Children and Young People's Participatory Research and Communication for Change Initiative

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Young People's Research on Barriers and Opportunities to Shaping Solutions around Mental Health

Most Significant Insights & Implications from Youth-led Interviews, Focus Groups, Radio Discussions, and Digital/Video Storytelling in South Africa, Zambia, Côte d'Ivoire, Ghana, Mexico, Ecuador, Brazil, Tajikistan & Ukraine

April 2022

Coordinating Parties, Funder and Partners

UNICEF's Social and Behaviour Change Section (grant recipient/coordinators): UNICEF's SBC section is the organizing coordinator of this research and report. UNICEF works across more than 190 countries and territories to protect the rights of every child, everywhere. The Social and Behaviour Change (SBC) section aims to *engage* children and young people, families and communities on the issues that matter most to them and to use a mix of evidence-based approaches and platforms to foster equitable participation that allows young people to exercise their rights and unlock their own solutions to global and local problems.

Wellcome Trust (grant funder/partner) - Wellcome Trust is co-coordinator of the research and the funder for the work. Wellcome Trust supports science to solve urgent health challenges for everyone. The Public Engagement division is the entity within Wellcome collaborating on the research.

Children's Radio Foundation (partner) is one of the two main external partners for the research - CRF capacitates young people to use journalist research and radio and audio skills to help shape their own futures. It has a global network of over 1,700 trained radio youth reporters in six African countries with a cross-national community radio station reach.

Free Press Unlimited/WADADA (partner) is the second of two main external partners for the research. Free Press Unlimited and its youth-centered media arm WADADA News for Kids are an international cross media cooperation with a network of local TV broadcast partners that reach 100+ million people in 14+ languages and 20+ countries around the world.

U-Report - U-Report is a UNICEF engagement platform that empowers young people around the world to engage with and speak out on issues that matter to them. U-Report is active in 90 countries, engaging more than 21 million people. Its youth networks were mobilized for part of this study.

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Cover photo: Young participants in Mexico take part in an ice-breaker before one of 12 focus groups.

Sections of This Report

Key Abbreviations……..…….……**page 4**

Executive Summary……..……..**page 6**

Introduction ……..……**page 6**

Brief Overview of initiative including organizations and youth involved
Purpose of Research
Note on IRB Ethical Approval of this Study
Structure of this Report

Section One: Contextual Background of Research……..…….……**page 11**

Why Participatory Research with Young People is Important
Analytic Frameworks

Section Two: Methodology for Young People's Participatory Research……..…..…**page 22**
.
Section Three: Overview of Most Significant Findings……..……...…**page 33**

Section Four: "So What?" Solutions-oriented findings in the words of the youth researchers ……..…….……**page 57**

Section Five: Implications & Strategic Recommendations……...…….... **page 65**

Section Six: Full Compendium of Research Findings Across Themes and Sub-Themes……....**page 73**

- **Context & Culture of Mental Health in the Participant Countries**……..……page 75
  - *What is Mental Health?*: How young people understand and frame mental health and mental health needs in their local contexts'
  - 'Cultural Associations Influencing Definitions of Mental Health'
  - Defining "good" or "bad" mental health
  - Perceptions of what signals/indicates a serious mental health challenge
  - How "serious mental health problems" are treated by wider peer groups and in schools
  - Impact of COVID-19 on young people's lives and mental health

- **Culture-Informed Understandings of Stigma and Barriers around Mental Health**……..…...page 92
  - Types of stigma and discrimination
  - Drivers of stigma and discrimination
  - Impact of stigma and discrimination around Mental Health for Young People

- **Understanding Experiences of Traditionally Marginalized and Overlooked Groups**…….…….....….page 101
  - Indigenous Communities
  - Refugees/Migrants
  - Disability-related norms/perceptions
  - Gender
  - Rural vs Urban
  - Education
  - GLBTQ community
  - Socio-Economic Status

- **Young People's support-seeking behaviours/perceptions/barriers around Mental Health**…….…….page 109
  - How young people are seeking support for Mental Health and where they are finding this support;
  - Barriers young people are facing in seeking support;
  - Inter-Generational Issues and Influence on Mental Health
  - Reasons young people are going to their peers most for support
  - Type of support young people are providing to their peers
  - Critical gaps in peer-to-peer support system
  - What do safe spaces for seeking support look like - both online and offline?
  - Main sources of information and learning related to Mental Health
  - Other coping strategies and sources of support for YP

- **Young people as agents of change** …….……..…….page 128
  - How young people are overcoming stigma and breaking cultures of silence around mental health
  - How young people are serving as peer influencers and peer supporters on issues of mental health
  - Challenges that change-makers are facing in realizing the changes they want to make

Appendices…….……..……..…**page 140**

References…….……...……..……**page 165**

Key Abbreviations

CYP – Children and Young People

CRF – Children's Radio Foundation

FPU – Free Press Unlimited

MH – Mental Health

SBC – Social and Behaviour Change

YP Committee – Young People Committee. This committee included about 20 youth researchers (age 18-23) from the 6 participating countries. This committee provided leadership in shaping the research design, training, implementation, and analysis phases of the study

“My take is that it was a great idea to initiate this project.

Most young people have little information about mental health and are afraid to seek mental health support.

I believe this research has impacted both the people we interviewed and us youth researchers as we all learned a lot. This is a great venture.”

-- Fredrick, Zambia, Youth Researcher and Youth Committee member, 18 March 2022

Executive Summary

This report includes the findings from a multi-partner, multi-country youth-led global research initiative designed to better understand young people's perceptions, contexts, experiences, needs and solutions in relation to the urgent issue of mental health, in the midst of the global COVID-19 pandemic. It also sought to shed light on the barriers and enablers to young people's participation in research, programming, and wider engagements related to mental health (including efforts focused on conceptualization, care, early prevention, solutions, and other areas raised as important by young people).

Coordinated by UNICEF, and in collaboration with and funded through a grant from Wellcome Trust. the participatory research partnered with two organizations – Children's Radio Foundaiton and Free Press Unlimited/Wadada TV News For Kids – and was implemented in 9 countries across 4 regions (Ecuador, Mexico, Côte d'Ivoire, South Africa, Zambia, Ghana, Brazil, Ukraine, Tajikistan). This report includes findings from every stage of this work, including a mobile phone poll administered before the in-depth qualitative research using the UNICEF supported U-Report platform with 43,890 young people (ages 15-24 years) across the target countries; more than 1,100 in-depth interviews (by young people of young people), 12 focus groups, 20 youth-led radio shows and television engagements, and 9 national meaning-making workshops across the participating countries. It also includes findings from more than 50 self-produced videos produced by young people in South Africa, Mexico, Ecuador and Ukraine. These interviews, digital stories, youth radio and television engagements, and national workshops took place from December 2021 to March 2022.

Going beyond the standard research project, where a report marks its culminating moment, this research endeavored to build a model of participatory research capable of enduring. While only time will tell if this aim is achieved, what is certain is that this initiative created and tested a participatory model for young people-led research that uses digital platforms to enhance engagement and data-collection activities, and which can be embedded in UNICEF country programming as an evidence-based social and behaviour change strategy. Further, the participatory method of this research went far beyond its data collection methods, it was embedded in the design and decision-making structures that guided every stage of the research. One of the elements that makes this initiative different from other youth-led research is the extent to which young people truly 'led' the design, research, and analysis of this work. Young people were not only the lead researchers of this work, they also served on a committee that made meaningful decision on the focus areas, themes, and questions of this research; in the analysis stage, they decided which quotes were "most meaningful" to them, and they identified a set of "so what?" implications that they think other organizations should know.

A summary of the 'most significant' findings, "So what?" solutions-oriented findings (as identified by the youth researchers), and a set of implications/recommendations can be found below (a full explication of each finding and recommendation can be found in the full report).

Most Significant Findings:

1. "Surviving Life Upside Down"

Young people feel that **mental health is not only an overlooked issue; it is a misunderstood and underappreciated crisis.** While recent studies have raised awareness on alarming rates of suicide among young people, constituting the fourth most-common cause of death (after road injuries, tuberculosis and interpersonal violence) among adolescents (aged 15–19), this research provides insights on multiple factors that need to be considered in more proactive and systematic ways to ensure positive mental health amongst young people and to address challenges before they move into the category of intent or attempt towards self-harm.

When asked about what has changed in their lives since the COVID-19 pandemic, the most common refrain from young people across countries was "everything" or "life as we know it." There can be no understating the scale of impact and influence that the pandemic has had on young people in the target countries of this research and in turn the status of their mental health. The majority of young people across all countries stated that the pandemic has grossly exacerbated mental health struggles and experiences in their community and for some within their own lives. Common mental health needs experienced by young people as a result of the pandemic includes: feelings of hopelessness and loss of control, irritability, fear and anxiety about the future, feelings of anxiety and low-mood, and withdrawal, inability to concentrate and lower school performance, loss of confidence and ability to express themselves. Most disturbingly, t**wo out of every five young people interviewed mentioned having either witnessed or experienced their own personal experiences with suicidal thoughts or attempts since the COVID-19 pandemic began.**

> ***"COVID-19 has really turned our lives upside down, we have suicide rates and depression rates that are ballooning, even young kids as old as 10 have started to develop mental problems like anxieties.". (South Africa, he, 24)*

This worsening was mostly caused by the effects of COVID-19 on many key determinants of mental health such as decrease in social and learning activities, removal of routines, restriction of movement, fear of the unknown, risk of infection, loss of loved ones and financial precarity brought by job loss in the family. In this sense, COVID-19 had a compounding effect on young people's mental health. At the same time, young people across participating countries

voiced concerns that the worsening mental health crisis within their community and among their peers is too often downplayed by parents and community leaders, stigmatized by media and other pop culture portrayals, and too often ignored by global institutions in favor of other secondary effects surrounding the pandemic and wider social issues.

In the Covid-19 Headline News video 'Katlego, dealing with loss' from South Africa a young woman shares how she cut herself as her way to express her overwhelming emotional distress:

Katlego, dealing with loss ZA

2. "Their Meanings Explain Their Doings"

The field research led by young people began by exploring their own and young peer's perception of "Mental Health" in order to better understand their attitudes, coping strategies, help-seeking and support-giving practices. While there are widely shared elements amongst young people regarding what defines "mental health" across regions and countries, the research has highlighted the critical importance of local context and the extent to which an individual's culture determines how mental health is perceived and articulated and as a result how it is responded to. The young researchers also highlighted that **the lack of public conversation and lack of shared language about mental health itself plays a major part**

in how seriously mental health is treated and perceived amongst their peers and within their communities.

For many young people, the immediate association made in relation to the term "Mental Health" refers to an **optimal state of wellbeing of an individual to emotional or psychological conditions or situations:**

> ** *"It comes to mind as a sense of emotional well-being of balance, a physical and psychological balance, a well-being." (Mexico, he, 20)*

An interesting finding is that the concept of **"well-being" for young people in some cultures goes beyond "the emotional and psychological"** to an understanding of a deeper level of wellness related to "wellness of the soul" and wellbeing with the universe, implying that in such cultures, mental health solutions must also be approached at this deeper level:

> ***"In the community of Chiquinivalvó, municipality of Zinacantán, Chiapas, a Tsotsil community, and it is not seen as a psychological problem, but rather as a problem of the soul." (Mexico, he, 23)*

> ***"When a person is at peace with his environment and himself (Mexico, he, 21)*

For another set of young persons, the immediate association related to the term "mental health" is one framed in terms of a **negative state, characterized by mental health illness and disease**. It is both interesting and significant that such young people overlook the word "Health" to immediately associate "Mental Health" with a negative or pathological interpretation:

> ***"**For me mental health I can say that it is a disease* *which…. directly affects the head which affects the brain and…it* ***prevents some people from living like the others,*** *it sets them apart from others for me that's it." (Ivory Coast, he, 24)*

There were multiple similar framings of "Mental Health" including:

> ***"**sick in the mind*." (Ghana, she, 19);*
> ***"**illness* which prevent one to reason normally." (Ghana, he, 20);*
> ***"being **mentally disturbed**." (Zambia, he, 15-24**);***
> ****"doesn't have a safe mind** or **out of sense like madness**." (Ghana, he, 23);*
> ** "**someone is mad**."(Ghana, he, 22);*
> ** "**talks while walking alone and eats food droppings.**" (Ghana, he, 17);*
> ****"person's mind is damage, like madness.**" (Ghana, he, 22)*

A slightly different but related definition of "Mental Health" was the "absence of mental illness".

> ***"Mental health refers to the **absence of a mental Disorder**." (South Africa, she, 16)*
> *"I would define it as, How crazy are you? or How well are you? (Mexico, he, focus group, 18-24).*

A number of young people had a more nuanced conception of "Mental Health" explaining it as a **state of mind along a continuum from wellbeing, to absence of wellbeing to mental illness**, while a significant number of responses from young people included an important additional dimension related to **an individual's interaction with the continuum**. Young persons in this category articulated the concept of **active regulation across the continuum in relation to changes associated with themselves, others around them and their environment** (including stressors such as those introduced by the COVID-19 pandemic) and the **capacity to maintain a positive orientation or resilience throughout:**

> ***"There are those who feel bad about themselves, feel bad about others or feel bad about their environment, but those three aspects can be about seeking and feeling good, which is mental health." (Mexico, he, focus group, 18-24)*

> ***"Well, it seems to me that mental health is a state of mental balance of a person, **the ability to fully clear think and balance between good mood and negative emotions.**" (Ukraine, she, 15)*

> ***"Knowing how to control when you let yourself be carried away by your negative and positive impulses and how you channel them." (Mexico, he 23)*

> ***"I consider that mental health is **something positive in the mind, attracting positive things**, because if you get into negative things then that is the first thing that will bring negative things. (Quito Ecuador, she, 17)*

Some young people appear to be clear about the **signs and signals of when they or others have a serious mental health challenge** including indications such as self isolation/withdrawal from regular activities; feelings of emptiness; difficulty in controlling emotions; sudden changes in behaviour; insomnia; substance abuse; self-harm or suicidal ideas. In fact, when asked about the signals of a serious mental health challenge many of the young respondents expressed that they themselves fit into that category and identified their own need for help, reinforcing the importance of the research and national efforts to address MH needs of young people:

> ***"A mental health condition is serious enough for me when I feel unable inside, when I feel empty of spirit, when I feel unable especially to control myself, contain myself and control my*

emotions, when I feel that sometimes I lose control, right now I really need help." (Ivory Coast, he, 20).

Others feel that they have not been sufficiently sensitized and therefore are not equipped to understand their feelings or to be aware of the support they may need:

***"Looking at the research we did, personally I think people lack awareness on mental health. Most people realised they've gone through mental health without knowing what they are going through.(Zambia, he, 18-24, Global Meaning Making Workshop)*

In the #MyCovidStory selfmade video 'Artem, Kharkiv' from Ukraine, a 15 year old boy tells an optimistic story about how the pandemic made him learn new things:

#MyCovidStory: UA Artem (15)

3. "Fear of What People Will Think…..More Serious than Mental Health Challenges itself"

There is a deeply-rooted culture of silence around issues of mental health which stems from long-standing – though variant on the country – social norms and stigma around mental health in the participating countries across all regions. Mental health is still a taboo topic in most societies, leading to a norm of silence around the topic. The avoidance of discussions around mental health has in turn resulted in a lack of opportunities to develop a

common vocabulary around the subject, a hesitance or avoidance for seeking support and a lack of support mechanisms around mental health:

> ***"the stigma and discrimination is a cancer spreading even way faster because our societies and what they believe in are all up in our heads hindering us from attaining help. Even our own homes have these beliefs and patients have no where to start from or run to" (Zambia, non, 23)*

> *** We need to help more people to know that going to a psychologist does not make you crazy,*
> *and that people do not need to be crazy to go to a psychologist. (South Africa, she, 15)*

> *"For me it's like I just found out recently that normally 8/10 people have suffered from depression or anxiety but don't even know about it. Because they don't know what it is so things just happen and you like okay its whatever?" (South Africa, she, 18-21)*

The main contributing factors driving cultures of silence around mental health, according to young people, include: fear of judgment, labeling and social exclusion, lack of information, misinformation and rumors, and the denial of mental health as an acceptable challenge.

> ***"The negative reaction of society. There are certain stereotypes that are compounded thanks to the media, movies and other sources, and accordingly, because of this, they are afraid to talk about it."" (Ukraine, she, 19)*

> ***"Most parents minimize, invalidate MH issues or simply don't know how to listen." (Ecuador, National Meaning Making workshop, 18-24)*

> ***"A typical reaction from parents is 'how can you be depressed, you have a roof over your head'." (South Africa, National Meaning Workshop, 18-24)*

> ***"You need to learn that judgment is always there, and be willing to give in and help yourself." (South Africa, she, 20).*

To get a sense of the magnitude of the problem, of the 43,890 young respondents in the U-Report mobile phone poll administered in the target countries before the in-depth qualitative research, **more than half (53%) of the young respondents in the U-Report poll said that they needed support managing difficult feelings or stress over the last year, but did <u>not</u> reach out for help.** According to the U-Report poll (n=43,890), the top barriers for young people in seeking help with mental health needs (ie. managing feelings of anxiety and low-mood) were perceptions that the problem was not "**serious enough**" to ask for help (26%) and "**fear of what people will think**" (25%). In other words, **social norms and expectations around mental health are significantly influencing young people's**

willingness and ability to seek support. As young persons interviewed aptly explained, stigma and discrimination related to mental health cannot be addressed at an individual level:

> ***" If we do not work in unity we cannot overcome the sickness which is under control in our community." (Ghana, he, 20)*

In the #MyCovidStory selfmade video 'Romina' from Ecuador, a 17 year old girl talks about facing the mental health issue and finding the best version of herself again:

https://www.youtube.com/watch?v=VyJIExFvRSU

4. "Culture of Criticism and Not Taking or Being Taken Seriously"

According to the young researchers and respondents there is a strong tendency for communities to criticize and make fun of or joke about their or others mental health needs or coping behaviours. The young researchers noted that the implications and pervasiveness of this type of discrimination – related to judgement – should not be understated. Examples of types of stigma that young people have witnessed (or fear happening) when someone seeks support on an issue related to mental health include: being mocked, harassed, bullied, embarrassed, shamed, perceived as weak, demoralized, abused, isolated, and marginalized and not being taken seriously, instead of responding to these as signals that the person may need help:

"*An added problem that the young researchers note is a **culture of criticism and not being taken seriously. Other young people (or even adults) can **make fun of abnormal or unhealthy behaviour that is used as a coping mechanism.** Commenting on weight gain or the social stigma that might be associated with certain hobbies **rather than noticing and reaching out about the underlying problem.**" (Mexico, National Meaning Making workshop, 18-24).*

***"There are two of my classmates that **they laugh at when they see them because they have mental problems…they also start to throw stones.**" (Ghana, she, 21).*

***At school and in communities, if people hear you have mental health issues, they'll immediately start bullying you." (Tajikistan, she, 18).*

***[Young people] hesitate to share their mental issues because they think people may **judge or make fun of them** afterward. Therefore people keep their mental issues and don't share them with anyone." (Tajikistan, he, 20)*

"They are afraid that if they tell their problems to a person and that person tells it to others then others will make fun of him/her." (Tajikistan, he, 15)

***"Sometimes I understand people who talk to strangers better than their friends because **when it's your friend especially as black people we deal with traumas through jokes**…..when it comes to mental health we don't take each other seriously.(SA, She 15 yrs).*

The fear of stigma is so great in some communities there is a perception that by associating with a person with Mental Health, that person may also be associated with having MH needs. This perception goes even further with **prevailing beliefs that Mental Health experiences are contagious.** These type of beliefs were noted by young people in Zambia, Ghana, and Ivory Coast.

***"Sometimes people have no education on mental health issues **and sometimes think they can get infected when they get close to such people."** (Ghana, she, 15)*

***"Most people sometimes think mental health issues are spiritual and would not want to get close to such people in order not to get infected." (Ghana, he, 20)*

In addition to the need for **young people to be taken seriously by others, young people identified the need for young people to take their own mental health needs seriously and not to attempt to avoid addressing them:**

*** "I think young people should take the issue of mental health seriously, not just think of it as for the mental patients only but it should be treated in the way they treat headaches" (Zambia,He 20 yrs)*

***"If you want to help someone, you need to help someone who wants to be helped." (South Africa, she, 15)*

"A common advice that they [youth from underpiviliged backgrounds] have learned themselves and that they give to other youth is to learn to sometimes put yourself first. Be confident enough to take your own problems seriously." (South Africa, National meaning making workshop, 18-24)

In the #MyCovidStory selfmade video 'Yulady' from Ecuador, a 17 year old girl talks about the difficult situation of having to live together day and night during the pandemic:

#MyCovidStory: Yulady EC

5. Mental Health as Foreigner and External Force

While the societal taboo and culture of silence surrounding young people's experience of mental health appears to be universal, **there is a particularly powerful and influential force of culture, where young people living in communities of particular races, ethnic or tribal backgrounds have the additional burden of navigating difficult culturally-influenced responses to mental health needs.** There appear to be two dominant dimensions associated with the culture-specific approaches to mental health. One is that **for certain communities especially within African/Black, indigenous and other marginalized**

communities. mental health is seen as a socially-constructed foreign concept, one invented by the younger generation and reserved for the over-privileged. In such communities, young people's expression of mental health needs is met with levels of impatience and even as a sign of lack of gratitude for hard-won provision of basic needs such as food, clothes and shelter.

> ***"I come from a very traditional old fashioned black Ndebele family (Tribe in SA), very staunch, they don't even know of such a thing called mental health issue and believe that you are just stressed and you just have to get over it, so, it's, its not even a big deal to them" (South Africa, she, 18)*

> *"But at the level of traditions, our African traditions, it's a bit complicated, because already in the tradition when we say "that this one is mentally ill", we say to ourselves directly that it is a spell or else he has committed atrocities by the way. So we can say that tradition has a negative impact, that's it".(Ivory Coast, she, 16)*

> ***"When our parents were kids, it was still normal for parents to hit their children. So they think that their children now should not worry as long as they have no material or security problems." (Ecuador, National Meaning Making Workshop, 18-24)*

> *"There is fear of being perceived as a weak person especially in a black society." (South Africa, he, 24)*

> *"No, because many Africans feel that mental health problems are for white people." (Zambia, she, 21)*

> ***"Sometimes I understand people who talk to strangers better than their friends because **when it's your friend especially as black people we deal with traumas through jokes**.....when it comes to mental health we don't take each other seriously.(South Africa, She, 15).*

> *"I would also like to make the Ivorian, African and even world population aware of the problem of mental health and at the same time tell my Ivorian brothers and my African brothers that the problem of mental health is not specific to whites, it's a problem for everyone, it's a problem that is in the habits of any society, a problem similar to covid-19 because covid-19 in its early stages was thought to be a business of white people but we see that it is for everyone". (Ivory Coast, he, 20)*

> *"Mental health does not affect only white people, its penetrating to black people, black people are being affected by it, you dont know that you are suffering from depression because of ignorance" (South Africa, Alex FM, Radio Discussion, Minute 16:00 -16:15)*

A second dimension centered around culture and specifically linked to religious and traditional beliefs is that mental health needs are a sign of a supernatural evil force. Such

framing results in villainizing the "victim" and further ostracizing young people who may already be struggling with mental health needs. It also means that instead of empowering young persons who are suffering, to address their needs, the solutions are sought outside of the individual (ie. prayer vigils and religious rituals for cleansing):

> ***"Religious and cultural taboos are stronger in indigeneous communities. " (Mexico, National Meaning Making workshop)*

> ***"Another stigma is that they tend to think people are **bewitched** when suffering from mental health issues as it is something foreign to them." (South Africa, he, 18)*

> ***"If they see that I've been [acting differently]...witchcraft happened. They obviously take me to church. If they take me to church they can organise an oxicism, an all night prayer and even fasting just so that I can, the mental condition can stop. It can miraculously disappear. And with tradition. Yeah, they'll get the cows and witch doctors (Sangoma's). It will be lit. Nothing will change." (South Africa, he, 16)*

> ***"In principle, yes, if people are not too fanatical about their faith. I myself am a believer, but not a fanatic. I like one phrase, but I don't remember who said it: "God helps those who help themselves." I believe that it exists, but I try to solve problems on my own. And there are people who think that everything will pass, that this is just a test or similar nonsense, because of which problems remain unsolvable. " (Ukraine, she, 20).*

> ***"For me, when we talk about mental health, it's when there are evils at the level of the conscience, when the conscience does not manage to orient things." (Ivory Coast, 18-24, National Meaning Making workshop)*

Young people expressed that the cultural norms described above are largely held by adults and older generations but are deeply-rooted and pervasive in their communities and therefore issues that are difficult to dispel and impossible to address at an individual level.

In the COVID-19 Headline News video 'María's journey' from Ecuador, an 18 year old Venezuela born girl tells about her changes in life before and during the pandemic:

Maria's journey EC

6. Marginalized Groups - "We Feel Even More Alone ……and Even More Fired to Break Taboos"

Young people from marginalized groups face compounded mental health needs. Even more than their peers they generally suffer more in terms of their experience of "lack of belonging", stigma, discrimination, xenophobia and social exclusion. Mental Health needs for marginalized groups have been even further exacerbated in the context of the COVID-19 Pandemic. More than half (51.5%) of 43,890 young people in the U-Report poll from the focus countries reported that they had experienced *heightened* stigma and discrimination based on their ethnicity, race, migrant or refugee status, disability, low-income status, since the COVID-19 pandemic began. Not surprisingly, 1 in 4 young people attributed increased stigma, discrimination and abuse (27%) as their second top cause of feelings of anxiety and low-mood, (following the top "cause" which was the disruption of education and social life - 31%). At the same time, ironically, due to their compounded levels of discrimination and felt need, these young people are sometimes the most fearless in championing efforts to break taboos and the culture of silence.

***"For marginalized groups it's even more difficult because aside from the other factors that hinder young people from seeking help, marginalized groups are already socially disconnected from their communities. This makes it a serious hinderance for them to be helped mostly." (Global Meaning Making Workshop).*

***"Rainbow communities are misjudged for their sexuality, then the migrants are judged based on their origin, so these are the remarks that add negative thoughts to one's mind where they end up slipping into depression due to a lack of belonging." (South Africa, she, 18-21).*

"I am from Larráinzar, a Tsotsil speaker, I am put in a situation of discrimination, for being indigenous, it affects my mental state a lot, because I am being rejected, I feel many things with the simple fact that they tell me that I do not belong or that this is not my place, "go back to the jungle" that affects much of what I am, and I say that it affects me a lot on that side." (Mexico, he, focus group, 18-24)

"[Refugees] face xenofobia, prejudices, bullying. Jokes about Venezuela.* ***This can make them feel even more alone. *" (Ecuador, National Meaning Making workshop, 18-24).*

A critical additional point revealed by indigenous and migrant groups through the in-depth qualitative research is the extent to which the disproportiate level of stigma and discrimination faced by these groups in particular deters them from divulging information about their experiences and seeking help. Responses from young people from these communities reveal that **due to their heavy dependence on their immediate community for survival, they experience more than the usual barriers in being transparent about mental health needs and seeking support** given the importance of maintaining community acceptance and their own inclusion:

***"It is more difficult to seek help for this type of people because their beliefs, their traditions and customs point them out as people who are not suitable for the community, In the case of people who live in the city, this has diminished a little, but that is more to my perception, there is a lot of finger-pointing, but there is always this fear of being labeled as crazy." (Mexico, he, 22)*

Young people with disabilities are another marginalized group that tend to be overlooked as a group uniquely affected by post Covid-19 realities related to mental health, including the accelerated move to digital/online platforms for information and engagement. Young people with disabilities are too often left out of conversations related to mental health, and are not considered when solutions are designed. When young people have visual or auditory impairments that bars them from engagement on social media, they are unable to rely on this platform that the majority of young people are depending on as a coping

strategy. For young people with such disabilities, this represents a heightened level of isolation and significant contributor to increased mental health needs.

> ***"Being disabled doesn't mean I don't face mental health [challenges]."
> (South Africa, she, 18-21)*

> ***"No doubt about it, stigmas exist for instance disabled people suffer with a lot of depression as they are unable to do some things they desire to, migrants are faced with issues of always feeling out of place, like they do not belong.". (South Africa, she, 18)*

> ****"There is really discrimination when you know that in a society that needs able-bodied people, people who are seated, especially intellectually, we are not able to think like them, we are immediately put aside, **laughed at** everywhere, we are not helped, we are left to our worries." (Ivory Coast, she, 15-18)*

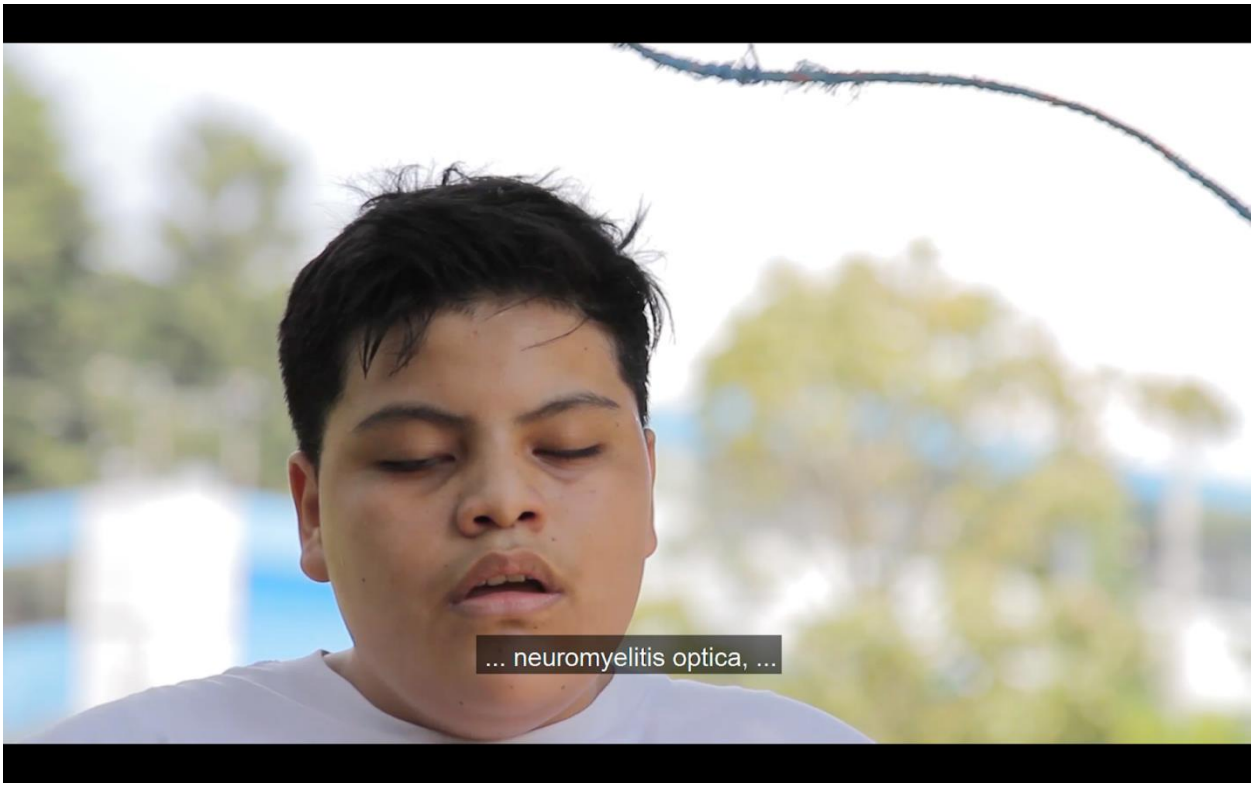
Young people from marginalized communities are particularly motivated to speaking about their experiences of stigma and discrimination and specifically on their experiences with mental health which can help to break taboos for everyone. This is also the case for young people who are not neurotypical or have a disability. For some of these youth, a clear diagnosis can help them become more confident about mental health. They can then become agents of change to address Mental Health needs for the community as a whole:

> ***"Challenged people generally are the ones breaking cultures. I'm not challenged physically or mentally or with regards to being sick. I try to avoid discrimination and stigma. I wouldn't go right now and host an event and try to talk about mental health because I am dealing with it on my own. If I was disabled it would be a need that I must educate people like me." (South Africa, He, 18)*

> ***"I feel like confident people are the ones who are breaking cultures of not saying things. They are accepting themselves as they are, especially gay people as they have LGBTQI community. So they are out there encouraging people to love themselves the way they are so those are the people who are actually breaking the silence." (South Africa, She, 17)*

> ***"The interviewee with a diagnosed condition was very able to talk about Mental Health generally, also outside of specific conditions. (...) this experience makes her more aware and able to help others also to talk about mental health generally and to identify problems." (Ecuador, National Meaning Making Workshop, 18-24)*

In the COVID-19 Headline News video 'Richard, not afraid of the darkness' from Ecuador, a 14 year old blind boy talks about his experiences, challenges and dreams:



https://www.youtube.com/watch?v=ThRU130Ga-k

7. "Gender Set-Ups" as major mental health burdens

Gender plays a central role in levels and types of needs that young people face today around mental health. While there has been a long-standing global phenomenon of genderized social expectations in relation to displaying and handling emotions, the reports from young people across genders confirm that this phenomenon remains highly pronounced and represents a major source of stress for both boys, girls and non-binary young people:

> ***"The issues or the expectations that come with both genders and having to conform to those. That stigma and discrimination just because you are male of female just comes with a lot of unrealistic expectations that hinder young people's mental health." (South Africa, National Meaning Making Workshop, 18-24)*

The social roles that come with genders, including rainbow communities judged for their sexuality and having to conform to those, comes with a lot of unrealistic expectations, leading to mental health needs that are exacerbating their vulnerability to worse experiences of stigma and discrimination which add to the burden of existing mental health needs.

Boys and men are often expected not to show emotions or share feelings, including crying or expressing difficult experiences (financial, mental, physical):

> ***"the cultural set-ups are a big challenge. The notion of "mwamuna samalila" (a man should not cry). Men are meant to believe that they don't cry by society or show weakness and this belief is a big challenge because in recent times suicidal acts especially amongest men have been common in the name of a man should be strong even when they need this help they choose not to get it because society has made them believe that once you show weakness you are not man enough." (Zambia, non, 23)*

> ** *"Men don't cry" A statement that most of our brothers receive when they seek help. While busy producing and listening to some of the clips [for the radio show] I heard one quote in Sotho. It's an idiom saying "Monna ke nku o llela ka teng" meaning "a man is a sheep, he cries inwardly." (South Africa, he 23).*

> ***"I don't know about women but ill speak specifically for men. I think the biggest thing is pride. You see with men, one thing that we don't understand is that the mind is a very terrible place to live in….and you need to take care of your mind, doing things that you love, meditating and things….but the minute you start raising the thing of going for counseling they start saying things like "why do I need counseling? I'm fine, I'm okay, I'm good, and I'm a man i'll deal with it.* Let's say have you have *a traumatic incident, maybe you lose a loved one or get hijacked or lose a job, the person that you in a relationship with you break up with that person or whatever the case may be. For you to say that "I'm good, ill heal" by yourself is a sign of pride cause now you do not want to admit that you need help" (South Africa, he, 24)*

On the other hand, girls and women face on-going stress of sexual harassment by boys:

> ***"They [boys] intimidate us. You can get sad. When it comes to clothes, not being able to wear what you want, to go out, it's like a constant frustration. For example, if I told my mother that I felt I was followed, or my grandmother, they would tell me, but look how you are, look how you go out, you call attention to yourself by dressing provocatively."(Mexico, she, 18-24)*

Additionally in most communities' girls are degraded and perceived as a "weak" gender.

> ***"**[There is a stereotype of girls]* ***Worrying*** *more than usual, finding to enjoy your life.. Having thoughts or feeling that things that are difficult to cope with." (South Africa, she, 18).*

> ***"Ah, but women are more sensitive," "Ah, women have more depression." As if men don't get depressed, but in fact it just doesn't show up in statistics because they don't talk about it and women talk about it more. But then we get into a discussion about gender that's also linked to mental health." (Brazil, she, 22)*

***"Women are already looked down on and if they try to go and seek for mental health for some people who already look down on them, they will give them the exact opposite of what they want so they tend to shy away from that." (Ivory Coast, he, 20).*

In the Short News item 'Experiences in the pandemic' of WADADA Ecuador news for kids, a group of teen girls is filmed and interviewed when they gathered for a meeting to talk about the pandemic:

WADADA Ecuador 2022 pilot: Covid pandemic EC

8. "Beyond the Best Listening Ears, You Can't Give What You Don't Have"

Across all participating countries, **young people's first go-to source for mental and emotional support is other young people**.

***"The shortest way to go from you to yourself is to go through others like you." (Ivory Coast, he, 18-24, Global Meaning Making Workshop).*

There are several contributing factors for why young people prefer to speak to their peers: They are less judgmental, more understanding and supportive, share similar lived experiences, are more trustworthy and are more accessible than professional specialists. Young people feel like there aren't alternative sources of support – from people who can understand and share

their daily experiences – and from individuals they can trust not to judge or socially exclude/shame them, outside of their peer networks. Importantly, however, this research found that a notable number of young people (41%, n=17,995 out of 43,890 respondents of the U-Report poll) said that they **do not feel confident in providing the level of support and/or information that they feel their peers need**. Through in-depth interviews, this research further confirmed that although peers are the first point of contact for support on mental health, young people most often lack confidence and knowledge on how they can better support their peers:

> *"it is important to have the confidence to know where or who to go to." (Mexico, she, focus group, 15-24)*

9. "We are Facing the Monster They Couldn't Face"

There are significant inter-generational gaps in understanding, communication and support, especially between young people and their parents in relation to mental health. Parents are a source of stress for young people and the majority distrust going to parents and older generations on issues related to Mental Health. There is a widely shared sentiment amongst young people that older generations and their parents, in particular, are not credible sources of support or information on issues related to Mental Health; instead, young people across countries point toward adults, traditions, and old norms as the source of much of the stress, stigma and discrimination that perpetuate mental health needs in their communities and peer groups.

> ***"****Most parents minimize, invalidate MH issues or simply don't know how to listen." (Ecuador, National Meaning Making workshop, 18-24)*

> ***** *"So, how can a young person ask their parents for help? Privately? Are you having serious troubles at home? What if sometimes there's no dialogue with your parents and sometimes parents think it's nonsense? If the person doesn't have family support, how can they ask for help? How is he or she going to muster the courage to go up and say "I need help!"? When sometimes parents are also the cause of these problems?" (Brazil, she, 16)*

Furthermore, young people are helping to break down the taboo and stigma by speaking-up and speaking-out against cultures of silence, and normalizing the process of talking about MH issues:

> ***"Teenagers are the ones breaking the chains of silence." (South Africa, she, 18-21)*

> ***"Well, these are young people who are not afraid to talk about it, and in this way, they destroy stereotypes about it in society, so that the stereotype does not spread further. They show the world that such problems exist, also through social networks" (Ukraine, she, 19)*

> ***" I constantly talk to the people around me about how important mental health is and how important it is to open yourself, that we all have problems and it is okay to* ***normalize*** *it, let emotions flow and accept the things that happen to us without the need to believe we are perfect, because no one is perfect. It's OK not to be OK." (Ecuador, she, 17)*

In the COVID-19 Headline News video 'Phila, being heard' from South Africa, a 13 year old boy talks about his attempts of making adults understand his mental health situation:

Phila, being heard ZA

10. "Fighting two [Digital Media] bulls at the same time"

While digital media has commonly been cited (including in this research) to have numerous negative influences on young people including online peer violence, sexual harassment, peer pressure and also screen time replacing time for physical activity and interaction, which contributes to feelings of anxiety and low-mood in young people, many of the young participants of this study expressed that they depend heavily on Digital Media platforms, particularly social media, as a coping strategy for Mental Health needs they are experiencing:

> ***"I think the mobile phone itself was a refuge, as it was very good. But at the same time, it was bad, because everyone was glued to the screen. Hate messages against people have increased, verbal and moral harassment have also increased." (Brazil, non-binary, 14)*

Some of the reasons why young people said they rely on social media as their preferred method of support included: The majority of respondents (7 out of 10) expressed that the virtual world provides them with a space free from judgment, stigma and discrimination around mental health; It provides anonymity, **at least 2 out of 5** young people said they are more able to share their experiences and stories without being identified by the people around them or their community; it fills a gap in the absence of face-to-face support especially exacerbated due to Covid-19 restrictions and also provides a space where young people where they can speak to each other on their own terms; it provides a virtual community where young people get a feeling of having a network of peers who care and a feeling of connectedness through shared lived experiences and testimonials; it facilitates access to information and experts advice: it provides a space for validation - many young people expressed that they were not aware that so many others were experiencing the same or similar challenges until they engaged on social media.

As one young person concluded, however, the act of going to social media for support on issues of mental health, despite the fact that it also causes feelings of anxiety and low-mood for young people, means they are often "*fighting two bulls at the same time" (South Africa, he, 24).*

11. "Few Safe Spaces to Lay Down My Mental Load"

Other than social media, young people have few safe spaces to lay down their mental load. About 1 of every 2 young people interviewed said that they didn't know of a "safe space" or "safe source" where/who they could talk about mental health issues. For those that could identify a 'safe space' they were primarily described as relationships (connection, friendship or engagements and settings where they can connect with a peer (online or offline) or anonymous young persons (online), rather than a physical space (which many say doesn't exist, or is not known, in most communities). Social places like home,

churches, university and sports/exercise places were a few physical spaces that they identified as safe spaces.

> ***I do not have a safe space where I can openly talk about what I'm feeling. I would say most of my peers do need one, teenagers struggle with having such support and they need availability services that will provide them with what's missing in their lives." (South Africa, he, 15)*

> *"I don't have a safe space. I don't know anyone who talks about their mental health." (Ivory Coast, National Meaning Making Workshop, 18-24)*

> ***"There's nowhere to go when you are sad, people don't take being sad seriously, so when you are sad they just tell you to move on, they tell you life is hard, life is not easy, those things, they don't get help." (Zambia, she, 13)*

> ***"Here I'm speaking from where I live, so I don't think we are seeking because we don't even know where to go and seek for them. If there were to be some kind of education going on it would have helped." (Ghana, he, 24)*

In the #MyCovidStory selfmade video 'Karina' from México, a 23 year old young woman talks about the need of communication in order to heal others and herself during the pandemic:

#MyCovidStory: Karina MX

12. "Challenges in Stepping Out the Comfort Zone"

Young people are acting as change-makers on Mental Health in a myriad of ways: by speaking-out on their personal experiences with mental health, providing safe-spaces of support for their peers, and advocating for and sharing research on issues related to mental health with their peers. At the same time, the research found that young people – especially those in vulnerable communities – are having a difficult time finding many of these young people and conversations. Several young people in many communities said that they are in desperate **need of more support, better role models, and more conversations about mental health in their communities. Young people feel they do not have enough confidence to be champions on mental health and have expressed their need more support and better information on mental health in order to provide the appropriate support to their peers**; they say that it is difficult to find easily shareable content related to mental health, and it is even more difficult to find research that speaks directly to the experiences of young people in their communities (or even their countries).

> ***"Those who step out of their comfort zone to talk about their problems. Those who need help but understand that if they don't take the first step, it will be difficult for them to cope on their own. The main thing for them during this period is to show that you are ready to support them at any time."(Ukraine, she, 20)*

"So what?" Solutions-oriented findings in the words of the youth researchers

This section provides an overview of select "so what?" take-aways shared by young people in the Global Meaning-Making Workshop and youth researcher-led national radio station dialogues around the findings of this research. While this section is not exhaustive, it offers reflections of some of the emerging ideas that young people have in how to address some of the key findings they identified in the research.

1. Shedding Light on the Subject

There is an immediate need to increase levels of awareness/understanding and support more community sensitization and education around Mental Health.

There is a low level of awareness and understanding surrounding mental health and consequently a dire need to effectively sensitize and educate communities, both in terms of support for those who need help and to reduce stigma and discrimination:

"Looking at the research we did personally I think people lack information on mental health…….We need to educate communities where we come from on the importance of mental health. Coming up with centers where if someone is going through challenged they can be helped and we can reduce the number of suicide in our country." (Zambia, he, 18-24, Global Meaning Making Workshop)

"People know little about Mental health there's still a gap that need to be filled," (South Africa, he, 19, Global Meaning Making Workshop)

"Many people really know little about Mental Health. There is need to effectively sensitise our communities." (Zambia, she, 22, Global Meaning Making Workshop)

"People are misinformed which then leads to stigma and discrimination." (South Africa, she, 18-24, Global Meaning Making Workshop)

"We need to educate people more about mental health issues so that stigma is less and less." (Ivory Coast, she, 18-24, Global Meaning Making Workshop)

"There is a need to organize interview sessions with young people in centers talk to them about mental health give them more information on the subject because they are mostly ignorant on the subject and I believe that this will already be a support for them." (Ivory Coast, 18-24, Global Meaning Making Workshop)

"If I were a leader of my country I would ensure that the school curriculum integrates mandatory mental health education. From junior secondary all the way to University. Additionally. I would also ensure that there are safe spaces and councilors in these institutions so that young people feel free to express themselves and get accustomed to such services." (Zambia, he, 24, Global Meaning Making Workshop)

"[If I were President of my country] Firstly I would introduce mental health counseling skills in all schools from grade 8 to grade 12 as a compulsory subject. This would help young people understand what mental health is and know how to deal to stress at a tender age. (2)The second thing I would do is to ensure safe spaces are built everywhere (Schools,Churches and hospitals)and introduced in all the provinces and ensure that I hire well trained personnel's to work in these areas in order to enable youths to be comfortable and express themselves." (Zambia, 18-24, Global Meaning Making Workshop)

2. "Unlearning Old Ways"

There is a need for increased visible modeling of appropriate responses towards shifting narratives and normalization of addressing mental health

Beyond education, there is a significant need to re-frame the social narrative around mental health in order to remove stigma and discrimination and normalize the experience of

mental health needs in order to provide a supportive environment for help-seeking and to avert the on-set of more serious mental health conditions. Young people asserted that shifting social norms around mental health will need to be done through visible modeling:

> ***"when I read history, that everything changed with a person thinking differently, and questioned about an action." (Mexico, he, focus group, 15-24)*

> *"Our society needs to unlearn the old ways especially stigmas and discrimination because they play a big role too when it comes to mental health." (South Africa, he, 19, Global Meaning Making Workshop)*

> *"Young people don't make the difference between mental health and mental diseases. Mental Health needs to be repacked or reshaped. It's a myth that only mad people need therapy or help." (Ivory Coast, he, 18-24, Global Meaning Making Workshop)*

> *"We need to lead by example in breaking cultures of silence either by using radio, Social media or TV. When young people see others talking about mental health they will gladly be encouraged to do the same and open up." (Zambia, he, 24, Global Meaning Making Workshop)*

> *"Okay, this woman is an example to all those who have mental health issue, she is Abena. despite the famous life she is living, But this lady is able to come out and tell the world or the country that she has mental problem and she is not shameful of it, so should you come out to tell people that you have [one too]... I think that will help. And that people who stigmatize other people should also really get insight of this.." (Ghana, he, 15-24)*

> "*We could launch a campaign with the theme: My voice to break prejudices. And we will have a series of videos that will be shown on social networks. (Ivory Coast, she, 18-24, Global Meaning Making Workshop)".*

3. Bridging the Generation Gap

Parents are a source of increased feelings of stress and are frequently promoters of harmful stigma around mental health; there is a widely emphasized need for targeted parental education on mental health and more generally community support for improved relations with young people.

A great source of **feelings of stress** is parental expectations and parental perceptions of mental health pointing to the need for parenting and community education to help parents/adults to be less judgmental, less dismissive and more understanding about mental health needs of their children/young people and the need to provide them with increased space for young people's self-identification:

"Young people want to be heard and understood as young people and not be modeled to be adults. Young people feel that their interests and goals are always aimed at making adults happy and not at leading them to fulfill their dreams, which is why their mental health is affected because they must please others and not indulge themselves. This generates frustration and therefore they look for models like other young people to feel identified." (Ecuador, he, 18-24, Global Meaning Making Workshop)

"Parents need to stop saying it's a punishment from spirit due to our bad actions etc…" (Ivory Coast, he, 18-24, Global Meaning Making Workshop)

"Honestly our parents especially here in Africa don't take Mental Health seriously. They think we are being weak and can't face our Monsters. There is need to bridge the gap between children and parents relations." (Zambia, she, 22, Global Meaning-Making Workshop)

"The solution is not only thinking that young people have their own support, but also educating parents or guardians so that they learn to understand their children." (Ecuador, he, 18-24, Global Meaning Making Workshop).

"Above all, learn to understand young people. That the things they do have a generational reason and that is something that will change over time. Support must be given from coexistence so that mental health is adequate." (Ecuador, he, 18-24, Global Meaning Making Workshop)

"Honestly [I] don't know if the YP are the right people to talk to their parents. Here I don't think young people can really help parents because parents are seriously complicated, seriously. When someone is not their generation they don't listen to this one. So what I suggest is that professional people organize trainings in what young are going to train parents in the presence of expert so that they going to listen."(Zambia, she, 22, Global Meaning Making Workshop)

"In villages old persons listen more to the chief, what is normal, so we can use them if them understand it's almost finished we can consider that all the old persons Will understand." (Ivory Coast, he, 18-24, Global Meaning Making Workshop)

"It's difficult for young people to approach parents. It would be easier if parents can be more welcoming and create that conducive environment in their households for young people to talk to them about mental health." (Zambia, he, 24, Global Meaning Making Workshop).

An important support factor for young people grappling with mental health needs is the existence of and access to networks of young people who share lived experiences of mental health needs. For young people from marginalized groups who do not have digital access there is greater need to consider face-to-face means of facilitating peer-to-peer support groups and to help provide 'safe spaces' for young people to seek support and talk about their issues; parents are one group that could play an integral role in helping to create such spaces.

"For young people without Digital access. Parents are expected to play a major role in providing support." (Zambia, he, 24, Global Meaning Making Workshop)

4. Pages, Platforms, Lines For Two-Way Communication

Support platforms that amplify youth voices and engagements around issues like mental health, by using channels and activities they already enjoy and engage around.

The young researchers said that they - and many of their peers - want to help break cultures of silence around mental health and to help engage more of their communities in informative discussions around mental health. They say that allied institutions could support them by helping to support more platforms that will allow them to take the lead.

"I really take the lesson to not be afraid of asking for help and to open with other people , because for me was really eye opening to see that i wasn´t the only one with that problem and that i could create wonderful connections with people that maybe have the same problem as me." (Mexico, she, 18-24, Global Meaning Making Workshop)

"As a leader I would provide platforms for youths to engage meaningfully. Eg Social-creative amenities, Forming book clubs,skills labs, and interactive youth spaces)...." (Zambia, she, 18-24, Global Meaning Making Workshop)

"[H]elp them to have a platform on tv and websites for the message to be heard to young people." (Zambia, he, 18-24, Global Meaning Making Workshop)

"[If I were President of my country] Lastly social media/internet is a major platform that almost everyone enjoys. As such I would advise ZICTA/Ministry of Health to engage different stake holders to open pages that that would make people/youths understand what mental health is and how someone can cope with it on these platforms with toll free lines for accessibility to all youths in all the provinces." (Zambia, 18-24, Global Meaning Making Workshop)

*"I think we create something like a "green number" in my country we say *numéro vert*, like police number : Open call like 911 on which one people can call freely to have support from some Experts in this. If can do that in each country it will be very great. Sometimes the cause of depression is the people around you that you cant talk to so This is also why Facebook coaches are successful." (Ivory Coast, he, 18-24, Global Meaning Making Workshop)*

"First of all, free and good quality internet. Something that stresses young people a lot is not having internet or having it of poor quality." (Ecuador, he, 18-24, Global Meaning Making Workshop)

5. Being Ready to Give and Seek Support

Peer support needs to be a critical strategy in national mental health responses, but this needs to be accompanied by systematic mechanisms for equipping young people to be confident and effective peer-supporters, including supporting knowledge and access to referral pathways to professionals once/if they identify serious mental health needs in need of greater support.

Young people are turning to their peers as an important source of emotional support as they are trustworthy, dependable, non-judgmental listeners who can validate their experiences and share solutions. At the same time, young people express that are not fully confident or equipped to serve as peer supporters, and as the severity of mental health needs increases, young people are less confident in their peers as being able to provide the required level of support, pointing to the need for young people to know when and where to refer their peers to more professional sources of support.

> *"In truth, many times young people themselves don't know what kind of help to give……And honestly you can't give what you don't have." (Zambia, she, 22, Global Meaning Making Workshop)*

> *"Most young people would like to be more than listening ears for their friends. But have no other options. Being a listening ear is one solution but not necessarily the best solution." (Ivory Coast, she, 18-24, Global Meaning Making Workshop)*

> *"When the help comes from a young person like them, they tell themselves that the young person opposite does not have enough experience or expertise to help them." (Ivory Coast, she, 18-24, Global Meaning Making Workshop)*

> *"Young people don't have a large notion about mental health so when someone comes to them for help, what they can do immediately is listen to him. What can be a challenge is what they are going say precisely to this person. It's complicated to give the right support." (Ivory Coast, he, 18-24, Global Meaning Making Workshop)*

> *"Youths should own up and understand that change begins with us." (Zambia, she, 18-24, Global Meaning Making Workshop).*

> *"What's happening right now is a good example of what can be done. Trust me we the youths are now peer supporters. Because in our WhatsApp groups, we have learned a lot about Mental Health." (Zambia, she, 22, Global Meaning Making Workshop)*

> *"So conducting trainings for young people and maybe giving them certificates as peer supporters." (Zambia, she, 22, Global Meaning Making Workshop)*

> *"Here I thank the topic has to be inserted in school program. I think like that people are going to have all necessary informations and guide." (Ivory Coast, he, 18-24, Global Meaning Making Workshop)*

"Addressing/fighting barriers to mental health can only be achieved if we as youths accept that this is our fight and hence ours to fight. Additionally wholeheartedly... understanding that before anybody else you have you to look out for … you have to be ready to seek help and also be ready to receive the needed help. (even in it's smallest state). We shouldn't be too expectant of the help we receive but rather appreciate the help we receive.e.g your friend being there for you." (Zambia, she, 18-24, Global Meaning Making Workshop).

"[T]hey have to prioritize other necessities like having money for food that mental health is not in their radar bc here you go to the psychologist if you have money so connecting to what organizations can do to help, i would say educate about mental health and providing access to get help." (Ecuador, she, 18-24, Global Meaning Making Workshop)

"Generally speaking most youths are lacking communication skills what this simply means is that they fail to open up/speak out when they are undergoing depression or anxiety in fear of being mocked or discriminated. Therefore I think Communication must be improved by youths, they should learn to speak out/talk to someone they trust in order to be helped." (Zambia, 18-24, Global Meaning Making Workshop)

Put another way, there is a real need for the establishment of recurrent mechanisms to keep young people engaged and at the centre of efforts. And there is a need/opportunity to improve Mental Health action research in order to continue to generate evidence to further un-pack issues surrounding mental health, and to support young people as: facilitators of peer-to-peer and inter-generational dialogues to break cultures of silence and stigma; as advocates for more enlightened approaches to addressing mental health needs; and as peer-to-peer supporters with improved capacities to play active roles in providing support to those experiencing mental health needs.

"My take is that first of all it was a great idea to initiate this project. Most young people have little information about mental health and are afraid to seek mental health support. I believe this research has impacted both the people we interviewed and us youth researchers as we all learned a lot . This is a really important venture." (Zambia, he, 24, Global Meaning Making Workshop)

Implications/Recommendations:

Based on the findings of this initiative, this report also provides a set of implications and strategic recommendations for consideration by development and research organizations. It is hoped that these recommendations will contribute to discussion, elaboration and operationalization by those attempting to address the increasing levels of mental health needs being faced by young people, particularly in relation to the COVID-19 pandemic and the related repercussions this represents for societies across the world. A summary of these implications and recommendations are as follows:

1. **Adopting a community-centered lens to mental health research and interventions, as a more responsive approach to addressing the pervasive confounding factors related to mental health for young people, should be prioritized and understood as a critical consideration vital to the well-being of the young people engaged in this research.** Across countries, one of the most revealing insights of this research is the extent to which culture and community is influencing the experiences, stigma, needs and barriers of mental health support for young people. Advancing prevailing individualistic lenses and prevention strategies for mental health needs (i.e. exercise, healthy eating, artistic expression), while beneficial on their own terms, misses – and potentially reinforces – the harm that cultures of silence around mental health are having on young people. This research starkly reveals that long-standing social norms and stigma around mental health are causing new generations of young people to fear talking about – or seeking support on – mental health given the risk that this will lead to social exclusion, rejection, and ridicule. This fear is even more acute for traditional vulnerable and marginalized communities – such as indigenous and rural groups – whose livelihoods often rely on community acceptance. **There is a need for increased research that will ascertain the specific needs, barriers and drivers of mental health needs for young people in various local contexts; and there is a need for the design of community-oriented strategies that will proactively address the social norms and community stigma that is maintaining cultures of silence around mental health and causing harm to young people.** This is a particularly critical consideration in the wake of the global COVID-19 pandemic which has brought a massive wave of new mental health needs, exacerbating existing stressors.

2. **Engagement of young people as connectors for research and programming: Research and development institutions alike should consider increasing partnerships with youth organizations and youth-supporting organizations – as key providers of mental health services – given that young people are vital connectors, who are trusted (by young people) more than any other group or institution, in sharing information and science on mental health.** The participating young people of this initiative suggested that mental health related research and/or support services would be more likely to be trusted if they were shared or advocated for by peers, but this rarely happens. Similarly, this research finds that – for many young people interviewed in this research – information, interventions and research on mental health is likely be less trusted and shared if the 'connector' is an adult, parent, teacher, caregiver or traditional science/health institution, due to deep mistrust of parents/adults when it comes to mental health conversations/support. Parents/adult generations are frequently associated with perceptions and accounts of them downplaying or stigmatizing mental health realities, contributing to worse outcomes and heightened barriers for young people in need of support; while traditional

health/science institutions are associated with perceptions of being overly clinical when it comes to mental health and as contributors to social exclusion. Young people, on the other hand, are pointed to as already delivering information to their peers and are already normalized as trusted and essential providers of mental health support for their peers and other young people. This points to the need for discussions around 'access to services' to include promotion of access to peer-support services, just as much as they focus on access to parent/adult/institutional services.

3. **Capacity building for peer supporters: Aligned with the importance of wider recognition that young people are serving as the first points of contact for most children and young people in need of mental health-related support, there is an immediate need for systems to capacite wide networks of young people as peer supporters with skills and resources to support prevention and early intervention/identification of serious cases of mental health.** Through more than 1,000 in-depth interviews, and global surveys of more than 40,000 participants, this research has found young people to be the primary first point of contact/responder for other young people in need of support with mental health; and, at the same time, it found that many young people have found themselves unprepared for the stakes of this responsibility and without proper knowledge of when (or how) to refer/provide peers with greater support/resources when it's needed. As such, peer support needs to be a critical strategy in national mental health responses, but this needs to be accompanied by systematic mechanisms for equipping young people to be confident and effective peer-supporters, including supporting knowledge and access to referral pathways to professionals once/if they identify serious mental health needs in need of greater support.

4. **Introducing or scaling-up parenting and teacher training programmes around Mental Health is required both to improve enabling environments and support systems for young people and to address one of the key groups (parents) who are maintaining and driving stigma.** While this research emphasizes and prioritizes the need for youth-led/directed support programmes, there are clear intergenerational divides and gaps in trust and understanding/education levels when it comes to Mental Health, between young people and parent/adult groups. At the same time, this research also identified notable cultures of fear around parents as drivers of shame and stigma around Mental Health, resulting in young people fearing that they won't be taken seriously by parents, or that speaking about mental health experiences with their parents could lead to further social exclusion and to the whole community learning about their struggle. While this research points to the dire need for the continued development and promotion of 'quality of care' skills and training for parents/caregivers/teachers, it also reveals a wide-reaching fracture in trust between

young people and adults/parents on the topic of mental health. For this reason, any training or education programme targeting parents should move beyond mechanisms of referral (i.e. when to direct a young person to professional institutions for support), which is also leading to perceptions and anxieties that mental health is expensive and only treatable through expensive care, and should center around improving parenting skills and education that de-stigmatize Mental Health and help build supportive relationships for young people within the immediate circles of their daily lives.

5. **Leveraging existing youth-centered digital and media platforms to maximize their potential for engaging young people in research and visible modeling of appropriate responses to mental health:** The youth researchers who participated in this research, across countries, emphasized strongly that the media/digital-based conversations supported by this research were both effective and too rare. **Digital and traditional media with channels and platforms where young people are already engaging, should be seen as more than just avenues for dissemination, but should increasingly be utilized as spaces for research and engagement.** This is especially true in relation to highly stigmatized issues (like mental health) where community and national discussions are critical as social listening platforms to collect data on perceptions, experiences, challenges and solutions, while helping to break cultures of silence around mental health and provide safe spaces for experience sharing and learning. Digital and traditional media platforms are also important platforms for increasing visible modeling of appropriate responses surrounding mental health that can help to shift public narratives and social norms. In addition to the importance of digital/media-based engagements, young people also emphasized the importance of holding in-person public events on issues like mental health as effective ways to help break-through cultural stigma and break-through cultures of silence around mental health in creating visible spaces in public settings for changing local narratives. Ways that young people are using public events to do this now include hosting music-centered gatherings, community screenings of movies on the subject of mental health, and other creative-based events. Research around mental health which is based on creating public spaces for dialogue and learning can serve to provide useful interventions for young people in and of themselves. Engaging with both young people in local communities and well-known social media influencers in the countries of this research– who are not from Western countries – is one example of a missed opportunity that should be further explored.

6. **Expanding safe spaces for young people to speak with each other and with trusted adults and professionals on issues of mental health:** As highlighted by young people in the Global meaning-making workshop, young people need a wider range of safe spaces (facilitated or not facilitated by trusted adults) where they can feel

at liberty to freely share their challenges with peers, and in more serious circumstances, to have more accessible platforms where they can reach out for more professional help. Few youth researchers or respondents were able to identify structured "safe spaces" for young persons to be able to seek help, outside of reaching out informally to their friends. Apart from the prominent example of social media, young people suggested the need to create "safe spaces" off-line where young people are already engaging in eg. youth clubs, inter-faith youth networks, sports clubs, as existing or potential places that could be expanded to provide greater access to "First Aid" for young people experiencing mental health needs. The importance was highlighted of including spaces where youth could talk to someone "not from the community" to avoid the fear that confidentiality might be broken. Young people also specifically suggested that national consideration be given to creating easy-to-remember, country-specific support lines (similar to 311 and 911) for young people to speak to professionals on mental health needs, or to seek information to support their peers on issues of mental health. This research echoes many other recent studies in finding mental health as a worsening crisis among young people in countries around the world. It also includes explicit calls from young people for helplines such as this, which they say are needed but missing in their communities.

7. **Addressing the Digital Divide: There is a need for digital engagement tools that go beyond standard research dissemination strategies to facilitate inclusion of young people with limited access.** Many young people face barriers to accessing the internet, a divide often driven by social and economic barriers such as gender inequality, social marginalization, access to electricity, and affordability of devices, with the latter being the primary barrier among young people from the U-Report 2020 polls. This research demonstrates the potentiality for digital platforms that are youth-centered, accessible, and language-inclusive for bridging global health, science, and development institutions with young people in communities around the world. At the same time, this research also noted several examples of how prevailing digital platforms (like Zoom and Microsoft Teams) are not inclusive or accessible for young people in many countries, who do not have the data or devices necessary to equally participate or join conversations on such platforms. It found tools like WhatsApp and LearnInk – which require low internet bandwidth and data, while being accessible from most smartphones – as useful platforms for further consideration, despite some of their limitations. There is great potential for institutions to advance digital platforms – with data and identity protection mechanisms – to help expand their ways of working or connecting with young people.

8. **Research and programming on mental health should tailor specific focus for young people with disabilities.** This research found multiple instances of young

people with disabilities noting the extent to which they feel "missed" in conversations around mental health. And, while anecdotal and based only on a few accounts, it speaks to the importance of designing engagement strategies and mental health support mechanisms/research that is responsive to those without digital access or with disabilities that might make their participation/access more difficult. This research also notes how new 'normals' advanced by the COVID-19 pandemic and lockdown measures – including the accelerated movement of young people engagement and support-seeking through social media channels – is likely uniquely affecting young people with disabilities, with many of them – including some interviewed by this research – being unable to equally engage in such social media conversations or find equitable support.

9. **Increasing investments to support youth-centered research, especially participatory research, around mental health and bridging the gap between scientific research and programming**. While research demonstrates that most mental-health disorders start before the age of 18, only one-third of investment in mental-health research is targeted towards young people (Unicef, 2021). Further illustrating the consequences of this under-investment, this research demonstrates just how unique the experiences, challenges, and needs for young people are when compared to adult populations, especially those young people from traditionally marginalized communities. Without more research by/about young people around mental health, and programming that is informed by such research, it is difficult to see how research and mechanisms of support targeted at adult populations will be capable of informing relevant responses to address the specific needs/contexts of young people in the target countries of this research. This research reveals both the importance and value of supporting further Mental Health participatory action research that involves young people in un-packing issues and stigma surrounding mental health, and to support young people as: facilitators of peer-to-peer and inter-generational dialogues to break cultures of silence and stigma; as advocates for more enlightened approaches to addressing mental health needs; and as peer-to-peer supporters with improved capacities to play active roles in providing support to those experiencing mental health needs. Young researchers and participants in this research expressed that the very act of interviewing another young person or joining a focus group on the topic of mental health was a helpful intervention in their lives. In other words, participatory engagements which bring young people in conversation with each other can serve as a model for useful research that helps institutions improve their understanding of young people's perspectives, while also providing a process for learning and improving coping strategies and shifts in negative social norms to benefit young participants.

10. **Affording young people a space in programme strategies and initiatives as designers not merely beneficiaries, to ensure locally responsive youth-centered intervention design: As an obvious complement to increased and more systematic nationally-based youth-centered/ youth-led research on mental health is the need to support youth consultations and representation in the decisions to be made on programming for mental health.** Rather than situating young people as merely 'in need' of more support of mental health services from their parents/communities, this research illustrates examples of young people who are already working – through youth radio, school clubs, hosting public events, creating youth-led podcast and youth-radio series on issues of mental health, and promoting audio and video diaries of young people overcoming mental health needs, to name a few examples. In doing so, this research illustrates how young people are reframing experiences with mental health through a solution/leadership lens; rather than a needs-based approach. This demonstrates the potential and importance of including young people alongside other stakeholders in planning locally-relevant supports, services and communication and engagement strategies that can help to keep young people at the centre of the mental health crisis that they and their communities are currently facing.

Introduction:

A. Overview of initiative

Main Features of The Research:

9 countries across 4 regions

250+ Young People trained as researchers

1,100+ interviews conducted by Youth Researchers (18-24) with Young People (13-24)

12 focus groups discussions across 8 countries

80+ self-produced digital stories/videos

12 youth-centered, professional videos

4 videos documenting select focus groups

20 national youth-led radio discussions

4 national youth TV discussions

9 country-level meaning making workshops

1 Global-level meaning-making workshop

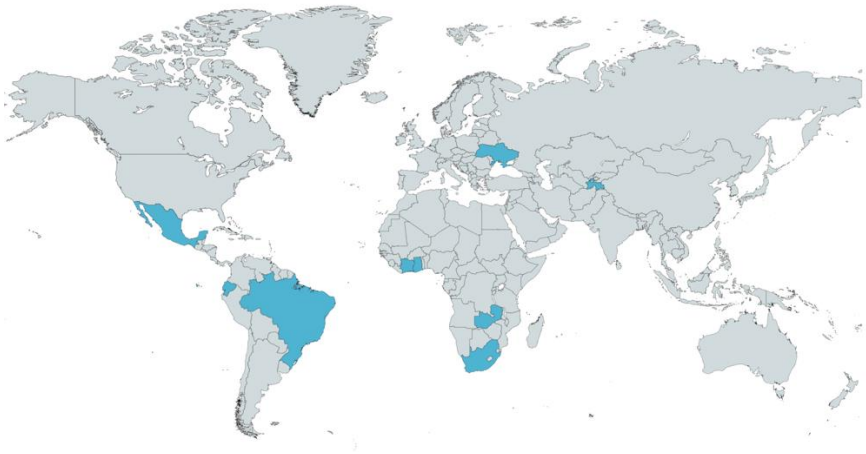
This report includes the findings from this multi-partner, multi-country youth-led global research initiative, coordinated by UNICEF in collaboration with and funded through a grant from Wellcome Trust. The participatory research was implemented in 9 countries across 4 regions (Ecuador, Mexico, Côte d'Ivoire, South Africa, Zambia, Ghana, Brazil, Ukraine, Tajikistan). Two youth-centered organizations – Children's Radio Foundation (CRF) and Free Press Unlimited/Wadada TV News For Kids (FPU/Wadada) – were engaged as partners in this work because of the large youth-led networks they were able bring to this study, in the target countries, and their experience using youth-led, media-centered methods of engagement.

The initiative was launched with preliminary research activities in October 2020 and it received funding support (from Wellcome Trust) in the summer of 2021. The initiative had two broad aims:

1) to bring new insights from young people – especially from traditionally vulnerable groups and non-Western contexts – on the urgent issue of mental health;
2) to influence debates, behaviours and actions among peers and influence decision-making and future research to help to inform a participatory model for engaging young people more systematically in participatory research, engagement, communication, and action.

By creating a young person (YP) global committee to shape the design of this research and partnering with youth-led organizations, this research went above the typical youth-centered approach to research and foster a spirit of real co-creation with YP from its inception. This means that YP were involved at – and placed in positions to meaningfully shape every stage of the initiative, from the research design to the implementation, and all the way through the analysis. A summary of this youth-led engagement process can be found in **Section Two.**

B. Map of Participating Countries



C. Purpose of Research

The final research outcomes of this participatory research initiative are intended to inform UNICEF programmes, and inform Wellcome Trust's understanding and approach to young person engagement in science and health research. The two key purposes of research were: (1) to provide a better understanding of young people's perceptions, contexts, experiences, needs and solutions in relation to the urgent issue of mental health, in the midst of the global COVID-19 pandemic, and to shed light on the barriers and enablers to young people's participation in research, programming, and wider engagements related to mental health (including efforts focused on conceptualization, care, early prevention, solutions, and other areas raised as important by young people); (2) to create and test a participatory model for young people-led research that uses digital platforms to enhance engagement and data-collection activities, and which can be embedded in UNICEF country programming as an evidence-based social and behaviour change strategy. With these purposes, this initiative posed the following research questions:

RQ1: How are young people currently serving as agents of change in addressing barriers to mental health support, and what can be learned for supporting these roles?

Sub-RQ2: What are young people's concepts of mental health and what are the key contextual realities and challenges affecting their mental health in the context of COVID-19?

Sub-RQ3: What are the most significant implications and recommendations that international research and development organizations need to better understand, prioritize and act differently on in relation to mental health?

D. Note on IRB Ethical Approval of this Study

The design (approved on 27 Oct 2021) and data collection (approved on 16 Dec 2021) tools for this initiative received formal IRB approvals from HML IRB, an autonomous committee authorized by the United States Department of Health and Human Services, Office for Human Research, to review and approve research involving human subjects before the start of research, and to conduct annual reviews of that research independent of affiliation with the research organization submitting materials for review.

Following an extensive consultative and collaborative process with country and regional offices (including one-on-one consultations with each participating COs, and multiple group meetings), with young people representatives, and other partner sections and stakeholders, the *research design* and *training materials* received HML IRB ethical review. The data collection tools and processes that were submitted for IRB review, included the study's:

(1) **recruitment strategy** for the respondents
(2) **data collection instruments**
(3) **consent forms for respondents**
(4) **a mental health resource/support guide** for the respondents
(5) **a learning and documentation protocol**

(These materials can be found in the Appendices section)

E. Structure of this Report

Section 1 opens with a contextual research which situates this youth-led initiative within the larger scope of work at UNICEF and in the field of participatory research more generally.

Section 2 provides an overview of the study's methodology.

Section 3 highlights the study's 'most significant' findings

Section 4 offers a set of "So What?" implications, as voiced by the youth research committee who guided this study.

Section 5 provides a set of strategic recommendations for mental health programming and health/science research.

Section 6 provides a comprehensive reporting of insights gathered across the multiple countries, themes, and research questions at the heart of this study, along with unanticipated insights and perspectives.

The Appendices offer a description of some of the tools, recruitment strategies, and preliminary results from an additional set of countries (including Brazil, Ghana, Bulgaria, Tajikistan), which forged corresponding research studies that were inspired from this initiative.

Youth-radio dialogues: Through 20 national, youth-led radio engagements, youth participants and researchers of this study engaged each other in dialogue and meaning-making conversations around the findings of this research. These images are from youth-led radio discussions in Bouaké, Ivory Coast.

Section One: Contextual Background of Research

1.1. Why Participatory Research with Young People is Important (Summary of Need)

There are approximately 1.8 billion young people in the world today (aged 10-24 years) with 40% of the global population being under 24 years of age (UNDP, 2020). In many population-dense regions across the world, i.e., Africa, the Middle East and South Asia, countries are experiencing youth booms of staggering proportions, with young people fast becoming the majority population. Against this background, the "people-centered" Sustainable Development Goals (SDGs) for the United Nations recognize young people as the "torchbearers of the sustainable development agenda". The relevance and achievement of the SDGs relies on formal and informal "means of participation" through which individuals and groups can play a role in policy-making and contribute to decision-making, political and peacebuilding processes, improve social status, build social identities, and cooperate with others for collective good (World Bank 2015). Participation is a fundamental human right in guiding conventions on children, women and people with disabilities (CRC, CEDAW and CRDP), and serves to build citizenship, strengthen capacities and confidence, promote democratic engagement and the rule of law, and enhance policy making and relevance of services. With its focus on equity to ensure that no child is left behind, UNICEF programmes across the world target the primary barriers that hold children and young people back, deny them the agency to shape their destinies, and prevent them from accessing critical services that can save their lives and help them fulfill their potential.

"In my opinion, young people want to be heard and understood as young people and not be modeled to be adults."

--Vic, Ecuador, Youth Researcher and Young People Committee member, 18 March 2022

These are some of the reasons why young people's participation is so vital to the mission of UNICEF, and the context of the SDGs and Human Rights frameworks that it upholds. But there are several other reasons why the youth-led participatory research conducted in this study is vital for global actors – especially Wellcome Trust– who are working across areas of development, health and science. The sections that follow provide findings from a formative evidence review that further illustrate this point. These findings can be read as the guideposts which helped frame this study's research questions and design.

Young people's participation in the context of COVID-19 pandemic

As the world attempted to navigate responses to the COVID-19 pandemic, the years 2021 and 2022 – the years during which this research initiative took place – marked critical junctures of escalated urgency and new imperatives for the improved integration of CYP perspectives and experiences in research, dialogue and decisions around global and local response strategies (El Omrani, et al., 2021). With the rush to address the immediate and long-term humanitarian crises stemming from the COVID-19 pandemic, there is risk that global responses will not be sufficiently inclusive or responsive to the perspectives of vulnerable communities, especially Children and Young People, and the most marginalized in relation to their economic status, ethnicity, gender, geographic location or migrant status or disability. To date, much of the public focus on the impact of the COVID-19 pandemic has been on the elderly and those with prevailing health conditions, given their greater risk of fatality, with less focus on how the pandemic has tumultuously disrupted the lives of CYP and differentially for these marginalized groups. The secondary impacts on CYP are taking a heavy toll, including disruption of education, reduction of social interaction, reduction of physical activity, increased exposure to on-line risks, feelings of hopelessness and mental health needs, increased domestic responsibilities and increased risk of experiencing physical and sexual abuse etc. **A fuller understanding of these impacts and the role young people can play in driving solutions, especially with respect to those experiencing underlying disadvantages and exclusion, is essential to mitigating the long-term negative impact of the pandemic**.

Status of young people's participation in decision-making

On one hand, there is evidence of an increasing number of policy frameworks at international, regional, national and local levels that support youth strategies, as well as processes and structures for young people's participation, such as school councils, local and national youth councils and national youth parliaments (OECD 2018). Across diverse geographic and cultural contexts, there are encouraging trends towards de-centralisation processes that provide increased opportunities for young people's participation and representation in local governance mechanisms (Wellcome Trust , 2020), and in social movements (eg. Lebanon, Chile, Black lives matters in US) and community initiatives (eg. communitary farms, cultural and art organizations, grass-root networks).

Despite this progress, evidence demonstrates that young people across countries feel they are overlooked when it comes to government engagement and decision-making processes in critical issues targeted for them – including COVID-19 prevention and recovery plans (UNICEF, 2021b), mental health (Wellcome Trust , 2020), and other issues global issues (Dalberg, 2020). This is particularly striking in the area of climate change – where young people are global drivers of change, but feel they are insufficiently included in formal decision making (Wellcome Trust,

2021). Further, many young people do not trust their government leaders or global stakeholders, especially if there is known corruption and lack of transparency in decision making on their behalf (UNICEF, 2021b). In other words, recent findings suggest that while policy and theory-based frameworks are being made for young people's engagement, these largely remain at the tokenistic level– expressions of commitments to improve, but not reflective of significant progress in practice – and are insufficiently positioned to make a representative portion of youth to feel they are being meaningfully involved in important issues. As revealed by a 2020 global landscape review (Wellcome Trust, 2020) on the status of engagement of young people in research and programming, there is an abundance of evidence that young people are more likely to be approached as problems, than as part of the solution. Perspectives on youth are distorted by contagious stereotypes that associate young people with violence. This sense of societies not working for or listening to their young people—the "violence of exclusion"— is probably one of the most important findings of the Missing Peace consultations and report"[2] (UNFPA & PBSO, 2018)

Status of young people's participation in research

Good programming is preceded by formative research that helps designers of programmes and policies understand the characteristics, interests, behaviours and needs of target populations which influence their decisions and actions so that these can be taken into consideration to ensure relevance and ownership. While participatory research has long been cited as "what works" in areas of community engagement in a wide range of disciplines and fields of intervention, the active inclusion of young people and adolescents as partners in research and evaluation efforts is relatively new. There has been a long history, of children and young people not being sufficiently involved in such research activities, especially in humanitarian and emergency contexts; and of youth engagement policies being underfunded (United Nations Department of Economic and Social Affairs, 2017). In most cases, young people have been regarded as the objects – rather than the subjects – of the data collection routines associated with academic, development, and humanitarian-based research processes. Adolescents' marginalization in the production of research has produced limited understandings of the contexts and needs of adolescents, often reproducing adult misconceptions about what is best for them (Third et al, 2019), thereby limiting the reach and impact of development and humanitarian work. Despite growing enthusiasm for co-research with young people to underpin participation and engagement efforts within the halls of academic and research institutions (alongside the participatory theories and frameworks they develop), Larsson and colleagues' systematic mapping of research involving children and young people (2018) found that most studies only demonstrated a "medium" level of youth-centered participation, and that participatory approaches aiming for a higher level of participation where children and young people work together with the researchers in partnerships are thus warranted."

Towards more meaningful approaches to youth participation in research and development

Acknowledging the limits of past approaches, there has been a rising call for more initiatives to engage adolescents as partners, alongside adults, in research processes, especially those aimed at identifying and explaining the issues that affect their lives and how adolescents can be better engaged as participants in the research processes that inform the initiatives that target them (Asker & Gero, 2012; Kelly, et al., 2017; Powers & Tiffany, 2006, Third et al., 2017 and 2019). In 2017, the *International Journal of Qualitative Research* dedicated a special issue to the topic of the meaningful engagement of adolescents in research and evaluation. Among other insights, this journal issue positioned adolescent engagement in participatory research as the "way forward for developing more holistic and effective approaches to ethics" within institutions (Woodgate, et al. 2017) and the avenue by which young people, especially those from marginalized communities, can achieve a "sense of ownership" over their work and support "meaningful" impact (Reich, et al., 2017; Liebenberg, et al, 2017). One of the most fundamental aspects of 'what works' in the area of youth engagement is co-research with adolescents to generate youth-centered definitions of problems and solutions (Third et al, 2019). This proceeds from the understanding that **supporting young people input into problem definition from the outset can best position evidence-based interventions** to meaningfully impact the experiences of young people.

Youth-led research provides a pathway, for young people to overcome negative perceptions and engage with opinion leaders and elders within their community; to participate in community conflict resolution and peacebuilding discussions; and, ultimately, to advance themselves as "partners to adults, rather than as threats to adult leadership" (Kelly, et al., Search for Common Ground, 2017, p. 8). When young people are able to discuss the issues that impact their lives, with data that they have collected to back-up their assertions, then they stand to be afforded more credibility, agency, and the consequential ability to potentially "spark a shift in community attitudes" (Kelly, et al., Search for Common Ground, 2017, p. 8).

Appreciating the potential (and risks/pitfalls) of digital engagement

Within this important stream of work, the role of digital media, though only occasionally afforded central focus, is frequently referenced as an area of opportunity for the future engagement and improved participation of young people in research (IPPF, 2008; Powers & Tiffany, 2006). The 2018 evidence review by Larsson, et al. identified that the most successful methods for enabling strong and meaningful participation of children were those that allowed them to actively express themselves in ways that went beyond the conventional methods of interviews, surveys, or other modes of verbal-only data collection (see Arvidsson, et al, 2016; Cottrell, et al., 2010; Garofalo, 2012; Jenkins, et al., 2016; Kime, McKenna, & Webster, 2013;

Ruland, Starren, & Vatne, 2008; Schultz, 2001; Stalberg, et al., 2016; Warnestal, 2017). More specifically, they found that underutilized SBC digital-based and storytelling methods "where children could be active and express themselves in other ways than verbal participation" – such as painting, drawing, audio, photography, video workshops – were more likely to engage adolescents and could lead to higher levels of youth participation. The authors concluded that "using such methods at different stages in the research process does not in itself guarantee a participatory approach, but they can promote the participants' sense of control and thereby enable them to take a more active part in the research process."

Increased mobile and internet connectivity has made it easier, cheaper and faster to solicit views from people across multiple countries, including from those who were previously too remote, to improve interactions between people, governments and international institutions and enhance the capacity of ordinary people to directly engage in policy and programme development. There has even been an expansion of informal, creative online and offline platforms and initiatives by young people for civic engagement and activism. (Crowley & Moxon, 2017). Notably, youth participation, even when not explicitly political in nature, is correlated to higher political engagement, online and offline (UNICEF 2020). With digital media creation and editing tools that are easy to access and use, many young people are engaging with digital spaces to develop their civic identities and express their political stance in creative ways, including through videos, memes and artwork to claim agency that may not be afforded to them in traditional civic spaces (UNICEF 2020). Further, research asserts (see Grauenkaer & Tufte, 2018; Kamau, 2017; Middaugh, 2017) that digital platforms can enable young people to overcome social barriers and harmful perceptions and proactively build new face-to-face relationships with elders and leaders in their communities. Young people are using digital tools and the media, alongside other organizing methods, to "educate and influence" their communities on the issues of direct concern to them, and to ultimately create systemic change through collective action (Ginwright & James, 2002).

When young people are empowered, digital media can assist them in collecting and mobilizing data, building supportive communities of solidarity, and ultimately changing their circumstances for the better (Middaugh, 2017). In Ghana, Grauenkaer & Tufte (2018) note that the mere inclusion of young people in citizen media efforts in the country had an effect of its own, leading to improvements in the self-perception of young people regarding their own agency and the possible impact they could make in their communities.

Such work is essential in being able to not only draw additional resources and attention to the untapped potential of digital tools in facilitating positive change for young people, but to also illustrate the importance of further integrating young people in the strategies and conversations happening across development sectors (regardless of how central digital media aspects are being held in the approach or goals of the project). As Ozer and Piatt (2017) put it: "There are many excellent models of successful youth-led participatory action research projects in specific

communities; a key step now is to develop further models that embed youth-led participatory action research in broad or major initiatives and institutional systems at scale in the fields of public health, international development and education" (p. 2).

At the same time, research also cautions against the use of inflated rhetoric, particularly about digital-based empowerment, due to the challenging inequities that still exist within digital environments, especially for adolescents and vulnerable populations (Banaji, et al. 2017). Claims about the empowering potential of digital media for the engagement of vulnerable young people must be tempered by due attention to the specificities shaping children's lived experiences. For instance, regarding civic engagement, girls and women are often systematically excluded from political spaces and marginalized by both the masculinization of peacebuilding spaces and the gendered digital divide (OHCHR 2018). In addition, prevailing norms, attitudes and behaviours about women's role in society can constrain women's access to political processes (United Nations, 2016).

There remains a gendered divide in technology: boys around the world are almost 1.5 times as likely to own a mobile phone than girls (excluding the United States). As such, one impetus behind the push for young people's participation in research is an acknowledgement that digital media can serve to both empower and disempower, or harm, children. The best way to realize the positive potential while minimizing the potential harm, researchers argue, is to ensure that consideration of this dual-effect underpins the mechanisms for evidence generation that are shaping the use of digital media in development and humanitarian work. As Berman and Albright state (2017, p. 4), "child rights need to be firmly integrated onto the agendas of global debates about ethics and data science" because of its potential for significant, long-lasting and differential impacts on children.

Understanding barriers to participation and learning from failure

Contextual understanding in relation to adolescent engagement is critical both in relation to cultural and social norms, as well as environments such as poverty, political stability and conflict. Context drives the level of attentiveness young people can give to matters (space for action when faced with poverty and lack of work), openness with which these areas can be discussed (culturally taboo subjects), platforms and places to engage, and the means of communication (where translation emerges as a recurrent theme with language presenting a common barrier to engagement).

The lesson of learning from failure is also relevant in the specific contexts of young people engagement. Examples of well-meaning participation projects that fail are numerous, but careful interrogations of exactly why and how such projects were not successful is less frequent. In

making a similar point, Banaji et al. (2018) found that "[s]ometimes it simply seems beyond the scope of a study to examine why a well-intended intervention fails." Engaging with (and learning from) failure, however, is critical.

Within studies on education and pedagogy, research shows that the self-belief and agency of young people can be enhanced when they are presented with opportunities to act as their own agents of learning and as meaningful partners in achieving goals that are important to them. This sort of agency includes, as one educator notes, the belief among young people that they can deal with failure and learn from their experiences with it (Stephens, 2015). Underscoring this point on engagement around failure is the importance of developing a systematic approach to young people engagement, especially around digital media. Research finds that in order to meaningfully engage high-risk, marginalized youth and families in participatory research, a "systems change" approach must be adopted (Iwasaki, 2015). This means directly engaging with systems that have failed in the past, including strategies that have exacerbated rather than dissembled inequities, and a history of disengagement with vulnerable populations. In other words, learning from failures is one way of winning the trust of communities, which is a crucial first step of any effort intended to engender community participation and/or address social or behavioral dynamics.

In summary, young people have long been left out of important conversations and decisions intended to serve them. In response, this initiative reflects an effort to center young people in every step of the research cycle -- in helping to design the specific areas of focus and the questions, implementing the work as lead researchers, gathering insights, imagining solutions, sharing information, raising awareness, and, ultimately, influencing thinking, decisions and action.

1.2 Analytic Frameworks

This section details the two guiding frameworks of this study, a ***preliminary framework*** that initiated the landscape reviews and initial research design, and a ***final analytic framework*** that comprehensively frames and guides the research initiative's focus on mental health.

Preliminary Guiding Framework

As part of a formative phase of research design with diverse stakeholders – representing a cross section of Wellcome and UNICEF sections (including C4D, Adolescent Participation, Health, and others) at the headquarters, regional and country level – an analytic framework was developed to operationalize the broad research question into specific areas for further investigation and elaboration. This analytic framework is represented in **Figure 1**. Maintaining the principle of participatory approach to research, drafts of this preliminary analytical

framework were refined through several rounds of consultations – with both Unicef and Wellcome experts and young people – through separate workshops (see Section 2).

Overarching Lenses: As depicted by the bar traversing the top of the diagram, COVID-19 was the overall overarching lens for the study. The second overarching lens was marginalization (through a strategic engagement of YP from traditionally marginalized communities)

The WHAT - The purple boxes represent the "Big Issues" -- that were initially prioritized for this research (eg. learning/education challenges, violence, mental health, economic concerns).

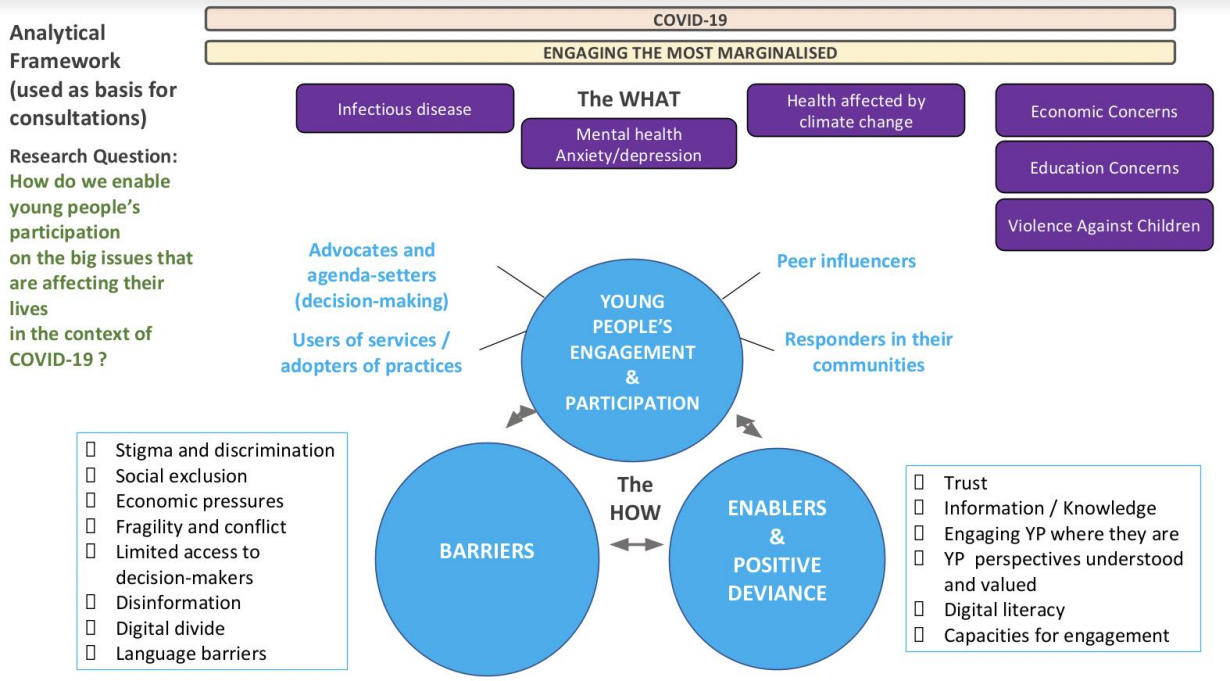
The HOW - The blue circles reflect the "HOW" of the study – that is understanding "how" young people participate (or are unable to participate) in the priority issues.

1. Types of Participation: 1) The top blue circle reflects the core lens of the study ie. How are young people engaging and participating in the selected "WHAT"/Thematic issue? This participation is unpacked through the research by looking at the different roles that CYP play in the Big Issues affecting their lives (ie. validated by a Desk Review completed by STBY). Four categories of CYP participation that were explored include: C*YP* as advocates to influence decision-making, as peer to peer influencers, as adopters or non-adopters of safe practices and services, and as responders to help in concrete actions to address challenges.

2. Barriers to Participation: The blue circle on the bottom right of the diagram represents the study's special focus on identifying *barriers to participation* (eg. disinformation, trust, discrimination, economic pressures, digital divide, language).

3. Enablers to Participation: The circle on the bottom left of the diagram reflects various examples of *Enablers for participation* (eg trust; information, acceptance, digital literacy, language appropriateness).

Figure 1. Guiding Preliminary Analytic Framework

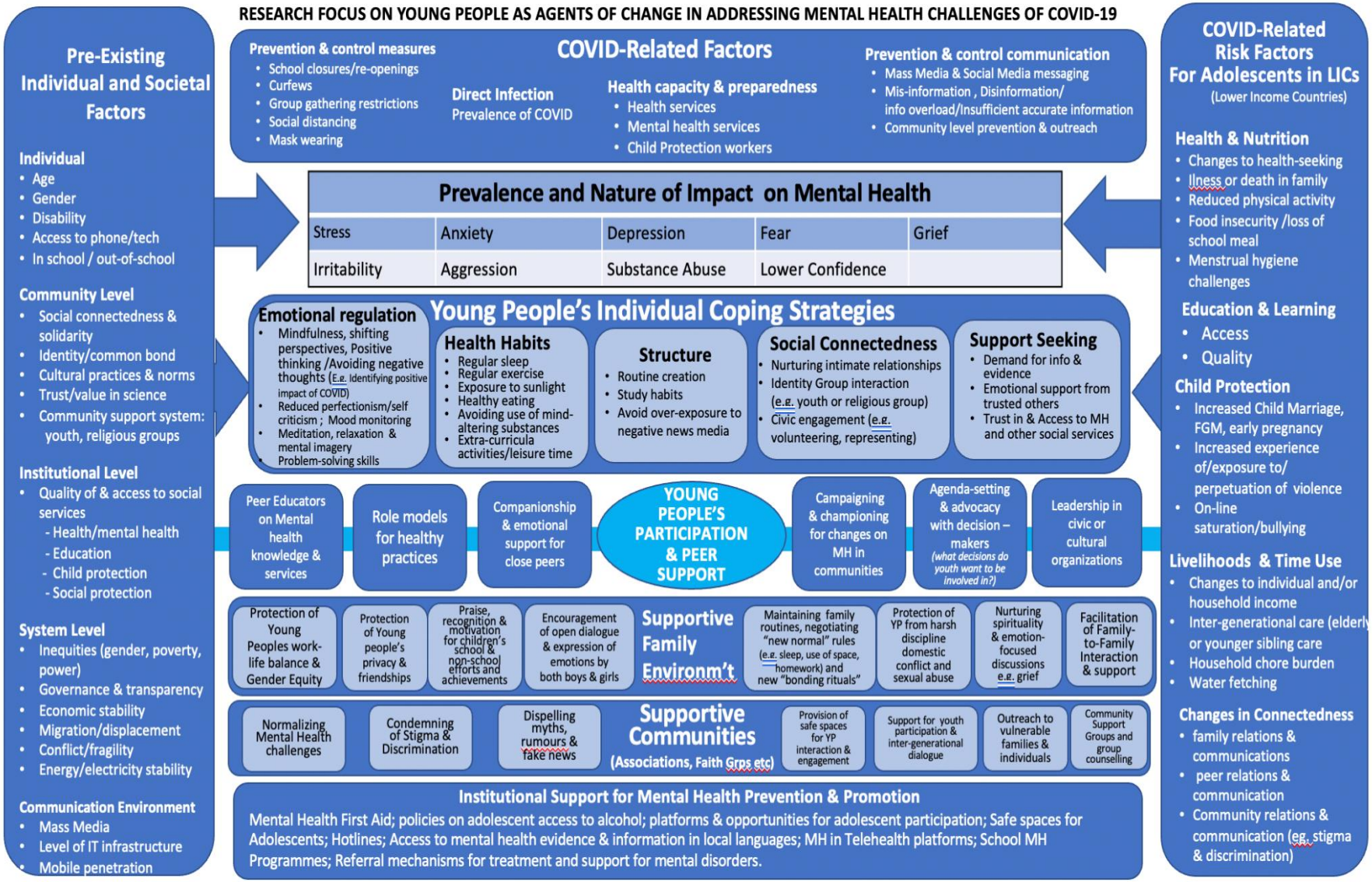


Final Analytic Framework

Once mental health was selected as the "big theme" for focused analysis, a comprehensive analytic framework was then built to help shape the guiding focus, interview guides, and thematic interests of the work – this framework was created based on additional evidence reviews (in the area of mental health), surveys with CYP, further consultations with Wellcome and Unicef stakeholders and inputs from the participating YP researcher team.

Figure 2 details this final analytic framework.

Figure 2. Final Analytic Framework



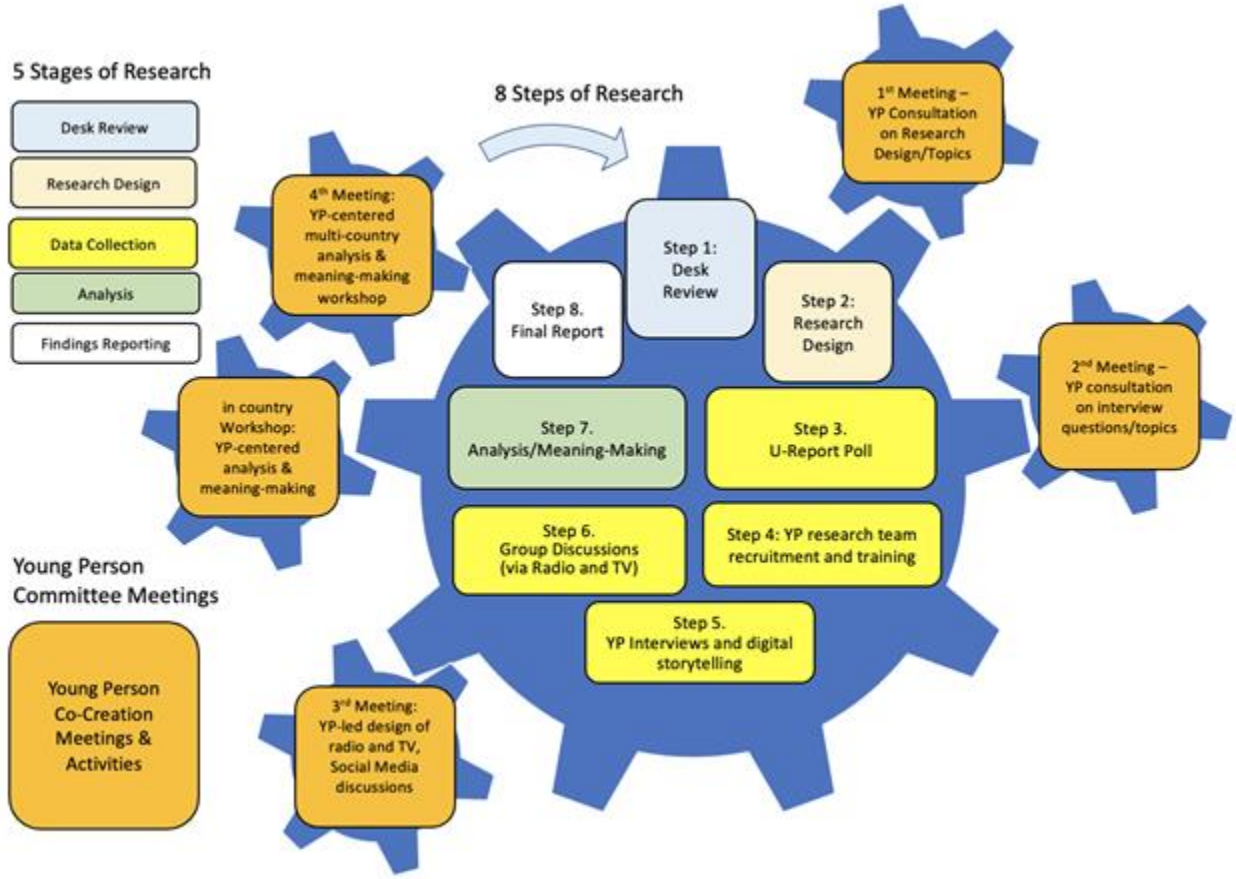
Youth researchers share a meal (top) and take a group picture (bottom left) following a focus group discussion in Mexico.

Section Two:
Methodology for Young People's Participatory Research

Including both a participatory design and an interdisciplinary approach, this research used both quantitative and qualitative methods, which involved young people – ages 13-24 – from multiple countries, with the support of UNICEF country and regional offices, and two partners (CRF and FPU/Wadada News For Kids).

This section outlines the four key stages of the research's methodological approach – **desk analyses**, **research design**, training, **data collection**, and **meaning-making/analysis** – and it details how young people participation was strategically integrated into each stage. Figure 3 provides an overview of this process. More detail on the recruitment strategies and populations of the research can be found in the appendices.

Figure 3. Summary Overview of Stages and Steps of Participatory Research



[Research Design] Stage 1: Background Analysis

This first stage included a background analysis composed of a literature review, UNICEF country-level rapid assessments, secondary analysis of U-report data relating to mental health, and data collection and analysis of a survey specifically designed for this project.

The foundational literature review aimed to provide this study with a baseline understanding of current research on young people participation and perspectives on the core issues of the study. By mining a wide range of existing studies and literature – including extant academic literature and global reports, alongside original analyses of UNICEF polls and surveys conducted since 2020 – this exploratory review built a foundation of timely insights into young people priorities and examples of young people participation in the core areas of interest to this study (i.e. mental health, infectious disease, and the impact of planetary health on children's well-being). In doing so, the desk analysis helped this study identify opportunities for further exploration and provided an evidence-based starting point for informed discussion with the stakeholders and young people participants of this study. In summary, this literature review drew from over 225 resources, including a mix of academic papers, reports from charities and NGOs, reports and articles from governmental/ intergovernmental bodies (including those shared by UNICEF), surveys/trend reports, news articles and social media content. The evidence review was contracted to a research agency named Standby (STBY) by Wellcome Trust and it was jointly supervised by Wellcome and UNICEF.

In addition to this STBY literature review, the background analysis also included consultation with three bodies of research:

1. **An analysis of 9,000 poll questions from about 1,500 UNICEF 2020 U-Report mobile phone polls – representative of any U-Report poll conducted on the topic of COVID-19 in 2020.** A summary report from this research was created and presented to stakeholders and the CYP committee, including an extraction of relevant specific findings and broad thematic conclusions. This analysis was designed to ensure that the study built on existing knowledge (i.e. what questions have been asked across multiple countries and what do they suggest?), along with potential gaps in research (i.e. what questions aren't being asked?), and provide a baseline of understanding of how CYP have responded to questions directly relevant to this research, including but not limited to questions that: explore whether CYP feel included in decision-making processes related to COVID-19, where CYP get their information on COVID-19, which sources they trust most/least, what their biggest needs/challenges/priorities are, how they perceive their peers/neighbors are handling the pandemic, how they think they could become more involved in response strategies, etc.

2. **Extraction of core findings from UNICEF's multi-country Community Rapid Assessment Report on Behavioural findings and insights on COVID-19**. This was coordinated by UNICEF's C4D Section in collaboration with its Office of Evaluation.

3. **An Original U-Report Poll was implemented in 6 target countries (returning more than 20,000 responses):** A short poll was then developed by the research team

and CYP committee, on the basis of the findings from the literature review and U-report poll analysis (of 2020 polls). This short poll served to address some of the research gaps highlighted in the foundation literature review. Analysis of the U-Report poll data was led by a C4D Masters student, with inputs from the coordinating team at UNICEF C4D HQ and the CYP committee (w/U-Report networks at country level). Results of the polls were further discussed with the YP committee.

[Research Design] Stage 2: Research Validation and Prioritization

Following the desk analysis, research design kicked-off with a discussion – among stakeholders and the CYP committee – of the multiple sources of desk review findings and prioritization of the research's 'big issues'. It also included an operationalization of the research in each participating country, and the development and ethical review of key research instruments (including recruitment strategies, consent forms, interview questions, etc). To anchor the thematic prioritization aspect of this process, the analytic framework – which was drafted during the desk analysis stage -- was refined and finalized with stakeholder and young people engagements. In other words, this stage of the research involved a narrowing of the research from a group of broadly defined "big issues," which emerged during the desk analysis (i.e. mental health, infectious disease, climate change, violence against children, education, etc.), to one "big issue" that was the focus of this research (mental health).

This process of shortlisting took place through consultations via a stakeholder forum (to include all the relevant funding and participating stakeholders in the research initiative), and individual country-level consultations – led by UNICEF C4D HQ -- with participating UNICEF Country Office teams (and it included a review of country-relevant reports and an emerging analytic framework). An analysis of these consultative interviews – which involved identifying intersecting areas of research interest between the countries – was facilitated by a C4D Masters student supervised by the C4D Senior Advisor at UNICEF HQ. This included consultations with eleven UNICEF Country Offices to identify their own priorities within the scope of the overarching Analytical.

The mechanism for young person participation in this process of short-listing the research project's focus came through the **Young Person (YP) Committee**, which was formed at this stage of the research. The purpose of this committee was to ensure young people were provided sufficient opportunities to shape the design, implementation, and analysis of the research. The earliest contributions of this committee were to: (1) review and inform the preliminary analytic framework developed for this study; and (2) provide feedback on a short-list of questions that they thought deserved further consideration in the quantitative and qualitative research stage of the research (including sharing feedback on what questions they would be most interested in and think should be prioritized). During this stage of the research, the YP Committee also selected 'mental health' as the priority focus area for this research. Following consideration and a discussion of the literature review insights, the YP Committee voted – through polls distributed on WhatsApp – on the issues that they felt were "most important" to them. Mental health received the most votes, and was thus selected as the focus area for the research going forward.

The selection and on-boarding of young people to serve on the YP Committee was carried out by UNICEF and the two key media partners, and included: two representatives from Children's Radio Foundation (CRF) and Wadada TV/Free Press Unlimited in *each* country they have activities implemented, along with representatives selected by each of the Unicef country offices. YP representatives were 18 -24 years-old and they were recruited from the communities where research was conducted, reflecting a balance of gender representation.

The final outputs for the two stages of research design included a final analytic framework, a set of interview and focus group questions around mental health – which were informed and validated by the young people committee – and a recruitment strategy for research participants. A support guide was also created to equip young researchers with a set of tools and resources related to mental health to share with their interview participants.

Stage 3: Training, Data Collection and Consultation

The third stage of this research – data collection – set-out to explore the main research questions of this study and several of its relevant sub-questions (as outlined in the 'purpose' section). For this initiative, data collection refers to multiple qualitative research activities – including youth-led interviews, focus groups, meaning-making workshops, radio and television engagements, and digital storytelling modalities. This section defines each of these elements.

Further details on recruitment of Young People Researchers: The recruitment of young researchers was led by partners, in close consultation with the participating UNICEF country offices and the overall project coordinators at UNICEF C4D HQ. Please see "consultation plan and recruitment strategies" outline in the appendices for more information on this.

Involvement of Young Person Committee in Shaping the Key Analysis and Decision-Making Processes of this Stage of Research: Based on the findings of the U-Report polls, the desk reviews, and analytic framework, the young person committee provided feedback on the types of questions and topics they felt should be explored through the qualitative interviews conducted in this stage of the research (i.e. which questions would help answer the study's overall research question and provide valuable insights on the various focus areas of the analytic framework). The C4D Masters Student led a conversation with the YP committee on the findings of the U-Report poll, alongside a presentation by the coordinating team at UNICEF HQ on the findings of the desk analysis, and the YP committee was asked to collectively identify the areas that they feel are of greatest significance to them. As part of this process – led by UNICEF C4D HQ – the YP committee provided feedback on a set of questions and topics that merited further investigation in the qualitative research. This initial feedback session lasted about 2 hours (via zoom) and was aided through follow-up consultations via WhatsApp (in order to better engage researchers who faced connectivity barriers).

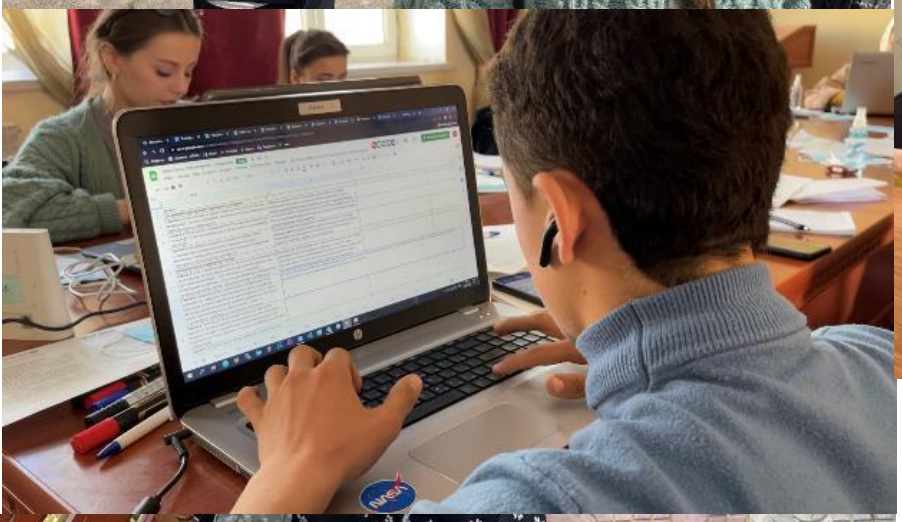
Training for qualitative research: Following the polls, the country-level teams and partners recruited more than 200 youth researchers to be part of this initiative's youth research team. This team was then engaged in a week-long virtual training workshop, across the nine participating countries.

The youth research team training was developed and led by the partners, in close coordination with the UNICEF C4D team. The training was hosted through an accessible and interactive mobile-based platform (Learnink -- https://learn.ink/), and included a mix of one-on-one, group, and mobile based training modules. The training included 7 in-depth modules (each with group activities and quizzes to test understanding):

(1) Onboarding
(2) Basics of Mental Health
(3) Introduction to Research key research questions, data collection methodology and facilitation techniques,
(4) Ethics of Research: ethical considerations and elements of the research (including informed consent process, confidentiality, respect,
(5) Research Process
    (a) Including feedback sessions on the pre-testing of questions,
    (b) Including feedback sessions on the progress of the research, meaning making sessions,
(6) Preparing for your 1st Interview/FGD
(7) Understanding and Sharing your findings: plan for data reporting and media programmes.

Links to select training modules can be found here (note that these modules were also adapted for local contexts/languages in Mexico, Ecuador, Ghana, Tajikistan, and Brazil):

- South Africa English - https://m.learn.ink/course/c31c4c02-b892-4d35-a069-ecad83a71ab0?access=UUU6LJTG&org=crfcourse
- Zambia English - https://m.learn.ink/course/c93dc1eb-0eae-4510-a736-238910275896?access=P6E9RVG2&org=crfcourses
- Ivory Coast French - https://m.learn.ink/course/97c3fd55-bb10-41cd-abfc-17bbdde7ce76?access=NO89256N&org=crfcourses
- Tanzania Swahili - https://m.learn.ink/course/5d53b78f-0fc0-43a1-8bb3-02aa08d0087f?access=9Z1EAVR4&org=crfcourses



Photos of training and validation activities in Tajikistan

Top row (left): ©UNICEF – Sitora Shokamolova – Workshop participant is listening to the recording of mock interview at the training in Dushanbe, Tajikistan
Top row (right): ©UNICEF – Ellina Kim – Children and Young People Participation in research training in Dushanbe, Tajikistan

Second row (left): ©UNICEF – Ellina Kim – group-work on mock interview during the training.
Second row (right): ©UNICEF – Ellina Kim – Training Participants are preparing for a digital story recording in Dushanbe, Tajikistan

Third row (left): ©UNICEF – Ellina Kim – Training participants are learning the basics of data entry and analysis in Dushanbe, Tajikistan
Third row (right): ©UNICEF – Ellina Kim - Children and Young People Participation in research training in Dushanbe, Tajikistan

Bottom row (left): ©UNICEF – Ellina Kim – Participants are conducting anonymous interview for social research

Data Collection Process Continued…

During data collection, this research also took advantage of existing CYP platforms and networks to directly involve and engage CYP in answering the driving research and sub-research questions of this study. The research involved a global survey and in-depth qualitative research, storytelling, and meaning-making methods.

Once the training was finalized, the 200+ young researchers, with guidance from the partners, each recruited and interviewed about 10 young people. These interviews were conducted with an interview guide and following a digital storytelling modality (i.e use of video and audio recordings that allow production of audiovisual content for increased self-expression and wider engagement through youth-run radio and tv platforms), and young peopled-led analysis/meaning-making workshops. The emphasis for this stage of research was to collect *wide-reaching* perspectives on the driving questions of this research, across diverse regions with specific focus on young people from marginalized groups, and to engage diverse communities of young people in discussion around the study's key questions and results, on radio and tv networks within each target country.

Note: The **research instruments were developed** according to method and thematic focus. Consultations for youth-friendly language was conducted through the YP Committee, and every 100+ YP researchers pre-tested the questions during the training workshops. A convening of the YP Committee provided final validation of the data instruments and questions before data collection (based on pre-testing feedback collected during the training sessions).The final pre-tested questions (as revised, validated, and pre-tested by the YP Committee) can be found in the appendices.

Multi-Media content developed and produced by young people and partners

Going beyond the interviews, self-produced and professional videos that were produced during the data collection stage, this initiative also included a stage of wider engagement and dialogue through youth-led media platforms. As part of this effort, partners worked with their youth networks and the youth research teams to engage wider communities of young people – via community radio and television platforms and programming in each of the target countries.

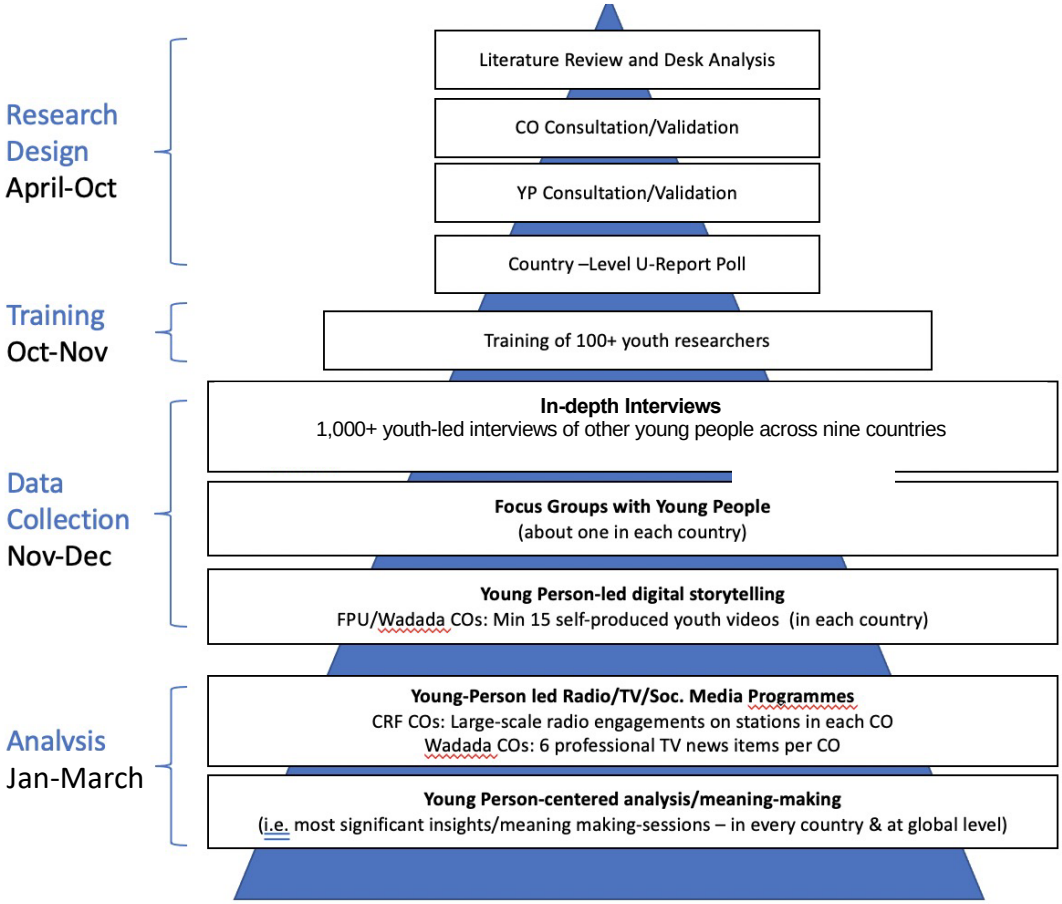
As part of these larger national conversations – through youth-led radio and television programs – conversations were held with young people around the emerging insights and topics of this research as a step toward making meaning of the findings and better understanding what emerging insights resonate most with young people. This included 20 youth-led radio

engagements on youth radio stations in three countries (South Africa, Zambia, and Ivory Coast), along with three youth-led television discussions (in South Africa, Mexico, and Ecuador).

In the lead-up to these national-level radio and television discussions, meaning-making workshops at the country level, led by the partners, were conducted with the youth research teams to help highlight which topics/questions should be taken for wider youth engagement, from the perspective of the youth researchers who conducted the interviews.

Table 1 provides a further overview and description of the various methods of the research.

Table 1. Overview of Methods (figure illustration)



Stage 4: Analysis, Meaning-Making, Report + Presentation to Stakeholders

All of the interviews were transcribed (without identifying information, unless explicit permission was given by the participant) and analyzed first by the youth researcher who conducted the interview. Youth researchers filled out 'coding sheets' following each interview, providing a first layer of meaning-making before country- and global-level meaning-making workshops. Once the interviews were analyzed by the youth researchers, discussed through national-level meaning making workshops, and further refined through national youth-led radio and television engagements, the findings of these various analysis activities were further analyzed from a global trends perspective – by the partners, stakeholders, and the YP Committee.

In other words, based on the findings identified in the country-level meaning-making sessions, stage four of the research included a process of global meaning-making, whereby UNICEF engaged its partners and the YP Committee in three, 2-hour meaning-making workshops at the global level. These meaning-making workshops employed a 'most significant' insight methodology, whereby young people considered the broad findings identified in the research and honed-in on what findings/solutions/insights were most meaningful to them – in connection with the project's driving research questions. At the YP Committee level, which reflects young people from each of the participating countries, a WhatsApp engagement took place -- organized by the partners and UNICEF C4D HQ. All of the meaning-making workshops were organized around a set of key objectives and interests, though which the committee members were asked to short-list the findings, interviews, and stories that they thought were 'most significant' to their experiences (both in the research and in their own lives) and 'best reflect' the findings that they think deserve greater attention. Questions were also offered to further explore the meaning behind some of the quotes and insights they identified as most significant.

“I really took the lesson to not to be afraid of asking for help and to open with other people,

because for me, [that] was really eye opening to see that I wasn´t the only one with that problem

and that I could create wonderful connections with people

that maybe have the same problem as me.”

--Ale, Mexico, Youth Researcher, 18 March 2022

Section Three:

‘Most Significant’ Findings

Section Three: Most Significant Findings

This section reflects some of the 'most significant' findings of this research which includes insights gathered across all the participating countries. A full detail of the methodology can be found in Section Two, and a list of the youth-validated interview and focus group questions can be found in the Appendices. a fuller set of the findings can be found in Section Six.

2. "Surviving Life Upside Down"

Young people feel that **mental health is not only an overlooked issue; it is a misunderstood and underappreciated crisis.** While recent studies have raised awareness on alarming rates of suicide among young people, constituting the fourth most-common cause of death (after road injuries, tuberculosis and interpersonal violence) among adolescents (aged 15–19), this research provides insights on multiple factors that need to be considered in more proactive and systematic ways to ensure positive mental health amongst young people and to address challenges before they move into the category of intent or attempt towards self-harm.

When asked about what has changed in their lives since the COVID-19 pandemic, the most common refrain from young people across countries was "everything" or "life as we know it." There can be no understating the scale of impact and influence that the pandemic has had on young people in the target countries of this research and in turn the status of their mental health. The majority of young people across all countries stated that the pandemic has grossly exacerbated mental health needs and experiences in their community and for some within their own lives. Common mental health needs experienced by young people as a result of the pandemic includes: feelings of hopelessness and loss of control, irritability, fear and anxiety about the future, feelings of anxiety and low-mood and withdrawal, inability to concentrate and lower school performance, loss of confidence and ability to express themselves. Most disturbingly, **two out of every five young people interviewed mentioned having either witnessed or experienced their own personal experiences with suicidal thoughts or attempts since the COVID-19 pandemic began.**

> ***"COVID-19 has really turned our lives upside down, we have suicide rates and depression rates that are ballooning, even young kids as old as 10 have started to develop mental problems like anxieties.". (South Africa, he, 24)*

This worsening was mostly caused by the effects of COVID-19 on many key determinants of mental health such as decrease in social and learning activities, removal of routines, restriction of movement, fear of the unknown, risk of infection, loss of loved ones and financial precarity brought by job loss in the family. In this sense, COVID-19 had a compounding effect on young people's mental health. At the same time, young people across participating countries

voiced concerns that the worsening mental health crisis within their community and among their peers is too often downplayed by parents and community leaders, stigmatized by media and other pop culture portrayals, and too often ignored by global institutions in favor of other secondary effects surrounding the pandemic and wider social issues.

In the Covid-19 Headline News video 'Katlego, dealing with loss' from South Africa a young woman shares how she cut herself as her way to express her overwhelming emotional distress:

Katlego, dealing with loss ZA

2. “Their Meanings Explain Their Doings”

The field research led by young people began by exploring their own and young peer’s perception of “Mental Health” in order to better understand their attitudes, coping strategies, help-seeking and support-giving practices. While there are widely shared elements amongst young people regarding what defines “mental health” across regions and countries, the research has highlighted the critical importance of local context and the extent to which an individual’s culture determines how mental health is perceived and articulated and as a result how it is responded to. The young researchers also highlighted that **the lack of public conversation and lack of shared language about mental health itself plays a major part in how seriously mental health is treated and perceived amongst their peers and within their communities.**

For many young people, the immediate association made in relation to the term “Mental Health” refers to an **optimal state of wellbeing of an individual to emotional or psychological conditions or situations:**

> ** *“It comes to mind as a sense of emotional well-being of balance, a physical and psychological balance, a well-being.” (Mexico, he, 20)*

An interesting finding is that the concept of **“well-being” for young people in some cultures goes beyond “the emotional and psychological”** to an understanding of a deeper level of wellness related to “wellness of the soul” and wellbeing with the universe, implying that in such cultures, mental health solutions must also be approached at this deeper level:

> ***“In the community of Chiquinivalvó, municipality of Zinacantán, Chiapas, a Tsotsil community, and it is not seen as a psychological problem, but rather as a problem of the soul.” (Mexico, he, 23)*

> ***“When a person is at peace with his environment and himself (Mexico, he, 21)*

For another set of young persons, the immediate association related to the term “mental health” is one framed in terms of a **negative state, characterized by mental health illness and disease**. It is both interesting and significant that such young people overlook the word “Health” to immediately associate “Mental Health” with a negative or pathological interpretation:

> ***“**For me mental health I can say that it is a disease* *which…. directly affects the head which affects the brain and…it* ***prevents some people from living like the others,*** *it sets them apart from others for me that's it.” (Ivory Coast, he, 24)*

There were multiple similar framings of "Mental Health" including:

> ***"**sick in the mind**." (Ghana, she, 19);*
> ***"**illness** which prevent one to reason normally." (Ghana, he, 20);*
> ***"being **mentally disturbed**." (Zambia, he, 15-24);*
> ****"doesn't have a safe mind** or **out of sense like madness**." (Ghana, he, 23);*
> ***"**someone is mad**."(Ghana, he, 22);*
> ***"**talks while walking alone and eats food droppings.**" (Ghana, he, 17);*
> ****"person's mind is damage, like madness.**" (Ghana, he, 22)*

A slightly different but related definition of "Mental Health" was the "absence of mental illness".

> ***"Mental health refers to the **absence of a mental Disorder**." (South Africa, she, 16)*
> *"I would define it as, How crazy are you? or How well are you? (Mexico, he, focus group, 18-24).*

A number of young people had a more nuanced conception of "Mental Health" explaining it as a **state of mind along a continuum from wellbeing, to absence of wellbeing to mental illness**, while a significant number of responses from young people included an important additional dimension related to **an individual's interaction with the continuum**. Young persons in this category articulated the concept of **active regulation across the continuum in relation to changes associated with themselves, others around them and their environment** (including stressors such as those introduced by the COVID-19 pandemic) and the **capacity to maintain a positive orientation or resilience throughout:**

> ***"There are those who feel bad about themselves, feel bad about others or feel bad about their environment, but those three aspects can be about seeking and feeling good, which is mental health." (Mexico, he, focus group, 18-24)*

> ***"Well, it seems to me that mental health is a state of mental balance of a person, **the ability to fully clear think and balance between good mood and negative emotions.**" (Ukraine, she, 15)*

> ***"Knowing how to control when you let yourself be carried away by your negative and positive impulses and how you channel them." (Mexico, he 23)*

> ***"I consider that mental health is **something positive in the mind, attracting positive things**, because if you get into negative things then that is the first thing that will bring negative things. (Quito Ecuador, she, 17)*

Some young people appear to be clear about the **signs and signals of when they or others have a serious mental health challenge** including indications such as self isolation/withdrawal from regular activities; feelings of emptiness; difficulty in controlling emotions; sudden changes in behaviour; insomnia; substance abuse; self-harm or suicidal ideas. In fact, when asked about the signals of a serious mental health challenge many of the young respondents expressed that they themselves fit into that category and identified their own need for help, reinforcing the importance of the research and national efforts to address MH needs of young people:

> ***"A mental health condition is serious enough for me when I feel unable inside, when I feel empty of spirit, when I feel unable especially to control myself, contain myself and control my emotions, when I feel that sometimes I lose control, right now I really need help." (Ivory Coast, he, 20).*

Others feel that they have not been sufficiently sensitized and therefore are not equipped to understand their feelings or to be aware of the support they may need:

> ***"Looking at the research we did, personally I think people lack awareness on mental health. Most people realised they've gone through mental health without knowing what they are going through.(Zambia, he, 18-24, Global Meaning Making Workshop)*

In the #MyCovidStory selfmade video 'Artem, Kharkiv' from Ukraine, a 15 year old boy tells an optimistic story about how the pandemic made him learn new things:

#MyCovidStory: UA Artem (15)

3. “Fear of What People Will Think…..More Serious than Mental Health Challenges itself”

There is a deeply-rooted culture of silence around issues of mental health which stems from long-standing – though variant on the country – social norms and stigma around mental health in the participating countries across all regions. Mental health is still a taboo topic in most societies, leading to a norm of silence around the topic. The avoidance of discussions around mental health has in turn resulted in a lack of opportunities to develop a common vocabulary around the subject, a hesitance or avoidance for seeking support and a lack of support mechanisms around mental health:

> ***“the stigma and discrimination is a cancer spreading even way faster because our societies and what they believe in are all up in our heads hindering us from attaining help. Even our own homes have these beliefs and patients have no where to start from or run to” (Zambia, non, 23)*

> *** We need to help more people to know that going to a psychologist does not make you crazy,*
> *and that people do not need to be crazy to go to a psychologist. (South Africa, she, 15)*

> *“For me it’s like I just found out recently that normally 8/10 people have suffered from depression or anxiety but don’t even know about it. Because they don’t know what it is so things just happen and you like okay its whatever?” (South Africa, she, 18-21)*

The main contributing factors driving cultures of silence around mental health, according to young people, include: fear of judgment, labeling and social exclusion, lack of information, misinformation and rumors, and the denial of mental health as an acceptable challenge.

> ****"The negative reaction of society. There are certain stereotypes that are compounded thanks to the media, movies and other sources, and accordingly, because of this, they are afraid to talk about it."" (Ukraine, she, 19)*

> ****“Most parents minimize, invalidate MH issues or simply don’t know how to listen.” (Ecuador, National Meaning Making workshop, 18-24)*

> ****”A typical reaction from parents is ‘how can you be depressed, you have a roof over your head’.” (South Africa, National Meaning Workshop, 18-24)*

> ****“You need to learn that judgment is always there, and be willing to give in and help yourself.” (South Africa, she, 20).*

To get a sense of the magnitude of the problem, of the 43,890 young respondents in the U-Report mobile phone poll administered in the target countries before the in-depth qualitative research, **more than half (53%) of the young respondents in the U-Report poll said that they needed support managing difficult feelings or stress over the last year, but did <u>not</u> reach out for help.** According to the U-Report poll (n=43,890), the top barriers for young people in seeking help with mental health needs (ie. managing feelings of anxiety and low-mood) were perceptions that the problem was not "**serious enough**" to ask for help (26%) and "**fear of what people will think**" (25%). In other words, **social norms and expectations around mental health are significantly influencing young people's willingness and ability to seek support.** As young persons interviewed aptly explained, stigma and discrimination related to mental health cannot be addressed at an individual level:

> ***" If we do not work in unity we cannot overcome the sickness which is under control in our community." (Ghana, he, 20)*

In the #MyCovidStory selfmade video 'Romina' from Ecuador, a 17 year old girl talks about facing the mental health issue and finding the best version of herself again:

https://www.youtube.com/watch?v=VyJIExFvRSU

4. "Culture of Criticism and Not Taking or Being Taken Seriously"

According to the young researchers and respondents there is a strong tendency for communities to criticize and make fun of or joke about their or others mental health needs or coping behaviours. The young researchers noted that the implications and pervasiveness of this type of discrimination – related to judgement – should not be understated. Examples of types of stigma that young people have witnessed (or fear happening) when someone seeks support on an issue related to mental health include: being mocked, harassed, bullied, embarrassed, shamed, perceived as weak, demoralized, abused, isolated, and marginalized and not being taken seriously, instead of responding to these as signals that the person may need help:

> **"*An added problem that the young researchers note is a* ***culture of criticism and not being taken seriously****. Other young people (or even adults) can* ***make fun of abnormal or unhealthy behaviour that is used as a coping mechanism.*** *Commenting on weight gain or the social stigma that might be associated with certain hobbies* ***rather than noticing and reaching out about the underlying problem.****" (Mexico, National Meaning Making workshop, 18-24).*

> ***"There are two of my classmates that* ***they laugh at when they see them because they have mental problems…they also start to throw stones.****" (Ghana, she, 21).*

> ***At school and in communities, if people hear you have mental health issues, they'll immediately start bullying you." (Tajikistan, she, 18).*

> ***[Young people] hesitate to share their mental issues because they think people may* ***judge or make fun of them*** *afterward. Therefore people keep their mental issues and don't share them with anyone." (Tajikistan, he, 20)*

> *"They are afraid that if they tell their problems to a person and that person tells it to others then others will make fun of him/her." (Tajikistan, he, 15)*

> ***"Sometimes I understand people who talk to strangers better than their friends because* ***when it's your friend especially as black people we deal with traumas through jokes****…..when it comes to mental health we don't take each other seriously.(SA, She 15 yrs).*

The fear of stigma is so great in some communities there is a perception that by associating with a person with Mental Health, that person may also be associated with having MH needs. This perception goes even further with **prevailing beliefs that Mental Health needs are contagious.** These type of beliefs were noted by young people in Zambia, Ghana, and Ivory Coast.

"Sometimes people have no education on mental health issues* ***and sometimes think they can get infected when they get close to such people." *(Ghana, she, 15)*

***"Most people sometimes think mental health issues are spiritual and would not want to get close to such people in order not to get infected." (Ghana, he, 20)*

In addition to the need for **young people to be taken seriously by others, young people identified the need for young people to take their own mental health needs seriously and not to attempt to avoid addressing them:**

*** "I think young people should take the issue of mental health seriously, not just think of it as for the mental patients only but it should be treated in the way they treat headaches" (Zambia,He 20 yrs)*

***"If you want to help someone, you need to help someone who wants to be helped." (South Africa, she, 15)*

"A common advice that they [youth from underpiviliged backgrounds] have learned themselves and that they give to other youth is to learn to sometimes put yourself first. Be confident enough to take your own problems seriously." (South Africa, National meaning making workshop, 18-24)

In the #MyCovidStory selfmade video 'Yulady' from Ecuador, a 17 year old girl talks about the difficult situation of having to live together day and night during the pandemic:

#MyCovidStory: Yulady EC

5. Mental Health as Foreigner and External Force

While the societal taboo and culture of silence surrounding young people's experience of mental health appears to be universal, **there is a particularly powerful and influential force of culture, where young people living in communities of particular races, ethnic or tribal backgrounds have the additional burden of navigating difficult culturally-influenced responses to mental health needs.** There appear to be two dominant dimensions associated with the culture-specific approaches to mental health. One is that **for certain communities especially within African/Black, indegenous and other marginalized communities. mental health is seen as a socially-constructed foreign concept, one invented by the younger generation and reserved for the over-privileged.** In such communities, young people's expression of mental health needs is met with levels of impatience and even as a sign of lack of gratitude for hard-won provision of basic needs such as food, clothes and shelter.

> ***"I come from a very traditional old fashioned black Ndebele family (Tribe in SA), very staunch, they don't even know of such a thing called mental health issue and believe that you are just stressed and you just have to get over it, so, it's, its not even a big deal to them" (South Africa, she, 18)*

> *"But at the level of traditions, our African traditions, it's a bit complicated, because already in the tradition when we say "that this one is mentally ill", we say to ourselves directly that it is a spell or else he has committed atrocities by the way. So we can say that tradition has a negative impact, that's it".(Ivory Coast, she, 16)*

> ***"When our parents were kids, it was still normal for parents to hit their children. So they think that their children now should not worry as long as they have no material or security problems." (Ecuador, National Meaning Making Workshop, 18-24)*

> *"There is fear of being perceived as a weak person especially in a black society." (South Africa, he, 24)*

> *"No, because many Africans feel that mental health problems are for white people." (Zambia, she, 21)*

> ***"Sometimes I understand people who talk to strangers better than their friends because **when it's your friend especially as black people we deal with traumas through jokes**.....when it comes to mental health we don't take each other seriously.(South Africa, She, 15).*

> *"I would also like to make the Ivorian, African and even world population aware of the problem of mental health and at the same time tell my Ivorian brothers and my African brothers that the problem of mental health is not specific to whites, it's a problem for everyone, it's a problem that*

is in the habits of any society, a problem similar to covid-19 because covid-19 in its early stages was thought to be a business of white people but we see that it is for everyone". (Ivory Coast, he, 20)

"Mental health does not affect only white people, its penetrating to black people, black people are being affected by it, you dont know that you are suffering from depression because of ignorance" (South Africa, Alex FM, Radio Discussion, Minute 16:00 -16:15)

A second dimension centered around culture and specifically linked to religious and traditional beliefs is that mental health needs are a sign of a supernatural evil force. Such framing results in villanizing the "victim" and further ostracizing young people who may already be struggling with mental health needs. It also means that instead of empowering young persons who are experiencing, to address their needs, the solutions are sought outside of the individual (ie. prayer vigils and religious rituals for cleansing):

***"Religious and cultural taboos are stronger in indigeneous communities. " (Mexico, National Meaning Making workshop)*

***"Another stigma is that they tend to think people are **bewitched** when suffering from mental health issues as it is something foreign to them." (South Africa, he, 18)*

***"If they see that I've been [acting differently]...witchcraft happened. They obviously take me to church. If they take me to church they can organise an oxicism, an all night prayer and even fasting just so that I can, the mental condition can stop. It can miraculously disappear. And with tradition. Yeah, they'll get the cows and witch doctors (Sangoma's). It will be lit. Nothing will change." (South Africa, he, 16)*

***"In principle, yes, if people are not too fanatical about their faith. I myself am a believer, but not a fanatic. I like one phrase, but I don't remember who said it: "God helps those who help themselves." I believe that it exists, but I try to solve problems on my own. And there are people who think that everything will pass, that this is just a test or similar nonsense, because of which problems remain unsolvable. " (Ukraine, she, 20).*

***"For me, when we talk about mental health, it's when there are evils at the level of the conscience, when the conscience does not manage to orient things." (Ivory Coast, 18-24, National Meaning Making workshop)*

Young people expressed that the cultural norms described above are largely held by adults and older generations but are deeply-rooted and pervasive in their communities and therefore issues that are difficult to dispel and impossible to address at an individual level.

In the COVID-19 Headline News video 'María's journey' from Ecuador, an 18 year old Venezuela born girl tells about her changes in life before and during the pandemic:

Maria's journey EC

6. Marginalized Groups - "We Feel Even More Alone ……and Even More Fired to Break Taboos"

Young people from marginalized groups face compounded mental health needs. Even more than their peers they generally suffer more in terms of their experience of "lack of belonging", stigma, discrimination, xenophobia and social exclusion. Mental Health needs for marginalized groups have been even further exacerbated in the context of the COVID-19 Pandemic. More than half (51.5%) of 43,890 young people in the U-Report poll from the focus countries reported that they had experienced *heightened* stigma and discrimination based on their ethnicity, race, migrant or refugee status, disability, low-income status, since the COVID-19 pandemic began. Not surprisingly, 1 in 4 young people attributed increased stigma, discrimination and abuse (27%) as their second top cause of feelings of anxiety and low-mood (following the top "cause" which was the disruption of education and social life - 31%). At the same time, ironically, due to their compounded levels of discrimination and felt need, these young people are sometimes the most fearless in championing efforts to break taboos and the culture of silence.

***"For marginalized groups it's even more difficult because aside from the other factors that hinder young people from seeking help, marginalized groups are already socially disconnected from their communities. This makes it a serious hinderance for them to be helped mostly." (Global Meaning Making Workshop).*

***"Rainbow communities are misjudged for their sexuality, then the migrants are judged based on their origin, so these are the remarks that add negative thoughts to one's mind where they end up slipping into depression due to a lack of belonging." (South Africa, she, 18-21).*

"I am from Larráinzar, a Tsotsil speaker, I am put in a situation of discrimination, for being indigenous, it affects my mental state a lot, because I am being rejected, I feel many things with the simple fact that they tell me that I do not belong or that this is not my place, "go back to the jungle" that affects much of what I am, and I say that it affects me a lot on that side." (Mexico, he, focus group, 18-24)

"[Refugees] face xenofobia, prejudices, bullying. Jokes about Venezuela.* ***This can make them feel even more alone. *" (Ecuador, National Meaning Making workshop, 18-24).*

A critical additional point revealed by indigenous and migrant groups through the in-depth qualitative research is the extent to which the disproportionate level of stigma and discrimination faced by these groups in particular deters them from divulging information about their experiences and seeking help. Responses from young people from these communities reveal that **due to their heavy dependence on their immediate community for survival, they experience more than the usual barriers in being transparent about mental health needs and seeking support** given the importance of maintaining community acceptance and their own inclusion:

***"It is more difficult to seek help for this type of people because their beliefs, their traditions and customs point them out as people who are not suitable for the community, In the case of people who live in the city, this has diminished a little, but that is more to my perception, there is a lot of finger-pointing, but there is always this fear of being labeled as crazy." (Mexico, he, 22)*

Young people with disabilities are another marginalized group that tend to be overlooked as a group uniquely affected by post Covid-19 realities related to mental health, including the accelerated move to digital/online platforms for information and engagement. Young people with disabilities are too often left out of conversations related to mental health, and are not considered when solutions are designed. When young people have visual or auditory impairments that bars them from engagement on social media, they are unable to rely on this platform that the majority of young people are depending on as a coping

strategy. For young people with such disabilities, this represents a heightened level of isolation and significant contributor to increased mental health needs.

> ***"Being disabled doesn't mean I don't face mental health [challenges]."
> (South Africa, she, 18-21)*

> ***"No doubt about it, stigmas exist for instance disabled people suffer with a lot of depression as they are unable to do some things they desire to, migrants are faced with issues of always feeling out of place, like they do not belong.". (South Africa, she, 18)*

> ****"There is really discrimination when you know that in a society that needs able-bodied people, people who are seated, especially intellectually, we are not able to think like them, we are immediately put aside, **laughed at** everywhere, we are not helped, we are left to our worries." (Ivory Coast, she, 15-18)*

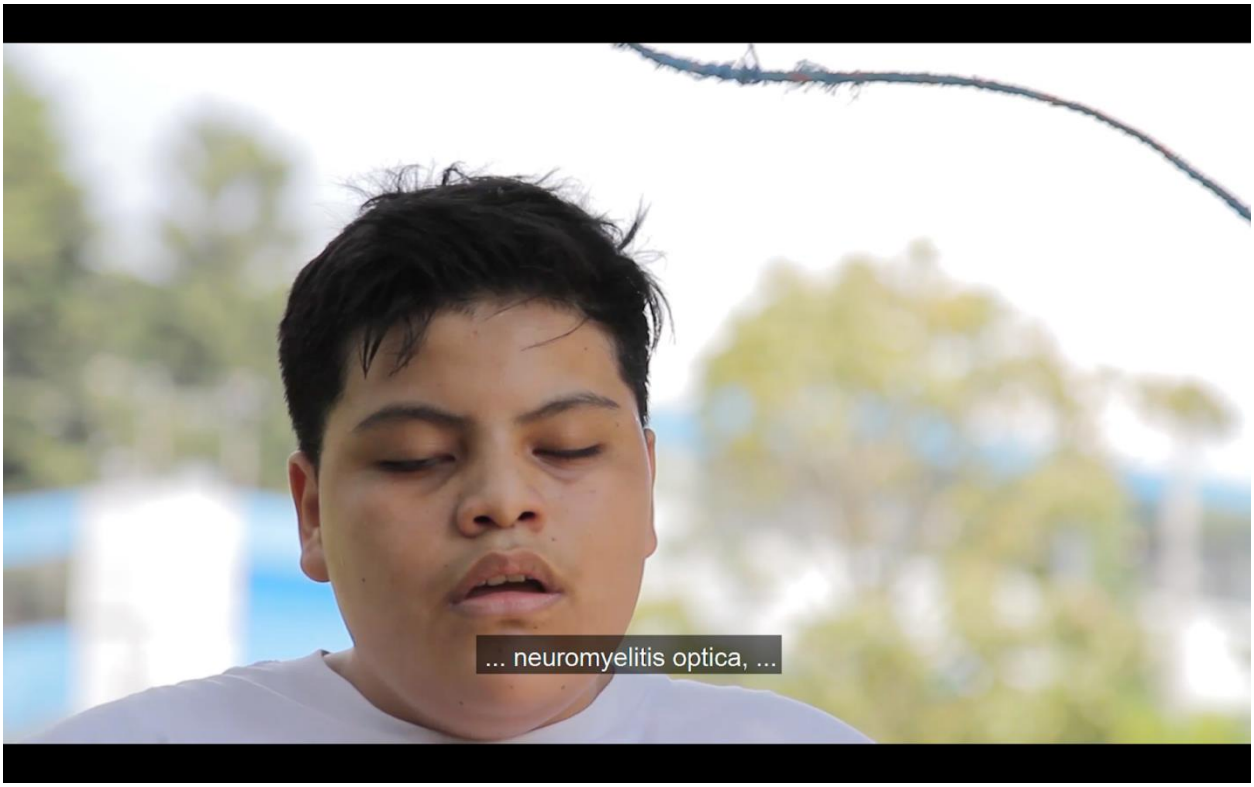
Young people from marginalized communities are particularly motivated to speaking about their experiences of stigma and discrimination and specifically on their experiences with mental health which can help to break taboos for everyone. This is also the case for young people who are not neurotypical or have a disability. For some of these youth, a clear diagnosis can help them become more confident about mental health. They can then become agents of change to address Mental Health needs for the community as a whole:

> ***"Challenged people generally are the ones breaking cultures. I'm not challenged physically or mentally or with regards to being sick. I try to avoid discrimination and stigma. I wouldn't go right now and host an event and try to talk about mental health because I am dealing with it on my own. If I was disabled it would be a need that I must educate people like me." (South Africa, He, 18)*

> ***"I feel like confident people are the ones who are breaking cultures of not saying things. They are accepting themselves as they are, especially gay people as they have LGBTQI community. So they are out there encouraging people to love themselves the way they are so those are the people who are actually breaking the silence." (South Africa, She, 17)*

> ***"The interviewee with a diagnosed condition was very able to talk about Mental Health generally, also outside of specific conditions. (...) this experience makes her more aware and able to help others also to talk about mental health generally and to identify problems." (Ecuador, National Meaning Making Workshop, 18-24)*

In the COVID-19 Headline News video 'Richard, not afraid of the darkness' from Ecuador, a 14 year old blind boy talks about his experiences, challenges and dreams:



https://www.youtube.com/watch?v=ThRU130Ga-k

7. "Gender Set-Ups" as major mental health burdens

Gender plays a central role in levels and types of needs that young people face today around mental health. While there has been a long-standing global phenomenon of genderized social expectations in relation to displaying and handling emotions, the reports from young people across genders confirm that this phenomenon remains highly pronounced and represents a major source of stress for boys. girls, and non-binary young people:

> ***"The issues or the expectations that come with both genders and having to conform to those. That stigma and discrimination just because you are male of female just comes with a lot of unrealistic expectations that hinder young people's mental health." (South Africa, National Meaning Making Workshop, 18-24)*

The social roles that come with genders, including rainbow communities judged for their sexuality and having to conform to those, comes with a lot of unrealistic expectations, leading to mental health needs that are exacerbating their vulnerability to worse experiences of stigma and discrimination which add to the burden of existing mental health needs.

Boys and men are often expected not to show emotions or share feelings, including crying or expressing difficult experiences (financial, mental, physical):

> ***"the cultural set-ups are a big challenge. The notion of "mwamuna samalila" (a man should not cry). Men are meant to believe that they don't cry by society or show weakness and this belief is a big challenge because in recent times suicidal acts especially amongest men have been common in the name of a man should be strong even when they need this help they choose not to get it because society has made them believe that once you show weakness you are not man enough." (Zambia, non, 23)*

> ** *"Men don't cry" A statement that most of our brothers receive when they seek help. While busy producing and listening to some of the clips [for the radio show] I heard one quote in Sotho. It's an idiom saying "Monna ke nku o llela ka teng" meaning "a man is a sheep, he cries inwardly." (South Africa, he 23).*

> ***"I don't know about women but ill speak specifically for men. I think the biggest thing is pride. You see with men, one thing that we don't understand is that the mind is a very terrible place to live in….and you need to take care of your mind, doing things that you love, meditating and things….but the minute you start raising the thing of going for counseling they start saying things like "why do I need counseling? I'm fine, I'm okay, I'm good, and I'm a man i'll deal with it.* Let's say have you have *a traumatic incident, maybe you lose a loved one or get hijacked or lose a job, the person that you in a relationship with you break up with that person or whatever the case may be. For you to say that "I'm good, ill heal" by yourself is a sign of pride cause now you do not want to admit that you need help" (South Africa, he, 24)*

On the other hand, girls and women face on-going stress of sexual harassment by boys:

> ***"They [boys] intimidate us. You can get sad. When it comes to clothes, not being able to wear what you want, to go out, it's like a constant frustration. For example, if I told my mother that I felt I was followed, or my grandmother, they would tell me, but look how you are, look how you go out, you call attention to yourself by dressing provocatively."(Mexico, she, 18-24)*

Additionally in most communities' girls are degraded and perceived as a "weak" gender.

> ***"[There is a stereotype of girls] **Worrying** more than usual, finding to enjoy your life.. Having thoughts or feeling that things that are difficult to cope with." (South Africa, she, 18).*

> ***"Ah, but women are more sensitive," "Ah, women have more depression." As if men don't get depressed, but in fact it just doesn't show up in statistics because they don't talk about it and women talk about it more. But then we get into a discussion about gender that's also linked to mental health." (Brazil, she, 22)*

***"Women are already looked down on and if they try to go and seek for mental health for some people who already look down on them, they will give them the exact opposite of what they want so they tend to shy away from that." (Ivory Coast, he, 20).*

In the Short News item 'Experiences in the pandemic' of WADADA Ecuador news for kids, a group of teen girls is filmed and interviewed when they gathered for a meeting to talk about the pandemic:

WADADA Ecuador 2022 pilot: Covid pandemic EC

8. "Beyond the Best Listening Ears, You Can't Give What You Don't Have"

Across all participating countries, **young people's first go-to source for mental and emotional support is other young people**.

***"The shortest way to go from you to yourself is to go through others like you." (Ivory Coast, he, 18-24, Global Meaning Making Workshop).*

There are several contributing factors for why young people prefer to speak to their peers: They are less judgmental, more understanding and supportive, share similar lived experiences,

are more trustworthy and are more accessible than professional specialists. Young people feel like there aren't alternative sources of support – from people who can understand and share their daily experiences – and from individuals they can trust not to judge or socially exclude/shame them, outside of their peer networks. Importantly, however, this research found that a notable number of young people (41%, n=17,995 out of 43,890 respondents of the U-Report poll) said that they **do not feel confident in providing the level of support and/or information that they feel their peers need**. Through in-depth interviews, this research further confirmed that although peers are the first point of contact for support on mental health, young people most often lack confidence and knowledge on how they can better support their peers:

> *"it is important to have the confidence to know where or who to go to." (Mexico, she, focus group, 15-24)*

9. "We are Facing the Monster They Couldn't Face"

There are significant inter-generational gaps in understanding, communication and support, especially between young people and their parents in relation to mental health. Parents are a source of stress for young people and the majority distrust going to parents and older generations on issues related to Mental Health. There is a widely shared sentiment amongst young people that older generations and their parents, in particular, are not credible sources of support or information on issues related to Mental Health; instead, young people across countries point toward adults, traditions, and old norms as the source of much of the stress, stigma and discrimination that perpetuate mental health needs in their communities and peer groups.

> ***"****Most parents minimize, invalidate MH issues or simply don't know how to listen." (Ecuador, National Meaning Making workshop, 18-24)*

> ***** *"So, how can a young person ask their parents for help? Privately? Are you having serious troubles at home? What if sometimes there's no dialogue with your parents and sometimes parents think it's nonsense? If the person doesn't have family support, how can they ask for help? How is he or she going to muster the courage to go up and say "I need help!"? When sometimes parents are also the cause of these problems?" (Brazil, she, 16)*

Furthermore, young people are helping to break down the taboo and stigma by speaking-up and speaking-out against cultures of silence, and normalizing the process of talking about MH issues:

> ***"Teenagers are the ones breaking the chains of silence." (South Africa, she, 18-21)*

> ***"Well, these are young people who are not afraid to talk about it, and in this way, they destroy*
> *stereotypes about it in society, so that the stereotype does not spread further. They show the world that such problems exist, also through social networks" (Ukraine, she, 19)*

> ***" I constantly talk to the people around me about how important mental health is and how important it is to open yourself, that we all have problems and it is okay to* ***normalize*** *it, let emotions flow and accept the things that happen to us without the need to believe we are perfect, because no one is perfect. It's OK not to be OK." (Ecuador, she, 17)*

In the COVID-19 Headline News video 'Phila, being heard' from South Africa, a 13 year old boy talks about his attempts of making adults understand his mental health situation:

Phila, being heard ZA

10. “Fighting two [Digital Media] bulls at the same time”

While digital media has commonly been cited (including in this research) to have numerous negative influences on young people including online peer violence, sexual harassment, peer pressure and also screen time replacing time for physical activity and interaction, which contributes to feelings of anxiety and low-mood in young people, many of the young participants of this study expressed that they depend heavily on Digital Media platforms, particularly social media, as a coping strategy for Mental Health needs they are experiencing:

> ***“I think the mobile phone itself was a refuge, as it was very good. But at the same time, it was bad, because everyone was glued to the screen. Hate messages against people have increased, verbal and moral harassment have also increased.” (Brazil, non-binary, 14)*

Some of the reasons why young people said they rely on social media as their preferred method of support included: The majority of respondents (7 out of 10) expressed that the virtual world provides them with a space free from judgment, stigma and discrimination around mental health; It provides anonymity, **at least 2 out of 5** young people said they are more able to share their experiences and stories without being identified by the people around them or their community; it fills a gap in the absence of face-to-face support especially exacerbated due to Covid-19 restrictions and also provides a space where young people where they can speak to each other on their own terms; it provides a virtual community where young people get a feeling of having a network of peers who care and a feeling of connectedness through shared lived experiences and testimonials; it facilitates access to information and experts advice: it provides a space for validation - many young people expressed that they were not aware that so many others were experiencing the same or similar challenges until they engaged on social media.

As one young person concluded, however, the act of going to social media for support on issues of mental health, despite the fact that it also causes feelings of anxiety and low-mood for young people, means they are often “*fighting two bulls at the same time” (South Africa, he, 24).*

11. “Few Safe Spaces to Lay Down My Mental Load”

Other than social media, young people have few safe spaces to lay down their mental load. About 1 of every 2 young people interviewed said that they didn’t know of a “safe space” or “safe source” where/who they could talk about mental health issues. For

those that could identify a ‘safe space’ they were primarily described as relationships (connection, friendship or engagements and settings where they can connect with a peer (online or offline) or anonymous young persons (online), rather than a physical space (which many say doesn’t exist, or is not known, in most communities). Social places like home, churches, university and sports/exercise places were a few physical spaces that they identified as safe spaces.

> ***I do not have a safe space where I can openly talk about what I’m feeling. I would say most of my peers do need one, teenagers struggle with having such support and they need availability services that will provide them with what’s missing in their lives.” (South Africa, he, 15)*

> *“I don't have a safe space. I don't know anyone who talks about their mental health.” (Ivory Coast, National Meaning Making Workshop, 18-24)*

> ***“There’s nowhere to go when you are sad, people don’t take being sad seriously, so when you are sad they just tell you to move on, they tell you life is hard, life is not easy, those things, they don’t get help.” (Zambia, she, 13)*

> ***“Here I’m speaking from where I live, so I don’t think we are seeking because we don’t even know where to go and seek for them. If there were to be some kind of education going on it would have helped.” (Ghana, he, 24)*

In the #MyCovidStory selfmade video ‘Karina’ from México, a 23 year old young woman talks about the need of communication in order to heal others and herself during the pandemic:

#MyCovidStory: Karina мх

12. “Challenges in Stepping Out of the Comfort Zone”

Young people are acting as change-makers on Mental Health in a myriad of ways: by speaking-out on their personal experiences with mental health, providing safe-spaces of support for their peers, and advocating for and sharing research on issues related to mental health with their peers. At the same time, the research found that young people – especially those in vulnerable communities – are having a difficult time finding many of these young people and conversations. Several young people in many communities said that they are in desperate **need of more support, better role models, and more conversations about mental health in their communities. Young people feel they do not have enough confidence to be champions on mental health and have expressed their need more support and better information on mental health in order to provide the appropriate support to their peers**; they say that it is difficult to find easily shareable content related to mental health, and it is even more difficult to find research that speaks directly to the experiences of young people in their communities (or even their countries).

> ***”Those who step out of their comfort zone to talk about their problems. Those who need help but understand that if they don't take the first step, it will be difficult for them to cope on their own. The main thing for them during this period is to show that you are ready to support them at any time.”(Ukraine, she, 20)*

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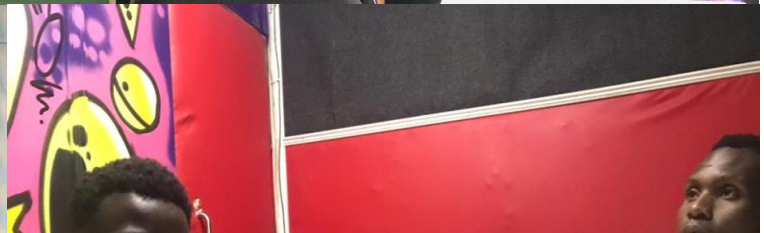


… So what?

Section Four: "So What?" Solutions-oriented findings in the words of the youth researchers

This section provides an overview of select "so what?" take-aways shared by young people in the Global Meaning-Making Workshop and youth researcher-led national radio station dialogues around the findings of this research. While this section is not exhaustive, it offers reflections of some of the emerging ideas that young people have in how to address some of the key findings they identified in the research.

1. Shedding Light on the Subject

There is an immediate need to increase levels of awareness/understanding and support more community sensitization and education around Mental Health.

There is a low level of awareness and understanding surrounding mental health and consequently a dire need to effectively sensitize and educate communities, both in terms of support for those who need help and to reduce stigma and discrimination:

> *"Looking at the research we did personally I think people lack information on mental health…….We need to educate communities where we come from on the importance of mental health. Coming up with centers where if someone is going through challenged they can be helped and we can reduce the number of suicide in our country." (Zambia, he, 18-24, Global Meaning Making Workshop)*

> *"People know little about Mental health there's still a gap that need to be filled," (South Africa, he, 19, Global Meaning Making Workshop)*

> *"Many people really know little about Mental Health. There is need to effectively sensitise our communities." (Zambia, she, 22, Global Meaning Making Workshop)*

> *"People are misinformed which then leads to stigma and discrimination." (South Africa, she, 18-24, Global Meaning Making Workshop)*

> *"We need to educate people more about mental health issues so that stigma is less and less." (Ivory Coast, she, 18-24, Global Meaning Making Workshop)*

> *"There is a need to organize interview sessions with young people in centers talk to them about mental health give them more information on the subject because they are mostly ignorant on the subject and I believe that this will already be a support for them." (Ivory Coast, 18-24, Global Meaning Making Workshop)*

"If I were a leader of my country I would ensure that the school curriculum integrates mandatory mental health education. From junior secondary all the way to University. Additionally. I would also ensure that there are safe spaces and councilors in these institutions so that young people feel free to express themselves and get accustomed to such services." (Zambia, he, 24, Global Meaning Making Workshop)

"[If I were President of my country] Firstly I would introduce mental health counseling skills in all schools from grade 8 to grade 12 as a compulsory subject. This would help young people understand what mental health is and know how to deal to stress at a tender age. (2)The second thing I would do is to ensure safe spaces are built everywhere (Schools,Churches and hospitals)and introduced in all the provinces and ensure that I hire well trained personnel's to work in these areas in order to enable youths to be comfortable and express themselves." (Zambia, 18-24, Global Meaning Making Workshop)

2. "Unlearning Old Ways"

There is a need for increased visible modeling of appropriate responses towards shifting narratives and normalization of addressing mental health

Beyond education, there is a significant need to re-frame the social narrative around mental health in order to remove stigma and discrimination and normalize the experience of mental health needs in order to provide a supportive environment for help-seeking and to avert the on-set of more serious mental health conditions. Young people asserted that shifting social norms around mental health will need to be done through visible modeling:

***"when I read history, that everything changed with a person thinking differently, and questioned about an action." (Mexico, he, focus group, 15-24)*

"Our society needs to unlearn the old ways especially stigmas and discrimination because they play a big role too when it comes to mental health." (South Africa, he, 19, Global Meaning Making Workshop)

"Young people don't make the difference between mental health and mental diseases. Mental Health needs to be repacked or reshaped. It's a myth that only mad people need therapy or help." (Ivory Coast, he, 18-24, Global Meaning Making Workshop)

"We need to lead by example in breaking cultures of silence either by using radio, Social media or TV. When young people see others talking about mental health they will gladly be encouraged to do the same and open up." (Zambia, he, 24, Global Meaning Making Workshop)

"Okay, this woman is an example to all those who have mental health issue, she is Abena. despite the famous life she is living, But this lady is able to come out and tell the world or the country that she has mental problem and she is not shameful of it, so should you come out to

tell people that you have [one too]... I think that will help. And that people who stigmatize other people should also really get insight of this..” (Ghana, he, 15-24)

“*We could launch a campaign with the theme: My voice to break prejudices. And we will have a series of videos that will be shown on social networks. (Ivory Coast, she, 18-24, Global Meaning Making Workshop)”.*

3. Bridging the Generation Gap

Parents are a source of increased feelings of stress and are frequently promoters of harmful stigma around mental health; there is a widely emphasized need for targeted parental education on mental health and more generally community support for improved relations with young people.

A great source of **feelings of stress** is parental expectations and parental perceptions of mental health pointing to the need for parenting and community education to help parents/adults to be less judgmental, less dismissive and more understanding about mental health needs of their children/young people and the need to provide them with increased space for young people’s self-identification:

“Young people want to be heard and understood as young people and not be modeled to be adults. Young people feel that their interests and goals are always aimed at making adults happy and not at leading them to fulfill their dreams, which is why their mental health is affected because they must please others and not indulge themselves. This generates frustration and therefore they look for models like other young people to feel identified.” (Ecuador, he, 18-24, Global Meaning Making Workshop)

“Parents need to stop saying it's a punishment from spirit due to our bad actions etc…” (Ivory Coast, he, 18-24, Global Meaning Making Workshop)

“Honestly our parents especially here in Africa don’t take Mental Health seriously. They think we are being weak and can’t face our Monsters. There is need to bridge the gap between children and parents relations.” (Zambia, she, 22, Global Meaning-Making Workshop)

“The solution is not only thinking that young people have their own support, but also educating parents or guardians so that they learn to understand their children.” (Ecuador, he, 18-24, Global Meaning Making Workshop).

“Above all, learn to understand young people. That the things they do have a generational reason and that is something that will change over time. Support must be given from coexistence so that mental health is adequate.” (Ecuador, he, 18-24, Global Meaning Making Workshop)

"Honestly [I] don't know if the YP are the right people to talk to their parents. Here I don't think young people can really help parents because parents are seriously complicated, seriously. When someone is not their generation they don't listen to this one. So what I suggest is that professional people organize trainings in what young are going to train parents in the presence of expert so that they going to listen."(Zambia, she, 22, Global Meaning Making Workshop)

"In villages old persons listen more to the chief, what is normal, so we can use them if them understand it's almost finished we can consider that all the old persons Will understand." (Ivory Coast, he, 18-24, Global Meaning Making Workshop)

"It's difficult for young people to approach parents. It would be easier if parents can be more welcoming and create that conducive environment in their households for young people to talk to them about mental health." (Zambia, he, 24, Global Meaning Making Workshop).

An important support factor for young people grappling with mental health needs is the existence of and access to networks of young people who share lived experiences of mental health needs. For young people from marginalized groups who do not have digital access there is greater need to consider face-to-face means of facilitating peer-to-peer support groups and to help provide 'safe spaces' for young people to seek support and talk about their issues; parents are one group that could play an integral role in helping to create such spaces.

"For young people without Digital access. Parents are expected to play a major role in providing support." (Zambia, he, 24, Global Meaning Making Workshop)

4. Pages, Platforms, Lines For Two-Way Communication

Support platforms that amplify youth voices and engagements around issues like mental health, by using channels and activities they already enjoy and engage around.

The young researchers said that they - and many of their peers - want to help break cultures of silence around mental health and to help engage more of their communities in informative discussions around mental health. They say that allied institutions could support them by helping to support more platforms that will allow them to take the lead.

"I really take the lesson to not be afraid of asking for help and to open with other people , because for me was really eye opening to see that i wasn´t the only one with that problem and that i could create wonderful connections with people that maybe have the same problem as me." (Mexico, she, 18-24, Global Meaning Making Workshop)

"As a leader I would provide platforms for youths to engage meaningfully. Eg Social-creative amenities, Forming book clubs,skills labs, and interactive youth spaces)...." (Zambia, she, 18-24, Global Meaning Making Workshop)

"[H]elp them to have a platform on tv and websites for the message to be heard to young people." (Zambia, he, 18-24, Global Meaning Making Workshop)

"[If I were President of my country] Lastly social media/internet is a major platform that almost everyone enjoys. As such I would advise ZICTA/Ministry of Health to engage different stake holders to open pages that that would make people/youths understand what mental health is and how someone can cope with it on these platforms with toll free lines for accessibility to all youths in all the provinces." (Zambia, 18-24, Global Meaning Making Workshop)

*"I think we create something like a "green number" in my country we say *numéro vert*, like police number : Open call like 911 on which one people can call freely to have support from some Experts in this. If can do that in each country it will be very great. Sometimes the cause of depression is the people around you that you cant talk to so This is also why Facebook coaches are successful." (Ivory Coast, he, 18-24, Global Meaning Making Workshop)*

"First of all, free and good quality internet. Something that stresses young people a lot is not having internet or having it of poor quality." (Ecuador, he, 18-24, Global Meaning Making Workshop)

5. Being Ready to Give and Seek Support

Peer support needs to be a critical strategy in national mental health responses, but this needs to be accompanied by systematic mechanisms for equipping young people to be confident and effective peer-supporters, including supporting knowledge and access to referral pathways to professionals once/if they identify serious mental health needs in need of greater support.

Young people are turning to their peers as an important source of emotional support as they are trustworthy, dependable, non-judgmental listeners who can validate their experiences and share solutions. At the same time, young people express that are not fully confident or equipped to serve as peer supporters, and as the severity of mental health needs increases, young people are less confident in their peers as being able to provide the required level of support, pointing to the need for young people to know when and where to refer their peers to more professional sources of support.

"In truth, many times young people themselves don't know what kind of help to give……And honestly you can't give what you don't have." (Zambia, she, 22, Global Meaning Making Workshop)

"Most young people would like to be more than listening ears for their friends. But have no other options. Being a listening ear is one solution but not necessarily the best solution." (Ivory Coast, she, 18-24, Global Meaning Making Workshop)

"When the help comes from a young person like them, they tell themselves that the young person opposite does not have enough experience or expertise to help them." (Ivory Coast, she, 18-24, Global Meaning Making Workshop)

"Young people don't have a large notion about mental health so when someone comes to them for help, what they can do immediately is listen to him. What can be a challenge is what they are going say precisely to this person. It's complicated to give the right support." (Ivory Coast, he, 18-24, Global Meaning Making Workshop)

"Youths should own up and understand that change begins with us." (Zambia, she, 18-24, Global Meaning Making Workshop).

"What's happening right now is a good example of what can be done. Trust me we the youths are now peer supporters. Because in our WhatsApp groups, we have learned a lot about Mental Health." (Zambia, she, 22, Global Meaning Making Workshop)

"So conducting trainings for young people and maybe giving them certificates as peer supporters." (Zambia, she, 22, Global Meaning Making Workshop)

"Here I thank the topic has to be inserted in school program. I think like that people are going to have all necessary informations and guide." (Ivory Coast, he, 18-24, Global Meaning Making Workshop)

"Addressing/fighting barriers to mental health can only be achieved if we as youths accept that this is our fight and hence ours to fight. Additionally wholeheartedly... understanding that before anybody else you have you to look out for … you have to be ready to seek help and also be ready to receive the needed help. (even in it's smallest state). We shouldn't be too expectant of the help we receive but rather appreciate the help we receive.e.g your friend being there for you." (Zambia, she, 18-24, Global Meaning Making Workshop).

"[T]hey have to prioritize other necessities like having money for food that mental health is not in their radar bc here you go to the psychologist if you have money so connecting to what organizations can do to help, i would say educate about mental health and providing access to get help." (Ecuador, she, 18-24, Global Meaning Making Workshop)

"Generally speaking most youths are lacking communication skills what this simply means is that they fail to open up/speak out when they are undergoing depression or anxiety in fear of being mocked or discriminated. Therefore I think Communication must be improved by youths, they should learn to speak out/talk to someone they trust in order to be helped." (Zambia, 18-24, Global Meaning Making Workshop)

Put another way, there is a real need for the establishment of recurrent mechanisms to keep young people engaged and at the centre of efforts. And there is a need/opportunity to improve Mental Health action research in order to continue to generate evidence to further un-pack issues surrounding mental health, and to support young people as: facilitators of peer-to-peer and inter-generational dialogues to break cultures of silence and stigma; as advocates for more enlightened approaches to addressing mental health needs; and as peer-to-peer supporters with improved capacities to play active roles in providing support to those experiencing from mental health needs.

> *"My take is that first of all it was a great idea to initiate this project. Most young people have little information about mental health and are afraid to seek mental health support. I believe this research has impacted both the people we interviewed and us youth researchers as we all learned a lot . This is a really important venture." (Zambia, he, 24, Global Meaning Making Workshop)*

Section Five:

Key Implications & Strategic Recommendations

Section Five: Key Implications and Strategic Recommendations

Based on the findings of this initiative, this section provides a set of implications and strategic recommendations for consideration by development and research organizations. It is hoped that these may contribute to discussion, elaboration and operationalization by those attempting to address the increasing levels of mental health needs being faced by young people, particularly in relation to the COVID-19 pandemic and the related repercussions this represents for societies across the world.

In the spirit of influencing future programming and scientific research around mental health that is responsive to the contexts, cultures, and needs of young people, these implications speak to the following prompts:

Prompts related to Programming

- What can be done to advance the promotion of positive mental health with and for young people in order to improve support and connection in the home and community (ie. break down stigma and normalize mental health needs, bridging intergenerational gaps, parent-child relationships)?
- What strategies and interventions can be institutionalized (including capacitating peer supporters) to address prevention and early intervention to build coping strategies and resilience building to counter chronic stressors? How can there be greater support for better institutionalize and scale up peer support mechanisms?
- What is required to remove institutional barriers and improve access to quality care and support (including detection and referral mechanisms)?
- How can digital platforms be better leveraged to support young people's mental health

Prompts related to Research

- How can this study's findings on young people's perceptions of mental health – and contexts/experiences during the COVID-19 pandemic – better inform how global health and scientific research – more broadly – should be conducted and/or designed in the future?
- Considering this study's findings on young people's preferred mechanisms and sources for mental health support, how can mental health science better inform/improve access to support systems?
- How can mental health science inform the development of better youth-centered coping mechanisms?
- How can young people act as informers and disruptors of mental health science to inform future research?

With these guiding prompts, and building on the reflections and some of the ideas advanced by the youth researchers themselves as captured in the previous "So What" Section from the final Multi-Country Global Meaning-Making Workshop, this initiative's implications and recommendations are as follows:

11. **Adopting a community-centered lens to mental health research and interventions, as a more responsive approach to addressing the pervasive confounding factors related to mental health for young people, and as a critical consideration vital to their well-being.** Across countries, one of the most revealing insights of this research is the extent to which culture and community is influencing the experiences, stigma, needs and barriers of mental health support for young people. Advancing prevailing individualistic lenses and prevention strategies for mental health needs (i.e. exercise, healthy eating, artistic expression), while beneficial on their own terms, misses – and potentially reinforces – the harm that cultures of silence around mental health are having on young people. This research starkly reveals that long-standing social norms and stigma around mental health are causing new generations of young people to fear talking about – or seeking support on – mental health given the risk that this will lead to social exclusion, rejection, and ridicule. This fear is even more acute for traditional vulnerable and marginalized communities – such as indigenous and rural groups – whose livelihoods often rely on community acceptance. **There is a need for increased research that will ascertain the specific needs, barriers and drivers of mental health needs for young people in various local contexts; and there is a need for the design of community-oriented strategies that will proactively address the social norms and community stigma that is maintaining cultures of silence around mental health and causing harm to young people.** This is a particularly critical consideration in the wake of the global COVID-19 pandemic which has brought a massive wave of new mental health needs, exacerbating existing stressors.

12. **Engagement of young people as connectors for research and programming: Research and development institutions alike should consider increasing partnerships with youth organizations and youth-supporting organizations – as key providers of mental health services – given that young people are vital connectors, who are trusted (by young people) more than any other group or institution, in sharing information and science on mental health.** The participating young people of this initiative suggested that mental health related research and/or support services would be more likely to be trusted if they were shared or advocated for by peers, but this rarely happens. Similarly, this research finds that – for many young people interviewed in this research – information, interventions and research on mental health is likely be less trusted and shared if the 'connector' is an adult, parent, teacher, caregiver or traditional science/health institution, due to deep mistrust of parents/adults when it comes to mental health conversations/support. Parents/adult generations are frequently associated with perceptions and accounts of them downplaying or stigmatizing mental health realities, contributing to worse outcomes and heightened barriers for young people in need of support; while traditional health/science institutions are associated with perceptions of being overly clinical

when it comes to mental health and as contributors to social exclusion. Young people, on the other hand, are pointed to as already delivering information to their peers and are already normalized as trusted and essential providers of mental health support for their peers and other young people. This points to the need for discussions around 'access to services' to include promotion of access to peer-support services, just as much as they focus on access to parent/adult/institutional services.

13. **Capacity building for peer supporters: Aligned with the importance of wider recognition that young people are serving as the first points of contact for most children and young people in need of mental health-related support, there is an immediate need for systems to capacite wide networks of young people as peer supporters with skills and resources to support prevention and early intervention/identification of serious cases of mental health.** Through more than 1,000 in-depth interviews, and global surveys of more than 40,000 participants, this research has found young people to be the primary first point of contact/responder for other young people in need of support with mental health; and, at the same time, it found that many young people have found themselves unprepared for the stakes of this responsibility and without proper knowledge of when (or how) to refer/provide peers with greater support/resources when it's needed. As such, peer support needs to be a critical strategy in national mental health responses, but this needs to be accompanied by systematic mechanisms for equipping young people to be confident and effective peer-supporters, including supporting knowledge and access to referral pathways to professionals once/if they identify serious mental health needs in need of greater support.

14. **Introducing or scaling-up parenting and teacher training programmes around Mental Health is required both to improve enabling environments and support systems for young people and to address one of the key groups (parents) who are maintaining and driving stigma.** While this research emphasizes and prioritizes the need for youth-led/directed support programmes, there are clear intergenerational divides and gaps in trust and understanding/education levels when it comes to Mental Health, between young people and parent/adult groups. At the same time, this research also identified notable cultures of fear around parents as drivers of shame and stigma around Mental Health, resulting in young people fearing that they won't be taken seriously by parents, or that speaking about mental health experiences with their parents could lead to further social exclusion and to the whole community learning about their struggle. While this research points to the dire need for the continued development and promotion of 'quality of care' skills and training for parents/caregivers/teachers, it also reveals a wide-reaching fracture in trust between young people and adults/parents on the topic of mental health. For this reason, any

training or education programme targeting parents should move beyond mechanisms of referral (i.e. when to direct a young person to professional institutions for support), which is also leading to perceptions and anxieties that mental health is expensive and only treatable through expensive care, and should center around improving parenting skills and education that de-stigmatize Mental Health and help build supportive relationships for young people within the immediate circles of their daily lives.

15. **Leveraging existing youth-centered digital and media platforms to maximize their potential for engaging young people in research and visible modeling of appropriate responses to mental health:** The youth researchers who participated in this research, across countries, emphasized strongly that the media/digital-based conversations supported by this research were both effective and too rare. **Digital and traditional media with channels and platforms where young people are already engaging, should be seen as more than just avenues for dissemination, but should increasingly be utilized as spaces for research and engagement.** This is especially true in relation to highly stigmatized issues (like mental health) where community and national discussions are critical as social listening platforms to collect data on perceptions, experiences, challenges and solutions, while helping to break cultures of silence around mental health and provide safe spaces for experience sharing and learning. Digital and traditional media platforms are also important platforms for increasing visible modeling of appropriate responses surrounding mental health that can help to shift public narratives and social norms. In addition to the importance of digital/media-based engagements, young people also emphasized the importance of holding in-person public events on issues like mental health as effective ways to help break-through cultural stigma and break-through cultures of silence around mental health in creating visible spaces in public settings for changing local narratives. Ways that young people are using public events to do this now include hosting music-centered gatherings, community screenings of movies on the subject of mental health, and other creative-based events. Research around mental health which is based on creating public spaces for dialogue and learning can serve to provide useful interventions for young people in and of themselves. Engaging with both young people in local communities and well-known social media influencers in the countries of this research– who are not from Western countries – is one example of a missed opportunity that should be further explored.

16. **Expanding safe spaces for young people to speak with each other and with trusted adults and professionals on issues of mental health:** As highlighted by young people in the Global meaning-making workshop, young people need a wider range of safe spaces (facilitated or not facilitated by trusted adults) where they can feel at liberty to freely share their challenges with peers, and in more serious circumstances, to have more accessible platforms where they can reach out for more professional help. Few youth researchers or respondents were able to identify structured "safe spaces" for young persons to be able to seek help, outside of reaching out informally to their friends. Apart from the prominent example of social media, young people suggested the need to create "safe spaces" off-line where young people are already engaging in eg. youth clubs, inter-faith youth networks, sports clubs, as existing or potential places that could be expanded to provide greater access to "First Aid" for young people experiencing mental health needs. The importance was highlighted of including spaces where youth could talk to someone "not from the community" to avoid the fear that confidentiality might be broken. Young people also specifically suggested that national consideration be given to creating easy-to-remember, country-specific support lines (similar to 311 and 911) for young people to speak to professionals on mental health needs, or to seek information to support their peers on issues of mental health. This research echoes many other recent studies in finding mental health as a worsening crisis among young people in countries around the world. It also includes explicit calls from young people for helplines such as this, which they say are needed but missing in their communities.

17. **Addressing the Digital Divide: There is a need for digital engagement tools that go beyond standard research dissemination strategies to facilitate inclusion of young people with limited access.** Many young people face barriers to accessing the internet, a divide often driven by social and economic barriers such as gender inequality, social marginalization, access to electricity, and affordability of devices, with the latter being the primary barrier among young people from the U-Report 2020 polls. This research demonstrates the potentiality for digital platforms that are youth-centered, accessible, and language-inclusive for bridging global health, science, and development institutions with young people in communities around the world. At the same time, this research also noted several examples of how prevailing digital platforms (like Zoom and Microsoft Teams) are not inclusive or accessible for young people in many countries, who do not have the data or devices necessary to equally participate or join conversations on such platforms. It found tools like WhatsApp and LearnInk – which require low internet bandwidth and data, while being accessible from most smartphones – as useful platforms for further consideration, despite some of their limitations. There is great potential for institutions to advance digital platforms

– with data and identity protection mechanisms – to help expand their ways of working or connecting with young people.

18. **Research and programming on mental health should tailor specific focus for young people with disabilities and to further explore specific issues related to gender.** This research found multiple instances of young people with disabilities noting the extent to which they feel "missed" in conversations around mental health. And, while anecdotal and based only on a few accounts, it speaks to the importance of designing engagement strategies and mental health support mechanisms/research that is responsive to those without digital access or with disabilities that might make their participation/access more difficult. This research also notes how new 'normals' advanced by the COVID-19 pandemic and lockdown measures – including the accelerated movement of young people engagement and support-seeking through social media channels – is likely uniquely affecting young people with disabilities, with many of them – including some interviewed by this research – being unable to equally engage in such social media conversations or find equitable support. The research also highlighted a number of specific issues related to experiences, drivers, and impact of gender-related stigma around mental health. This reinforces the fact that there is still much progress to be made when it comes to better understanding and addressing gender-related stigma around mental health.

19. **Increasing investments to support youth-centered research, especially participatory research, around mental health and bridging the gap between scientific research and programming**. While research demonstrates that most mental-health disorders start before the age of 18, only one-third of investment in mental-health research is targeted towards young people (Unicef, 2021). Further illustrating the consequences of this under-investment, this research demonstrates just how unique the experiences, challenges, and needs for young people are when compared to adult populations, especially those young people from traditionally marginalized communities. Without more research by/about young people around mental health, and programming that is informed by such research, it is difficult to see how research and mechanisms of support targeted at adult populations will be capable of informing relevant responses to address the specific needs/contexts of young people in the target countries of this research. This research reveals both the importance and value of supporting further Mental Health participatory action research that involves young people in un-packing issues and stigma surrounding mental health, and to support young people as: facilitators of peer-to-peer and inter-generational dialogues to break cultures of silence and stigma; as advocates for more enlightened approaches to addressing mental health challenges; and as peer-to-peer supporters with improved capacities to play active roles in providing support to those experiencing from mental

health needs. Young researchers and participants in this research expressed that the very act of interviewing another young person or joining a focus group on the topic of mental health was a helpful intervention in their lives. In other words, participatory engagements which bring young people in conversation with each other can serve as a model for useful research that helps institutions improve their understanding of young people's perspectives, while also providing a process for learning and improving coping strategies and shifts in negative social norms that are beneficial to young participants.

20. **Affording young people a space in programme strategies and initiatives as designers not merely beneficiaries, to ensure locally responsive youth-centered intervention design: As an obvious complement to increased and more systematic nationally-based youth-centered/ youth-led research on mental health is the need to support youth consultations and representation in the decisions to be made on programming for mental health.** Rather than situating young people as merely 'in need' of more support of mental health services from their parents/communities, this research illustrates examples of young people who are already working – through youth radio, school clubs, hosting public events, creating youth-led podcast and youth-radio series on issues of mental health, and promoting audio and video diaries of young people overcoming mental health needs, to name a few examples. In doing so, this research illustrates how young people are reframing experiences with mental health through a solution/leadership lens; rather than a needs-based approach. This demonstrates the potential and importance of including young people alongside other stakeholders in planning locally-relevant supports, services and communication and engagement strategies that can help to keep young people at the centre of the mental health crisis that they and their communities are currently facing.

Section 6:
Compendium of Insights

Section Six: Full Compendium of Research Findings Across Themes and Sub-Themes

While *Section 3* distills the findings below into a set of 12 'most significant' insights, this compendium section provides a more detailed and wide-ranging compilation of key insights, quotes, and reflections from the young researchers and participants of this study. To provide an organizing framework to these findings, this section is analyzed across 5 main themes and associated sub-themes as follows:

1. **Understanding Young People's Conception of "Mental Health" (Context & Culture of Mental Health in the Participant Countries)**
   a) *What is Mental Health?*: How young people understand and frame mental health and mental health needs in their local contexts'
   b) Defining "good" or "bad" mental health
   c) Perceptions of what signals/indicates a serious mental health challenge;
   d) How "serious mental health problems" are treated by wider peers groups and in schools
   e) Impact of COVID-19 on young people's lives and mental health

2. **Culture-Informed Understandings of Stigma & Barriers around Mental Health**
   a). Types of stigma and discrimination
   b) Drivers of stigma and discrimation
   c) Impact of stigma and discrimation around Mental Health for Young People

3. **Understanding Experiences of Marginalized and Overlooked Groups**
   a). Indigenous/Ethnic Groups
   b) Refugees/Migrants
   c). Disability-related norms/perceptions
   d) Gender
   e) Rural vs Urban
   f) Education
   g) GLBTQ community
   h) Socio-Economic Status

4. **Young People's support-seeking behaviours/perceptions/barriers**
   a) How young people are seeking support for MH and where they are finding this support;
   b) Barriers young people are facing in seeking support;
   c) Inter-Generational Issues and Influence on Mental Health
   d) Reasons young people are going to their peers most for support
   e) Type of support young people are providing to their peers
   f) Critical gaps in peer-to-peer support system
   g) What do safe spaces for seeking support look like - both online and offline?
   h) Main sources of information and learning related to Mental Health
   i) Other coping strategies and sources of support for YP

5. **Young people as agents of change**
   a) How young people are overcoming stigma are breaking cultures of silence around MH
   b) How young people are serving as peer influencers and peer supporters on issues of MH
   c) Challenges that change-makers are facing in realizing the changes they want to make

Many of the findings offered here are intersectional and cross-cutting, meaning that they are relevant for more than one sub-issue or section detailed here. As a result, these sub-sections are intended as helpful guideposts, not empirical categories. Each section includes a summary overview of key trends and findings across countries, in addition to a reporting of select quotes from the interviews, focus groups, and national/global workshops.

Any quote incorporated below with an ** means that it was selected by the youth researchers as one of their 'most significant' quotes, offering insights that they would like allied institutions and interested researchers to note.

1. Understanding Young People's Conception of "Mental Health"

This section explores the following questions:

(a) *What is Mental Health?:* How young people understand and frame mental health and mental health needs in their local contexts' (including 'Cultural Associations Influencing Definitions of Mental Health');
(b) Defining "good" or "bad" mental health
(c) Perceptions of what signals/indicates a serious mental health challenge;
(d) How "serious mental health problems" are treated by wider peers groups and in schools
(e) Impact of COVID-19 on young people's lives and mental health

The summary of findings reported below in terms of young people's framing of Mental health include the responses to three interview questions:

- In your own words, what comes to mind when you hear "mental health"?
- What does 'good' and 'bad' mental health mean to you?
- When do young people feel a condition of mental health is serious enough for someone to seek help?

Within these conversations, a number of distinct and overlapping themes emerged, which help to paint a rich picture of how young people define mental health.

A. *What is Mental Health?* How young people understand and frame mental health and mental health needs in their local contexts

This research revealed that young people's understanding and definitions of mental health varied considerably across the regions and countries engaged in this research. As illustrated in the diverse cross-section of quotes across countries, ages and genders (offered below), young people largely shared understandings around the *prevalence* of mental health needs within

their communities and peer groups; that mental health needs fall on a *continuum* or *spectrum* from severe illness to more widely held experiences with feelings of anxiety and low-mood; and that mental health is *overly-stigmatized* to the determinant of wider public understandings of how best to identify and address it. Where understandings became less commonly held and more varied were in descriptions of how best to address mental health needs; when mental health needs are serious enough to seek support; and what forms of advice are best to offer peers (and themselves) in response to varying manifestations of mental health needs. In some cases, youth researchers recalled interview participants needing to ask them clarification and validation questions around whether their understandings of mental health were indeed accurate (especially noted in the South Africa national workshop). This report covers each of these issues in detail, but it begins by taking a step back and offering a broad portrait of the diversity in thinking and vocabulary used by young people when asked to describe what mental health means to them.

In the global meaning making workshop the CYP committee members shared the sentiment that their description and understanding of their feelings has been aided by digital engagement:

> *"I think that because of internet access, young people now know how to describe their feelings with the proper words and also, they can reach for help online having virtual sessions or downloading apps that can contribute to them." (Ecuador, she, 18-24, Global Meaning Making Workshop)*

Across countries, young people generally understood mental health primarily as the general mental state of a person - positive or negative – and their ability to deal with stress. Young people frequently used concepts of **well-being** and **wellness** as descriptors for mental health, as well as how it impacts them with daily actions.

At the same time, there was no unified definition for mental health within or across countries. Every young person brought a slightly different perspective to the terminology. Further, in defining mental health young people frequently applied a lens of good or bad to it; in other words, mental health brought positive connotations for some people, and negative connotations for others.

As illustrated in the quotes below, young people's definitions of mental health offer contrasting – at times even contradictory – portraits of understanding when it comes to mental health, and provide a window into the varied severity, prevalence, and comfortability around mental health which characterize many of the interviews conducted by youth researchers for this study. But within the cacophony of descriptions one prevailing – and encouraging – understanding was shared by the far majority of young people engaged in this research through interviews, focus groups, and digital stories: young people's framing of mental health

was far more often described as belonging on a *continuum* often characterized as *a temporary emotional state*, and something that could be improved with proper support.

- ***Mental Health as a Positive State of Wellbeing***

  For many young people, the immediate association made in relation to the term "Mental Health" is an optimal state of wellbeing of an individual to emotional or psychological conditions or situations:

  ** *"..people's emotional **wellbeing.**" (Mexico, he, 22)*

  *"The emotional **wellbeing** of a person." (Ghana, he, 19)*

  *"It is the emotional, physical and psychological **wellbeing** of the brain." (Ghana, he, 17)*

  ** *"It comes to mind as a sense of emotional well-being of balance, a physical and psychological balance, a well-being." (Mexico, he, 20)*

  "Health, as a whole, is personal well-being. You need good and stable mental health, and your physical health also needs to be balanced. If you don't have good mental health, you don't have good physical health, and if you don't have good physical health, your mental health will obviously suffer."(Brazil, she, 18)

  An interesting finding is that the concept of "well-being" for young people in some cultures goes beyond "the emotional and psychological" to an understanding of a deeper level of wellness related to "wellness of the soul" and wellbeing with the universe.

  ***"In the community of Chiquinivalvó, municipality of Zinacantán, Chiapas, a Tsotsil community, and it is not seen as a psychological problem, but rather as a problem of the soul." (Mexico, he, 23)*

  ***"When a person is at peace with his environment and himself (Mexico, he, 21)*

  ***"A balance between myself and my environment" (Mexico, she, 22)*

- ***Mental Health as an Illness or Disease***

  For another set of young persons, the immediate association related to the term "mental health" is one framed in terms of a negative state, characterized by mental health illness and disease. It is both interesting and significant that such young people

overlook the word “Health” to immediately associate “Mental” with the negative pathogenic side:

> ***“**For me mental health I can say that it is a disease* which is...good directly affects the head which affects the brain and good it ***prevents some people from living like the others,*** *it sets them apart from others for me that's it huh.” (Ivory Coast, he, 24)*
>
> *“Mental health means someone who is **sick in the mind**.” (Ghana, she, 19)*
>
> *“**Mental health issue is an illness** which prevent one to reason normally”(Ghana, he, 20)*
>
> *“For me mental health is to do with being mentally disturbed.” (Zambia, he, 15-24)*
>
> *“When one doesn't have a safe mind or out of sense like madness.” (Ghana, he, 23)*
>
> *“It means someone is mad.”(Ghana, he, 22)*
>
> *“A person who talks while walking alone and eats food droppings.” (Ghana, he, 17)*
>
> *“A state whereby a person’s mind is damage, like madness.” (Ghana, he, 22)*
>
> *“The notion that ‘mental health is for crazy people’ is still very strong.” (Mexico, 18-24, National Meaning Making workshop)*
>
> *“This is when a person’s mind is not functioning properly” (Zambia, she,14)*
>
> *“Mental health is the psychic imbalance that can lead an individual to behave in a way that does not necessarily take into account the reality of the world in which he lives.” (Ivory Coast, 18-24, National Meaning Making workshop)*
>
> *“For me mental health is very important and must be taken seriously because people with mental disorders are dangerous to society.” (Ivory Coast, 18-24, National Meaning Making workshop)*

Other young people did not describe Mental Health as an illness but rather the “absence of mental illness,” ie understanding of the positive state in relation to the pathology.

> ***“Mental health refers to how people think, feel and behave. People sometimes use the term ‘mental health’ to mean the absence of a mental Disorder.” (South Africa, she, 16)*
>
> *“I would define it as, How crazy are you? or How well are you? (Mexico, he, focus group, 18-24)*

- ***Mental Health as a Continuum***

  Multiple responses from young people go beyond the binary framing of Mental Health with those that associate the term with "Wellness" and those that associate the term with "Disease". Young persons in this category characterize Mental Health as a "Continuum" from Wellbeing to the Absence of Wellbeing to Mental Illness/Disease.

  > ***"When I hear mental health what comes to my mind are the following words: tranquility, peace and, at the same time, they can be negative as well as positive things because a person cannot have tranquility and stability all the time,* ***he/she can also have downturns or cannot be calm all the time.****" (Ecuador, she, 17)*

- ***Active Regulation Across the Continuum***

  A significant number of responses from young people included an important additional dimension related to an individual's interaction with the continuum from wellbeing, to absence of wellbeing to mental illness. Young persons in this category articulate the concept of active regulation across the continuum:

  > ***"Well, it seems to me that mental health is a state of mental balance of a person,* ***the ability to fully clear think and balance between good mood and negative emotions.****"" (Ukraine, she, 15)"*
  >
  > ***Mental health is about a place where you try to think about and forget something that has affected you or hurt your conscience or your feelings." (Ecuador, he, 16)*
  >
  > ***"When I hear mental health what comes to my mind is basically the bad parts of mental health which is, depression, everything that people suffer from with regards to mental health. And when I hear mental health I hear, what do I hear? The well-being,state of mind. Just being at peace with yourself. Being in a good state of mind , being in a...in a way where you accept yourself mentally and you're able to deal with certain situations where you have emotional strain, such things." (Zambia, she, 19)*
  >
  > *"I would say it is more about subjectivity, because it depends on each individual, how they feel and how they are. All people being different, they have different needs both in physical health and emotional health. I would say that it is more about feeling good, the feeling of an individual, depending on his or her context, be it family, school or interpersonal." (Mexico, he, focus group, 18-24)*

- ***Orientation or Capacity to Regulate***

Several young persons had an even more nuanced conception of mental health, not only referring to active regulation of individuals across the positive to negative mental health states, but including the dimension of the **orientation or capacity of an individual to regulate across the continuum including regulation of 3 aspects self, interaction with others and interaction with the environment:**

> ***"Knowing how to control when you let yourself be carried away by your negative and positive impulses and how you channel them." (Mexico, he 23)*

> *"There are those who feel bad about themselves, feel bad about others or feel bad about their environment, but those three aspects can be about seeking and feeling good, which is mental health." (Mexico, he, focus group, 18-24)*

> ***"I consider that mental health is **something positive in the mind, attracting positive things**, because if you get into negative things then that is the first thing that will bring negative things. (Quito Ecuador, she, 17)*

> ***"Mental health is mainly the way you think, the way you perceive the things that are around you." (Mexico, she, 15)*

> *"I would define it as a subjective feeling of well-being between something physical and psychological. I mention subjective because it is subject to certain things, to what is this? to the environment that surrounds us, that is to say, it has to be a balance." (Mexico, he, focus group, 18-24)*

> ***"Mental health is when a person is going through something difficult. It starts with low self-esteem and playing with the person. Sometimes you are happy, sometimes you are sad. (Quito Ecuador, she, 18)"*

> ***"It`s about person's thoughts and behaviors that can be evaluated from the outside."" (Ukraine, he, 21)*

> *"Each individual lives with certain particularities in their day to day life and sometimes I think that depending on how easy or difficult life is hitting you is how you come to channel your ideas." (Mexico, he, focus group, 18-24)*

> *"A person who feels open among her/his friends, a person who is able to control her/his anger and emotions among other people." (Tajikistan, he, 18)*

"Mental health means a situation of well-being in which the individual understands his or her own abilities and can deal with the regular stress of life." (Tajikistan, she, 24)

- ***Functioning Optimally***

A good number of young people interpret mental health from a positive perspective of good health (being healthy) based on the ability to do things perfectly without support or dependence. This includes effective bodily physical, emotional and intellectual abilities/ functioning.

***"Just like any other health, it is the ability to remain mentally healthy to be independent and functioning at an optimum level. Being able to respond to the Stimulus" (South Africa, he, 15-18)*

"The well-being of a person, in which he is fully functional, he is aware of what he is doing." (Ukraine,she,20)

B. Defining "good" or "bad" mental health

Mental health is often linked – primarily by older generations, but also among some young people who were interviewed – as being solely illness-based and associated with concepts like "madness," "evils," loss of "reality" and posing dangers to society.

Young people frame **"poor"** mental health largely with language of feelings of anxiety and low-mood (though they say that most people don't know that these experiences are signals of mental health needs):

"For me it's like I just found out recently that normally 8/10 people have suffered from depression or anxiety but don't even know about it. Because they don't know what it is so things just happen and you like okay its whatever?" (South Africa, she, 18-21)

Young people highly associate "**good"** mental health with:

- **feeling confident and self-assured** as to meaning **assertiveness and boldness** in decision-making, choices one makes and knowing what to do in all situations.

"Good mental health is being content. Its knowing what you stand for, it's not letting other people define you." (South Africa, she, 15)

"From my own perspective good mental health is that you trust yourself, you have that type of confidence of knowing what you want I'm not necessarily saying you don't care but you don't let other people let you down, you are just

confident and you trust yourself and have a really healthy mind." (South Africa, she, 15)

"With the good side of mental health is being able to own up to certain circumstances and I can live with it but still being confident and trusting yourself until you are able to move on." (South Africa, he, 15)

- Being in **control of your emotions** and ability to self-regulate. For a good number of young people, good mental health implies high levels of emotional intelligence, specifically **managing emotions** and **managing oneself**. The ability to control how they feel, act and react to different situations and circumstances they come across on a daily basis at home, school, work and in their communities.

  "I would say that a good state of mind is knowing how to control yourself, I think that, as people, we know ourselves and when you manage to control your moods, your emotions and everything that happens mentally, I would say that it is a good state of mind with everything that comes with being a human being." (Mexico, he, focus group, 18-24)

  "Okay so personally a person with good mental health is someone who is in a state of well-being. Who is able to cope with the stresses of life. Who is very productive." (Ghana, she, 18-24)

- ***Being "balanced".*** For several young people the ability to manage and handle all aspects of one's life which they refer to as "balance" is used to define mental health as well as indicate good mental health. Being able to function and carry out daily activities effectively with stability indicates good mental health.

  "...to have a balance." (Mexico, she, focus group, 18-24)

  ***"To me, mental health is a lot of things. It is moreover very important for man because, by mental health, we must understand a psychological balance, an intellectual faculty allowing man to carry out activities, to move correctly, to go to school and also in business" (Ivory Coast, he, 20)*

  [note: see many other instances of young people describing good mental health as being about "balance" in the responses to 'what is mental health?' at the opening of this section]

- **Feeling of vitality.** According to most young people, good mental health is associated with high levels of energy and strength. In other words its being energetics and feeling good about oneself.

"Maybe in a good physical performance. I don't know if it happens to you, when we are in a bad mood, you feel with little energy, without desire. It is a probability, I am not saying that it is a reality, it is only a probability, but when you are well with yourself, sometimes you feel that you are full of energy because I feel good, I believe that many of the physical functions that we have are mental, that is where it comes from, but it could be that physically it is not." (Mexico, he, focus group, 18-24)

- Having the stability to help others. Peer support being central to young people's mental health, good mental help for many young people implied the ability to support and help other young people by ensuring proper self-care.

"Mental health, to me and those of us who have always lived together, means that when you take care of yourself, you take care of others." (Mexico, she, focus group, 18-24)

On the other hand, young participants often associated "**poor**" mental health with:

- Low motivation, feelings of anxiety and low-mood, neglect of self-care, withdrawal from people and usual routines/activities.

"Well with me it's like with poor mental health is like you have neglected it, you neglected your mentality and you don't care and don't want to think about your emotional and how you feel." (South Africa, he, 15)

"Some are lonely, there is a lot of loneliness, they start hiding." (Mexico, he, focus group, 18-24)

"I think with poor mental health you at a point where you are losing yourself, you don't pay attention to detail like a lot of things are happening and you are that person who is like " I don't care about them" you don't even care about yourself you don't dress good, you don't smell good , you don't feel good." (South Africa, he, 15)

"Lack of confidence." (Ivory Coast, National Meaning Making workshop, 18-24)

"I don't know, I get nervous. I feel too small to answer something a little less important than you guys. It's kind of like taking care of yourself in what you might say or say to others, just like you." (Mexico, she, focus group, 18-24)

- Acting out and Hurting others

"Well, it affects you in how you are, how you are going to express yourself, because if you have a bad mental health, you can take it out on a colleague, hit him, insult him, because you don't feel good and in order to let it out, you

take it out on someone else." (Mexico, he, focus group, 18-24)

- Hurting yourself

  "Some also reach the state of suicide when mental health is bad. Mental health is bad because sometimes they hurt themselves or they hurt others. I think mental health is bad." (Mexico, he, focus group, 18-24)

  "A bad state of mind would be that you can no longer control you, with this some anxiety, it is very difficult to control because it can lead you to do an infinite number of things. Being alone or being with someone, pretty good or pretty bad. Being alone you can control your emotions or you may not and end up committing suicide or something else. I would say that to separate a good or bad state of mind would be to be able to control it or not to control it. This would be something that makes a difference." (Mexico, he, focus group, 18-24)

- Being unable to sleep

  "It happens to me when I am nervous or I have something very important to do, I spend the whole night thinking about the things I have to do the next day. Maybe it is not something important for others, but it is for me because it is not letting me rest as I would have liked or as it would be normal (with a worry)." (Mexico, she, focus group, 18-24)

- Feeling inadequate

  "In fact, last year, I had the problem of insomnia because I kind of had something, but I didn't know what I had and that made me feel bad. I didn't know why I felt bad, and I kind of did my own research, and I realized that I became very perfectionistic. In the environment where I grew up, we have to make an effort to do things well, so if something didn't go well even if others didn't notice it, I did it and I knew it didn't go well and I didn't feel satisfied with that. Then I would start thinking, am I not enough for this person, am I not enough for this, am I not doing it right, even if they tell me: Hey, you did really well, or hey, you did well, it's like not feeling enough for anything and now not so much anymore. I know I have to learn how to fix it, but in some moments, if I got to the point where I saw no way out, everything was chaos." (Mexico, she, focus group, 18-24)

C. Perceptions of what signals/indicates a serious mental health challenge

Across all countries, young people reported a wide range of signals or indicators for when they feel a person's mental health condition is serious enough to seek help, including:

- Self-isolation (8 out of 10 young people mentioned self-isolation), which includes loneliness, failure to socialize with others, and becoming detached or disengaged with other people or things that one loves or value.

  ***"abnormal things in their way of acting so they ask directly help and there are others who withdraw so it will be a bit complicated to… to give a category" (Ivory Coast, she, 16)*

- Inability to cope with life or think properly or as usual

  "A mental health condition is serious enough for me when I feel unable inside, when I feel empty of spirit, when I feel unable especially to control myself, contain myself and control my emotions, when I feel that sometimes I lose control, right now I really need help." (Ivory Coast, he, 20)

  "when you can't control yourself anymore. This is basic." (Ukraine,she,19)

- Sudden change of behavior (easily agitated, short temper, extreme behavior)

  "By getting angry at the smallest of things. That type of, you know, that type of thing." (Zambia, he. 20)

  "When the person doesn't behave like he used to maybe removing his cloths then, there is a need to seek for help." (Ghana, he, 21)

- Self harm or suicidal ideas

  ***"I would consider depression to be a mental condition that does need help because it is a condition which does not show self-physically however, it can cause you enough internal pain to even force people or rather I say make people end up deciding that they are better off not living and that kind of harm for me shows that something needs to be taken seriously." (South Africa, he, 24)*

  "I think the moment someone begins to feel like they want to hurt themselves, or they have an urgent impulse to hurt others." (Zambia, he, 20)

- Emotional instability and breaking-down in conversation

> *"Long-term sadness hence they need to see a therapist Anxiety" (Zambia, she, 22)*

> *"A person who is a little pissed off all the time, I would say has behaviors and aggressive behavior from time to time. (Ivory Coast, she, 24)*

- Removing one-self from activities they usually enjoy

> *"I can say when you feel detached to a lot of things, especially things that you really love and care about. People will sugar coat it and say "I love being alone or I'm introverted" . (South Africa, he 24)*

- Not being able to sleep

> *"They have insomnia, they are stuck in life." (Ivory Coast, he, 18)*

- Substance abuse- drug abuse or alcohol

> *"When someone becomes distant, too quiet. Doesn't like people mostly. Confined to their room or. Mostly wants to be alone. Drugs may be excessive intake of alcohol". (Zambia, she, 16)*

D. How serious mental health problems are treated by wider peers groups and in schools

Several young people across countries also said that many of their wider peer groups/classmates, schools and communities do not take mental health seriously because of lack of knowledge and awareness, denial and social perception that mental health is a "taboo". Lack of public conversation about mental health is the main determinant of how serious mental health is treated and perceived from an individual level to the community level. Not very surprising that universities were significantly highlighted as the place where mental health is taken seriously.

- **By wider peer and friend groups**

  While young people who do seek support predominantly find that support from their peers, about half of young people interviewed said that their wider friend and peer groups do not take mental health seriously and this is one of the main reasons why they do not seek help or support to overcome mental health needs

"My peers, I think they do take mental health seriously. I would say people now, its just that its not well known that mental health is actually a serious thing and now people are trying to make it known so people are joining groups on how to overcome such issues." (Zambia, she, 22)

"I wouldn't say they take it seriously you know but to be on the safe side majority do not take it seriously only minority do" (South Africa, he, 20)

"I say almost no because right now most people don't care about seeking professional help if they have anxiety or depression problems, instead of seeking help, they prefer to stay with those problems and not look for a professional to help them." (Mexico, she, 22)

- **In academic settings- schools and universities**

Of all academic settings, universities have been highlighted by young people to be taking mental health very seriously because of high levels of knowledge and understanding of the topic and availability of the support systems in place.

"so let me start with my community ,so, I live in a rural area, okay and in most , in most of the rural areas mental health issues are taken seriously, but I see nowadays in most of the rural school they introduced few things which means they, they are taking the matter seriously now and then when I go to varsity, I am a varsity student so, in varsity mental health is a big issue and they do take it seriously , yeah" (South Africa, he, 19)

"Yes, in the university that I attend. My community and friends are not informed." (South Africa, she, 24)

Most young people reported that " schools' - primary and secondary schools do not take mental health seriously because the teachers and school management are often less informed about mental health.

"If we talk about the school, then in principle everyone didn't care about others, I think, like in all schools. And in the environment, I have people who care about me, and they are ready to help. Yes, they began to communicate and make friends with me more. So I think I have support not only within the family, but also beyond its borders." (Ukraine, she, 20)

"I don't think so. This starts at school, our educators are not entirely well informed on this matter, mainly those in primary school" (South Africa, she, 20)

"I think the community is taking the mental health problem more and more seriously because we see educators in the establishments who are there not only to ensure the

well-being of the students in terms of clothing but also who are there to help. students psychologically on the issue of pregnancies in school which helps the students a lot from a mental point of view. We also note the presence of personal coaches who also help some people to confide, to solve their mental problems, also to solve their home problem because everything is a question of mental and there are these people there that we are there to help people like us"(Ivory Coast, he, 20)

Cultural and Contextual Influences on Definitions of Mental Health

Within definitions of mental health, young people often pointed to various cultural associations linked to the term 'mental health' in their community. While there are widely shared elements amongst young people regarding what defines "mental health" across regions and countries, local context and an individual's culture determines how mental health is perceived and articulated and as a result how it is responded to. The research highlighted the powerful and influential force of culture with young people of particular races and cultures navigating the issue of mental health within communities that see mental health as a foreign concept and one reserved for the privileged:

Race/Ethnicity-Based Framings: In South Africa, Zambia and Ivory Coast, young people made frequent reference to the fact that mental health is often framed as a "white people issue" or a "western concept."

Cultural/Traditional based Framing: Young people across countries also made frequent references to cultural and traditional-based framings of mental health.

"I come from a very traditional old fashioned black Ndebele family (Tribe in SA), very staunch, they don't even know of such a thing called mental health issue and believe that you are just stressed and you just have to get over it, so, it's, its not even a big deal to them" (South Africa, she, 18)

"For me, when we talk about mental health, it's when there are evils at the level of the conscience, when the conscience does not manage to orient things." (Ivory Coast, 18-24, National Meaning Making workshop)

Religious-Based Framings: Religious and cultural taboos impede talking about mental health in many communities, where it is linked with concepts such as "evils," "witchcraft," and "demons.". Young people found this to be especially true in South Africa, Ivory Coast, and indigenous communities in Mexico.

Generation-Based Framings: Across countries, young people said that older generations perceive "mental health" as something that younger generations invented. Young people said that older generations perceive mental health needs as "just stress". Young people shared that they feel this perception among older generations runs so pervasive and deep within their communities that it's especially hard for the communities to break free from or "unlearn". And there are widely held perceptions, among young people, that older generations and even key institutions in their country are failing to appreciate the nuance and realities of mental health needs within their communities and peer groups.

Gender-Based Framings: Several young people noted feeling like boys/men are not supposed to be affected by mental health needs or issues; as a result, young people say that many boys/men are turning to harmful coping strategies (like drugs, alcohol, and abusing others) rather than talking about, or seeking support on, their experiences.

> *"the cultural set ups are a big challenge. The notion of "mwamuna samalila" (a man should not cry). Men are meant to believe that they don't cry by society or show weakness and this belief is a big challenge because in recent times suicidal acts especially amongest men have been common in the name of a man should be strong even when they need this help they choose not to get it because society has made them believe that once you show weakness you are not man enough." (Zambia, non, 23)*

> *"Ah, but women are more sensitive," "Ah, women have more depression." As if men don't get depressed, but in fact it just doesn't show up in statistics because they don't talk about it and women talk about it more. But then we get into a discussion about gender that's also linked to mental health." (Brazil, she, 22)*

Further, several young people mentioned how girls are more "gossipy" and more likely to speak about mental health issues because it's socially more acceptable for them to do so.

> *"They are able to do this because they are gossipy in nature." (Ghana, she, 21)*

> *"It's a prominent characteristics of females… their gossipy in nature. They like to talk about anything that picks their interest." (Ghana, he, 19)*

The interviews also suggested a trend among girls/women of frequently using frames such as "fear," "worry," "overthinking" and "the power to control how you do things" when describing mental health:

*"In my mind when I think about the word mental health it's something that defines your wellbeing , it can be your emotions (psychological) but something that happens emotional and has t**he power to control how you do things**." (South Africa, she, 22)*

*"First thing that comes in to my mind when I think of mental health is stress , pressures , constantly being in your thoughts and **worrying.**" (South Africa, she, 23)*

***"Worrying** more than usual , finding to enjoy your life.. Having thoughts or feeling that things that are difficult to cope with." (South Africa, she, 18)*

E. The Impact of the COVID-19 Pandemic on Mental Health

***"Any pandemic, a catastrophe is a panic. Those who have had the coronavirus, and those who have not been exposed to it, are still subject to panic, fear. " (Ukraine, she, 20)*

Young people across all countries expressed feeling that the situation of mental health among their communities and peers has worsened since the COVID-19 pandemic first began. Reinforcing findings from the U-Report surveys and other recent studies, young people across all participating countries stated that the COVID-19 pandemic has exacerbated mental health needs and experiences in their community and among some of them. In South Africa, for instance, a mix of increased crime and COVID-19 has worsened young people's experience of mental health needs. Other factors such as fake news about COVID-19 and unemployment were also mentioned as significant driving factors that exacerbated mental health needs in other countries, with interview participants sharing experiences of fear and anxiety generated by a daily reminder of death, sickness, financial hardship. Among the insights shared by young people several key findings were shared across countries:

- The impact of COVID-19 on communities and specifically young people is overwhelmingly present.
- While some YP shared positive impacts/consequences of the pandemic (like increased connectedness and self-awareness) the far majority of responses were of negative consequences
- Many respondents mentioned how the COVID-19 pandemic and lockdown measures represented a "shock" , an "emotional shock", a "trauma" "hitting hard" and with "lasting effects" for most youth in their communities.
- Stress and suicide caused by isolation were the most mentioned consequences of the COVID-19 crisis

"COVID-19 has really turned our lives upside down, we have suicide rates and depression rates that are ballooning, even young kids as old as 10 have started to develop mental problems like anxieties". (South Africa, he, 24)

> *"By hearing the bad news of COVID-19 I felt that the next person to die will be me. I got depressed." (Tajikistan, he, 18)*
>
> *"Sure, we were staying at home all the time so I felt depressed." (Tajikistan, he, 17)*
>
> *"Well, yes, I always felt uneasy and worried about my life and the lives of my loved ones, and I was afraid that we would never get back to a normal state of life." (Tajikistan, she, 24)*

- Young people pointed to several different ways in which COVID-19 has made their lives and mental health needs more challenging, including: Feeling more isolated; Rise in unemployment; More uncertainty & hardship; Rise in anxiety and stress; Less access to health care facilities (due to the burden on health care system); Increased vulnerability of women and children to abuse in their homes (increased gender-based violence); Increase in teenage pregnancy; and compounded vulnerability (i.e those already vulnerable became even more vulnerable)

> *One thing that most us became unemployed and budgets. So it's been tough like...It's just me imagining a child under the age of 10 seeing their parents breakdown because their parents got fired from work. I can just imagine what the child is going through" (South Africa, he, 16)*

When asked about what has changed in their lives since the COVID-19 pandemic, the most common refrain from young people across countries was "everything" or "life as we know it." There can be no understating the scale of impact and influence that the pandemic has had on young people in the target countries of this research and in turn the status of their mental health.

> *"Covid-19 had a huge impact on mental health because people lost their jobs, our fathers, our mothers , breadwinners lost their jobs, …staying home exposed young people to gender-based violence, more stress. Other people were exposed to abuse and mental health challenges" (youth researchers from South Africa, Moutse Radio Discussion, minute 23:40 -24:13).*

When asked how COVID-19 has accelerated or changed the causes of mental health for them and/or their community, young people described the impact as:

- Affecting their behaviour toward – and interaction with –other people, including friends and family, as they tend to withdraw, not engage or interact with their friends

and family. More often parents interpret these sets of behaviors as adolescence, but young people say they think of it as manifestations of mental health needs.

- Making them more easily triggered and irritable.
- Hurting their ability to function, think and act properly, including not supporting household chores, not attending school or work effectively. At times this is perceived as laziness and seeking attention by family.
- Negatively affecting their confidence level, and making it even more difficult for them to express themselves.
- Family abuse: young people across countries mentioned experiencing more family abuse since the COVID-19 pandemic began.
- Increase in Conflict and misunderstandings in most families. Young people mentioned that COVID-19's restrictions expounded conflicts and misunderstandings in families which in turn accelerated mental health needs among parents, couples and children.
- Increased feelings of losing control over their lives and future
- Difficult experiences with how to deal with grief and loss of loved ones
- Suicide – an alarming number of young people – **2 out of every 5** interviewed – mentioned having either witnessing or experiencing their own personal experiences with suicide since the COVID-19 pandemic began. The young people shared a sense of their country and the wider community not appreciating just how serious of an issue – and crisis – suicide is for young people today. As one young person put it:

> *"Most people are stressed because of the bad economy that has been brought by Covid 19.Others reach to an extent of committing suicide." (Zambia, he, 21)*

> *"Mental health issues have become so high because people are losing relationships because of Covid 19 hence they are depressed such that suicide cases have risen too.(Zambia, he, 21)*

(*Note:* In a remote indigenous community in Mexico, one young person said that COVID-19 never reached them and as a result they were not as affected as youth elsewhere in the country.)

2. Culture-informed understandings of stigma and barriers around Mental Health issues/support

This section provides a closer examination of the underlying cultural contexts of Mental Health in the participating countries of this research. This section's main finding is that **stigma and discrimination is the most common barrier to support seeking and help among young people.**

"the stigma and discrimination is a cancer spreading even way faster because our societies and what they believe in are all up in our heads hindering us from attaining help. Even our own homes have these beliefs and patients have no where to start from or run to" (Zambia, non, 23)

Of the 43,890 young persons polled across the target countries, 1 in 4 young people attributed increased violence, abuse, stigma or discrimination (27%) as their top cause of feelings of anxiety and low-mood since the COVID-19 pandemic began, second only to the top "cause" of their stress and anxiety, which was the disruption of education or social life (31%). Further, more than half (51.5%) of young people polled said that they had experienced *more* stigma and discrimination based on their ethnicity, race, migrant or refugee status, disability, low-income status, or any other reason since the COVID-19 pandemic began. The three countries where young people experienced particularly high-levels of increased stigma and discrimination since 2020 were: South Africa (59%), Côte d'Ivoire (57%) and Zambia (55%). This included reasons related to race, ethnicity, disability, migration, or refugee status.

The U-Report polls identified a large gap between need and support-seeking in terms of Mental Health among young people in the target countries. More than half (53%) of the young respondents to the U-Report poll said that they needed support managing difficult feelings or stress over the last year, but did **not** reach out for help. According to the U-Report poll (n=43,890), the top barriers for young people in seeking help with mental health needs (ie. managing feelings of anxiety and low-mood) were perceptions that the problem was not "**serious enough**" to ask for help (26%) and "**fear of what people will think**" (25%). In other words, social norms and expectations around mental health are significantly influencing young people's willingness and ability to seek support. Other reasons for not seeking support were: lockdown measures made it harder to seek help (23%), not knowing where to go (15%), and not trusting mental health services or support (8%).

These findings were further validated and expanded upon during the qualitative in-depth interviews conducted by/with young people across the participating countries of this research, where young people across countries mentioned that high levels of stigma and discrimination related to mental health is hindering them from speaking out and reaching out for support and help when experiencing from mental health needs. Similar to the results of the U-Report poll, the main factor for why young people are not seeking support is fear of judgment and invalidation, which is driven by a climate of stigma and misinformation around mental health primarily advanced by adults/parents in their community. To better understand what stigma and discrimination means to the young people engaged in this study, this section provides an

overview of the types/causes/and impact of stigma and discrimation on youth experiences of mental health and how/if they seek support.

A. *Types of stigma and discrimination*

- **Witnessing what happens to others who share or seek support for Mental Health Needs**

  One of the leading manifestations of stigma mentioned by the researchers and participants was the judgment and repercussions they witness people facing – in the media/community/home/school – when they admit to having needs and difficult experiences with mental health, or when people learn that someone is struggling with a mental health issue.

  > ***In the Media: ****"The negative reaction of society. There are certain stereotypes that are compounded thanks to the media, movies and other sources, and accordingly, because of this, they are afraid to talk about it."" (Ukraine, she, 19)*
  >
  > ***In the Media: ****"There are also situations when the media chases cheap popularity and exposes such people in an unattractive light." (Ukraine, she, 19)*
  >
  > ***In their Homes: "****Most parents minimize, invalidate MH issues or simply don't know how to listen." (Ecuador, National Meaning Making workshop, 18-24)*
  >
  > ***In their Homes:*** *"I have gone through a lot of maltreatment which my step mother have made me gone through [when trying to speak about struggles with Mental Health)" (Ghana, she, 19)*
  >
  > ***In Schools:*** *"There are two of my classmates that they laugh at when they see them because they have mental problems…they also start to throw stones." (Ghana, she, 21)*
  >
  > ***In Schools:*** *"Of course we had bullying at school. They were children, and children are always cruel. There was a girl who was bullied because she didn't study well. I don't know what was the reason for her poor grades. I was also bullied a little, but I don't know why." (Ukraine, she, 20)*
  >
  > ***In Schools:*** *"Yes, In our school one of my classmates that have mental problem, no one accept her in group. It has very bad effect on her mental health." (Tajikistan, he, 17)*

In Communities:* "In my community if you struggle with mental health you are referred to as someone who is crazy… They will be like "you are crazy" and they will pass you in the street**." (South Africa, he, 15)*

***In Communities**: "Normally people don't show much respect to those who are [experiencing] mental health issues. they treat them like an animal." (Ghana, she, 20)*

***In Communities:** "Yes, there are cases. If people hear you have mental health issues, they'll immediately start bullying you." (Tajikistan, she, 18)*

***In Communities:** "An added problem that the young researchers note is a **culture of criticism**. Other young people (or even adults) can make fun of abnormal or unhealthy behaviour that is used as a coping mechanism. Commenting on weight gain or the social stigma that might be associated with certain hobbies rather than noticing and reaching out about the underlying problem." (Mexico, National Meaning Making workshop, 18-24)*

At the same time, some of the most frequently cited examples of stigma and discrimination expressed by young people stemmed from 'fears of what could happen', if they admit to struggling with mental health needs, perhaps even more than examples of seeing people judged or punished when they do speak out about mental health. Young people across countries frequently expressed the sentiment that judgment around mental health was primarily fear-based, stemming from mis/dis-information and old traditions/beliefs. As will be illustrated in a later section (on young people as agents of change), young people say that when they *do* see young people speak publicly – on social media channels, in youth events, on youth radio platforms, etc. – and break cultures of silence around mental health, by sharing their personal experiences, they are frequently met with support by other young people.

It is this fear of community judgment, however, that prevents many young people from stepping out of the silence and speaking-out about the realities of mental health needs for themselves and their peers in spaces beyond their homes or anonymous media platforms.

- **Fear of being judged, labeled and socially excluded**

Young people say that they, and their peers, fear talking about – or seeking support for – their personal experiences with mental health because they worry that they will "not be taken seriously" and will be considered as "weak", "crazy", "bewitched", or even "dangerous":

"There is really discrimination when you know that in a society that needs able-bodied people, people who are seated, especially intellectually, we are not able to think like them, we are immediately put aside, ***laughed at*** *everywhere, we are not helped, we are left to our worries." (Ivory Coast, she, 15-18)*

*"In my community if you struggle with mental health you are referred to as someone who is crazy… They will be like '****you are crazy****' and they will pass you in the street****."*** *(South Africa, he, 15)*

"Well, I don't think anyone likes to be told they're* ***crazy *or mentally unwell. I think it all starts from there." (Mexico, he, 23)*

"Another stigma is that they tend to think people are ***bewitched*** *when suffering from mental health issues as it is something foreign to them." (South Africa, he, 18)*

"Discrimination is being perceived as ***weak*** *when you seek help." (South Africa, he, 21-24)*

"Depression is ***stereotyped*** *in the fact that when you [are] depressed you have to wear all black. There is this stupid stereotype that depression is written on the face or visible on people's faces." (South Africa, she, 15)*

"People don't ever take you seriously *when they hear that you have depression or something like that " (South Africa, she, 15)*

"I think ***in our culture it is not encouraged*** *because if you say you want to go and see a therapist people will be like, so is this person going mad or is this person crazy? So there's a stigma around it." (Ghana, she, 18)*

""And I think it actually prevents young people from looking for help for themselves, their family and sometimes the very place where they live, as they don't receive adequate care and it's something classified as "crazy." So many times, I've heard that therapy is for crazy people… Wow, I've heard this a lot! So, teenagers who don't try to better understand their problems end up letting it go and living as best they can." (Brazil, non binary, 14)

"Hesitation in most cases is the main reason. They hesitate to share their mental issues because they think people may ***judge or make fun of them*** *afterward. Therefore people keep their mental issues and don't share them with anyone." (Tajikistan, he, 20)*

The fear of social exclusion does not only apply to speaking up when a young person is struggling with mental health, but even to defending or helping a victim of mental

health needs. For instance in schools children young people fear reporting discrimination and abuse due to fear of being "unfriended":

> *"Complained, yes. But, you know how it happens, they immediately start calling you a sneak, and you want to be friends, so you stop complaining and just start ignoring the problem." (Ukraine, she, 20)*

- **Gender-related norms:**

In several interviews, young participants expressed perceptions of boys feeling like it's socially unacceptable for them to struggle openly with their emotions or need support. And young people shared perceptions of girls as perceived as weak - looked down on, so fear of more vulnerability causes them to shy away from sharing their mental health experiences.

> *"The issues or the expectations that come with both genders and having to conform to those. That stigma and discrimination just because you are male of female just comes with a lot of unrealistic expectations that hinder young people's mental health." (South Africa, National Meaning Making Workshop, 18-24)*

> *"Like for some, like the women, like you said they are already looked down on and if they try to go and seek for mental health for some people who already look down on them, they will give them the exact opposite of what they want so they tend to shy away from that." (Ivory Coast, he, 20)*

The young researchers noted that the implications and pervasiveness of this type of discrimination – related to judgement – should not be understated. Other examples of types of stigma that young people have witnessed (or fear happening) when someone seeks support on an issue related to mental health include: Being mocked, harassed, bullied, embarrassed, shamed, perceived as weak, demoralized, not being taken seriously, abused, isolated, and marginalized.

B. Drivers of stigma and discrimination

The specific **drivers** of stigma and discrimination ranged across the communities engaged in this research. Across countries, young people attributed insufficient knowledge and awareness, old norms, traditions and religious beliefs as some of the key drivers of stigma and discrimination around mental health, This section details the findings attributed to each driver of stigma

- **Lack of Knowledge and Awareness**

Across the in-depth interviews, focus groups, and national workshops, young people named **lack of knowledge and awareness and fear of the unknown** as one of the main factors for stigma and discrimination.

> *"[I]t is fear or they don't know anything, that's lack of education about mental health." (Ghana, she, 18)*

> *"In my view, it is ignorance. Most times, it is occasioned by the fear that society will have a different thinking or mindset about you. So in my view, it is pure ignorance that is hindering young people from seeking help when they need it." (Ghana, he, 24)*

> *"Because first of all, we are not taught about mental health. Yeah, a lot of us don't know what's mental health. It's like you can come across mental health from the adverts on TV like that. But at school, you'll never get taught of these things. So we are not familiar with it." (South Africa, she, 15)*

This lack of knowledge was attributed to misinformation and rumors about mental health in their communities, or spread online and in the media, and the fact that mental health is often taboo especially in black and rural communities. As some young people put it:

> *"Society sometimes has insufficient knowledge in this topic. There are also movies and amateur articles on the Internet that create these myths and give people the wrong facts. There are also situations when the* ***media chases cheap popularity and exposes such people in an unattractive light****." (Ukraine, she, 19)*

> *"This is because mental health* ***in black societies is a taboo and unspoken of.****" (South Africa, National Meaning Making Workshop, 18-24)*

> *"In my own opinion so far I've seen in many cultures and environments, I'd say as soon as they realize that "you are crazy" they will first think of* ***witchcraft*** *as for them it's nothing biological or factor that influence like family or some external factors of I can't talk to someone or I don't have someone I can tell. I think for them it's something very foreign of seeing someone who suffers from a mental problem and then it moves on they just pass and it is a normal day." (South Africa, he, 15)*

- **Religious and traditional beliefs**

Another frequently cited driver of stigma stems from religion and traditional beliefs.

> *"Brings me back to how I just answered to the previous question. As you know, if they see that I've been...witchcraft happened. They" obviously take me to church. If they take*

me to church they can organise an oxicism, an all night prayer and even fasting just so that I can, the mental condition can stop. It can miraculously disappear. And with tradition. Yeah, they'll get the cows and witch doctors (Sangoma's). It will be lit. Nothing will change." (South Africa, he, 16)

"First of all, religions have has their own beliefs and be like, you also have your own beliefs, just say your own principles. And then when they don't clash with those beliefs, I'm like, It's a whole different story. So it's like you are being discouraged of your own beliefs that you can believe in their religion or traditions because it's a certain way that all your ancestors, your gran grain, what what had to do this, you have to do this and the like is the new generation like this, things like if they can have an impact on your mindset. So, yeah,." (South Africa, She, 15)

"In principle, yes, if people are not too fanatical about their faith. I myself am a believer, but not a fanatic. I like one phrase, but I don't remember who said it: "God helps those who help themselves." I believe that it exists, but I try to solve problems on my own. And there are people who think that everything will pass, that this is just a test or similar nonsense, because of which problems remain unsolvable. " (Ukraine, she, 20)

Other contributing factors that young people said are drivers of stigma around Mental Health in their community included:

- Perception that by associating with a person with Mental Health, that person may also be seen as having MH needs (even beliefs that Mental Health needs are <u>contagious</u> were noted by young people in Zambia, Ghana, and Ivory Coast)

  "For instance sometimes people have no education on mental health issues and sometimes think they can get infected when they get close to such people." (Ghana, she, 15)

  "Most people sometimes think mental health issues are spiritual and would not want to get close to such people in other not to get infected." (Ghana, he, 20)

- Fear of the unpredictability of violence and harm from people with MH needs

  "They think they might be harmful if they get closer to them." (Ghana, she, 22)

  "Because I think people think you become violent. In a way, dangerous, I don't know, I think it has something to do with fear. They are scared of being hurt by other people's mental health". (Zambia, she, 16)

- Perception that what one is experiencing is something individual (not widely experienced)

- Perceptions that professional help and therapists are only for "crazy people," including perceptions that young people struggling with mental health issues are possessed with demons.

C. ***Impact of Stigma and Discrimination around Mental Health for Young People***

This research found that one of the most overlooked impacts of stigma and discrimination around mental health is that it is reinforcing a long-standing **culture of silence** that is preventing young people from seeking support and helping others deal with increasing needs of mental health.

> *"[We are]Afraid to speak out." (Ghana, she, 19)*
>
> *"[We have] fear to talk it out." (Ghana, he, 22)*

Unlike social issues related to the environment, economics, vaccines or even many global health issues, mental health is still among the most taboo topics in many of the communities engaged in this research, leading to deep-rooted norms of silence around the topic. As two young people from South Africa put it:

> *"I feel like mental health is not really a social factor that people really take seriously and as much as it affects everybody, we don't get to talk about mental health as much as we talk about other societal issues. A lot of people are suffering emotionally although they don't want to talk about it because we are not taught to speak about it." (South Africa, she, 15)*
>
> *"I feel like there is a stigma, I feel like people don't consider mental health a real illness and that is wrong, they don't consider it a like real thing in comparison to like cancer or flu or something like that literally." (South Africa, he, 19)*

And this was a sentiment held by young people across a diverse cross section of urban and rural communities, and across regions and countries around the world – as the quotes below from young people in both South America and Africa demonstrate:

> ***"It is a taboo subject for the **urban** context and for the **rural** context it is like a subject that does not exist, in general it is an ignored subject." (Mexico, he, 23)*
>
> *"Mental health is not talked about or acknowledged in the community. It is not normalized. This makes young people feel that they are the only ones dealing with such problems. Multiple*

interviewees mentioned having experienced someone committing suicide, but not knowing how to deal with or talk about this." (South Africa, National Meaning Making Workshop, 18-24)

"They are not seeking support as people around them do not even know that they need the support. A lot of education about mental health needs to be distributed out there so that such things can be tackled, but at the moment [the people who need help] are not seeking support." (South Africa, National Meaning Making Workshop, 18-24)

"No, because we don't know about it, people don't talk about it and even our age mates don't get things like depression." (Zambia, she, 13)

"No, I don't think they do. Because in some other states to be like children be playing "hhayi you're crazy" they think it's like a joke was, there's somebody out there who's seriously sick. What if he or she hears them saying being like that and they know that they're not taking it seriously? They're not"." (South Africa, she, 15)

"Most of the people in the community don't talk about mental health issues." (Zambia, he, 20)

In addition to the pervasiveness and such cultures of silence, other direct repercussions of stigma and discrimination that young people pointed to included:

- An increase in mental health issues among young people who are judged or ridiculed after seeking support, and even increasing rates of suicide (especially noted by young people in South Africa and Ivory Coast)
- Increased feelings of helplessness (especially in Mexico)
- Greater divides between children with disabilities and their peers (especially in Ghana)

3. Understanding the Experiences of Traditionally Marginalized and Overlooked Groups:

"Rainbow communities are misjudged for their sexuality, then the migrants are judged based on their origin, so these are the remarks that add negative thoughts to one's mind where they end up slipping into depression due to a lack of belonging." (South Africa, she, 18-21)

"Religious and cultural taboos are stronger in indigenous communities. But in addition, poverty can also be a large barrier." (Mexico, National Meaning Making workshop)

"For marginalized groups it's even more difficult because aside from the other factors that hinder young people from seeking help, marginalized groups are already socially disconnected

from their communities. This makes it a serious hinderance for them to be helped mostly." (Global Meaning Making Workshop)

During an early phase of this study, an analysis was conducted of every U-Report poll distributed by UNICEF in 2020. The analysis provided a special focus on exploring existing knowledge around stigma, and it found that Young People were reporting – across countries and regions – increased levels of stigma and discrimination around mental health during the pandemic, especially for migrants and refugees. At the same time, the analysis found that none of the 2020 U-Report polls collected data on how COVID-19 was affecting racial and ethnic minorities, signaling a need for more research on how COVID-19 – and the larger challenges it presented to young people and their communities – was affecting minority groups and communities.

In response to this gap, this section provides an overview of Mental Health needs and experiences that young people found within traditionally marginalized and overlooked groups – which were recruited as lead researchers and participants in this study. This includes a special focus on indigenous young people, GLBTQ communities, gender diversity, disability, socio economic status, refugees, and young parents.

It is worth repeating here that this topic of marginalization is a cross-cutting concept, with quotes and insights that are relevant and offered in every category/theme. The spirit behind this section is to provide a further spotlight on the unique – and urgently important – experiences and needs faced by traditionally marginalized and overlooked social groups in relation to mental health.

In response to the question, "*Are there any differences in experience of mental health across social and gender groups?"*, young people offered the following perspectives:

- **Indigenous/Ethnic Groups**

  Young people said the fear of community rejection is especially dangerous in close-knit, indigenous communities. Young people – especially those from small, rural and indigenous communities – say that they need the support of the community around them for daily survival, and that they don't want to risk how their community looks at them. Speaking about mental health, or asking for help from their family or community on an issue related to mental health, is one way to put community acceptance at risk, they say.

  - Fear of rejection and lack of belonging

"I am from Larráinzar, a Tsotsil speaker, I am put in a situation of discrimination, for being indigenous, it affects my mental state a lot, because I am being rejected, I feel many things with the simple fact that they tell me that I do not belong or that this is not my place, "go back to the jungle" that affects much of what I am, and I say that it affects me a lot on that side." (Mexico, he, focus group, 18-24)

- Social exclusion

***"It is more difficult to seek help for this type of people because their beliefs, their traditions and customs point them out as people who are not suitable for the community, In the case of people who live in the city, this has diminished a little, but that is more to my perception, there is a lot of finger-pointing, but there is always this fear of being labeled as crazy." (Mexico, he, 22)*

- **Refugees/Migrants**

Young refugees and migrants from Venezuela, but living in Ecuador, said that they faced compounding challenges in seeking support for mental health. On one hand, they faced exacerbated stigma and discrimination for simply being Venezuelan refugees in Ecuador. And, on the other hand, they faced increased isolation and limited support networks of friends and peers because of the national covid-19 lockdown. Being a refugee was hard enough, but not having any community resources or social networks – of other migrant peers and communities – because of lockdown measures has made for an extremely difficult environment for them, they say. In their own words, the Venezuelan refugees in Ecuador said:

"[Refugees] face xenofobia, prejudices, bullying. Jokes about Venezuela. This can make them feel even more alone." (Ecuador, National Meaning Making workshop, 18-24)

"Some [refugees] arrived in 2019. This means they did not have a strong social network when lockdowns started in 2020. Also increases loneliness." (Ecuador, National Meaning Making workshop, 18-24)

Young people in Ghana also noted the added stigma and discrimagion that are directed at migrants in their communities.

"More to that, sometimes people ignore migrants leaving them to think whether they are better off." (Ghana, she, 16)

- **Disability-related norms/perceptions**

  Beyond discrimination that they experience from their peers and communities for living with a disability, Young people with disabilities said that they face an added layer of discrimination that many people don't know about. They say that, if you have a disability, then people often think you don't also struggle with mental health like everyone else. As one young person put it:

  > *"Being disabled doesn't mean I don't face mental health [challenges]."*
  > *(South Africa, she, 18-21)*

  > *"No doubt about it, stigmas exist for instance disabled people suffer with a lot of depression as they are unable to do some things they desire to, migrants are faced with issues of always feeling out of place, like they do not belong, not to talk about the traumatic experience of South African xenophobic attacks". (South Africa, she, 18)*

  Another young person who participated in this research had recently lost his eyesight, in 2020, which contributed to feelings of anxiety and low-mood and suicidal thoughts. He said that he faced heighted challenges during the COVID-19 pandemic because he knew that his peers were staying in contact through digital means, but he was unable to participate in their conversations because he couldn't see. This heightened level of isolation during the pandemic was almost unbearable for him.

  Too frequently, young people with disabilities say that they are overlooked as a group in need of support on issues related to mental health. They are too often left out of the conversation.

- **Gender**

  Gender is a meaningful lens to look at Mental Health across countries. Young researchers across countries noted that providing support seems to be gender-separated.

  Starting with girls, young researchers say that women/girls tend to seek and provide support to other women and girls much more often than men offer support to women or men. Young researchers of all genders, across countries, also asserted that girls face more difficult standards and expectations than boys; boys are afforded more freedom (of movement, of dating, of clothing, etc.). Girls in Mexico, especially, shared experiences of harassment on the street and the fear, insecurity, and threats they feel from it. At the same time, like with other mental health needs they face, they say that

their parents and others in their community don't appreciate the level of harm, frustration and pain it causes them:

> *"Personally, it makes me angry. You're walking down the street and you're not even provocative, you're wearing normal pants or tennis shoes, whatever you want." (Mexico, she, focus group, 18-24)*

> *"In my case you go by and they say 'goodbye mommy' or things like that, it makes me angry that they are watching you, that they are shouting at you, that they don't respect you, I don't like it." (Mexico, she, focus group, 18-24)*

> *"It's like, I don't like it, that's why I don't dress like a woman, because when I just put on a dress, something always happens. There's wind and it picks up, everybody looks and it's like everybody looks at me and what do I have, I don't have anything." (Mexico, she, focus group, 18-24)*

> *"I personally suffer a lot from that, I can hardly wear shorts or skirts because I feel that they ride up, so I can't and I don't like to go out on the street because of what they are shouting, in fact I also feel impotent, it makes me angry and I respond to them because it bothers me, I tell them 'what do you see in me?' or something like that and I don't keep quiet, but sometimes there are many men who tell me that and I feel that I can't say anything because between them they can do something to me and if there are two of them it's like you and I walk fast, but it's very ugly." (Mexico, she, focus group, 18-24)*

> *"I get very angry when I go with a friend and we are going to pass and the first thing I see are men in front, and I have to look at them, it's going to happen. She and I stand in front in a way that they don't look at her because it makes me very angry when they look at someone else. I don't care if they look at me, but if they look at her, I cover her." (Mexico, she, focus group, 18-24)*

> *"My mom always tells me, when you are walking alone, always look to see who is behind you, if you see that they are following you, change sidewalks and if you see that they have already changed, then be alert because they may not come with good intentions, you never know." (Mexico, she, focus group, 18-24)*

> *"For example, I was living alone for several years while I was studying, and when I knew I was going out alone, I would wear very loose clothes so that no one would look at me because it feels bad to feel that you are going out on the street and you don't know if you are going to come back because insecurity in Mexico is really bad and it is getting worse every day. You're afraid that you'll be next, it's like being on the alert all the time, about what's going on here." (Mexico, she, focus group, 18-24)*

"They intimidate us. You can get sad. I get frustrated when it comes to clothes, not being able to wear what you want, to go out, especially if you know you're going to go out alone. It's like a constant frustration. For example, if I told my mother that I felt I was followed, or my grandmother, they would tell me, but look how you are, look how you go out, you call attention to yourself by dressing provocatively." (Mexico, she, focus group, 18-24)

When it comes to boys, young people across countries emphasize that there is a strong notion that men should not talk about feelings, or struggle with them. This is slowly improving, they say, as boys in the younger generation are more likely to go against this cultural notion than older men. But it is still a problem.

"Boys experience mental health in a different way because they are expected to man up. They can't seek for help because of all those expectations." (South Africa, she, 18-21)

"Yes, it's like women are more listened to than men, men feel like their grievances are used against them and that on its own becomes a problem as mostly it is the one that leads to them taking their lives." (South Africa, he, 21-24)

"With men, they are forced to be strong all the way, they are suppressed to not speak about their emotions because they are male." (South Africa, she, 18-21)

"Like if a man opens up to someone. Or, expresses how they feel. They will be considered weak. In a way called the man is not expected to cry or. Express the emotions. So I think. That's one of the challenges. When it comes to expressing themselves or trying to be open because they are expected not to open up for the fact that they're a man" (Zambia, he, 21-24)

"I do believe that gender and social groups affect the experience I have had in mental health. A man's not feeling, in terms of his feelings. As a man I was taught that I should not cry, I was taught that I should be strong without fear, without pain. You are the man, the pillar of the house, you must be immutable, untouchable, immovable. When a person who is raised like that, begins to feel lonely, sad, has an impossibility to express. You don't know who to talk to about it, how to feel and you keep it to yourself, and keeping it to yourself in the long run, worsens your feelings and explodes. That is why many times, in the case of men, there is violence as a way of expressing poor mental health, because you do not know how to handle yourself emotionally and express yourself correctly. It is a big problem that education of the past that, nowadays, must be avoided at all costs."(Mexico, he, focus group, 18-24)

"Men and women are taught to deal with emotions differently. Men are stereotyped to be strong, provider, a man doesn't cry. Women are stereotyped to be submissive, weak,

crybabies and it's very. In terms of mental state men suffer a lot more than women because us girls we talk and open up and we have our friends to comfort us but men are just like "I can't be crying for this" boys never actually talk when they are hurt." (South Africa, she, 15)

"I feel like men have built up a wall of emotions and decided I'm not going to show them, even when I am hurting I am just going to move on and with women is not something difficult as they can always talk. With men it's different and they can't go to another guy and open up. I think with men feelings are something not meant to be shared because from your upbringing you hardly ever see your dad crying or expressing emotion so you also realize that men don't cry. I'm always independent and it's a structure you build of knowing that emotions are not really important." (South Africa, he, 15)

- **Rural vs Urban**

Young people in rural areas, similar to those from indigenous groups, say that there are fewer opportunities to speak about mental health issues due to community norms.

"Being from a small town, I have certain ways of being different from someone who is from the city, who grew up in a totally different place from mine, and that could have an influence. Maybe it is because of the way we associate with others, maybe I am a little more restricted with people and someone who is used to talk and express himself freely with others may not find it hard to say what he feels, but it may be difficult for me, because of the context in which I have grown up." (Mexico, he, focus group, 18-24)

"In a small town, there's no chance of this happening, no chance of having this… this facility to find these people. Because if there's a psychologist, there's only one or two. For example, in my town there is only one psychologist, or, in this case, a woman psychologist, one or two. AND she provides weekly care- only two people to care for a population of almost 4,000 inhabitants. It's bad. It's heavy." (Brazil, she, 18)

- **Education**

Across countries, young people also expressed a desire for more health resources in schools. Several young people noted that their schools do not have any counselors or mental health professionals, and so they wouldn't have anyone to go to even if they did find the courage to seek help. At the same time, they say that these resources are needed and wanted by themselves and their peers. Some young people even suggested that mental health awareness and good practices should become part of their curriculum.

"The school has a great influence on the growth of the child, it is not to be blamed for everything, but it is a very important part in the growth of a person." (Mexico, he, focus group, 18-24)

- **GLBTQ community:**

Young people who identify as GLBTQ say they are facing compounded discrimination - making it even more important (and a times difficult) for them to find spaces and groups of peers who can relate to their experiences and provide support. And, frequently, their parents and home settings are the sources of much of their mental health needs; further limiting the spaces and sources where they can find support.

"In my case I was criticized a lot in a church I attended for being a lesbian, they said that God had led me to that church to take it away and that at some point it was going to go away and then they would ask me how are you doing with that, daughter? has it gone away? and I would say no! If God really wanted to change me, he would have done it already, he would have removed me, a lightning bolt, I don't know. I always tell them, the Bible says that a man and a woman should be together, but God loves us as we are. Just because I'm a woman who likes women, doesn't mean I'm a monster or something, because I'm still a person and we're all the same, we all love each other like that. My grandmother doesn't like me to talk about women, so I try not to talk to her or in front of her about the fact that I like this girl, because then she starts to tell me: I like men, and it's like yes, but I like women. He criticizes me a lot, you're going to leave early because you're going to see women. Me, if I go out with women, it's because they are my friends, I'm not necessarily going to like them all." (Mexico, she, focus group, 18-24)

"With the LGBT community its because of the hatred, expectations from the community and what we were taught about gender" (South Africa, Alex FM, Radio Discussion, minute 27:20 -27:35).

- **Socio-Economic Status**

Interview participants said that young people from poorer households often face unique challenges related to mental health:

"Financial means prohibit many young persons from accessing professional help. Furthermore, in households with more material problems there is often less space to talk about mental health. It is seen as less of a priority and down-graded as not a

pressing problem." (Mexico, National Meaning Making workshop, 18-24)

4. Young People's support-seeking behaviours/perceptions/barriers related to Mental Health

Across all participating countries, this research has consistently found that young people's first go-to source for mental and emotional support is other young people. According to the U-Report polls (n=43,890, across the target countries)**,** both the need and provision of peer-to-peer support for Mental Health was found to have increased for young people since the covid-19 pandemic began. The polls revealed that most young people are reaching out to other young people (their friends and peers) for mental health and emotional support and information before (or instead of) seeking support from adults or professionals. Friends and peer groups were mentioned as one of the top three sources of support on mental health for young people in all of the participating countries. Further, 66% of young people (n=28,960 out of 43,890) reported providing more mental health or emotional support to their friends now than they ever did before the pandemic. By contrast, across the nine countries, only one third (34%) of young people polled said that they trusted healthcare professionals for advice and help on emotional support.

Further illustrating and validating the U-Report findings, the in-depth interviews revealed that the far majority of young people across countries pointed to their peers – or other young people – as their first/primary point of contact and support. At the same time, these interviews also revealed that there are critical gaps in the peer-to-peer support system, and that many young people feel woefully unprepared to provide the level of support and information that they feel their peers need and which they want to give (this point is explored in greater detail in its section below).

To provide a fuller portrait of the sources, mechanisms and barriers of Mental Health support, from the perspectives of the youth researchers and participants engaged by this study, the findings of this section presented through addressing the following sub-themes/questions:

a. How young people are seeking support for Mental Health and where they are finding this support;
b. Barriers young people are facing in seeking support (including inter-generational barriers);
c. Inter-Generational Issues and Influence on Mental Health
d. Reasons young people are going to their peers most for support

e. Type of support young people are providing to their peers
f. Critical gaps in peer-to-peer support system
g. What do safe spaces for seeking support look like - both online and offline?
h. Main sources of information and learning related to Mental Health
i. Other coping strategies and sources of support for YP

A. How are Young People Seeking Support?

Across countries, young people say that their peers are their most trusted and most commonly used source of support on all issues related to mental health. And they offered a myriad of ways in which they are finding this peer support, along with several different reasons for why their peers are their go-to source for support.

To gain insights in this area, every young person was asked "*In what ways are YP seeking support for mental health?*. This section provides an overview of the themes and trends that emerged from young people responses to this question.

- There are not many existing accessible (or widely enough advertised) ways to get help on issues related to Mental Health (outside of peer groups), and the consequences of this absence of support is resulting in very few young people actually seeking support.

- Due to the lack of alternatives, confiding with peers (especially close friends) and sharing of information is young people's main support seeking strategy

- Main source of adult support tends to comes from teachers (not parents)

> *"By engaging more with teachers because it is evident that teachers are the ones who have more experience about these things compared to parents." (South Africa, National Meaning Making Workshop, 18-24)*

- Reaching out to other young people (not necessarily peers) on social media/internet is another commonly mentioned way of seeking support.

> *"Most people like to post about it on social media ,because you get support from people you don't know." (South Africa, she, 18)*

> *"Most of the people I know go online and search what they can do to help themselves. Somehow Google and social media is what many people use. Facebook has a lot of people who are writing books and many people relate to it and feel better when they read it. Here's something that works for me. I usually contact strangers through my*

Facebook who live far, in places like Cape town and tell them what's bothering me. I love that for me cause it also respects my privacy." (South Africa, he, 18)

- Creative pursuits (including online)

> ***"In my opinion, young people in this matter are divided into 2 classes: the first are looking for intimate support, by this I mean turning to friends for support. The second way out, I think, is a creative way. The modern world has a large number of tools that even an ordinary person can use. Social media, blog format or something like that." (Ukraine, he, 23)*

- Young people could rarely think of occasions when their peers sought professional help

> ***"I've never seen a young person say, I go to a psychologist, I need a psychologist, no one has ever said that." (Mexico, he, 23)*

- Harmful coping strategies include: drugs and alcohol

> "*I think most people deal with it by drug abuse, catering for alcohol, for smoking, and everything. So drinking alcohol or smoking. And in some instances, I have heard of people that go as far as you know, sex, they use it as a way to try and forget about whatever it is that's troubling them mentally" (Zambia, he, 20)*

- Some young people seek support through distractions – ranging from binge eating, working out extensively to music or anime.

B. Barriers young people are facing in seeking support

There are several, multi-pronged barriers to young people seeking support on issues related to Mental Health. The main barriers to seeking support shared by young people included:

- Stigma and fear is the main barrier (especially within black communities, but not only in black communities)

> *"The fear of being perceived as a weak person especially in a black society." (South Africa, he, 24)*

> *"For us as black people mental health is a foreign term our parents were not even informed." (South Africa, National Meaning Making Workshop, 18-24)*

"The stigma that surrounds the topic of mental health and seeking help. We were not raised with the privilege of going to see a therapist so we bottle things up and move on." (South Africa, National Meaning Making Workshop, 18-24)

"I have the fear that when i seek support and they do not support me, my colleagues will make mockery of me." (Ghana, she, 20)

"The greatest is stigmatization, people really think if you tell a personal or mental health problem you are mad." (Ghana, he, 15-24)

- Societal Norms and Stereotypes/Stigma advanced through the media and norms

***"It's an upbringing that has a lot to do with mentality. I can only speak for our country. But, the fact that we are so educated that you can not show anyone your weakness, that you feel bad or you need to express your problem, find solutions. And to express this is to show your weakness." (Ukraine, he, 21)*

***"I believe that people's prejudices, more so in the most conservative countries there is the belief that mental health is not necessary because with a belt or a few blows everything is fixed when in reality it is not true and young people are afraid of being singled out or rejected either by their peers or by their family by being labeled as people who do not have mental health, They are afraid of being called crazy or mentally ill, that's why it is so stigmatized to go to a psychologist or psychiatrist for being singled out." (Mexico, he, 22)*

***"The negative reaction of society. There are also certain stereotypes that are compounded thanks to the media, movies and other sources, and accordingly, because of this, they are afraid to talk about it." (Ukraine, she, 19)*

- Lack of information on where to get help

"Mental health is a taboo concept to begin with, there is lack of awareness. There are no mental health organizations,where they can feel free to talk." (South Africa, she, 18-21)

"There are hardly any adverts on the media around mental health, maybe only one in hundreds of adverts will be on mental health. Pop up adverts on Youtube or Facebook are not on mental health. People wonder where they can get help and how" (South Africa, Moutse Radio discussion. Minute 51:30- 52:32)

- General lack of understanding and misinformation of mental health in society

"It's difficult to open up to people who wouldn't understand the concept of mental health." (South Africa, National Meaning Making Workshop, 18-24)

***"I think that in my opinion it is mainly the misinformation that there is usually a lot in young people, they tend to think that, what are they going to say about them or that if they are going to treat them badly." (Mexico, he, 20)*

- Lack of continuous conversation and support system in the community.

  "The only time people talk about mental health is when someone die from it, you hear 'if you need help I am here, come," 2 weeks after the deceased, they don't talk about it, its so sad. There are hardly any adverts on the media around mental health, maybe only one in hundreds of adverts will be on mental health. Pop up adverts on Youtube or Facebook are not on mental health. People wonder where they can get help and how." (South Africa, Moutse Radio discussion. Minute 52:33- 52:40)

- It's a hassle to visit health facilities and they perceived as unfriendly to visit and with certain services non-existent (due to COVID-19, and other compounding factors such as the above and lack of professional services)

- Older generations and their persistence on using "herbal drugs" to address mental health needs, rather than professional care or by talking about feelings

  "Because there are no health facilities in my area to treat such cases and the strong believe in herbal drugs." (Ghana, he, 18)

- Pride and ego, and "shyness", especially for men and boys

  "I think the biggest thing is pride. One of the biggest things is pride! You know I will speak for men, I don't know about women but ill speak specifically for men. You see with men, one thing that we don't understand is that the mind is a very terrible place to live in. It could be good and it could be bad you understand and one thing that you also need to understand is you need to take care of your mind, (going back to the first question) doing things that you love, meditating and doing all of those things so I think with men the minute you start raising the thing of going for counseling they start saying things like "why do I need counseling? I'm fine, I'm okay, I'm good, and I'm a man ill deal with it. Let's say have you have *a traumatic incident , maybe you lose a loved one or get hijacked or lose a job, the person that you in a relationship with you break up with that person or whatever the case may be.For you to say that "I'm good, ill heal" by yourself is a sign of pride cause now you do not want to admit that you need help" (South Africa, he, 24)*

"Some people are shy to go to someone with his/her problem with mental health." (Ghana, he, 15-24)

"In the first place shame, they are afraid of being humiliated so the first factor is shame. The second is the fear of being rejected, the fear they are afraid of...to approach others what others think of them." (Ivory Coast, National Meaning Making Workshop, 18-24)

- A belief that mental health is "too serious" or "too expensive" and that support is useless; that mental health is too serious a problem to be fixed

***"I think the most important factor is the devaluation of their problems by others." (Ukraine, she, 20)*

"Then again, I also think that the fear of opening up. This is because one may not have the resource capacity to deal with the outcome of seeking help as in treatment." (Ghana, he, 24)

- Perceptions that mental health "isn't serious enough" of a problem to merit help

"Some people say mental health is not serious enough until you start having suicidal thoughts" (South Africa, Moutse Radio Discussion, minute 11:25 -11:29).

- Young people find it difficult to trust adults or institutions regarding mental health; they often don't trust that their experiences will be kept private

***"I believe that the greatest difficulty for young people is not trusting someone, well some send them to psychologists, and it is as if the psychologists only ask them questions and do not make them trust them to tell them the things they need to tell them, or to be able to get out of the problem."(Ibarra Ecuador, she, 15)*

"They are afraid that if they tell their problems to a person and that person tells it to others then others will make fun of him/her." (Tajikistan, he, 15)

"Sometimes I think the way we are with … families, people fear of their issues when share to them, [that they] will leak due to gossips." (Ghana, he, 22)

"When we don't have money go to a hospital or fear to go there . People also fear that their problems won't be confidential if they share." (Ghana, she, 16)

C. Inter-Generational Issues and Influence on Mental Health

One surprising finding from this research involved the second most common barrier (behind stigma, though directly intersecting with it): **parents**. Rather than serving as a common source of support, young people across countries pointed to parents as being one of the biggest barriers to them seeking support and oftentimes a major cause of their stress.

Some of the reasons why parents are considered one of the largest barriers to (rather than providers of) support were:

- General consensus is that parents who address mental health are the exception. And that young people today are far advanced in understanding issues of MH than their parents.

  > *"I think we are raised to be nonchalant, we are raised to not talk about our feelings, to be strong. [But] I feel like as a generation we are a bit better." (South Africa, she, 15)*
  >
  > *"I think parents still find it hard to talk about mental health because it was never addressed in their time. **It is difficult for them to process the fact that we as their children are facing the monster that they couldn't face**."(South Africa, she, 18)*
  >
  > ***"I would say that the new generations, in which I have been interacting with, are changing their way of thinking, the way of getting to know people is usually different, at least the ones I have been with are not usually the discriminations made by adults who are usually very closed-minded, so I would say that among the younger ones there is usually a change." (Mexico, he, 20)*
  >
  > ***"I feel that nowadays young people, especially all young people, are a little more open-minded than older people." (Mexico, she, 22)*
  >
  > *"Some young people tend to share their problems with their friends. Because they feel like their friends are going to understand them more than they tell maybe their parents or other elderly people." (Ghana, she, 18)*
  >
  > *"Most [parents] don't but I think … The new generations are more open to these topics than the older ones." (Ghana, she, 18)*

- Parents/Adults don't take mental health or young people seriously.

  > ***"The first reaction is to state that something is wrong, but 'We don't know what to do.' And the second reaction: 'Well, he will grow up and everything will be corrected. Well, that's the age, it's going to pass.'" (Ukraine, he, 21)*

"Percentage wise. Will be like 20%. Parents do not give attention to their children. They feel it's their teenage lives so it's bound to happen. So, it's normal." (Ghana, she, 19)

"They won't even react if you tell them." (Ghana, she, 22)

"No, because our countries have not grown enough socially, culturally and economically, they have not been able to provide a place where young people can be trusted and they can express their problems." (Tajikistan, she, 22)

"Most of the parents simply think that this is the transition period and do not offer support." (Tajikistan, she, 18)

"Parents don't take mental health seriously because when you say you are sick, they don't see it physically , it just means you are having moods or going through an adolescent stage" (South Africa, Moutse Radio Discussion, minute 20:30 -21:00).

- Parents lack of knowledge and exposure to Mental Health

"Parents are somewhat ignorant to these issues." (South Africa, National Meaning Making Workshop, 18-24)

"They don't have a way of dealing with it because they know what it is."(South Africa, National Meaning Making Workshop, 18-24)

"Lack of knowledge in the society causes people to have the wrong mindset, that is why teenagers won't share their mental health problems." (Tajikistan, she, 24)

"Parents did not experience cyber bullying that we are experiencing right now" (South Africa, Moutse Radio Discussion, minute 21:46 -21:52).

" The topic of mental health is foreign to parents, so it's hard for them to put themselves in young people's shoes and offer support "(South Africa, Moutse Radio Discussion, minute 27:25).

- Parents don't take teenagers seriously

"Honestly our parents especially here in Africa don't take Mental Health seriously. They think we are being weak and can't face our Monsters. (Zambia, she, 22, Global Meaning Making Workshop)

"Non-supportive families can make mental health state worse, that's why we seek help elsewhere not at home because they will not take you serious" (South Africa, Moutse Radio Discussion, Minute 21:52-22:31)

- Parents valued different things in their generation and came from a different time – feeling that parents cared about 'material' things (a common statement shared is 'how can you be depressed? You have a roof over your head.') and were less affected by/concerned with other difficult experiences that YP face today

"And because our parents are raised to be strong, you know when you hurting the first thing they say is "be strong" and I feel like that is a defense mechanism that parents teach us as well but when its brought up you'll hear your parents switch and say 'how are you depressed when the fridge is full, when there is Wi-Fi?'" (South Africa, she, 15)

"Times, times are changing and times have changed and our parents were born in the 70's and 80's. I feel like based on the generation they were raised the times are very different from now like how we get to play but not like before. Times are very challenging when it comes to talking and they don't understand the time that we raised in and they don't understand our era, they don't understand how we express ourselves. I feel like as a generation we are better at expressing ourselves compared to them because no parent would come and say I can see that my child is struggling. Obviously as a parent you have to create a safe space for your kids as you think "I am the nurturing mother, you have to come to me" and stuff like that but it really helps it's like a barrier, a hindrance time is a factor." (South Africa, she, 15)

"You feel more comfortable with people who share a context, in this case the age range or your school. Adults have already lived through all that, so they tell you: I've already been through it. But that does not mean that it is the same, because we are in another year, another century, another decade, it is not the same…. adults are very closed in thought, because many think they have already lived, and as they have already lived, they already know, as I have lived more than you, I know more than you, and as I know more than you, it means that your feeling, your opinion does not have as much importance as mine. In the case of mental health, it could be translated into the fact of how they lived their mental health, and how to express themselves differently, it happens a lot that they tell you, in my times there was no psychologist, a cueriza and saz! your psychologist, we did not need to go to doctors to have our heads checked, only crazy people go to psychiatrists, because they are crazy, you are not crazy, you do not go to a psychiatrist. How their life was shaped over the years and how they lived it is a big blow, in terms of wanting to deal with them and talk about how you feel." (Mexico, he, focus group, 18-24)

***"The problems are minimized and they say: ""you don't have to do anything"", ""you're a teenager"", ""you don't work, you have no obligations"". (Ecuador, he, 13)*

- Adults/Parents don't respect or trust YP as well as peers do, and YP don't trust adults/parents as much as they trust their peers

> *"I think somehow its true because I can't trust my parents enough to go to them if something is bothering me you know some situations cause I feel like somewhere somehow they going to find a way to use it against me." (South Africa, he, 15)*

> ***"Because sometimes we don't have enough trust between adults and young people." (Ecuador, he, 16)*

- Parents are likely to judge, tease and not understand young people/their kids (expressed across countries)

> *"Most parents minimize, invalidate MH issues or simply don't know how to listen. This makes the children look for other sources of support. Parents who know how to listen and acknowledge MH issues as valid are strongly appreciated. Perhaps some education on MH/ how to take your child's immaterial problems seriously should go towards parents." (Ecuador, National Meaning Making Workshop, 18-24)*

> ***"Because of fear or embarrassment of what their friends or family will say, perhaps that is one of the biggest reasons why young people don't tend to talk about their problems." (Ecuador, she, 17)*

> ***"I think it would be the fear of how the parents might take that situation when it's told to them." (Mexico, she, 19)*

- Parents are sometimes the source of mental health struggles. Household conditions can be their own source of stress and problems.

> *""So, how can a young person ask their parents for help? Privately? Are you having serious troubles at home? What if sometimes there's no dialogue with your parents and sometimes parents think it's nonsense? If the person doesn't have family support, how can they ask for help? How is he or she going to muster the courage to go up and say "I need help!"? When sometimes parents are also the cause of these problems? With comments, behavior...." (Brazil, she, 18)*

- *Other note:* In households across the countries/regions of this study, fights between parents and stressful situations increased during the lockdown. This caused a lot of stress and insecurity for Young People. Many households have economic problems. If the parents have insecure jobs, young people feel this and experience the stress. This also contributes to Mental Health problems. It is also a barrier to solving MH needs,

since it becomes deprioritized.

D. Reasons young people are going to their peers most for support

While there are several contributing factors for why Young People trust and prefer to speak to their peers, one of the greatest contributing factors is: necessity. Young people feel like there aren't alternative sources of support – from people who can understand and share their daily experiences – outside of their peer networks.

> *"Most young people are not getting the support they need at home or at school or any institution that they belong in but they mostly seek support through their peers because they relate to their stories and get support without judgment." (South Africa, Moutse Radio Discussion, minute 26:30 -26:52).*

Another driving factor for why young people goes to their peers are because they feel 'safer' speaking with their peers. As on young person in South Africa put it simply:

> *"They prefer talking to their peers mostly because they feel safer with them. They understand each other." (South Africa, National Meaning Making Workshop, 18-24)*

> *"The philosopher Louis Lavelle wrote: "The shortest way to go from you to yourself is to go through others like you." I think that in order to break the silence regarding discrimination and stigma around mental health young people need to talk to each other, but not just talk also listen to others i.e. those who are the only more often, approach and try to understand them." (Ivory Coast, he, 18-24, Global Meaning Making Workshop).*

Related to this, some of the explanations young people shared for why they predominantly seek mental and emotional support from other young people is that peers tend to:

- **Be less judgemental, more than 70%** of young people interviewed reported that peers and friends are less judgemental when they are approached by someone facing or experiencing mental health needs.
- **Be more understanding and supportive, about 60%** of young people said that peers and friends are often very understanding and supportive on issues of mental health.
- **Share similar experiences**, according to young people they identify and share lived experience with other young people as they live during the same era or time and so their needs are similar.
- **Be more trustworthy, most** young people mentioned that their peers can be trusted, so they are trustworthy.
- **Be more accessible than professional specialists**, accordinging to young people, their friends and peers are close and easily accessible than professional specialists because they are free of charge while specialists have cost implication which they can

not afford.

E. Type of support young people are providing to their peers

The most common forms of support that young people say that they need – and are receiving – from their peers include:

- Emotional Support, Communication, and Listening (just 'being there')

> *"The support is mostly emotional as we can not afford to provide them resources that could help with what they are going through. Talking and giving each other guidance and advice." (South Africa, she, 21)*
>
> *"They're offering support by being a shoulder to cry." (South Africa, he, 24)*
>
> *"Sharing knowledge from experience and providing emotional support. Communication is key." (South Africa, she, 21-24)*
>
> *"The most important of all is human warmth, then it's a regular follow-up." (Ivory Coast, she, 15-18)*
>
> *"When you get closer to them and show that sense of care it helps break that fear to talk and listen to them." (Ghana, she, 15-24)*
>
> *"One, I'd give them a shoulder to cry on. Yeah, it's quite right to have a friend that you can just go to like, "wait, this is what I am facing, how do you suggest I do this?" So I give them the shoulder to cry on and get with the relevant CSO .. organization which are those with mental health." (South Africa, he, 16)*
>
> *"In addition to verbal advice, show a person that he is valued and loved, that his problems are important, that they are not an empty phrase." (Ukraine, she, 20)*
>
> *"Talking to our peers and supporting them emotionally , and ensuring that we [are] emotionally sensitive when we talk about mental health issues with them , so that's one of the things that I can do." (South Africa, he, 20)*
>
> *"Shoulders to cry on, friendships are being created, learning from one another." (South Africa, she, 20)*
>
> *"I feel like my friends have been there for me and like actually being a shoulder, being shoulders to cry on that really helped me , that really helps a lot of people, I feel like that is how most of my friends we help each other ,yeah or like theres theres this like open discussions about mental health education and whatnot where people like where people make safe spaces for young people to come out and just talk about their*

problems, I feel like that is one way that people are helping each other." (South Africa, he, 19)

- Providing judgment and stigma free spaces

  "By consulting people who care about them and people who don't stigmatize them." (Ghana, he, 21)

- Information

  "Providing the support that I can and advising them to seek further support if ever what they are going through escalates." (South Africa, National Meaning Making Workshop, 18-24)

  "I, for example, I exchange with lots of youth now that there are social networks that are there, it suits us all, so I exchange a lot with people who are in this kind of situation and provide them with information." (Ivory Coast, National Meaning Making Workshop, 18-24)

- Accompanying them

  "Going with them for lunch,Church or even clinics." (Ivory Coast, National Meaning Making Workshop, 18-24)

- Give advice of where to get help (including referrals)

  "I think that like when you are engaging to your peer, they'll be like they have, so you can see like mentality issue because they're able to they know how you feel because they are your peers they are at your age, you can't tell your mama about certain things. You can speak to your friends. So it's like when you talk to them, like they're able to provide solutions for you, they able to give you advice related to that mental health issue." (South Africa, she, 15).

- Provide humor (in a helpful way)
- Not judging
- Forming clubs

F. Critical gaps in peer-to-peer support system

Despite all these forms of support, young people across countries also identified a critical gap – and need – in terms of peer-to-peer support. Although peers are the first point of contact for support on mental health, young people often lack confidence and knowledge on how they can better support their peers. This knowledge and confidence gap is critical in widening lack of support among young people in addressing mental health needs;

> *"Hmm I don't even know I don't know how to support my friends, and even them, they don't know how to support. Because we don't know mental illness, we don't know about it, we just hear, but we don't know." (Zambia, she, 13)*

> *"I don't think we support each other for this kind of thing. It's scary so we tell ourselves, it will pass and then go away and they will be fine." (Ivory Coast, he, 23)*

This finding was also strongly apparent in the U-Report polls. According to the U-Report polls (n=43,890, across the target countries), while more than half (59%) of young people said that they feel very confident to provide support to friends who are struggling with mental health, nearly half of young respondents (41%) said that they did NOT feel confident in providing support. There was also great disparity across countries in this regard. Globally, there was a significant number of young people (10%) across all countries polled who felt 'not at all confident' to support their peers and friends on mental health. The countries where a complete lack of confidence in providing peer support was most prevalent was South Africa (16%) and Ghana (15%).

G. What do safe spaces for seeking support look like - both online and offline?

Across countries, young people responded to the question on safe spaces – "What do safe spaces for seeing support look like - both online and offline - and what needs do they meet?" – with one of two common refrains: either, 'we don't have safe spaces here' or 'my peers are my safe space' for support and conversation on mental health.

About **1 of every 2 young people** interviewed said that they don't know of a safe space where they can talk about mental health issues. Some responses from Ivory Coast included:

> *"I won't say that I have a safe space to talk about mental health, but I will say that I have my own tips for trying to manage my mental health. It is to always confide in myself not to keep everything for myself because by keeping everything from accumulating things we can end up having a depression." (Ivory Coast, National Meaning Making Workshop, 18-24)*

> *"I don't have a safe space. I don't know anyone who talks about their mental health." (Ivory Coast, National Meaning Making Workshop, 18-24)*

"In my community we don't have a safe space to talk about these things." (Ivory Coast, National Meaning Making Workshop, 18-24)

"There's nowhere to go when you are sad, people don't take being sad seriously, so when you are sad they just tell you to move on, they tell you life is hard, life is not easy, those things, they don't get help." (Zambia, she, 13)

"Here I'm speaking from where I live, so I don't think we are seeking because we don't even know where to go and seek for them. If there were to be some kind of education going on it would have helped." (Ghana, he, 24)

"No, there are neither safe spaces, no psychologists. Young people do not know who to refer to and many do not have the information on mental health. People think that if nobody talks about mental health, the issue doesn't exist." (Tajikistan, he, 20)

For those who did know of safe spaces, most young people described them as spaces of peer support systems, rather than institutions or physical locations where they can go to talk about – or seek support on – the issues that concern them. Two of the characteristics of safe spaces that were shared most frequently were: "trustworthy" and "absence of judgment."

"A safe space can be your surrounding environment. Whether it is healthy and if ever your peers just openly talk about societal issues or things that affect them." (South Africa, National Meaning Making Workshop, 18-24)

"A non judgemental and supportive environment . I have a place where I speak about mental health." (South Africa, she, 18-21)

"A safe is not a physical space, it can be something as simple as just a group of people sharing their views and experiences." (South Africa, National Meaning Making Workshop, 18-24)

"A confidant. For me, my friend is my safe space." (South Africa, he, 21-24)

"A safe space is more like having a friend who you will rely on. A person who you are sure they won't backstep you." (South Africa, she, 18-21)

"A safe space is something I don't have as I usually express myself so there isn't anything that bothers me I keep to myself." (South Africa, National Meaning Making Workshop, 15-24)

"I do not have a safe space where I can openly talk about what I'm feeling. I would say most of my peers do need one, teenagers struggle with having such support and they need availability services that will provide them with what's missing in their lives." (South Africa, he, 15)

"Yes a safe space is not a building but us people." (Zambia, National Meaning Making Workshop, 15-24)

"My friends are my safe space." (Zambia, he, 19)

***"For me, a safe space is not a fixed place, but a place where I can be calm, where I can be relaxed, where I can do my things calmly, basically where I can do my things well, without being with a mental load, or something on top." (Quito Ecuador, he, 17)*

***'I think not specifically the place but maybe in the case that at some point I don't feel well, I can look for a person who is close to me and talk about my mental health and for me to feel safe that person have to be respectful." (Ecuador, she, 17)*

***"I like it to be a calm, quiet place, with good lighting because I don't know, it relaxes me a lot and I think it feels very calm and you feel at ease to express yourself in a space where no one is there." (Mexico, he, 22)*

***"I would say it would be with people that you trust, people that you know you can talk about any topic or they are not going to scold you, they are not going to criticize you and instead you are going to receive support from that person so mainly it is trust." (Mexico, he, 20)*

For young people from indigenous communities a common sentiment was that it would be helpful to have a space where they could talk to someone "not from the community" about mental health; since the fear of speaking to someone in their community (who might tell others about their problems) is too great.

***"Well, I think a safe place to talk about mental health would be in a health department in a mental health care setting with a person who may or may not speak Tsoltsil, but who is not from the community, because I've seen a person feel safe talking about traumatic issues when they're being cared for by someone they don't know, or at least someone they don't know so they can't judge them." (Mexico, he, 23)*

Other examples of – less common – safe spaces included:

- Activities

  "My safe space is through activities that bring me tranquility like drawing and writing my emotions on paper." (South Africa, National Meaning Making Workshop, 15-24)

- Family and parents in particular

"Yes. My parents are my safe space. They listen to me and I am heard." (South Africa, National Meaning Making Workshop, 15-24)

- Social media

"Social media is my safe space. I just put it out there for people to see it's normal."(South Africa, she, 21-24)

- Religion

"Frankly, I don't know of a safe space in medicine, but on the other hand, in church, I find the church to be a safe space to be able to talk about these problems. For me, a safe space is a space where you are welcomed, a welcoming space also where the people who are there do not judge you, do not condemn you, but try to understand you or understand your situation and put themselves in your place." (Ivory Coast, National Meaning Making Workshop, 15-24)

- Media

"Yes, I think the radio is a safe space. But since young people don't listen to the radio a lot, maybe we can form a youth club to talk about this in order to raise awareness." (Ivory Coast, National Meaning Making Workshop, 15-24)

H. Main sources of information and learning related to Mental Health

Within conversations of peer support, **a reliance on digital media was revealed to be one of the most common platform for receiving support**. Young people across gender and regions (Africa, Europe and America) often reported that turning to digital media platforms – including social media – was their most common source or platform in finding support on issues of mental and emotional health. Many young people said that they highly rely on digital platforms – such as Facebook and Instagram – to feel connected with their peers, friends and have conversations that they feel are too stigmatized in offline spaces.

"Firstly a lot of people have access to smart phones. Therefore, making social media the easiest, quickest and most readily available way to cope with Mental Health issues." (Zambia, she, 22, Global Meaning Making Workshop)

"On social media you can communicate or address your feelings with strangers.. that way nobody you know can judge you or deem you as weak." (South Africa, she, 18-24, Global Meaning Making Workshop).

"The fact that the interactions can be anonymous so they felt free to share and not being in the spotlight. The fact that young people can actually create social media groups and Pages and

share information on mental has made it one of the helpful and useful solutions." (Mexico, she, 18-24, Global Meaning Making Workshop)

"On Facebook for example, we have influencers and humorist. By their videos young have fun so that they feel a little well." (Ivory Coast, he, 18-24, Global Meaning Making Workshop)

"Young people here in Abidjan take refuge on social networks to escape. Behind their phones they manage to be the person they want without real judgment." (Ivory Coast, she, 18-24, Global Meaning Making Workshop)

"Social networks are more in demand because of their people information, which young people are very fond of." (Ivory Coast, she, 18-24, Global Meaning Making Workshop)

Some of the reasons why young people said they rely on social media as their preferred method of support included:

- Virtual space allows more freedom from stigma and discrimination and judgement in their community. **7 out 10 young people expressed** that digital world provides them with a space free from judgment, stigma and discrimination aroung mental health. They do not get labeled as crazy or mad people when they share their mental health struggle on digital space.

- Provides anonymity, **at least 2 out of 5** young people said they are more able to share their experiences and stories without being identified by the people around them or their community.

- Fills a gap in the absence of face to face support, digital platforms are filling the gaps of lack of physical support resulting from covid-19 restrictions and stigma and discrimination in their communities.

- Physically distanced but virtual community, they get a feeling of being close friends and peers virtually although they do not often meet face to face.

- Facilitates access to information and experts advice, young people have identified a number of experts, organizations and people who share information and online support on mental health that they follow, some of them are celebrities and famous people.

- Promotes a feeling of connectedness - shared lived experiences and testimonials. Many young people expressed that they were not aware that so many others were experiences the same or similar challenges until they engaged on social media.

- More trustworthy (depending on source/peer) and can allow Young People to speak to each other on their own terms.

At the same time, young people in multiple countries acknowledged the flip side of social media and its role in exacerbating some of the very mental health experiences that Young People speak about on social media channels. As one young person in South Africa put it, the reality of needing social media for support – because alternatives aren't known – means that:

> *"you find yourself fighting 2 bulls at the same time." (South Africa, he, 24)*

Another young person in Brazil echoed the sentiment:

> *"I think the mobile phone itself was a refuge, as it was very good. But at the same time, it was bad, because everyone was glued to the screen. Hate messages against people have increased, verbal and moral harassment have also increased." (Brazil, non binary, 14)*

I. Other coping strategies and sources of support for YP

When it came to coping strategies that young people felt were useful/healthy, most young people struggle to think of sources of support beyond conversations with their peers. As one young person put it:

> *"Are there any strategies? Maybe there are but I don't know any so, some of us whether we do music that's how we deal with some of these thing or you dance or play sports because that's when we are able to clear our heads. But I don't think there is much happening in the community or the government is doing to help people with mental health [challenges]." (South Africa, he, 21-24)*

However, other strategies that were shared included:

- Seeking help from religious leaders (especially in Ghana)
- Playing with Pets (many people mentioned pets helping them)
- Seeking support from guidance offices at school (though young people in Ivory Coast and Zambia said that most of their schools don't offer these services)
- Reading books
- Opening up to someone you trust
- Finding someone that can listen
- Avoiding stressors
- Resting

- Physical exercise/going for a walk
- Keeping busy strategies:
- Studying
- Spending time with family and/or friends
- Listening to music
- Going somewhere/to the beach
- Reading books
- Watching movies
- Social media/Technology
- Talking to School Teacher or Tutor
- Talking to a family member
- Going to Church
- Meditation, self introspection and getting enough sleep

In terms of negative/harmful coping strategies, young people primarily pointed too: Drug abuse, drinking/ alcoholism and excessive sex.

> *"Lately young people have been resorting to alcohol, drug abuse to run away from their problems" (South Africa, Moutse Radio Discussion)*

5. Young people as agents of change

This research found that young people are acting as positive change-makers in their communities on issues related to mental health in several key ways.

> ***"Teenagers are the ones breaking the chains of silence." (South Africa, she, 18-21)*

> ***"Well, these are young people who are not afraid to talk about it, and in this way, they destroy stereotypes about it in society. For example, I myself participate in such social actions. We had an action dedicated to Parkinson's Day. We did a poll around the city, and as it turned out, people think it's a stomach disease. People don't know what it is when something is beyond schizophrenia and depression. And I believe that the work of these young people (who break the culture of silence) is to explain what it is, so that the stereotype does not spread further." (Ukraine, she, 19)*

To provide a better understanding of who these young people are, how they stepping-up to be leaders and change-makers in their communities, and why we aren't seeing more examples of young leaders on this issue, this section covers the following areas:

a. How young people are overcoming stigma are breaking cultures of silence around mental health
b. How young people are serving as peer influencers and peer supporters on issues of mental health
c. Challenges that change-makers are facing in realizing the changes they want to make

At the same time, this research also found that young people – especially those in vulnerable communities – are having a difficult time finding many of these young people and conversations.

The following responses were not uncommon:

***"We don't have advocates for mental health." (South Africa, she, 18-21)*

***"I don't know, no, there really isn't." (Mexico, he, 16)*

***"Honestly, I don't know." (Mexico, he, 21)*

"We don't have them." (Ghana, she, 23)

Several young people in many communities said that they are in desperate need of more support, better role models, and more conversations about mental health in their communities, and yet they could not think of any role models who weren't themselves or a close peer. Some young people couldn't think of any role models at all. By lifting up examples of young people who are serving their needs, this research aims to help bring better awareness to the positive deviants who are making a difference and to empower institutions to provide better support to more young people who want to become these change makers.

a. How young people are overcoming stigma are breaking cultures of silence around mental health

This research found several instances of young people as change makers in breaking harmful cultures of silence around Mental Health in their communities. This section highlights these examples and it explores how they are making a difference in their communities

- Young people are speaking-up and speaking-out against cultures of silence, and normalizing the process of talking about MH issues through digital platforms and face to face communication (off-line).

***"They show the world that such problems exist, also through social networks. Even the same videos on Tic Toc, if viewed, many people are trying to touch on some actual problems or interesting points. Someone has their own personal blog, where he can tell and share with people this problem." (Ukraine, she, 19)*

"Me, [I am a change-maker] because I feel that I am much more open than all my peers. I have friends with depression, with anxiety, with hyperactivity. I am a person who suffers from hyperactivity and I constantly seek psychological help, I started to live in a healthy way having hyperactivity, and I constantly talk to the people around me about how important mental health is and how important it is to open yourself, that we all have problems and it is okay to* ***normalize *it, let emotions flow and accept the things that happen to us without the need to believe we are perfect, because no one is perfect." (Ecuador, she, 17)*

"By voicing out their views." (South Africa, National Meaning Making Workshop, 18-24)

"By speaking up, giving one another advice." (South Africa, National Meaning Making Workshop, 18-24)

"Young influencers in our communities. They take part in a lot of programs to help enlighten the youth about the things that are happening in our local communities, like gender based violence." (South Africa, National Meaning Making Workshop, 18-24)

"Young people can overcome the stigma around seeking mental health help if they talk about it if they don't make it a topic a term, a taboo subject if they open up to people who will really be able to help them, they will really be able to overcome this discrimination." (Ivory Coast, she, 21)

"The same and the normalization of asking for help when you need it, if you are going through a very serious depression problem, to have more diffusion on the subject of mental health because it is important, and it has been given more importance in recent years. Before it was not well seen to talk about this topic, so I think it is okay to ask for help when you need it or just if you need someone to listen to you, it is important to have the confidence to know where or who to go to." (Mexico, she, focus group, 15-24)

"Normalizing the fact of going to therapy because I feel that it was not so well seen before and lately I feel that they have given it more importance and that they are normalizing it." (Mexico, she, focus group, 15-24)

"We have some [young] people that takes it upon themselves, I am even one of them that if we do not work in unity and love we cannot overcome the sickness which is

under control in our community. We gives ourselves ways to go out and educate people on discrimination." (Ghana, he, 20)

"Teenagers in my community… Mostly the girls, some are getting this confidence to speak out." (Ghana, she, 15-24)

"Okay, this woman is an example to all those who have mental health issue, she is Abena. despite the famous life she is living, you know the social media is a platform where people give false identity and the likes. But this lady is able to come out and tell the world or the country that she has mental problem and she is not shameful of it, so should you come out to tell people that you have [one too]... I think that will help. And that people who stigmatize other people should really get insight of this. Everybody has a mental health issue and it might get to some extreme that is when people come out and in such things. And then people who has it already should know that people who stigmatized them are not educated enough and that they don't know much about anything and that they should just ignore them." (Ghana, he, 15-24)

- Young people are showing other young people that they can talk about their experiences and overcome them

  ***"Those who step out of their comfort zone to talk about their problems. Those who need help but understand that if they don't take the first step, it will be difficult for them to cope on their own. The main thing for them during this period is to show that you are ready to support them at any time."(Ukraine, she, 20)*

  "When you get closer to them and show that sense of care it helps break that fear to talk and listen to them." (Ghana, she, 15-24)

- Young people are reaching out to other young people (even if they aren't close peers) when they see that they could use some support

  ***"Me, if I see a person who is being bullied or discriminated against because of the mental situation they are going through, I can help them by giving them advice, I am not going to leave them like that." (Ecuador, she, 17)*

- They are using media channels, like community and youth radio, to make their voices heard

  ***"I feel like young reporters at Moutse Community Radio Station." (South Africa, National Meaning Making Workshop, 15-24)*

- They are protesting and organizing public campaigns

"A girl discovered that there was a Telegram-group where boys from the school were sharing inappropriate and sexualised content of the girls. She decided to speak out against this practice publically, including on how the community does not take the mental health and wellbeing of girls seriously. She formed a collective with other girls, who protested among other things by hanging up posters declaring the practice unacceptable." (Mexico, National Meaning Making Workshop, 15-24)

- They are using anonymous channels, like social media, to spread positive messages if they aren't comfortable sharing their identity

  ***"Well, first of all, those who do it anonymously on social media. They do this with confidence, probably because their identity is not disclosed. And, secondly, I think that these are those who do not have problems with self-esteem, who have confidence in themselves and their point of view and can safely prove it to others." (Ukraine, she, 15)*

- They are representing and speaking-out on behalf of GLBTQ young people and other vulnerable groups

  ***"Well at least here the lgbt community and I think it is the main one that they are demonstrating, that they are not crazy and it is natural, I think they are raising their voice and it is very nice." (Mexico, he, 21)*

- They are organizing events that young people want to go to (especially those related to music and films)

  ***"When friends get together, I don't know about organizing an event that is very new to the town. For example, my brother and other young people have seen them organize festivals, where a group of young people get together and start singing and improvising Hip-Hop in their own language." (Mexico, she, 15)*

  ***"The first happened during the focus group. In Mexico, this was organized as part of a youth camp, so including evening activities. One of the young persons brought a set of movies with them with a Mental Health-theme. This helped to get conversations flowing. The young persons were more comfortable to talk about mental health on the basis of discussing the movie, which then transformed in a general discussion on mental health." (Mexico, National Meaning Making Workshop, 15-24)*

- By forming youth groups in schools

  "Forming groups to talk about these issues and finding possible solutions around them." (South Africa, National Meaning Making Workshop, 15-24)

"Gym, in such places people are able to form friendships and be able to talk about mental health." (South Africa, National Meaning Making Workshop, 15-24)

- By targeting older generations and educating them on the importance, realities and facts involving mental health

"Educating the elders and ignorant about mental health." (South Africa, she, 22)

"Educated people or people who are willing to learn. They make it easy for themselves as such topics they become familiar with and know how to approach them.' (South Africa, National Meaning Making Workshop, 15-24)

- By helping young people to build enough confidence in themselves to seek help

"One I feel like, one person said it this morning. And if I'm not misquoting them, yeah, and they said it's quite best. So here's what I suggest you do. Just you do you. You don't do it for them, do it for yourself, if you know that will make you feel better. Go for it. So this does it for them."(South Africa, he, 16).

"I think that the first step which is the hardest is like agreeing that you need help. And like you say, it takes two to tango. It takes one for you to agree that you need help. It takes the second word for you to it, to go out there and get help. So it's like just be courageous, no matter how tough life is, just encourageous then you'll seek help." (South Africa, she, 15)

"You need to learn that judgment is always there, and be willing to give in and help yourself." (South Africa, she, 20)

- By helping young people to identify and break harmful cycles

"Breaking vicious circles. Bad actions change when a person says he or she is no longer going to do it, perhaps the currents of thought, start when a person expresses what he or she needs. Like to change the stigma we have to be the first to understand it, what is the truth, and break that circle, because they were taught by their parents, for example they told us that is bad, and they were told by their parents that it was bad, and so we are in the power to say, it is not bad, and in the future to our offspring, friends will receive this information that we stopped to make a change, always changes arise like that, and I like when I read history, that everything changed with a person thinking differently, and questioned about an action." (Mexico, he, focus group, 15-24)

b. How young people are serving as peer influencers and peer supporters on issues of mental health

- By doing and sharing research; battling misinformation and disproving myths

> ***"Some people collect certain data, for example, how many suicide attempts there have been in adolescents or how many teenagers are in mental hospitals. And you can compare these facts. and come to some conclusion. Teens are more likely to struggle with this with their deviant behavior. But again, there are still individuals who share their problems or the problems of their friends." (Ukraine, she, 19)*
>
> ***"Undoubtedly the young people who have entered academic life, young people who have entered high school, young people who are finishing their bachelor's degree, I think they are breaking the silence, leaving behind the myths about certain diseases." (Mexico, he, 23)*
>
> *"And this other thing when you are hardworking and when you on Facebook and someone says that " I'm heartbroken, what can I do" I said talking helps and the other person said " weed helps" and I responded by telling the person that no that is just creating more problems for yourself. It's actually going to ruin you more and that person responded by saying " it makes you feel like the king of the world" but I said if you are king of the world at that moment and when you are sober all those things will come back. If you took that substance because of peer pressure or something you going to cause more problems and are going to start stressing yourself more about the substance you took and "I never thought I would get here and all that so actually our peers could be the people who affect your mentality." (South Africa, she, 15)*
>
> *"They are educating themselves. They are basically pushing themselves to know issues like this one and also educate others." (South Africa, National Meaning Making Workshop, 15-24)*
>
> *"Through education. It is easy to not get affected by stigmas when you know the accurate information." (South Africa, National Meaning Making Workshop, 15-24)*
>
> *"Sharing what we research because I go to an autism clinic. There they explained to me everything that autism entails, and there they tell you to take your parents so that they can explain to them how to treat a person who has one of the autistic aspect disorders and that helps a lot in how they treat the person, and how they are going to live. So it is important to be informed about mental health and by transmitting this information you help more people to know that going to a psychologist does not make you crazy, people do not need to be crazy to go to a psychologist and this stigma is removed by explaining why people go to a psychologist, what a psychologist does, what is the point of going to a psychologist or a psychiatrist, which is more stigmatized, they say that if you go to a psychiatrist they will lock you up. No the psychiatrist helps things that the psychologist cannot do because the psychologist only helps to a certain point and explain that to others even to friends …Being informed is always going to make you feel calmer." (Mexico, he, focus group, 15-24)*

"I would say that it is mainly the misinformation that arises among many things, on the internet, anyone can upload anything and usually upload things that are not true and many people relate the psychologist with being crazy and it has nothing to do with it. So it would be to inform those people to break that way of thinking that they have."(Mexico, he, focus group, 15-24)

- By showing young people how they can express themselves creatively and in other creative and original ways

  ***"These are people who clearly feel that they need support, very much draw attention to themselves. It could be teenagers with specific conflicts, or people who are discovering this issue in a completely different way, for example, through creativity. People make films, write songs, draw pictures, that is, they are trying to somehow reveal this problem and show society that it exists." (Ukraine, she, 19)*

  ***"Many people are looking for ways to express themselves through art, through music, doing other things, things they are passionate about. For example here in my community it's said, that women cannot play musical instruments because they say, if they have a baby, it will cry a lot. If the mother knows how to play an instrument, the baby will cry a lot, but most of the girls who live here have overcome that rule, because they have started to play musical instruments and that is a sign that they have left that zone that has been imposed on us in a certain way. " (Mexico, she, 19)"*

  "We rap, we are in the middle of the hip hop culture, we write with lyrics in Spanish and Tzotzil, and at the moment of writing something you express what you are, what you feel and look at, everything that is of you and what is outside. With that you give everything, you give energy, your life, your way of being, your person and all that. And as we were saying a while ago, there are people who identify with you as what you are and that is a great help, for example, I have gone through very unpleasant things, super ugly and you say I can't do it anymore?" (Mexico, he, focus group, 15-24)

  "And sometimes there is music that speaks about your life and that's cool." (Mexico, he, focus group, 15-24)

  "I was telling you that I have had very strong moments, and the only solution I had at that time was to listen to music, put on my headphones, and not to leave. Music is too broad, it transmits emotions, energy, thoughts, ideas, ideas, feelings, sensations of everything. Art, speaking of all the arts, can be a solution, a means of expressing something." (Mexico, he, focus group, 15-24)

- By helping young people to open-up more to their parents

***"Yes, a friend was going to help a relative, he told me that he did such a way to break his silence and talk to his parents, because his parents didn't pay attention to him so he talked to some friends and they gave him support to tell his parents how he felt and how they treated him." (Ecuador, he, 16)*

- By talking to peers at lunch, school and in everyday settings

  ***"Yes I do. It happens during school days.I help those who I see there is something eating him/her up. Safe space- where there is no one, just two people who are dealing with the matter at hand." (South Africa, he, 15-18)*

  "I think that at this level what we can do is to listen to others a lot and talk to each other." (Ivory Coast, National Meaning Making Workshop, 15-24)

- By addressing personal complicity in cultures of silence and overcoming personal discomfort in talking about Mental Health

  ***"As young people, we are a little immature with mental health sometimes, but in some other way we realize that there are chains that we need to break. We have to realize that we have to raise our voices." (Mexico, she, 15)*

- By teaching and practicing self-love and acceptance

  "I thing is the youth , most of them are learning how to love themselves , put themselves first and staying away from toxic energy. Also cutting off fake friends." (South Africa, she, 18-21)

  "Not seeking validation, knowing where you stand as a person and finding ways for yourself in which will aid in you getting better." (South Africa, she, 21-24)

  "I feel so much better because right now since we have spoken about insecurities I feel like people give different opinions and advices and I feel it is true (boosts her confidence) but when I think about it when I'm alone I just off-ramp." (South Africa, she, 15)

  "When you get convinced by someone telling you something and then you get confident about yourself and then something comes to you to change your mind, it's all a state of mind that you tell yourself certain things." (South Africa, she, 15)

  "To demonstrate that we are capable for that, that they don't tell you this, or that they give you examples of how they were so that you can do it, that you are capable of doing what you are capable of doing, we are different. Accept diversity, support each other, recognize each other." *(Mexico, she, focus group, 15-24)*

"(Help them to) Understand yourself."
"(Help them to) Learn to accept yourself."
"(Help them to) Learn to love yourself."
"(Help them to) To value yourself."
(Mexico, she, focus group, 15-24)

"Learn to love yourself, if you don't love yourself, how can you love others? Learn to see your defects and virtues, know yourself and respect yourself and also respect when a person has his defects and virtues. Have empathy with people, with their way of thinking and feeling." (Mexico, she, focus group, 15-24)

"Help other people to find their own virtues and also their defects because it is never bad, because nobody is perfect." (Mexico, she, focus group, 15-24)

"I think apart from having empathy, is also if they don't give it to you, ask for it if I'm talking to someone and they are making me feel bad, it makes me feel less, tell them hey, you made me feel bad with what you said, learn to say when something is affecting you." (Mexico, she, focus group, 15-24)

- By promoting helpful messages related to mental health, including:

"It's good to speak up"
(South Africa, National Meaning Making Workshop, 15-24)

"It's ok not to be ok"
(South Africa, National Meaning Making Workshop, 15-24)

"It's ok to seek help"
(South Africa, National Meaning Making Workshop, 15-24)

"Need for validation is overrated"
(South Africa, National Meaning Making Workshop, 15-24)

"Time heals"
(Zambia, National Meaning Making Workshop, 15-24)

"It's important to seek help"
(Zambia, National Meaning Making Workshop, 15-24)

"Never bottle up feelings"
(Zambia, National Meaning Making Workshop, 15-24)

"Give safe space to others"
(Zambia, National Meaning Making Workshop, 15-24)

- By listening

> *"Approaching young people, without directing them, listening to them and giving them a hand with their problems. without judging, only guiding to achieve well-being. We all have different forms of well-being and we must understand that." (Global Meaning Making Workshop, 18-24)*

- By helping creating safe spaces for young people to feel comfortable – online and offline

> *"The young researchers also indicated that they need safe spaces, with the time and the opportunity to talk and be listened to. Individuals need to hear that they are not the only ones struggling with mental health challenges." (Mexico, National Meaning Making Workshop, 15-24)*

> *"People your age with such things it is very helpful you have people that get you and I feel like it's okay that at our age we get to express our feelings and be heard but when it's a class not everyone can get to express themselves." (South Africa, she, 15)*

> *"In my case, in social networks I know a lot of people I don't know who they are, and something happens to you or you have something and you don't have anyone to talk to, so you say hey, I can tell you something, I feel bad, tell me about it." (Mexico, she, focus group, 15-24)*

c. Challenges that change-makers are facing in realizing the changes they want to make

Despite many young people's leadership and comfort with talking about mental health with their peers, young people say there is still a notable hesitancy for themselves and their peers in being leaders on issues of Mental Health in more open and public settings. They say that this hesitancy is not shared by most other social issues (like the Environment) where it seems more culturally acceptable and encouraged to be leaders.

- Some think that people won't take them seriously. Several young people have had some ideas to initiate some actions towards addressing a wide range of issues including mental health but are worried that people or the community would not take them seriously because of previous experiences of the community not taking young people seriously.

"At some point I really wanted to start something but then thought they won't take it seriously. Should we start having something how would it go? I wanted to start a facility to help my peers mathematics but when I looked at the environment and became hesitant. I wanted to be part of the mentors but then it goes by someone's mentality." (South Africa, she, 15)

- Many young people aren't invited to open forums to discuss mental health, but they would attend them if invited (and they say that they are needed).

  "From what you said if you want to help someone, help someone who wants to be helped. When it comes to mental health facility and running it, it personally wouldn't work for me cause the type of person that I am I like helping people but when it comes to mental health we don't take each other seriously. Sometimes I understand people who talk to strangers better than their friends because when it's your friend especially as black people we deal with traumas through jokes, we joke about our traumas. Yes it is funny because we can relate and stuff but I wouldn't have a facility about mental health. I would participate in such initiatives again as because I love talking about mental health I feel like it's very beneficial for yourself and others, we share knowledge and receive knowledge." (South Africa, she, 15)

  "Perhaps now, because of the pandemic, there are few of us, and the neighborhood is small, but there are many more people I know that this type of talk would be useful for them, to have more of these meetings." (Mexico, she, focus group, 15-24)

Appendices

Appendix A. Raw footage: Featuring Radio Programme Excerpts and Links

Appendix B. Raw footage: Featuring Select Self-Produced Videos and Links to all videos

Appendix C: Respondent Recruitment Strategy

Appendix D: Data Collection Instruments

Appendix E: Other "Top" Findings from U-Report Polls

Appendix F: The U-Report Poll Questions (April-June 2021)

Appendix G: Interview and Focus Group Questions

Appendix A. Raw footage: Featuring Radio Programme Excerpts and Links

Select Radio Programs

SoundCloud playlist for Mental Health Shows:
https://soundcloud.com/childrensradiofoundation/sets/wellcome-mental-health-shows

All radio programs/stations/dates provided below. Links to select shows are also provided below. All shows available at SoundCloud link above.

South Africa

1. **Moutse Fm (Moutse)**
   (12/03 - General show on Mental health projects findings)
   Link: https://soundcloud.com/moutse-young-reporters/mental-health-research?utm_source=clipboard&utm_medium=text&utm_campaign=social_sharing
   Script for the national radio discussion on Moutse FM: Tswa daar Script 12 March 2022 (Autosaved).docx - Google Docs

   Sample transcript from dialogue:
   Question and Answers (Young people and the Expert (A Clinical Psychologist)

   YP: What happens when young people do not find the professional help/ mental health services useful?
   Answer: Break the stigma around mental health and talk about what makes us feel safe, what makes us feel angry and so on in our community, we can make it a habit to check on each other " (South Africa, Expert, Radio discussion. Minute 36:15 -36:25)

   YP: What can people do at home to deal with mental health?
   Answer: We have to invest in making young people know that it is okay to talk about mental health and their feelings. (South Africa, Expert, Radio discussion. Minute 39:14)

   YP: What can or should young people do when they are feeling suicidal?
   Answer: Talking about it is one way to deal with it, you have to take a step, you need to reach out to others for help. Young people need to reach out" (South Africa, Expert, Radio discussion. Minute 40:05)

   YP: Is mental health inherited? Can some inherit mental health challenges?
   Answer: It could be learnt, if you grow up with someone who is your role model and is behaving in a certain way, you could learn those behaviors. (South Africa, Expert, Radio discussion. Minute 41:44 -41:50)

YP: What is the impact of COVID-19 on mental health?
Answer: Many people have been affected because they have gone through the loss of their loved ones, jobs and fear of getting sick.((South Africa, Expert, Radio discussion. Minute 45:30-46:00)

"Reaching out is a sign of strength and not weakness, reach out for help" (South Africa, Expert, Radio discussion. Minute 49)

- 02/04 - General show on Mental health projects findings with emphasis on feelings of anxiety and low-mood.
  https://soundcloud.com/moutse-young-reporters/mental-health-research-findings-show-part-2
  Script for the second national radio discussion on Moutse FM : Tswa daar Script 02 April 2022 (Autosaved).docx - Google Docs

1. **Alex Fm (Alexandra)**
   (12/03 - General show on Mental health projects findings with emphasis on stigma.)
   https://soundcloud.com/alex-fm-young-reporters/amplifers-the-mental-health-show?utm_source=clipboard&utm_medium=text&utm_campaign=social_sharing
   Script for the national radio discussion on Alex FM: Mental Health Findings Shows.docx - Google Docs

Zambia

1. Sun Fm (Ndola)
2. Metro Fm (Lusaka)
3. Flava fm (Kitwe)
4. Power fm Kabwe

Ivory Coast

- Satellite FM (Korhogo)
  (19/03 General show on Mental health projects findings.)
  https://soundcloud.com/childrensradiofoundation/korhogo-emission-sante-mentale?utm_source=clipboard&utm_medium=text&utm_campaign=social_sharing

- Radio Media + (Bouaké)
  (19/03 General show on Mental health projects findings.)
  Link:
  https://soundcloud.com/childrensradiofoundation/bouake-sante-mentale-def-et-soutiens?utm_source=clipboard&utm_medium=text&utm_campaign=social_sharing

- Radio San Pedro (San Pedro)
  (23/03 General show on Mental health projects findings.)
  Link:
  https://soundcloud.com/childrensradiofoundation/emission-san-pedro-sante-mentale?utm_source=clipboard&utm_medium=text&utm_campaign=social_sharing

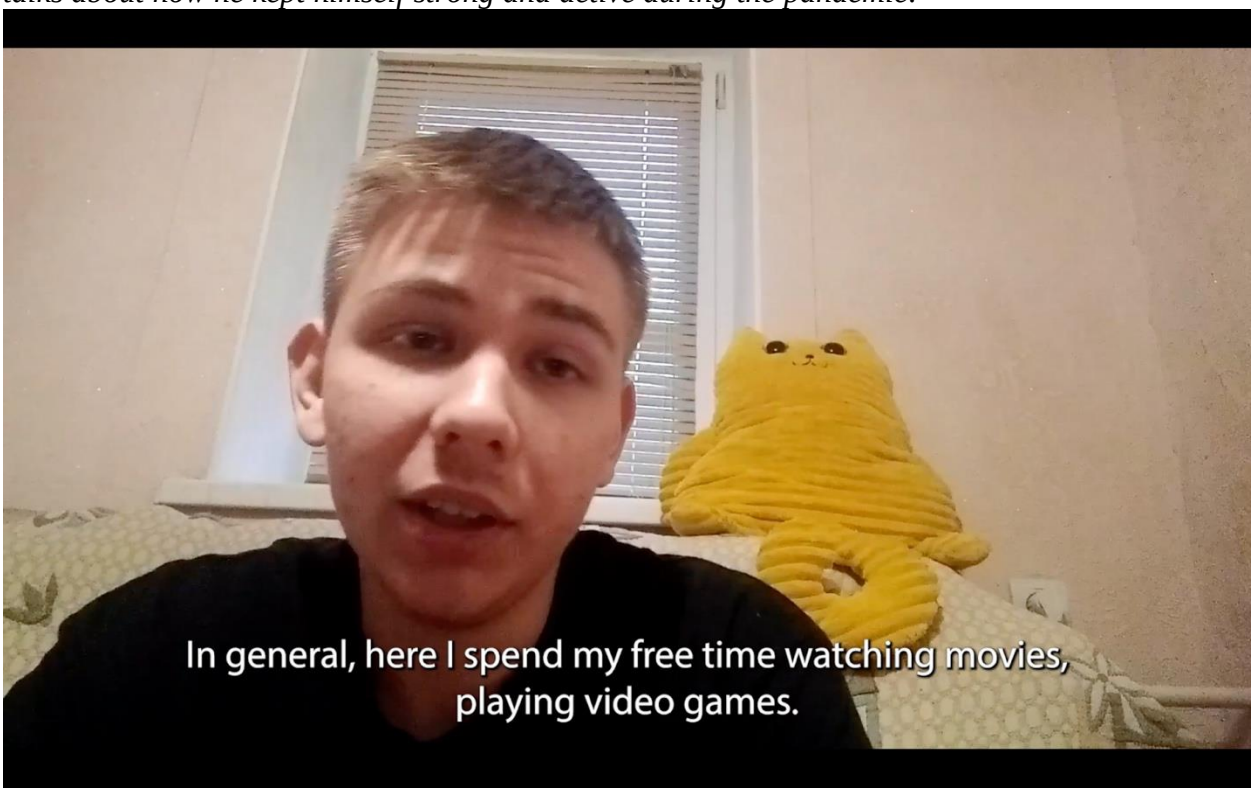
- Radio ATM (Port Bouet)

Appendix B. Raw footage: Featuring Select Self-Produced Videos and Links to all videos

Select Self-Produced Videos

1. Stories highlighting that there is a **deep-rooted culture of silence around mental health** which leads to young people's limited familiarity with vocabulary to explain their feelings, hesitance in seeking support.

In the #MyCovidStory selfmade video 'Olexiy, Mariupol' from Ukraine, a 18 year old boy talks about how he kept himself strong and active during the pandemic:



https://youtu.be/LHKgwXhPj6w

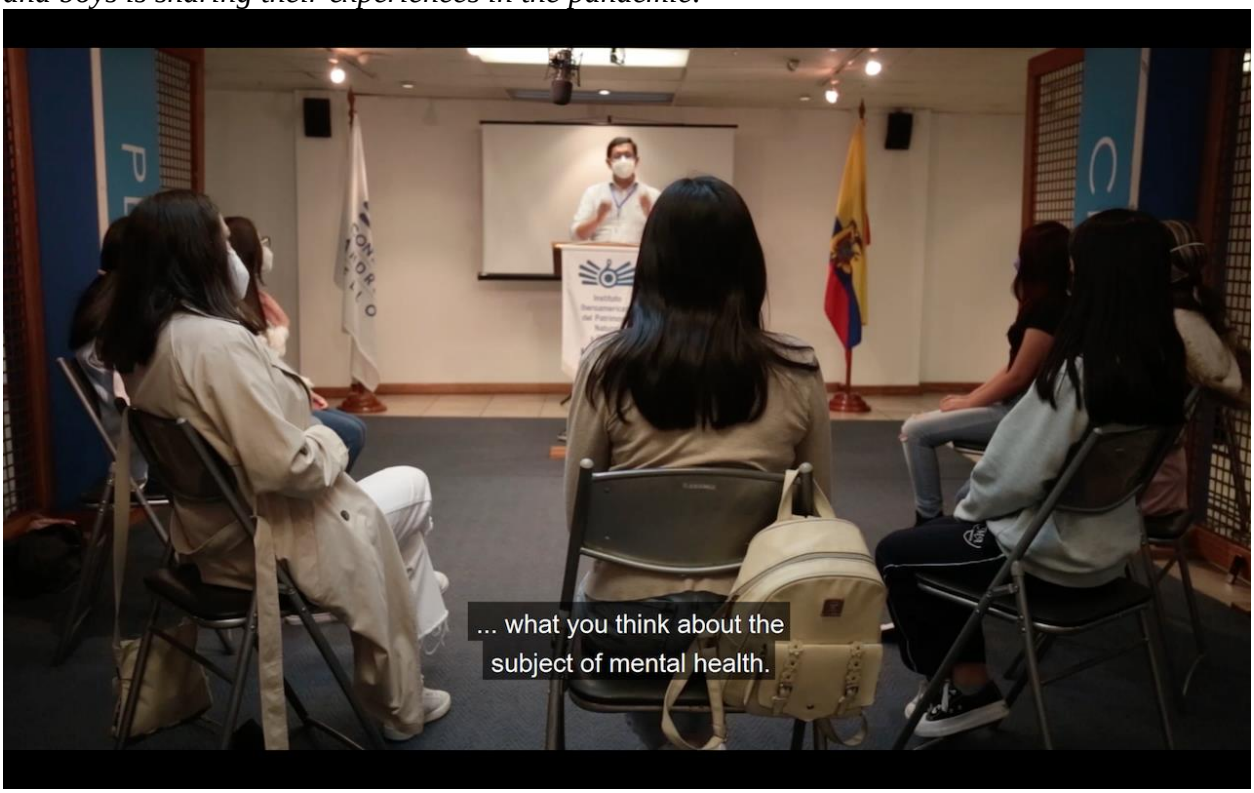
2. Stories that highlight the generation gap on mental health with older generations perceive “mental health” as something that younger generations have invented or are using as an excuse leading to judgmentalness and hesitance of young people to seek solace from their parents.

In the COVID-19 Headline News video ‘Lucía’s dream’ from Ecuador, a 15 year old indigenous girl talks about cultural and generational differences and the importance of community building:

Lucia's dream EC

3. Stories highlighting that **young people's first go-to source for mental and emotional support is other young people** because they relate to and trust each other to support without judgment.

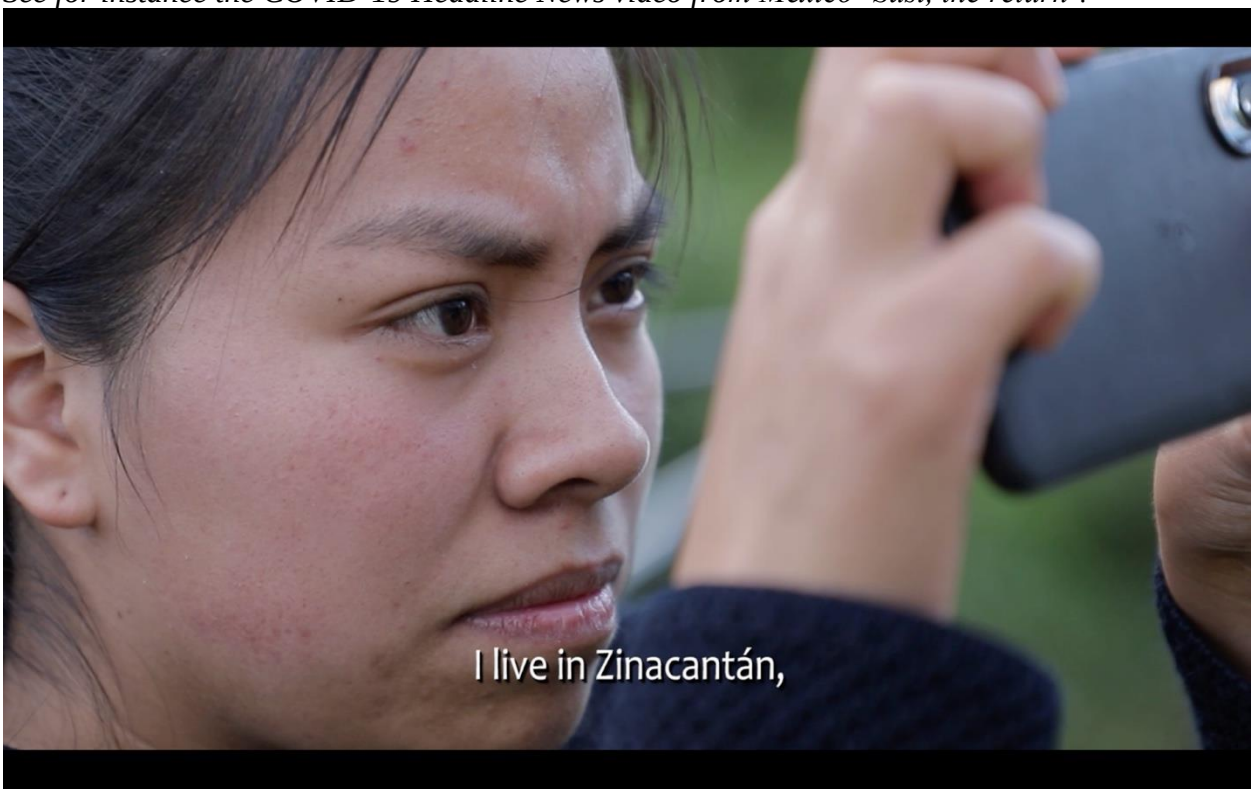
In the Covid-19 Headline News video 'Focus Group' from Ecuador, a group of teenage girls and boys is sharing their experiences in the pandemic:



https://youtu.be/7CxJsCRI8Cw

4. Young people in close knit communities (eg. indigenous communities) depend heavily on their immediate community for survival, experience more than the usual barriers in being transparent about mental health needs and seeking support.

See for instance the COVID-19 Headline News video from México 'Susi, the return':



https://youtu.be/3D9RG5wLOnw

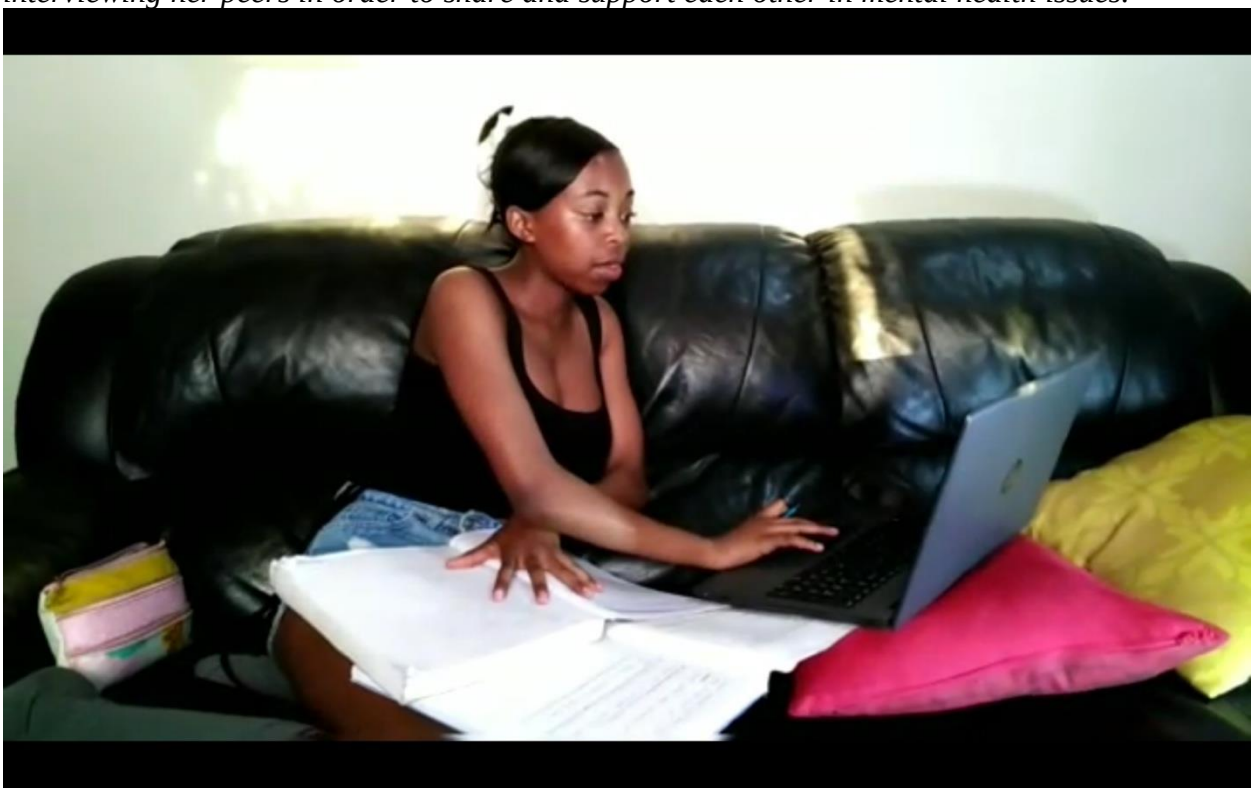
5. Stories highlighting the **importance of social media as a two sided coin -** a coping strategy due to the fact that it provides anonymity and community to those with similar lived experience and access to supportive information, while at the same time representing contributing factors for feelings of anxiety and low-mood.

In the #MyCovidStory selfmade video 'Moana' from Ecuador, an 18 year old young woman tells about the online business she started in the pandemic and the threads that she received:

https://www.youtube.com/watch?v=BLqpzd3V33c&feature=youtu.be

6. YP are acting as change-makers in their communities by providing support to their peers and leading public conversations around mental health.

In the #MyCovidStory selfmade video 'Refiloe' from South Africa, a young woman is interviewing her peers in order to share and support each other in mental health issues:



#MyCovidStory: Refiloe ZA

Access to all videos produced for this initiative, in Ecuador, Mexico, South Africa and Ukraine:

ALL VIDEOS
COVID-19 Headline News [all videos]
https://youtube.com/playlist?list=PLzsHtBDA0xDTKF-sX4z7Pvw0qFgur2dwD
#MyCovidStory [all videos]
https://www.youtube.com/playlist?list=PLzsHtBDA0xDTnEaH_77grpjRnHUaZkRux

ECUADOR
CYP Initiative videos ECUADOR
https://www.youtube.com/playlist?list=PLzsHtBDA0xDQpYJZuWO3g-m4vkPM6Vxp7
COVID-19 Headline News videos ECUADOR
https://www.youtube.com/playlist?list=PLzsHtBDA0xDSAUYsdxfe0NOqPxOLCpfIc
#MyCovidStory videos ECUADOR
https://www.youtube.com/playlist?list=PLzsHtBDA0xDQYEjjdIDMbyI5gjiDOV7No
WADADA Ecuador 2022
https://www.youtube.com/playlist?list=PLzsHtBDA0xDTGe7TNvkyDcQjft6YO1hMf

MÉXICO
CYP Initiative videos MÉXICO [all videos]
https://www.youtube.com/playlist?list=PLzsHtBDA0xDSuy7vyDZ3SMksGWcYAKEsG
COVID-19 Headline News videos MÉXICO
https://www.youtube.com/playlist?list=PLzsHtBDA0xDTyqj8B21IHMzyse_J7Ufhe
#MyCovidStory videos MÉXICO
https://www.youtube.com/playlist?list=PLzsHtBDA0xDRQDHVSTzml5inaOKLJnsmh

SOUTH AFRICA
CYP Initiative videos SOUTH AFRICA [all videos]
https://www.youtube.com/playlist?list=PLzsHtBDA0xDQn6LBHdFwf28VBqZid7vhI
COVID-19 Headline News videos SOUTH AFRICA
https://www.youtube.com/playlist?list=PLzsHtBDA0xDQsHvpEwQH7KiEtEh82qCK7
#MyCovidStory videos SOUTH AFRICA
https://www.youtube.com/playlist?list=PLzsHtBDA0xDSf04CUasq5OYwKRQwVEtPO

UKRAINE
CYP Initiative videos UKRAINE [all videos]
https://www.youtube.com/playlist?list=PLzsHtBDA0xDQ3lhmy_SKHTQVVFzbdTSGc
COVID-19 Headline News videos UKRAINE
https://www.youtube.com/playlist?list=PLzsHtBDA0xDR5N00Y869zHf62SdUJoTY6
#MyCovidStory videos UKRAINE
https://www.youtube.com/playlist?list=PLzsHtBDA0xDQ1J0epOXqEcJNSSQDNvaqH

Appendix C: Respondent Recruitment Strategy

While the youth researchers are all between the ages of 18-24, the respondents included young people between the ages of 13-24. The following tables detail the recruitment strategy for respondents in each country, along with its correspondent method.

Method	Recruitment Strategy for youth respondents/participants
In-depth interviews	Specific recruitment strategies for participants varied by country level (see table below for specifics in each country), but all strategies of recruitment for the interviews provided special attention to ensuring that the participants reflected a diverse population -- reflecting gender diversity and engaging vulnerable communities often left out of traditional research. All participants were between 13-24. The partners coordinated with UNICEF Country Offices in recruitment.
Focus Groups	**For CRF:** The focus groups were conducted with members of the youth research team (aged 18-24). The identification of the specific participants in the CRF-focus groups were determined by the partners with the following criteria: - 18-24 years old - Belonging to one of groups and subgroups in the community - Female for the female-only FGDs - Male for the male-only FGDS - Representation of marginalised/vulnerable groups **For Wadada/FPU:** The focus groups were conducted with members of the youth research team (aged 18-24). The identification of the specific participants in the FPU-focus groups were determined by the partners with the following criteria: -Strive for gender parity -Representation of marginalised groups (which groups are considered as such differs by country - these were identified with input from the UNICEF Country Office)
Digital Storytelling (self-produced and professional videos)	**For Wadada/FPU:** *For self produced videos:* The participants of the self-produced videos included all of the individuals interviewed by the FPU youth researchers. Please see the recruitment criteria listed for the interviews above. *For professional videos:* Aim was for gender parity and representation of the marginalised groups identified in consultation with the UNICEF Country Office. At least five youth were involved, but their selection depended primarily on their relation to the topic of each item (to be decided by the local children's media outlet, in consultation with FPU and based on the key insights from the Focus Groups).
YP-led group Discussions through digital community and national platforms	**For CRF:** Participants in the radio discussions included "all regular listeners" of the radio programmes, and the hosts included representation of at least one young researcher. Young change agents and youths with interesting stories were invited as guests. **For Wadada/FPU:** Participants in the TV news discussions included youth reporters on Wadada and partners' youth-led TV platforms, and they included participation from at least one member of the lead youth research team.
YP-centered Meaning-making workshops	All youth research team participants were invited for participation in the meaning-making workshops.

The following table provides a further explication of the recruitment strategy that was used to identify respondents in each country.

Country	Respondent Recruitment Strategy
South Africa	**CRF:** The CYP recruited respondents within their community (village, neighborhood, town). They used convenience sampling to recruit respondents among their friends and classmates. They also recruited respondents from places where youth can be found (schools, youths centers). To recruit respondents from communities that CYP researchers do not have networks in, snowball sampling was used. They asked each respondent to recommend other possible respondents. The recruitment was conducted while taking into account the quota for each of groups and subgroups in the community. **FPU/Wadada:** The interviews were conducted in the following communities: -Soweto - A township South West of Johannesburg -Orange Farm - Southern-most township in the city of Joburg at least 45KM outside of the city -Cosmo City - Northwest of Johannesburg -Sebokeng - Sebokeng is a middle-class township in Southern Gauteng -Evaton - Evaton is a township North of Sebokeng These communities have one thing in common, they are all located some distance away from areas of business activity. Because of South Africa's history of race based settlement policies, the lagging to non-existent service delivery effect in these communities (linked to bad governance and corruption) together with COVID-19, have played a role in increasing poverty and unemployment levels in these communities. Snowball sampling was used to recruit participants from these communities.
Zambia	**CRF:** The CYP recruited respondents within their community (village, neighborhood, town). They used convenience sampling to recruit respondents among their friends and classmates. They also recruited respondents from places where youth can be found (schools, youths centers). To recruit respondents from communities that CYP researchers do not have networks in, snowball sampling was used. They asked each respondent to recommend or possible respondents. The recruitment was conducted taking into account the quota for each of groups and subgroups in the community.
Tanzania	**CRF:** The CYP recruited respondents within their community (village, neighborhood, town). They used convenience sampling to recruit respondents among their friends and classmates. They also recruited respondents from places where youth can be found (schools, youths centers). To recruit respondents from communities that CYP researchers do not have networks in, snowball sampling was used. They asked each respondent to recommend or

	possible respondents. The recruitment was conducted taking into account the quota for each of groups and subgroups in the community.
Cote d'Ivoire	**CRF:** The CYP recruited respondents within their community (village, neighborhood, town). They used convenience sampling to recruit respondents among their friends and classmates. They also recruited respondents from places where youth can be found (schools, youths centers). To recruit respondents from communities that CYP researchers do not have networks in, snowball sampling was used. They asked each respondent to recommend or possible respondents. The recruitment was conducted taking into account the quota for each of groups and subgroups in the community.
Ecuador	**FPU/Wadada:** Respondents were recruited from 2 locations: a minimum of 8 from Quito and 7 from Guayaquil. Respondents from both locations included participants from a diversity of socio-economic backgrounds. Respondents from Guayaquil included respondents with an indigenous background.
Mexico	**FPU/Wadada:** Respondents were recruited from 2 distinct underrepresented groups: -8 with a migrant background -8 with an indigenous background Respondents were selected from across the southern Mexican state of Chiapas.
Ukraine	**FPU/Wadada:** The CYP recruited respondents in three cities: Dnipro, Kharkov, Mariupol, located in different provinces of Eastern Ukraine. They used convenience sampling to recruit respondents among the network of AIDAMI, a volunteer-run kids media outlet, in these cities and from other places where youth can be found (schools, youths centers).

Appendix D: Data Collection Instruments

This list includes the data collection instruments (for your review) and their corresponding links.

Note - all questions/instruments were pre-tested and validated by the youth research teams in each country: The research instruments/questions provided below were pre-tested and validated by the youth researchers in all of the participating countries. This means that the youth researchers tested the questions through practice interviews (during the 'training' modules/exercises) and validated them for sense-making, youth-friendly language, context (ensuring they make sense in the contexts of their country and community), and general understandability. These questions were then revised (based on feedback from the youth researcher pre-testing activities) and validated by the Young Person Committee on 19 November 2021. A list of the final validated questions and summary of feedback received from the youth pre-testing and consultations can be found here.

1. In-depth Interview Guide and Questions (for CRF)
2. In-depth Interview Guide and Questions (for FPU/Wadada) Interview Guide.docx

3. Focus Group Guide and Questions (for CRF)
4. Focus Group Guide and Questions (for FPU/Wadada) Focus Group Guide.docx

5. Audio Digital Storytelling Guide and Questions (for CRF)
6. Video Digital Storytelling Guide and Questions (for FPU/Wadada) FORMAT for a short video made by youth.pdf

7. Radio Guide and Questions (for CRF)

For Your Further Reference: As detailed in the research protocol, and further documented here, the questions found on these interview guides were created through an iterative process of: (1) desk analysis and landscape reviews, (2) extensive consultations with Unicef COs, mental health experts, partners, stakeholders, and young people in each of the target countries, (3) and through further validation and field-testing by the youth researchers (during the training sessions). If interested, to provide a further illustration of how the various questions derived from the overarching topics of the research and method, please see a breakdown of the questions according to topic and according to method.

Appendix E: Other "Top" Findings from U-Report Polls

From Rapid Analysis of 2020 U-Report Surveys (Quantitative Research)

These findings and insights were produced during the research design phase of this study – in the summer of 2021 – as part of an in-depth survey analysis of 3,970 poll questions elected from more than 1,500 U-Report polls. This collection of polls reflects every U-Report poll conducted in 2020 on the topic of COVID-19. A detailed reporting of the methodology, full statistical breakdown of responses and findings have been shared with Wellcome in a separate report.

- **YP do not feel sufficiently involved in decision-making processes** around COVID-19. YP want to (and would) be more involved in decision-making and COVID-19 response strategies in their communities and countries if given the opportunity, but they feel they don't have access to people and spaces to influence research, responses, and decision-making. Polls also suggest that women have faced greater barriers to decision-making processes related to the COVID-19 response than men. YP feel that government and stakeholder responses to COVID-19 have not been effective, and that national decision-makers can do better.

- **Despite barriers to internet access, YP feel that digital platforms are underutilized engagement tools.** But YP have notably varied digital platform preferences, which differ by region as well as gender. National-level, traditional communication channels are preferred for information around COVID-19 in many African countries, for instance, while social media is preferred in many South American, Latin American, South Asian and Caribbean countries.

- **YP have been acting as change-makers in their communities** by posting factually correct information regarding COVID-19 online to counter dis/misinformation (sometimes referred to as "fake news" in the polls), reminding their friends and family of COVID-19 safety protocols, providing emotional support to their family and peers, and taking on extra responsibilities at home. More data is needed on how children have been agents of change in their communities for COVID-19, as opposed to how they have been affected or what they have received.

- **Young people's first go-to source for mental and emotional support during COVID-19 has been other young people** (through peer support). Young people across countries/regions say that they are reaching out to other young people 'for' and 'to' support on issues of mental health and other emotional support at higher levels than before the pandemic and subsequent lockdown/school-closure measures.

- **YP look at youth organizing as being helpful for them to cope with the COVID-19 pandemic.** For instance, in the Philippines, when asked "What support do you think young people like you need to help you cope with the situation?" the majority of young people choose "joining advocacy youth groups."

- **YP across countries/regions think that stigma and discrimination has increased**

during the pandemic, especially for migrants and refugees. A majority ofyoung people polled in Guatemala, Argentina, Ecuador, Haiti, Costa Rica, Bolivia, and Honduras (every country where the question was asked in 2020) said "Yes" COVID-19 is generating stigma and discrimination against certain groups of people. None of the U-Report polls collected data on how COVID-19 has affected racial and ethnic minorities. More data is needed on how COVID-19 has affected minority groups and communities.

- **Women generally faced more barriers to online engagement than men.** Polls also suggest that women are taking on increased responsibilities at home due to the pandemic, have experienced higher rates of domestic and gender-based violence, feel "less safe," have less access to reproductive services, and face greater barriers to learning from home.

- **YP feel that dis/misinformation is one of the biggest negative experiences of using the internet, as it has negatively influenced people's behaviours and lead to increased conflict in their communities.** YP receive inaccurate information primarily on social media platforms. While some have tried to dispel these myths through sharing correct information online, YP ranked a need for "reliable" information on COVID-19 as one of the "most helpful" priorities for coping with COVID-19 realities.

- **Many YP face barriers to accessing the internet.** This digital divide is often driven by social and economic barriers such as gender inequality, social marginalization, access to electricity, and affordability of devices, with the latter being the primary barrier among young people from the U-Report 2020 polls.

- **Trust is a complex issue that is experienced differently depending on the country** - this is especially true in relation to "trust in information." For instance, YP trust traditional/mass media more than social media (in Indonesia and Honduras); young people in Myanmar trust global agencies far more than traditional media, and in Uzbekistan young people trust government offices far more than global agencies or traditional media combined. There were no questions asked regarding YP trust in institutions or global agencies.

- YP think that **gaining digital literacy skills is "very important" for their future (**including the ability to verify information and use internet services to increase participation/engagement in the issues that concern them), but the majority of YP say they aren't receiving these skills in school.

From original U-Report Poll administered from April-June 2021 *(Quantitative Research)*

Following its analysis of 2020 U-Report Polls, this study implemented its own 8-question poll -- between April and June 2021 -- in the participating countries of this initiative. The polls received a total of more than 43,890 responses. The majority of respondents (25,686) were children and young people in the target population, aged between 14 to 24. The summary of findings reported below reflect some of the global findings produced by these polls. Please see the appendices for a list of the U-Report poll questions.

On Causes/Prevalence of MH struggles among YP in target countries:

- **The top 5 reported causes of feelings of anxiety and low-mood** in the study's target countries are:
  1) Increased Violence or Abuse (19%),
  2) Increased Poverty impact on income (16%),
  3) Disruption of Education (16%),
  4) Disruption of Social life (15%), and
  5) increased stigma and discrimination (based on identity/status) (8%)

- **Stigma and Discrimination**: More than half (51.5%) of young people have experienced *more* stigma and discrimination based on their ethnicity, race, migrant or refugee status, disability, low-income status, or any other reason since the C-19 pandemic began.
  - Three countries where YP experienced particularly high-levels of increased stigma and discrimination over the last year were: South Africa (59%), Côte d'Ivoire (57%) and Zambia (55%). This included reasons related to race, ethnicity, disability, migration, or refugee status.

- While **increased violence or conflict or abuse at home** is an indicator or manifestation of feelings of anxiety and low-mood (mental health), it is also one of the top causes of mental health needs among young people especially in South Africa (28%) and Brazil (25%).

- **Increased poverty** and **impact on income** (44% in Zambia and 29% in South Africa) and disruption of education (29% in Ghana and 25% in Côte d'Ivoire) is also closely interconnected with young people's increased uncertainty of whether they will graduate, find jobs and an inability to afford education.

On Seeking/Providing Support

- **There is a large gap between need and support-seeking in terms of Mental Health among young people in the target countries.** More than half **(**53%) of the young respondents over the last year needed support with managing difficult feelings or stress but did **NOT** reach out for help

- **The top barriers for young people in seeking help** with mental health needs (ie. managing feelings of anxiety and low-mood) are perceptions that **the problem is not "serious enough" to ask for help** and "**fear of what people will think**." In other words, social norms and expectations around mental health are significantly influencing young people's willingness and ability to seek support.
  - The top 2 reasons why young people did not reach out for help with managing difficult feelings or stress were: 1) Problem not serious enough to ask for help (26%) and 2) Fear of what others think (25%).
    - Other reasons for not seeking support were: lockdown measures made it harder to seek help (23%), not knowing where to go (15%), and not trusting mental health services or support (8%)

- **Both the need and provision of peer-to-peer support for Mental Health has increased over the last year.** Young people are reaching out to other young people (their friends and peers) **for mental health and emotional support and information** before (or instead of) seeking support from adults or professionals.
    - Friends and peer groups were mentioned as one of the top three sources of support on mental health for young people **in eight out of nine of the countries**. In two of the countries youth peers were reported as the first source of support in Bulgaria (59%) and Brazil (35%), as the second most common source of support in Ecuador (29%) and Zambia (17%), and as the third most common source of support in South Africa (20%), Côte d'Ivoire (20%) and Ghana (15%).

- Consistent with the above finding, 66% of **young people reported providing more mental health or emotional support to their friends now than they ever did before** the pandemic.
    - In contrast, across the nine countries, only one third (34%) of young people polled said they trust Healthcare Professionals for advice and help on emotional support.

- While more than half (59%) of young people feel very confident to provide support to friends who are struggling with mental health, **nearly half of young respondents (41%) do <u>NOT</u> feel confident in providing suppor**t. There is also great disparity across countries in this regard.
    - Globally, there is a significant number of young people (10%) across all countries polled who feel **'not at all confident (10%)'** to support their peers and friends on mental health. The countries where lack of confidence was most prevalent was South Africa (16%) and Ghana (15%).
    - Disparity of confidence levels: 77% of young people polled in Zambia said they feel very confident to provide support to their peers, while only 38% of young people in Brazil said they are very confident.

<u>Insights on Young People's solutions</u>

Preliminary analysis of the open-ended questions of the poll provides interesting insights for further investigation. The U-Report respondents were asked to respond to the following short answer question:

> ***If you became leader of your country tomorrow, what would you change to make sure young people receive the support they need to overcome COVID-related mental health problems?***

The thousands of detailed insights shared by young people in response to this open-ended question of the poll (#8) indicates young people's experience and interest in the topic of mental health and further reveals their willingness and motivation to act as agents of change.

- One of the recurring responses from young people across all participating countries was a desire to **change the culture of silence on mental health** issues through sharing information, raising knowledge and awareness about the issue. The young people shared a host of recommendations on how they could be leaders in this space, including

recommending national campaigns both online and face to face through music and concerts where people are encouraged to speak freely about mental health experiences, share their personal stories or of other people they know and have experts talk about the issues in order to tackle social norms that make this topic a "taboo"

> *"Encourage free speech about mental health so that more people do not have to worry about seeking professional help. I would organize online and face-to-face events (at the required distance), where everyone could talk about themselves or hear the story of the other." YP in Bulgaria*

- Young people are **highly concerned with the increased levels of misinformation** being spread online, in the news, and within the community, which is contributing to confusion, panic, fear, and feelings of anxiety and low-mood among young people.

> **"***With regard to the covid crisis, in particular, I think that the state must pay serious attention to the spread of false information on the Internet. The number of speculative and conspiratorial articles with unverified and untrue sources is very large and I think it affects people's minds, especially in such times." YP in Côte d'Ivoire*

- **Tackling and combating stigma and discrimination** is among the most important action that young people want to take. This includes stigma and discrimination related to talking about mental health and seeking and accessing mental health treatment and support from healthcare professionals, religious leaders, teachers/ school counsellors or parents.

> *"I would try to implant a lot of psychologists and psychiatrists in health centers, hospitals, schools, etc., many lectures and campaigns on the internet to end the myth that psychologists / psychiatrists are for the"crazy"". YP in Brazil*

> *"Reduce the stigmas that revolve around mental health and the importance that should be given to the most vulnerable communities (adolescents, the elderly and children)". YP in Ecuador*

- Young people want greater **prioritization of mental health** by the government and improvements in **making services available and more accessible,** especially to marginalized populations. Young people also shared desires for wanting to make mental health services free or cheap and confidential ("anonymous") so that it is affordable and accessible by the majority. In addition, young people shared a desire for improving school counselling services for students by ensuring there are enough psychologists and information in schools.

> *"Disseminate more information on the subject, make services more accessible to minorities and disadvantaged people". YP in Bulgaria*

> *"I would create a 100% free organization so that young people can express themselves freely, where they receive medical and psychological care, support for*

their education so that they do not abandon their studies, within this project I would make forums on current issues (discrimination, racism, violence against women, diseases, inclusion, etc.)." YP in Mexico

- Young people want **more peer-to-peer and social support systems and interactions** including group activities, volunteering and sports, in order to keep them busy and help them to vent out their problems and frustrations, as well as help and support each other.

  "More opportunities for group activities for young people. It can be a charity like Caritas, because when you help someone, you forget your own problems". YP in Ghana

  "I would make virtual groups where young people can interact with each other and can carry out activities that take them out of the daily routine and where they can vent and tell their experiences or problems and seek help from each other". YP in Ecuador

  "I would look for ways for young people to be in contact with friends. I feel that supporting sport for young people to practice is of great help or tasks that also benefit our country, such as the environment, since planting trees creates smiles so we do something to favoring our country and our mental health, support with expert psychologists in these issues would not hurt since there are low-income people who, due to little economic level, cannot have one or because of confinements due to covid 19"." YP in Mexico

- Young people want the **creation of more economic opportunities and financial support** to overcome the increased economic pressure (increase poverty and impact on income) resulting from unemployment, business closing/ bankruptcy, over taxation and corruption.

  "I make sure that all the languages are used in giving COVID_19 information. (2) I will empower the agriculture sector for more aboundances of food and fruits and also stop the discrimination of the people. (3) I will build more hospitals across the country for treatment and open job opportunities for young people."YP in Ghana

  "Creating opportunities for them through financial support and incentives but not to overburden them with taxes". YP in Brazil."

Appendix F: The U-Report Poll Questions (April-June 2021)

1. What do you feel is the main cause for young people to feel anxiety or depression?

A. increased violence or conflict at home, on-line or in your community
B. increased stigma and discrimination
C. illness or death among family
D. disruption of education
E. disruption of social life and routines
F. increased poverty and impact on income

2. Since the COVID pandemic started, I have given more mental health or emotional support to my friends than ever before?

A. Yes
B. No

3. **If your friends reach out to you because they are struggling with their mental health, how confident would you be in supporting them or helping them get the support they need?**

A. not confident at all
B. not fully confident
C. very confident

4. If you were in need of emotional support, who would you trust most for help and advice?

A. Friends/peers
B. Teacher/school counselor
C. Parent(s)
D. Health Care professional/psychologist/counselor
E. Religious/spiritual leader
F. Other

5. At any point since the COVID pandemic, did you need support with managing difficult feelings or stress but did NOT reach out for help?

A. Yes
B. No

6. What is the top reason you did not seek support?

A. Afraid of what people will think of me
B. Lockdowns make it hard to seek help
C. Don't trust the support or services
D. Don't know where to get help.
E. Problem not serious enough to ask for help
F. Other (please describe)

7. During the pandemic have you experienced increased discrimination based on ... your ethnicity, race, migrant or refugee status, disability, low-income status, or any other reason?

A. Yes
B. No

8. If you became leader of your country tomorrow, what would you change to make sure young people receive the support they need to overcome COVID-related mental health problems?

Appendix G: Interview and Focus Group Questions

Interview Questions

Question 1: In your own words, what comes to mind when you hear "mental health"?

Question 2: What signifies a mental health condition to be serious enough to seek help?

(a) What are factors hindering or preventing young people from seeking support when they need it?

(b) Do you think your peers/community/school takes mental health seriously? Why or why not?

Question 3: Are young people seeking help to overcome mental health issues ? If so then how ?

Question 4: What response do young people get from family or parents when they address issues of mental health?

Question 5: In relation to stigma around Mental Health, in what ways do marginalized groups experience additional challenges seeking or receiving support?

Question 6: Why do you think there is stigma and discrimination about mental health?

Question 7: Do religious beliefs and traditions impact how mental health issues are confronted in the homes and communities of young people? If so, how?

Question 8: What strategies are young people using to overcome mental health challenges related to the new realities of COVID-19?

Question 9: How can young people overcome the stigma that surrounds seeking help for mental health?

Question 10: What types of support are young people providing to their peers in relation to mental health and emotional challenges?

Question 11: How has COVID-19 accelerated or changed the causes of mental health in your community?

Question 12: What makes a "safe space" for you ? Do you need a safe space to talk about mental health?

Question 13: Which young people in your community do you feel are breaking cultures of silence and overcoming issues of stigma and discrimination? How do you think they are doing it?

Question 14: Which young people in your community do you feel are breaking cultures of silence and overcoming issues of stigma and discrimination? How do you think they are doing it?

Alternative wording for Q14: Can you think of any young persons in your community that are speaking openly about their or other people's mental health issues. What can we learn from them?

Focus Groups Questions:

FG Question 1: What does "mental health" mean? What does it mean to struggle with mental health? What does having "good" or "poor" mental health mean to you?

FG Question 2: Are there any differences in experience of mental health across social and gender groups?

FG Question 3: What factors make it difficult for young people and adults to talk to each other about mental health?

FGD question 4a: (Some of our research findings suggest that) CYP prefer to speak to their peers about mental health, rather than adults/parents/ teachers/ religious leaders? Is this true in your experience? Why/why not?

FG Question 4b: Besides their peers, who else are young people speaking to about mental health and why?

FG Question 5: How can young people help to overcome stigma and discrimination related to mental health?

FG Question 6: How can young people form and facilitate community group conversations around mental health?

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