protective factors
Personal	» Age/Gender/Substance Abuse	Age/Gender
Psychological	» Stress » Anxiety » Depression » Temperament issues	» Self-esteem » Optimism » Resilience » Emotional intelligence » Effective coping strategies » Autonomy » Agency
Family	» Family status and loss of family	» Family Support
Friends	» Negative friendship	» Friend support/Romantic partner » Peer connectedness
Societal		
Socioeconomic	» Organisation of the economy » Political climate	» Social cohesion
School	» Bullying » Academic failure	» Teacher connectedness » School connectedness
Community	» Racism » Stigma/Discrimination	» Support from significant others and the community
Environmental	» Urbanisation » Climate change » Pandemics and epidemics » Natural disasters	» Social cohesion/capital » Access to green space

*Based on the 3 interconnected processes encapsulated in the relational wellbeing framework (Clark and Jha, 2023)

Methodology

The content of this report is based on information collated from three data collection exercises:

1. Analysis of the 13 country reports commissioned by Grand Challenges Canada for Being. Each report was coded using a line-by-line reading to identify common and emerging themes, principally including:

   a. Emerging stressors and protective factors related to youth mental health.
   b. Engagement of young people in relation to policy and research.
   c. Mental health interventions and innovations relevant to youth mental health.

2. The output of three virtual convenings that engaged clinicians, researchers and academics within the youth mental health space in addition to young people and individuals with lived experiences of mental health challenges from (and beyond) the 13 focal countries. These included a poll to determine the top 10 stressors that affect youth mental health as identified by the attendees, as well as information stemming from breakpout sessions where attendees discussed five questions in depth:

   1. What do you believe are the most pressing stressors related to mental health among youth in your country/region of interest, and why?
   2. What is your impression of the significance of climate change as a stressor for mental health?
   3. What interventions/programmes are you aware of in your country that address mental health-related problems in youth?
   4. Do you think there is enough, and effective enough, engagement of young people in helping to shape policy and drive research?
   5. What do you feel are the main challenges affecting youth mental health stakeholder engagement in your country?

3. An online survey. A web-based survey (SurveyMonkey) was conducted from November 2023 to December 2023. All responses were anonymised. Participant inclusion criteria were people with lived experience (PWLE) of mental health challenges and an understanding of written English.

The survey was comprised of 27 questions across four areas (see **Appendix**): *demographics* (age, sex, ethnicity, educational level, employment/occupation status); *mental health stressors* (academic stress, social media use/presence, bullying, family conflict/dysfunction, financial strain, educational/career uncertainty, substance abuse and addiction, discrimination or racism, stigma around mental health, climate change, conflicts and displacement; *research relating to youth mental health* (peer support interventions, culturally relevant interventions, digital technology as opposed to face-to-face mental health therapies), and *additional information* (recommendations for better supporting youth mental health, physical health in relation to mental health, experiences and challenges faced when seeking mental health support). The survey consisted of open- and closed-ended questions.

Findings

Mental Health Problems Commonly Experienced in Youth in the 13 Being Countries

Worldwide, there is a high prevalence of mental disorders, with the onset of many in youth, and most (~75%) emerging before the age of 24 (Kessler *et al.,* 2005). Despite this crisis, capturing reliable data on mental health is challenging and complex, particularly in LMICs where data systems can be inefficient due to incomplete recording, poor data quality and lack of timely reporting.

This report is qualified by the major knowledge gaps that persist in terms of data on the prevalence of mental health conditions in young people in LMICs. This is due to multiple reasons, perhaps most important that research expenditure is at odds with the burden of mental illness (Woelbert *et al.,* 2020). Other factors that have thwarted comprehensive data analysis across countries is that different countries have adopted different definitions of "youth", both nationally and at the community level, which can make international comparisons problematic. For instance, while the African Youth Charter (African Union, 2006) defines youth as those persons between the ages of 15 and 35, countries in Latin America and Asia as well as Romania define "youth" as people aged between 15 and 29.

Nonetheless, information collated from the country level reports found that among the African countries (Egypt, Ghana, Morocco, Senegal, Sierra Leone, Tanzania), mood disorders including anxiety and depression in addition to substance abuse and post-traumatic stress disorder (PTSD) represent most of the major mental health problems among young people, similar to what was observed in Romania. This contrasts with the studied countries in Asia (India, Indonesia, Pakistan, Vietnam) where levels of conduct disorders, ADHD and suicide were more pronounced among youth—alongside mood disorders, PTSD and suicide. In South America (Colombia and Ecuador), the predominant mental health issues affecting youth were substance abuse and suicide, although high levels of depression and anxiety were also noted.

Given that young people represent a significant proportion of these populations (El Habti, 2022), it follows that additional mental health data and evidence—through routine data collection platforms—are necessary to gain a better understanding of the scale and pattern of these illnesses. This will help guide strategic action to better address the burden of mental health problems in young people through more effective and comprehensive national policies and programmes (Hayes *et al.,* 2023).

Emerging Stressors and Protective Factors Related to Youth Mental Health

A number of stressors pertinent to youth mental health emerged from the study groups. Some of these were country-specific (see **Table 2** for personal, societal and environmental domains, consistent with the relational wellbeing framework (White and Jha, 2023)).

Table 2. Personal, societal and environmental stressors in relation to youth mental health

Personal	Societal	Environmental
» Academic pressure (e.g., exams and need to perform) » Bullying » Ethnicity, religious identity and gender (e.g., LGBQT+# status) » Exposure to war and related adversities (e.g., displacement) » Family Factors (e.g., domestic violence, single parent present, parenting style, parents with mental illness) » Migration and forced work (e.g., prostitution) » Social inclusion/peer pressure » Social media addiction (e.g., Tik Tok, Instagram, Facebook, etc)	» Education » Employment » Mental health programmes and interventions » Mental health relevant policies » Perceptions of mental health (i.e., stigma and discrimination) » Social and economic inequities » Social and cultural practice (e.g., female genital mutilation* and strong patriarchal views**)	» Connection with nature » Digital and communication environments » Epidemics and pandemics » Natural disasters » Urbanisation

*As reported in Senegal and Sierra Leone. **Includes removing daughters from school and the practice of early marriage as described in the reports from Egypt and Morocco. #LGBQT+ = Lesbian, gay, bisexual, transgender, queer or questioning, or other non-heterosexual gender identity.

Several common stressors were identified from country reports and the online polls from virtual convenings. These include stigma associated with mental illness, socio-economic status (i.e., poverty) and substance abuse (see **Table 3**). However, distinct stressors were found to drive negative mental health in youth in relation to geographical region.

For instance, while loneliness was identified as a key stressor in Romania and fear of the unknown was reported in Africa, closed stratification systems (i.e., caste systems), career expectations and social media addiction were reported as important stressors in Asia.

Table 3. Top 10 stressors of youth mental health in relation to geographical region*

Africa	Romania	Asia	Latin America
» Academic stress » Bullying » Family dysfunction » Fear of the unknown » Natural disasters » Peer pressure » Poverty » Stigma » Substance abuse » Unemployment	» Access to mental health care services » Lack of family support » Loneliness » Low self-esteem » Migration » Peer pressure » Poverty » Stigma » Substance abuse » Violence	» Academic stress » Bullying » Career expectations » High level of parental expectations » Poverty » Social media addiction » Social stratification (e.g., marginalized caste identities) » Stigma » Strained family relationships » Substance abuse	» Access to mental health care services » Family dysfunction » Food insecurity » Low self-esteem » Migration » Peer pressure » Poverty » Stigma » Substance abuse » Violence

*Listed in alphabetical order

Six key protective factors emerged from country reports:

Family support – As individuals transition from the complete dependence of infancy to independence and autonomy, they need stable family and secure family relationships to provide emotional warmth, encouragement and support. Indeed, past research findings indicate that a nurturing family environment is as a cornerstone of positive mental wellbeing (Blum *et al.,* 2022).

Peer support – As with family, relationships with peers are integral to developing social, emotional and cognitive intelligence. Reciprocal influences among peers have been linked to relational self-views—including happiness and self-esteem—that can be characterized by a sense of belonging or connectedness, which are positively associated with wellbeing and mental health (Blum *et al.,* 2022).

Faith – Evidence indicates that faith can have a positive impact on mental health by helping an individual tolerate stress by generating peace, purpose and forgiveness (Lee and Neblett, 2019). Specifically, faith is associated with higher self-esteem, optimism and emotional regulation, and may protect against psychosocial disabilities or problems related to experiencing stressors (Lee and Neblett, 2019).

Community acceptance – Community acceptance has been associated with positive mental health, with evidence indicating that it serves as a gateway to compassion for oneself and for others. Notable are the published findings revealing that the acceptance of community members is associated with higher levels of positive mental health outcomes (e.g., better coping skills) and social functioning among former child soldiers from Sierra Leone (Betancourt *et al.,* 2020).

Staying in school – The evidence is clear that staying in school through adolescence brings immediate mental health benefits (e.g., self-esteem) to girls and boys during a high-risk phase of life (Khzami *et al.,* 2020), with positive family and community impact.

Biodiversity and greenspace – A growing body of research suggests positive association between exposure to nature through greenspaces and enhanced mental health and resilience in adolescents (Zhang *et al.,* 2020). Similarly, exposure to biodiversity has been found to promote mental health and wellbeing (Marselle *et al.,* 2019). Together, these findings suggest that the relationship we develop with nature represents an important protective factor for mental health. It follows that improving the availability, accessibility and quality of green space and biodiversity is likely to generate positive impacts on the mental health of young people.

Online Survey Findings on Stressors, Vulnerabilities and Youth Mental Health

Sample: Data were collected from 26 individuals (aged 21–27 years), of whom 23 (88.5%) completed the survey. The majority of respondents were female (61.5%, *n* = 16), and of the respondents that undertook the survey, 17 (65.4%) identified as Black, 3 (11.5%) as Caucasian, 2 (7.7%) as mixed race, 2 (7.7%) as Asian/Pacific Islander and 2 (7.7%) as Hispanic/Latino. Just over half of respondents had a graduate degree (53.8%, *n* = 14), 11 (42.3%) held a bachelor's degree, and 1 (3.9%) an associate degree. 17 (65.4%) respondents identified as self-employed, 7 (26.9%) were students and 2 (7.7%) were out of work and looking for employment.

Impact of Stressors: A 5-point Likert Scale (not impactful at all, slightly impactful, moderately impactful, very impactful, extremely impactful) was used to gauge the opinions and attitudes of the respondents in relation to various stressors and their impact on mental health in young people. In this section, we focus on those responses with the highest percentage frequency according to participant responses. 34.8% (*n* = 8) of respondents rated academic stress as very impactful to the mental health of young people. 39.1% (*n* = 9) of respondents found social media use, bullying or substance abuse and addiction to be very impactful on mental wellbeing. Moreover, 43.5% (*n* = 10) of respondents identified both family dysfunction and elements of crime as being very impactful on youth mental health, and 47.8% (*n* = 11) reported that lack of emotional support was very impactful on mental wellbeing. Other findings revealed that 43.5% (*n* = 10) of respondents identified financial strain as being extremely impactful on mental wellbeing and 39.1% (*n* = 13) found that conflicts and displacement are extremely impactful on youth mental health. An equal number of respondents identified stigma around mental health as being either very impactful (30.4%, *n* = 7) or extremely impactful (30.4%, *n* = 7). 69.6% (*n* = 16) of respondents characterised accidents and other emergencies as being very impactful. 34.8% (*n* = 8) of respondents found discrimination and racism as very impactful on youth mental health. 43.5% (*n* = 10) identified climate change as being moderately impactful on young people's mental health.

Youth Engagement in Mental Health Policy and Research

The significance and need to capture the 'true' voice of youth through participation in decision-making processes was first widely recognised 30 years ago by the United Nations Convention on the Rights of the Child, which called for the right of young people to make their own life decisions (UNICEF, 1989). Youth participation in policy and research can take various forms, ranging from providing opinions and feedback to contributing ideas and engaging in activities.

When young people are involved effectively, tokenism is avoided and inclusiveness of youth as active, valued members of a team co-creating and co-producing policy and services relevant to them is achieved (Watson *et al.,* 2023). Evidence indicates that meaningful youth participation can help make services more accessible and responsive to young people and challenge existing presumptions surrounding their needs, which in turn increases the credibility of services (Mokwena, 2006).

Youth engagement contributes to positive mental health through an enhanced sense of belonging and self-value (Oliver *et al.,* 2006). Despite these benefits, there remains limited understanding of the barriers to which it is crucial to advance the evidence base and inform service design and development (Warraitch, 2022). Indeed, the WHO framework for meaningful engagement of people living with noncommunicable diseases, mental illness and neurological conditions emphasizes the importance of the participation of PWLE in order to co-create and enhance services, policies and programmes (WHO, 2023).

In analysing the 13 different country reports, there emerged a cross-cutting theme that there is a lack of youth engagement with mental health policy and research. A key feature of this is the unfortunate reality that mental health is often considered a low priority relative to other social, economic and health problems by governments in the 13 Being study countries. Among the Asian countries participating in the study, India and Pakistan described the perception of policy makers as experts and that commonly they do not value or seek out youth input. There was also discussion of cultural barriers, which has a significant impact on parental involvement in decision-making on behalf of their children.

Among the African countries in the study, only Tanzania specifically mentioned young people being engaged in policy, offering as a model youth involvement in the first national mental health strategic plan following the first-ever National Mental Health dialogue held in Dar es Salaam in October 2022. The theme of the dialogue was "Make Mental Health and Wellbeing for All a Global Priority" and included both expert voices and the voices of people with lived experiences. Similar to countries in Africa and Asia, Romania, Colombia and Ecuador reported limited engagement of youth in mental health policy development and research.

A framework called "*Pacto Colombia con las Juventudes*" was highlighted in Colombia. It encourages youth to engage with the government and identify their needs to contribute to the development of strategies to address mental health challenges in the youth population. At present, however, youth engagement remains limited given that participation in such activities carries a significant risk of harm (e.g., victimization) and because young people report scepticism about how seriously they are being taken based on previous experiences of tokenistic engagement.

Intervention and Innovation in Youth Mental Health

Although youth is the peak age of onset for many mental health disorders (Kessler *et al.,* 2005), services targeting young people's mental health remain scarce, particularly in LMICs (Nature Medicine Editorial, 2024; Rathod *et al.*, 2017). The big burden of mental health problems that often arises in youth demands carefully designed evidence-based mental health interventions which prioritizes the prevention of lifelong disability and suffering associated with these conditions.

There are unique complexities of mental health in youth because of the developmental aspect of psychopathology in this vulnerable period of life (Bitanihirwe and Woo, 2020), including physical and emotional development. Recent years have seen growing evidence of effective, affordable and culturally acceptable interventions for preventing and treating mental health conditions in youth (Das, 2016), with a growing shift towards trans-diagnostic psychiatry as a conceptual framework to intercept and treat a wider youth population at risk of developing mental health problems (Colizzi *et al.,* 2020; Shah *et al.,* 2020).

The most frequent intervention targeting the mental health of young people in the studied countries involved mental health promotion (i.e., mental health literacy interventions). Because of the broad scope of the African countries studied, several distinct mental health interventions were identified, ranging from culturally grounded group mental health treatment (e.g., the Youth Readiness Intervention (YRI) for war-affected youth in Sierra Leone) to art therapy (in Senegal and Morocco) to a message-based therapy app called *Heyr* that delivers self-guided cognitive behavioural therapy (CBT) in Tanzania. Romania appears to place a stronger emphasis on teacher training to support students as they develop socio-emotional skills (i.e.,

psychosocial support). In Latin America, community-based initiatives focus on youth mental health but these tend to be more idiosyncratic and less structured than the other examples. Nonetheless, digital interventions targeting youth mental health in Latin America were reported. These included an internet-based program in Colombia for prevention and early intervention of adolescent depression called '*Cuida tu ánimo*'. In Ecuador, the U-Report ('Your voice matters') system is an anonymous messaging platform that delivers mental health and socio-emotional support to children and young people via WhatsApp and Facebook chatbots (UNICEF, 2021) and there is a family-strengthening platform called '*Familias Fuertes*'. Only a handful of interventions for youth mental health were identified from Asian countries. In India, online mental health support systems can provide CBT to youth via chatbots. There are also school programmes led by academic institutes that focus on providing psychosocial support.

In considering the above interventions and innovations, there is a clear need to engage volunteers, peer-supporters (including PWLE) and community health workers to improve access and equity in delivering mental health support. Clearly, there is a mandate for active participation of young people to scale up innovations (e.g., through task shifting activities), drive up demand and break the cycle of stigma and shame too often associated with mental health challenges. Perhaps even more important, there remains the need for better financing strategies and integration of mental health into primary care in addition to more robust monitoring and evaluation to inform national choices on the most impactful and cost-effective mental health interventions for funding, dissemination, and uptake by various communities.

Intervention and Innovation in Youth Mental Health

Limitations

There were limitations to this report, including discrepancies among the participating countries in the level of existing evidence (i.e., peer-reviewed publications and grey literature), which may have negatively impacted the quality of evidence provided by country. In addition, the national reports differed substantially in quality. This resulted in some inconsistent data, such as on how priorities for youth mental health were developed and the willingness to collaborate to drive change. The number of respondents (n = 26) that engaged with the online survey was low, hindering the generalisability of findings from a small sample of PWLE of mental health conditions to the wider population. Certainly, the quality of the survey would have been strengthened with data from more individuals with lived experiences. Nonetheless, the data generated offers a window into the subjective perceptions of PWLE of mental health conditions in relation to the impact of various stressors on mental wellbeing in LMICs.

Conclusion and Recommendations

This report provides a limited but valuable overview of the various activities to address the mental health of young people currently conducted through the Being initiative across 13 LMICs studied on four continents. It provides a clear call to action to improve the mental health of young people. It reveals broad concern that a lack of access to data and youth engagement (particularly among marginalized groups) serve as barriers to understanding the full scope and scale of the impact of stressors on mental health and wellbeing among young people. It also exposes the paucity and weakness of much of the existing research record on the mental health of youth in LMICs. In **Table 4**, challenges to addressing and improving mental health in young people are highlighted. Required elements include improved wellbeing via research, stakeholder engagement, and impact assessment of mental health interventions.

Table 4: Challenges and recommendations in relation to youth mental health

Challenge	Recommendation
There is a dearth of epidemiological studies focused on investigating the prevalence of child/adolescent mental health problems as well as risk or protective factors associated with these conditions in LMICs.	» Government: Allocate funding for comprehensive longitudinal research and create policies that mandate the inclusion of mental health metrics in national health surveys. » Academic Institutions: Partner with local universities to conduct these studies, ensuring methodological rigor and cultural relevance in research design. » International NGOs: Collaborate on multi-country studies to compare data across regions and identify global trends and solutions.
The ongoing issue of engaging different groups of young people as genuine partners in policy, research and decision making related to mental health.	» Local Communities and NGOs: Develop youth councils and forums to provide platforms for young people from diverse backgrounds to voice their opinions. » Policy Makers: Include youth representatives in mental health policy development committees to ensure their perspectives shape relevant policies.
Challenges exist in effectively engaging stakeholders and evaluating their engagement, resulting in a barrier to establishing fruitful collaborative efforts.	» Private Sector: Encourage corporate social responsibility initiatives focused on youth mental health, leveraging private funding and innovation for interventions. » Mental Health Organizations: Foster partnerships with local NGOs to co-create intervention programs that are culturally sensitive and community specific.
Lack of clear and reliable strategies to assess the impact of mental health interventions focusing on young people in a LMIC context.	» Establish a mechanism to ensure that all interventions targeting youth mental health are equipped with a robust monitoring, evaluation, learning and plans for effective dissemination into the policy and practice space.

> There is a clear need to engage volunteers, peer-supporters (including PWLE) and community health workers to improve access and equity in delivering mental health support.

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Appendix

Youth Mental Wellbeing: A Focus on Stressors and Vulnerabilities

Thank you for taking the time to participate in this survey. We value your insights and understand that you have unique lived experiences related to mental health. The aim of this questionnaire is to identify the most important emerging stressors faced by youth concerning mental health. Your honest and thoughtful responses will contribute to understanding the challenges faced by young individuals and subsequently help develop effective support systems. All responses will remain confidential and anonymous.

Section 1: Demographic Information

1. Gender:
   a) Male
   b) Female
   c) Non-binary
   d) Prefer not to say

2. Your Age:.........................

3. Ethnic Group:
   a) White
   b) Mixed (Multiple ethnic groups)
   c) Asian/Pacific Islander
   d) Black
   e) Arab
   f) Hispanic/Latino

4. Educational Level:
   a) High School or lower
   b) Associate Degree
   c) Bachelor's Degree
   d) Graduate or Professional Program
   e) Trade School/Technical/ Vocational Training

5. Employment Status:
   a) Self-Employed
   b) A Homemaker
   c) Out of Work and Looking for Employment
   d) A Student
   e) Unable to Work

Section 2: Mental Health Stressors

Please rate the following stressors according to how impactful they are on your mental health. Choose one option from each statement.

1. Academic Stress:
   a) Not impactful at all
   b) Slightly impactful
   c) Moderately impactful
   d) Very impactful
   e) Extremely impactful

2. Social Media Use/ Presence:
   a) Not impactful at all
   b) Slightly impactful
   c) Moderately impactful
   d) Very impactful
   e) Extremely impactful

3. Bullying or Harassment:
   a) Not impactful at all
   b) Slightly impactful
   c) Moderately impactful
   d) Very impactful
   e) Extremely impactful

4. Family Conflict/ Dysfunction:
   a) Not impactful at all
   b) Slightly impactful
   c) Moderately impactful
   d) Very impactful
   e) Extremely impactful

5. Lack of Emotional Support:
   a) Not impactful at all
   b) Slightly impactful
   c) Moderately impactful
   d) Very impactful
   e) Extremely impactful

6. Financial Strain:
   a) Not impactful at all
   b) Slightly impactful
   c) Moderately impactful
   d) Very impactful
   e) Extremely impactful

7. Educational/Career Uncertainty:
   a) Not impactful at all
   b) Slightly impactful
   c) Moderately impactful
   d) Very impactful
   e) Extremely impactful

8. Substance Abuse and Addiction:
   a) Not impactful at all
   b) Slightly impactful
   c) Moderately impactful
   d) Very impactful
   e) Extremely impactful

9. Discrimination / Racism:
   a) Not impactful at all
   b) Slightly impactful
   c) Moderately impactful
   d) Very impactful
   e) Extremely impactful

10. Stigma around Mental Health:
   a) Not impactful at all
   b) Slightly impactful
   c) Moderately impactful
   d) Very impactful
   e) Extremely impactful

11. Climate Change:
   a) Not impactful at all
   b) Slightly impactful
   c) Moderately impactful
   d) Very impactful
   e) Extremely impactful

12. Accidents and other emergencies:
   a) Not impactful at all
   b) Slightly impactful
   c) Moderately impactful
   d) Very impactful
   e) Extremely impactful

13. Conflicts and Displacement:
   a) Not impactful at all
   b) Slightly impactful
   c) Moderately impactful
   d) Very impactful
   e) Extremely impactful

14. Elements of Crime:
   a) Not impactful at all
   b) Slightly impactful
   c) Moderately impactful
   d) Very impactful
   e) Extremely impactful

Appendix

Section 3: Research Relating to Youth Mental Health

1. Are peer support interventions effective?
2. How do you 'gauge' return of investment in terms of mental health?
3. Is enough research placed on culturally important interventions?
4. In your impression, are mental health therapies delivered via digital technology as effective as those delivered face-to-face?

Section 4: Additional Information

1. Are there any other stressors related to mental health that you believe are significant in your life? (Please elaborate)
2. Have you sought professional help or support services for your mental health? If yes, please briefly describe your experience and any challenges you faced.
3. Are there any specific recommendations or ideas for improving support systems for youth mental health that you would like to share?
4. How would you rate your physical health in relation to your mental health on a scale of 1 to 10?

Thank you for completing the questionnaire! Your valuable input will help us in better understanding and addressing the emerging stressors faced by youth in relation to mental health.

Glossary of Main Terms

Adolescence

Adolescence represents the delicate transition phase between childhood and adulthood (from ages 10 to 19) associated with rapid physical, cognitive and psychosocial growth.

Being

Is an international mental health initiative working with young people (aged 10 to 24) in low- and middle-income countries to improve their mental wellbeing through research and innovative youth-focused approaches to create positive, lasting change in local communities and beyond.

Mental health

Mental health is a state of wellbeing in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. (WHO, 2004)

Mental health policy

A mental health policy is the official statement of a government which defines the vision and details an organized set of values, principles, objectives and areas for action to improve the mental health of a population. (WHO, 2005)

Mental health services

Mental health services are the means by which effective interventions for mental health are delivered. The way these services are organized has an important bearing on their effectiveness. Typically, mental health services include outpatient facilities, mental health day treatment facilities, psychiatric wards in a general hospital, community mental health teams, supported housing in the community, and mental hospitals. (WHO, 2021b)

Psychosocial disabilities

Refer to people who have received a mental health diagnosis, and who have experienced negative social factors including stigma, discrimination and exclusion. People living with psychosocial disabilities include exusers, current users of the mental health care services, as well as persons that identify themselves as survivors of these services or with the psychosocial disability itself. (Drew *et al.,* 2011)

Relational wellbeing

Relational wellbeing is contextualised as an active and dynamic framework involving a complex interplay of personal, social and environmental factors that are linked to an individual's health. (Clark and Jha, 2023)

Stressor

An event, series of events or set of circumstances that causes stress.

Vulnerable groups

Certain groups have an elevated risk of developing mental disorders. This vulnerability is brought about by societal factors and the environments in which they live. Vulnerable groups in society will differ across countries, but in general they share common challenges related to their social and economic status, social supports, and living conditions, including: stigma and discrimination, violence and abuse, exclusion from participating fully in society, reduced access to health and social services, lack of educational opportunities, exclusion from income generation and employment opportunities, increased disability and premature death. (WHO, 2010)

Youth

Youth is a phase of the life span that includes childhood, puberty, adolescence and young adulthood. It represents a transition phase from dependence to independence and autonomy. Given this flexible description, there is no universally agreed international definition of the youth age group.

Being_

Desk Review Report

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March 2024