Abstracts Booklet



Bold Ideas for Brighter Futures

Karolinska Institutet-UNICEF Joint Conference on Global Child and Adolescent Mental Health

May 15–16, 2024

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# Table of Contents

## Introduction

Mental disorders are a leading burden of disease for the young and self-harm is a leading cause of death among adolescents. Children living in poverty, neglect, or violence can be at greater risk for poor mental health, while factors like civil and political unrest, and limited access to care and psychosocial support contribute to rates of mental disorders. Furthermore, tens of millions of children are forcibly displaced or exposed to the lasting consequences of armed conflicts or disasters.

There are over 2 billion children and adolescents on the planet. Globally, mental health professionals are too scarce, especially for children and adolescents, and many in need of care do not receive it. Innovative scalable approaches to care, and wide-reaching population-level prevention efforts are needed. Untreated, mental and behavioral disorders can result in early school-leaving, risky behaviors, co-morbid disorders and risks for chronic health conditions. The associated loss of quality of life and productivity carries across the lifetime, and into future generations. To bring meaningful and much-needed change, bold steps are required to meet the mental health needs of children and adolescents globally and to positively impact young people's lives.

On May 15-16, 2024, over 300 delegates came together at the Karolinska Institutet in Stockholm, Sweden for the first ever "Bold Ideas for Brighter Futures" Conference on Global Child and Adolescent Mental Health. The conference was jointly hosted by Karolinska Institutet and UNICEF. Delegates traveled from over 45 countries and represented stakeholders from governments, civil society, UN agencies, academia, and private foundations. The aims were to:

- **Empower Action** through sharing of latest research findings, evidence-based tools, innovations, and best practices to accelerate child and adolescent mental health responses globally
- **Foster Collaboration** by bringing together stakeholders to strengthen data, evidence, partnerships and interdisciplinary solutions for improving child and adolescent mental health
- **Advance equitable approaches** by amplifying voices of young people and lived experiences to inform and shape research, program, and policy priorities across different contexts

The conference provided a platform for 70 oral presentations, 45 poster presentations and 13 full symposia. Delegates presented evidence from research and practice, shared and exchanged ideas, creating unique opportunities for new partnerships and collaborations across sectors and across the globe. Together, through bold ideas, innovative approaches, and building upon knowledge and experience, the groundwork is in place to meet these challenges, and to build brighter futures for tomorrow's generations.

Oral Session 1: Policy and Perspectives on Child & Adolescent Mental Health

## Political economy of adolescent mental health and well-being in Sweden

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*Abstract*

In Sweden, adolescents (10-19-year-olds) continue to face problems related to their mental health and well-being (AMH) with increases in mental ill-health (e.g., anxiety, depression, suicide ideation and self-harm) and care-seeking for psychiatric conditions. This study identifies factors shaping the prioritization of AMH for funding and action.

We triangulate data from interviews with key-informants, focus group discussions with adolescents and young adults, consultation with key stakeholders and document review. We collected the data between February 2022 and October 2023.

Our preliminary findings support the premise that AMH is insufficiently prioritized for funding and action. While investments in child and adolescent psychiatry are often mentioned as an indication of high level of priority given to AMH in Sweden, investments are mostly insufficient, short-term and neglect comprehensive first-line care, prevention and promotion. Barriers for prioritization of sustainable and comprehensive approaches to AMH include limited data and evidence especially on what works in AMH prevention; the definition and framing of AMH as a clinical problem rather than as a solution; and the growing and fragmented stakeholder landscape with inadequate multidisciplinary and multisector collaboration, leadership, accountability and adolescent engagement.

The findings will contribute to deepening our understanding of barriers to AMH in Sweden, informing priority-setting in policy, strategy and practice, and enabling stakeholders to reduce fragmentation and mobilize resources that are commensurate with the magnitude of the AMH challenge. The same research protocol has been implemented in Brazil, Kenya, Mexico, South Africa and Uganda, allowing us to draw lessons from across countries in the future.

*Lay Summary*

Barriers to prioritization of adolescent mental health and well-being (AMH) for funding and action at scale in Sweden include limited data and evidence especially on what works in AMH prevention, the definition and framing of AMH as a clinical problem rather than a potential solution, and the fragmented stakeholder landscape.

Muddling through: a multisectoral approach to developing a national strategy for mental health and suicide prevention in Sweden

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*Abstract*

Background: Poor mental health makes up a large share of the burden of disease in Sweden and worldwide. There are many possible causes of this public health problem, representing different mechanisms, distributed across all socio-political arenas. Therefore, promotive, and preventive policies must be multisectoral and should be based on shared perceptions on the underlying major causal mechanisms. Nonetheless, there is lack of empirical studies concerning such endeavours. In a collaborative assembly of 26 national governmental agencies and external stakeholders, a national mental health and suicide prevention strategy proposal has been developed in Sweden. This study explores key stakeholders' perceptions of this process.

Methods: This is a qualitative study based on interviews with 25 representatives from 20 national governmental agencies and two external organisations. We used Directed Content Analysis and applied the Health Policy Triangle as our analytical framework.

Results: The study's main findings include that the multisectoral collaboration led to agencies' realisation of how limited knowledge they had about each other's way of operating and fostered a strong mutual understanding. Respondents agreed that the government should assign actors with specific tasks for a successful implementation of the strategy. Ultimately, responders perceive the collaborative implementation of the strategy to be more important than its content.

Conclusion: The multisectoral developmental process of a new mental health and suicide prevention strategy proposal was perceived as successful in convening various stakeholders to establish a basis for more collaborative work, particularly regarding the policy's implementation.

*Lay Summary*

To tackle poor mental health, many sectors of society should come together to develop national strategies. In Sweden, such an effort took place and a qualitative analysis of the process found that national agencies previously had limited understanding of each other, and successfully established a basis for more collaborative work.

A future for the world's children? A child centered world as the basis of the way forward for child and adolescent mental health in a world on fire

Mark Tomlinson

Stellenbosch University, Cape Town, South Africa

*Abstract*

Enrique Peñalosa the former Mayor of Bogota once described children as a "kind of indicator species", arguing that if we can build a successful society for children, we will have a successful society for all people. The Lancet Commission on the Future Child also showed that what is good for children is good for societies.  As our world becomes more politically and climatically unstable, with emerging technologies disrupting how our societies function, we are going to need minds and brains in the future that are built for creativity, adaptation, collaboration, connectedness and resilience. As the fissures deepen and widen, gratitude, kindness, empathy, belonging and hope are going to be needed on a grand scale.  In my presentation I will imagine a world where a focus on putting children and adolescents at the center of everything we do has the potential to build the sorts of minds that are going to be essential in the future. I will also explore how reframing the mental health and well being of children and adolescents as more than simply the presence or absence of pathology has the potential to radically re-envision what it will mean to be a human in the world that our children are going to inhabit.

*Lay Summary*

As our world becomes more politically and climatically unstable, with emerging technologies disrupting how our societies function, we are going to need minds and brains in the future that are built for creativity, adaptation, collaboration, connectedness and resilience.

Child and Adolescent Mental Health Care Training Package (mhGAP intervention for children and adolescents) to address CAMH needs in LMICs.

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*Abstract*

In response to the shortage of resources for Child and Adolescent Mental Health (CAMH) services in Nepal, a collaborative effort led by the Ministry of Health and UNICEF resulted in the development of a CAMH care package aligned with the mhGAP 2.0 Intervention Guide. Training manuals were created for doctors, nurses, and paramedics. This manual focused on 10 common CAMH disorders, their identification, management at local level and referral when needed. The pilot programs in Province 2 was successful in training doctors and paramedics at local health facilities. The package included the appointment of a CAMH coordinator at the municipal level and orientation for Female Community Health Volunteers (FCHVs) using a specially designed flipchart. Following stakeholder consultations, the manuals were endorsed by the Ministry of Health and disseminated nationwide in 2020.

To date, 39 master trainers, 110 doctors, and 591 paramedics/nurses, along with 523 FCHVs, have received training across all seven provinces. Notably, a pilot municipality and its surrounding community observed a substantial increase in the detection and management of CAMH cases. The CAMH care package effectively built the capacity of local healthcare personnel, empowering them to identify and manage CAMH issues in regions lacking specialized services throughout Nepal.

*Lay Summary*

The use of mhGAP interventions tailored for children and adolescents proves effective in Nepal for early identification and management of mental health issues when specialty services are lacking. This approach holds promise for addressing similar challenges in other low- and middle-income countries.

## Generating evidence for child and adolescent mental health intervention: Southern-led approaches and innovations

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*Abstract*

Child outcomes are closely related to the wellbeing of their families, caregivers and communities. Family dynamics, school environments, cultural factors, and societal structures influence children's wellbeing, acting as either a source of risk or a source of support. By examining these systems, and what works to strengthen them, we can better understand the root causes of potential issues and tailor interventions to effectively address them.

The Institute for Life Course Health Research (Stellenbosch University, South Africa) is a centre of excellence in research in child and adolescent development and mental health, based in the Global South. We generate evidence on what works to improve mental health for children and adolescents in low-resource settings. Partnerships with communities and service providers ensure that end-user priorities and preferences inform the development of relevant, acceptable interventions. We focus on "upstream" prevention so that individuals, families and communities can minimise the harmful effects of adversity, and we work strategically to build resilience at crucial "tipping points" in the life course, to prevent patterns of disadvantage from affecting multiple generations.

Our presentation will share insights from the development and evaluation of programmes to promote mental health and prevent mental conditions for children, adolescents, caregivers, and teachers in low- and middle-income contexts in South Africa, Lesotho, and Tanzania. This includes two-generation approaches to promote caregiver wellbeing and responsive caregiving; a set of teacher wellbeing modules to enhance self-care and explore classroom management techniques; and youth-driven research exploring how adolescents navigate sources of mental health information and support.

*Lay Summary*

This presentation will share evidence from over a decade of promotive and preventative interventions engaging with children, parents, caregivers, and teachers to promote the mental health and wellbeing of children and adolescents in South Africa, Lesotho, and Tanzania.

## Thought and Health: The Future's Prevention for Youth Today - Preventing a First-Time Depression

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*Abstract*

**Objective:** Investigate the long-term efficacy of the "Thought and Health" program, a preventive measure against depression for eighth-grade Swedish adolescents, in both online and in-person formats.

**Background:** With the rise in mental health challenges among adolescents, there's a pressing need to address potential early-onset depression. Current interventions have gaps, necessitating innovative solutions that align with today's societal context.

**Methodology:** Controlled Trial:

Setting: Around 20 secondary schools in Västra Götaland.

All adolescents at participating schools undergo a depression screening. Adolescents "at risk" get invitation to assessment by Primary Care Psychologist. If eligible for study informed and consent then offered participation to one of three arms.

Group 1 - Online "Thought and Health" program.

Group 2 - In-person "Thought and Health" program.

Group 3 - Standard school health care (control group).

Analysis and follow-up.

**Outcome Variables:**

Quantitative: Onset of depression, school attendance and grades.

Qualitative: Adolescent experiences and longitudinal psychologist evaluations at intervals up to 10 years.

**Analysis**: Group-based comparative statistics for self-ratings; systematic text condensation for qualitative insights.

**Expected Results:** The study aims to validate the "Thought and Health" program's effectiveness, offering insights for primary depression prevention strategies, with substantial implications for public health.

*Lay Summary*

Researchers are testing a program called "Thought and Health" to help eighth-grade Swedish students avoid depression. They're seeing if it works both online and in-person. The goal is to find better ways to keep young people mentally healthy in today's world.

A qualitative interview study with staff: Effects of stricter legislation on coercive measures in child and adolescent psychiatric care

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*Abstract*

**Background:** Legislators often want to positively affect psychiatric inpatient care and reduce coercion by strictening relevant judicial regulation. However, staff experiences and comprehension of such legal changes are largely unknown, yet essential in obtaining the intended outcomes. We examined staff understanding and implementation of a July 1, 2020 legal strictening in Sweden regarding the use of coercive measures (e.g., restraint, seclusion, and forced medication) in child and adolescent psychiatric inpatient care.

**Methods:** During 2021, semi-structured interviews were conducted with nine child and adolescent psychiatric inpatient staff (nurses, senior consultants, and head of units). Interviews were transcribed verbatim and analysed using reflexive thematic analysis. Also, we used an implementation outcomes framework to relate data to a wider implementation science context.

**Results:** Consistent with prior quantitative studies, primarily from adult general psychiatry, our results suggest that the legal strictening did not substantially reduce coercion. Instead, it may have increased a sense of uncertainty among mental health staff and inadvertently contributed to a tendency to disregard the legislation in more complex clinical situations.

**Conclusion:** At least in a short-term perspective, stricter legislation alone is likely ineffective in reducing coercion in child and adolescent psychiatric inpatient care. Further research should address how to optimize the effects of legal strictening on coercive practices.

*Lay Summary*

Sweden's 2020 law change intended to lower coercive measure use in adolescent psychiatric inpatient care might have missed its goal. Staff interviews suggest it rather caused more confusion. We conclude that further study is essential to inform legislation changes aimed at decreasing coercion.

"Beyond Parental Bounds: Reassessing Therapeutic Access for Children in Germany's Alternative Care"

Sven Stumpf

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*Abstract*

Germany's legal system presents a conundrum for children in alternative care regarding access to therapeutic treatment, as it requires parental consent. This requirement is paradoxical given that these children are placed in care due to parental shortcomings, yet they must still obtain approval from these parents for therapy. The issue is exacerbated by the stipulation that only individuals aged 16 and above can consent to therapy independently under German law.

This article juxtaposes the German legal framework with the United Nations Convention on the Rights of the Child (CRC), which underscores the right of every child to attain the highest standard of health and the principle of autonomy. A tension between the CRC's provisions and Germany's current legal stance is discernible upon examining legal texts, case studies, and international benchmarks for child rights.

Highlighting the incongruities within the German system, the article argues for its realignment with international norms to protect the welfare of children in alternative care. Drawing on insights from psychotherapeutic and psychiatric disciplines, it advocates for enhanced autonomy for these children. The article critiques the existing system and acts as an impetus for reform, championing the recognition and prioritization of children's health and self-governance rights.

*Lay Summary*

In Germany, children in alternative care must get unfit parents' consent for therapy, a policy conflicting with UN child rights that emphasize health and autonomy. This article advocates for German law to reflect psychological and medical knowledge and international law, prioritizing children's well-being and decision-making rights.

What mental health care is available for Yazidis in northern Iraq who were former Islamic State (IS) child soldiers?

Serhat Yildirim

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*Abstract*

The Yazidis, an ethnic and religious minority in northern Iraq, faced severe violence and genocidal acts by ISIS on August 3, 2014, resulting in over 3,000 deaths, 6,800 abductions, and 7,000 kidnappings. Yazidi children, particularly boys aged 7 to 14, were systematically recruited as child soldiers, experiencing extreme violence and witnessing atrocities. Some did not survive, while others returned to their community, now residing in IDP camps in Dohuk and Zakho, Kurdistan Region of Iraq.

Research indicates that many former Islamic State Yazidi child soldiers suffer from mental health disorders, including PTSD, depression, anxiety, psychosomatic symptoms, and sleep disturbances. While organizations offer mental health care, there is a notable lack of research on care for Yazidis who were former IS child soldiers. This research aims to: 1. Identify organizations providing mental health care to Yazidis in northern Iraq. 2. Determine interventions or treatments offered. 3. Assess mental health care services for former IS child soldiers. 4. Understand how former child soldiers experience this service. A mixed-method study, including a cross-sectional survey and semi-structured interviews, will be conducted in Sinjar and IDP camps in Dohuk and Zakho from June to August 2024.

*Lay Summary*

Yazidis in northern Iraq, targeted by ISIS in August 2014, suffered over 3,000 deaths, and 7,000 kidnappings. Boys 7 - 14y were recruited as child soldiers, enduring violence. Many suffer mental health disorders. Research aims to identify mental health care providers, interventions, services for former child soldiers, and understand their experiences.

Barriers, facilitators and potential solutions to implementing Kiddie Schedule for Affective Disorder and Schizophrenia (KSADS) as a screening tool for ADHD at Muhimbili National Hospital in Dar es Salaam, Tanzania

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*Abstract*

Background: Attention Deficit Hyperactivity Disorder (ADHD) affects 5% of adolescents globally. ADHD can be diagnosed using the Kiddie Schedule for Affective Disorders and Schizophrenia (KSADS).   Despite it being a gold standard diagnostic tool for mental disorders including ADHD, KSADS is not used in routine clinical practice in Tanzania. There is no research exploring barriers and facilitators to use of KSADS in resource limited areas including Tanzania. Objective: The study aimed to uncover barriers, facilitators and possible solutions related to psychiatric care providers' routine use KSADS at the Muhimbili National Hospital (MNH) in Dar es Salaam, Tanzania. Method: Between July and October 2019, we collected qualitative data using semi-structured interview guide that focused on providers' opinion on facilitators, barriers and solutions to implementing KSADS use. Results: Limited knowledge and lack of training are mostly mentioned barriers. Facilitators included readiness for KSADS implementation by providers, and the wish for providers to have uniformity and standardized way of detecting ADHD and providers suggested involving hospital leaders, support on training providers, increasing staff, making tools readily available, use of online version of KSADS, use of KSADS has to be within departmental SOP, maximizing space at the clinic and reorganize clinic flow. Conclusion:   Findings of this study suggest a need for innovative implementation science solutions such as multifaceted educate strategy focusing on ongoing trainings and supervisions to increase clinical knowledge, reorganizing clinic flow to increase the quality and duration of the patient-provider interaction, role shifting and plan strategy that may address barriers like understaffing.

*Lay Summary*

Little is known about Kiddie Schedule for Affective Disorders and Schizophrenia as a screening and diagnostic tool for most of the child and adolescent psychiatric disorders in Tanzania. Most mental health providers use unstructured psychiatric interviews to assess presence or absence of symptoms of mental disorders among children and adolescents.

Oral Session 3: Mental Health Among Young People in Poverty and Hard-to-Reach Contexts

Longitudinal association between witnessing household SGBV, food insecurity, and common mental disorder among young people in peri-urban Cape Town: a mediation analysis

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*Abstract*

Food insecurity and sexual and gender-based violence (SGBV) are associated with common mental disorders (CMD). In low-and middle-income countries (LMICs), where youth experience high rates of SGBV and CMD, there is a need to understand the underlying driving mechanisms.

This study investigated the relationship between food insecurity and CMD mediated by SGBV, and the relationship between SGBV and CMD, mediated by food insecurity. Data were collected from February 2021 to May 2022 in Cape Town. Youth aged 13-25 were invited to participate in surveys, focusing on experiences following COVID-19 lockdown.

534 young people completed baseline surveys, with follow-up surveys at months 3 and 6. At baseline, 33% witnessed SGBV, and 52% experienced food insecurity. Approximately 24% reported CMD at 6-months. In adjusted models, food insecurity as the exposure was not significantly associated with CMD at 6-months (OR=1.00; 95% CI[.63-1.59]; p=0.99). Conversely, SGBV as the exposure was associated with CMD at 6-months (OR=2.19; 95% CI [1.26-3.81]; p=0.006), and there was an association between baseline SGBV and food insecurity at 3-months (OR=1.55; 95% CI [1.06-2.27]; p=0.024). Mediation analysis indicated most of the effect of SGBV on CMD occurs through pathways other than food insecurity (Average direct effect=.22; 95% CI [.09-.35]). The proportion of the effect of SGBV on CMD mediated by food insecurity was 5%.

Further research is needed to identify key factors affecting youth mental health and to develop targeted interventions for SGBV exposed youth. Future studies should explore these associations in larger samples and with other forms of SGBV.

*Lay Summary*

We examined associations between food insecurity, gender-based violence (GBV), and mental health among young people in Cape Town. Food insecurity was not related to mental health after 6 months, but GBV exposure was. More research is needed to understand and address mental health challenges faced by youth in similar situations.

Food insufficiency is associated with serious cognitive problems in adolescents in the United States

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*Abstract*

Food insufficiency, a global health problem, is associated with children's emotional, behavioral, and academic outcomes. This study examined the association between food insufficiency and parent-reported serious cognitive difficulty in adolescents in a nation-wide study of youth in the United States, after statistically adjusting for factors known to be associated with cognitive difficulties such as neurodevelopmental disorders (e.g., ADHD and learning disabilities) and psychiatric conditions (e.g., depression). The 2021 National Survey of Children's Health is a parent-reported, nationally representative survey of children and adolescents in the United States that provides information on their physical and emotional health and wellbeing. Participants were 13,453 adolescents (aged 13-17; 48% girls). In the total sample, 21.7% were rated as having mild food insufficiency and 3.4% had moderate-severe food insufficiency. Approximately one-third (34.0%) had a neurodevelopmental or psychiatric condition reported by their parents, and 13.5% were identified as having serious cognitive difficulties (14.7% of boys and 12.2% of girls). Among adolescents identified as having cognitive problems, 95% had a diagnosis of a neurodevelopmental or psychiatric condition. Binary logistic regressions were used to examine the associations between food insufficiency and cognitive problems after statistically adjusting for sex and neurodevelopmental and psychiatric conditions [$\chi^2(3)$=3,771.65, p<.001; Nagelkerke $R^2$=.45]. Food insufficiency was significantly independently associated with cognitive problems in the multivariate analysis (Odds Ratio=1.59; 95% confidence interval=1.45-1.76). Food insufficiency is associated with serious cognitive difficulty among adolescents in the United States even after adjusting for whether the youth have a neurodevelopmental or psychiatric condition.

*Lay Summary*

Food insufficiency is a global health problem. In this nation-wide study of youth in the United States, food insufficiency was associated with parent-reported serious cognitive difficulty in adolescents after statistically adjusting for neurodevelopmental disorders (e.g., attention-deficit/hyperactivity disorder) and psychiatric conditions, such as depression.

Scaling up mental Health in hard-to-reach context using a step-up care approach; Complementary benefits of Problem Management Plus (PM+) and Doing What Matters in Times of Stress (DWM) psychological interventions delivered in a system approach in Iraq.

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*Abstract*

Internally displaced persons (IDPs), refugees, returnees, and host communities in conflict settings experience high rates of mental health problems associated with prolonged and repeated exposure to multiple distress, as is the case in Iraq. World Vision sought to highlight the outcomes and complementarity of a step-up care approach of Problem Management Plus (PM+) and Doing What Matters in Times of Stress (DWM) implemented in an integrated system approach in addressing the mental health and psychosocial support needs of IDPs, returnees and host community teens and adults in Zummar, Iraq. A total of 290 adults were included in the PM+ intervention, while DWM included 648 adults and 282 teens. DWM was delivered to adults with accessibility barriers to receiving PM+ and to all teens in the study due to security reasons and COVID-19 restrictions.

Psychological and emotional challenges were the main problems faced by both teens and adults at baseline. For PM+ and DWM interventions in adults, the mean difference in Psychological Outcome Profiles (PSYCHLOPS (PSYCHLOPS), World Health Organization Disability Assessment Schedule (WHODAS), and The Patient Health Questionnaire PHQ-9 scores between pre-intervention and post-intervention assessment were significant ($P < 0.001$). For DWM teens, the paired mean difference for pre and post-intervention RCADS and PSYCHLOPS teens was 55.9 (SD=8.0) and 4.8 (SD=2.40), respectively ($P < 0.001$, Cohen's d > 2). There was a significant reduction in the number of days off work and an increased ability to carry out usual activities after both interventions. (Musotsi, P., Koyiet, P., et al., 2022)

*Lay Summary*

Implementation outcomes of two psychological interventions, Problem Management Plus (PM+) and Doing What Matters in Times of Stress (DWM), in addressing the mental health and psychosocial support needs of teens and adults in Iraq. The results showed significant reductions in distress, impairment, and problems in both PM+ and DWM.

Exploring the Long-Term Effects of Being a Left-behind child in China: A qualitative study

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*Abstract*

61 million rural left-behind children (LBC) in China in 2013, separated from their migrating parents due to the country's distinct socio-political-economic context, garnered global interest. Their mental health is at risk of adverse mental outcomes; little is known about the long-term impacts of being a LBC when they enter young adulthood. Using online timeline interviews and Interpretative Phenomenological Analysis (IPA), this study interviewed 20 young Chinese LBC (18-25yrs) to explore the enduring effects of their left-behind experiences, particularly focusing on their mental health.

Findings indicate the initial parental separation was profoundly distressing, often leading to deteriorated parent-child relationships. Economic remittances, family conflicts between adults, sibling numbers, and gender, were identified as key factors that made LBCs even more vulnerable, adding additional harm while left-behind. These contextual factors are intricately intertwined with China's particular contexts, greatly influencing the development of attachment and adding further complexity to the mental health of left-behind children.

The study highlights that left-behind children's experiences can be considered as adverse childhood experiences (ACEs), which arise through the disrupted parent-child attachment and are characterised by enduring emotional trauma. It adds a context-specific form of ACEs, emphasising that the impact of ACEs is complex and dependent on the context in which they occur and that it may not be feasible to address all negative factors. These findings emphasize the importance of stable child-caregiver attachment, suggesting the importance of preventing these factors and focusing on how to keep LBC as safe as possible.

*Lay Summary*

To inform valuable research with valuable theoretical underpinnings, like trauma-related research; Aids international and splitting families with long-distance parenting insights; Equips global child protection organizations (i.e. UNICEF) with context-based knowledge; Informs policy recommendations for governments in China and similar cultural, middle-low income countries, recognize the harm of child "left-behind" experiences.

Perception of stressors and interventions to solve them: a qualitative study among adolescents living in urban poverty in Nepal

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*Abstract*

Background: Urban adolescents with economic disadvantage are exposed to various stressors, increasing their risk of depression and anxiety. This study qualitatively investigated stressors faced by economically deprived urban Nepali adolescents and their perception of psychosocial and economic interventions needed to address these stressors.

Methods: The qualitative study (Nepal Health Research Council ethics ref.2796) was conducted among adolescents aged 11-19 in poverty-affected Kathmandu. We screened 175 adolescents for depression and anxiety using the PHQ-A, GAD7, and IDEA-RS and interviewed 30 adolescents using semi-structured topic guide. We analysed data using thematic analysis with four major themes - major stressors, perception of psychosocial interventions to solve the stressors, perception of delivery mechanism for the intervention, and perception of an economic intervention to solve the stressors.

Results: Major stressors reported were lack of support from parents, family conflict, violence, engagement in multiple tasks, economic hardship, bullying, relationship problems, substance use, and conflict between friends. To address these, participants recommended psychosocial programs focusing on problem problem-solving skills, anger management, emotion control, meditation, and yoga. They suggested these programs should be fun including games, delivered by young people and at school after classes or during holidays. Most of the participants also suggested including economic support programs like conditional cash transfers to support basic food items, groceries, educational expenses, and loan payments.

Conclusion: The findings indicate that to develop coping skills against stressors, a mix of psychosocial and economic programs are needed for adolescents and should be delivered by young people through fun-filled activities at school after classes.

*Lay Summary*

Major stressors faced by Nepalese adolescents include lack of parental support, family conflict, violence, and economic hardship. Participants perceived need for psychosocial programs focusing on problem-solving, anger management, and meditation, delivered by youths in a fun-filled way, and at school. Additionally, they identified the need for an economic support program.

Community mental health screening among children from poor families: Action oriented mental health assessment pilot.

Samson Wakibi

Compassion International Uganda, Kampala, Uganda

*Abstract*

Many organizations serving children and youths struggle with finding a cost-effective and screening-efficient strategy for mental health. Over 240 children and youths (participants) at the different Compassion International-Uganda (CI-UG) partner churches would be managed for mental health disorders monthly. Unfortunately, participants without visible signs of mental illness would hardly get screened for mental health. Yet, all the participants live in communities with high rates of mental illness-predisposing factors.

Two mental health screening approaches were initiated and piloted at two separate church clusters; the church staff administered "Strengths and Difficulties Questionnaire (SDQ)" and the health worker designed and administered screening tool. The two pilots showed that;

- There was a need to create a standardized tool for all church partners to use in the mental health screening of the participants.

- The screening of the participants needs to be driven by a health worker.

- The term "mental health" screening still faces stigma from parents and the participants.

The above findings informed the following strategies;

- Mental health screening was combined with general health screening and participants are invited to one activity with one tool (health screening activity).

- Before the health screening, all caregivers and other community members undergo a mandatory mental health sensitization.

- Only the participants with likely mental health concerns are referred for clinical assessment.

In conclusion, early identification of mental health issues among participants and support to those affected is steadily improving among CI-UG participants after improving the screening approach.

*Lay Summary*

Many organizations working with children and youths in Uganda struggle with finding innovative approaches to tackle mental health burdens. Compassion International Uganda demonstrates the potential to improve the mental health of children and youth by creating a sustainable approach to mental health screening and management.

Oral Session 4: Supporting Child and Adolescent Mental Health in Fragile Settings

Adapting the 'Birds in Flight' Program for Global Child Mental Health Interventions"

Elin Magnusson, Anette Carnemalm

Swedish Red Cross, Malmoe, Sweden

*Abstract*

The "Birds in Flight" program, conceptualized and developed by the Swedish Red Cross Treatment Center in Malmö, addresses the mental health and psychosocial needs of children who have developed or are at risk of developing mental health conditions stemming from experiences related to war, torture, or forced migration. Utilizing creative expression through drawing, theater, and crafts, the program provides structured psychosocial support activities, enabling counselors and practitioners to mitigate children's psychological distress. "The Book About Me" serves as a pivotal element of the program, documenting the child's personal journey, with a detailed manual outlining its application. A version of "The Birds in Flight," encapsulated in "The Book About Me," is also utilized by the International Committee of the Red Cross's (ICRC) programs in various refugee camps worldwide. This contribution to the conference aims to present a child MHPSS intervention as well as pave discussions regarding its potential adaptability from a Swedish context to other contexts worldwide to help address children's MHPSS needs in a changing humanitarian landscape.

*Lay Summary*

"Birds in Flight" uses PSS activities such as art and play to support children at risk of developing mental health conditions influenced by war, conflict and forced migration. This contribution will present and discuss how the program and accompanying resources might be adapted to various contexts adressing children's MHPSS needs.

## "Faith sensitive" MHPSS in humanitarian and developing contexts

Ellen Goodwin[1], Olivia Wilkinson[2]

[1]University of Zurich, Zurich, Switzerland. [2]Joint Learning Initiative on Faith and Local Communities, Washington, USA

*Abstract*

Humanitarian crises can cause significant acute and long-term mental health and psychosocial challenges for affected populations, including children and adolescents. Mental Health and Psychosocial Support (MHPSS) is a key element of responses to crises seeking to build individual and community resilience.

Over the last five years, the inextricable intertwinement of faith and humanitarian response has become highly visible in the field of MHPSS. Faith beliefs and practices can promote or hinder mental health and psychosocial wellbeing, and spiritual care can be a deeply felt core need for many in times of crisis. To overlook the role of faith risks undermining MHPSS programs by detaching them from the lived realities of beneficiaries and displacing existing local capacity and resources.

However, significant gaps remain within the evidence base for "faith-sensitive" MHPSS, including insufficient research on the intersections of faith with other potential determining factors for mental health and psychosocial wellbeing, such as age and gender. This creates real and perceived barriers to faith engagement for MHPSS. More must be done to understand how to engage with faith to provide MHPSS and spiritual care in populations affected by crises, particularly for children and adolescents.

Expanding on an internal evidence brief commissioned by UNICEF, this presentation will provide an overview of the existing evidence base for "faith-sensitive" MHPSS in humanitarian and development contexts and the gaps therein, focusing on children and adolescents. It will also provide broad recommendations on further developing this field of theory and practice.

*Lay Summary*

This presentation summarises the evidence base for faith as a potential determining factor for the mental health and wellbeing of populations affected by crises, including children and adolescents. It demonstrates that more investment is required to understand the role of faith in mental health and wellbeing in humanitarian/development contexts.

## The Impact of the BRAVE Heart mental health intervention on the prevalence and severity of depression among young internally displaced persons in Northern Nigeria

Toluwase Olufadewa[1,2], Miracle Adesina[1], Isaac Olufadewa[1,2], Ruth Oladele[1]

[1]Slum and Rural Health Initiative, Ibadan, Nigeria. [2]University of Ibadan, Ibadan, Nigeria

*Abstract*

**Introduction:** Over 1 million young internally displaced persons (IDPs) in Nigeria are susceptible to depression and other mental health disorders. However, 9 out of 10 IDPs lack access to quality mental health services. Our study assessed the effectiveness of the BRAVE Heart mental health project, a community-based intervention that leveraged lay community counsellors to identify and deliver group-based therapy and psychosocial support on the prevalence and severity of depression among young IDPs in Northern Nigeria.

**Methods:** We conducted a one-group pre-test and post-test study design involving 83 young IDPs aged 13 to 24 who had mild to moderate depressive symptoms (screened using PHQ-9) and have lived in selected IDP camps in Northern Nigeria for at least a year. Young IDPs were put into groups and provided cognitive behaviour therapy, psychosocial support and problem-solving skills with trained community mental health therapists who delivered the 18-session long intervention using a structured curriculum over 9 months. Descriptive and inferential statistics (Paired sample T-test) was conducted. Ethical approval was obtained.

**Results:** Our findings indicated a a statistically significant mean difference of 5.95 (95%CI:5.3 – 6.6) between depression mean baseline score (10.16) and endline score (4.2). This was statistically significant across the different age groups, gender, level of education, marital status, family size and family income. The percentage of people that had clinically significant depression at the baseline reduced from 100% at baseline to 31.3% at endline.

**Implications:** Our study highlights the potential for sustainable and scalable mental health interventions in LMICs using a task-shifting approach.

*Lay Summary*

The study assessed the impact of the Brave Heart mental health project on young internally displaced persons (IDPs) in Nigeria. Results showed a significant reduction in average individual mean depression levels (5.95) and the percentage of participants with depression, from 100% (baseline) to 31.3% post-intervention. Task-shifting and Community-led approaches work.

Development and Implementation of DIALOG+S in the School Setting as a Tool for Promoting Adolescent Mental Well-Being and Resilience in a Post–Conflict Area in Colombia Post-COVID; Exploratory Cluster Randomised Controlled Trial

Carlos Gómez-Restrepo[1], María José Sarmiento-Suárez[2], Magda Alba-Saavedra[2], Maria Gabriela Calvo-Valderrama[2], Carlos Javier Rincón-Rodríguez[3], Victoria Jane Bird[4], Stefan Priebe[5], Francois van Loggerenberg[6]

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*Abstract*

Background: Provision of mental health support in Colombia is often inadequate, especially in rural areas post-armed conflict. The school setting is ideal for promoting mental health. COVID-19 brought additional challenges and highlighted the role of teachers and schools. Cost-effective interventions need to be developed.

Objective: To adapt a solution-focussed, patient-centred, digital app-supported intervention called DIALOG+ which has been extensively tested in adult mental health settings globally. We assessed the feasibility, acceptability and estimated effect of an adapted version, DIALOG+S.

Methods: A mixed-methods cluster randomised controlled trial was conducted. In the adaptation phase, focus groups with students and teachers determined modifications required for this setting. In the exploratory phase, an exploratory cluster randomised controlled trial was conducted with 14 teachers each with 5 scholars, delivering either DIALOG+S or counselling as usual, once a month for 6 months. A consolidation phase used qualitative and quantitative data to assess the acceptability of the new intervention.

Results: The adaptation phase indicated the modifications required to create DIALOG+S. Changes from baseline in mental health symptoms, quality of life, self-esteem, resilience, and family functionality in the exploratory study indicated that the intervention has the potential to improve these in scholars. The consolidation phase determined that the new intervention was acceptable, and highly appreciated by the participants.

Conclusion: DIALOG+S was found to be feasible and acceptable intervention. A larger, powered trial is warranted to properly assess efficacy. This intervention is highly flexible and could easily be adapted to other settings with similar resource-constraints.

*Lay Summary*

Mental health support in Colombia is often inadequate. We adapted DIALOG+ for use in schools. Focus groups determined modifications required, and an exploratory trial was conducted. DIALOG+S was found to be feasible and acceptable. A larger trial is warranted and DIALOG+S could easily be adapted to similar settings.

## Wellbeing of Yazidi children after the 2014 genocide

Deepali Pavagadhi[1], Ashley Nemiro[2]

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*Abstract*

The Yazidis are a minority group of Kurdistan that have long been persecuted for their religious practices. In the 2014 genocide against the Yazidi community in Sinjar, 9,900 Yazidis were killed or abducted. Children were disproportionately affected, used in hostilities, and subjected to sexual violence. Previous research has predominantly focused on the immediate impacts of the genocide, but not much is known about the current circumstances of the Yazidi community and the wellbeing of high-risk groups of Yazidi children. In collaboration with Save the Children Iraq and the Iraqi Alliance of Disability Organizations, we conducted a study on the enduring impacts of the genocide on the wellbeing of children with disabilities, who are often excluded from research. We used qualitative methods (i.e., physical and audio journals, community and relational maps, semi-structured interviews, focus group discussions) that incorporated art, sign language, written and spoken language, and technology to include 20 Yazidi children with physical, vision, hearing and communication, developmental and psychosocial disabilities and 57 caregivers. We found that nine years later, Sinjar has not recovered from the material destruction and social fragmentation caused by the 2014 genocide. Children with disabilities experience exclusion as the principal driver of distress – stigmatization, discrimination and bullying is pervasive within their peer, family and community spaces and access to basic services is severely limited. Based on these findings, we offer recommendations to urgently respond to this forgotten crisis by centring the rights and wellbeing of Yazidi children in all programming, advocacy, and policy initiatives.

*Lay Summary*

This study provides an understanding of how the 2014 genocide against the Yazidi community continues to shape the lives and wellbeing of Yazidi children today. It aims to centre the voices and experiences of Yazidi children with disabilities, who are marginalized and often excluded from research.

Prevalence and associated factors for poor mental health among young migrants in Sweden; a cross-sectional study

Sara Causevic[1], Anna Mia Ekström[2,3], Nicola Orsini[2], Anna Kagesten[2], Susanne Strömdahl[2,4,5], Mariano Salazar[2]

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*Abstract*

Background: Young migrants face multiple challenges that can affect their mental health, well-being, and sexual and reproductive health.

Objective: To assess the prevalence of self-reported poor mental health and its associated demographic, post-migration and sexual risk behaviours factors among young migrants (aged 15-25) in Sweden.

Methods: Data were drawn from a cross-sectional survey conducted with migrants aged above 15 years old in Sweden between December 2018 and November 2019 (n=6449). Among these, 990 participants aged 15-25 were eligible for the study. Mental health was measured using the Refugee Health Screener-13. Missing data indicator analysis and multivariable logistic regression were conducted to estimate the association between mental health, sexual risk behavior, demographic and migration-related variables.

Results: Of the 990 participants, 59% reported poor mental health. Participants reporting poor mental health were more likely to be females (OR:1.63, 95% CI:1.18-2.25), to have lived in Sweden more than three years (OR:2.16, 95% CI:1.17-3.97), to engage in any sexual risk behavior (OR:1.99, 95% CI:1.25-3.17), and to live alone (OR:1.95, 95% CI:1.25-3.03) or with friends they already knew (OR:1.60, 95% CI:1.37-4.91). Arriving from other global regions (Americas (OR:0.54, 95% CI:0.33-0.88), Asia (OR:0.44, 95% CI:0.22-0.86), Europe (OR:0.30, 95% CI:0.14-0.61) and Africa (OR 0.37, 95% CI:0.23-0.60) than arriving from Syria, decreased the odds of poor mental health.

Conclusion: The prevalence of poor mental health among young migrants in Sweden and engagement in sexual risk behavior calls for broader socioeconomic policies and research, with continuous programs and services offered in mental, sexual, and reproductive health among young migrants.

*Lay Summary*

In Sweden, 59% of young migrants (15-25) reported poor mental health. Factors like being female, living in Sweden for over three years, risky sexual behavior, and living alone or with friends increased the odds. Different global origins had varying effects. This underscores need for mental and sexual health support programs.

Wellbeing of displaced children and adolescents in Africa: Why are we doing so little?

Kristin Hadfield[1], Grace Bantebya Kyomuhendo[2], Selim Gulesci[1], Qusai Khraisha[1], Isabelle Mareschal[3], Azza Warraitch[1], Linda Theron[4]

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*Abstract*

**Background**. Over 100 million people are displaced globally, with approximately 40% under 18 and a third in Africa. Wellbeing-promotion is a key feature of humanitarian interventions in crisis contexts, but the extent to which interventions actually target wellbeing as an outcome is unclear.

**Procedures**. We conducted a pre-registered scoping review across 11 academic databases and key grey literature sources, focusing on forcibly displaced individuals aged 0-18 in Africa. From 9379 screened articles, only 7 studies met the inclusion criteria.

**Findings**. The seven studies included are largely focused on evaluating child-friendly spaces (*n*=5) with two evaluating transdiagnostic mental health interventions. They include internally and externally displaced children, with children displaced from Burundi, Côte d'Ivoire, DRC (*n*=2), Somalia (*n*= 2), Uganda, and displaced to DRC, Ethiopia (*n*= 2), Liberia, Tanzania, Uganda (*n*=2). Most interventions demonstrated some positive effects on the wellbeing of displaced children.

The evaluations covered in the review are limited in several ways. They span only a handful of countries and present a narrow range of intervention types. All studies were within refugee settlements, and the displacement in all cases was as a result of war. The seven studies largely lacked comprehensive methodological robustness, with small and heterogeneous samples and relatively simplistic designs.

**Conclusions**. Either few interventions are targeting wellbeing among displaced children and adolescents in Africa, or few are being evaluated. The end result is that we know little about *what works* to improve the wellbeing of these young people.

*Lay Summary*

Over 100 million people are displaced worldwide, with many being children in Africa. Our scoping review of 9,379 intervention evaluations found only 7 focusing on their wellbeing. These studies show limited methods and cover a narrow range of interventions, revealing a gap in understanding how to best support these children.

Inequalities in mental health care use between migrant and Swedish-born youths: does self-reported psychological distress really matter? *A survey-registry linked study.*

Joseph Junior Muwonge[1,2], Anna-Clara Hollander[2]

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*Abstract*

**Background**: While migrant youths in Sweden use less mental healthcare (MHC) than native-born youths, existing studies often overlook differences in MHC needs, limiting conclusions about inequity. We examined MHC use among youths aged 16-24 in Stockholm County, investigating whether observed inequalities were moderated by self-reported psychological distress.

**Methods**: We studied 3857 youths (55.7% girls; mean age = 19.8) who participated in the *Hälsa Stockholm* surveys in 2014 or 2021. Distress was measured using the GHQ-12 or Kessler 6. MHC use (primary and secondary care, and psychotropic medication), and country of birth were collected from registries. Logistic and negative binomial regression analyses were used to estimate inequalities in MHC access and frequency of visits over a 6-month follow-up. We adjusted for distress, sex, age, and survey year in the main effects models and used distress as a moderator in the interaction effects models.

**Results**: About 14.7% of migrant youths reported severe distress, compared to 12.7% of youths born in Sweden. Migrant youths were 42% less likely to access MHC than others (Odds ratio, OR = 0.58, 95% CI: 0.41 — 0.81). Inequities were absent among those with no distress but were present among those with moderate (OR = 0.48, 95% CI: 0.28 — 0.83) and severe distress (OR = 0.43, 95% CI:0.23 — 0.82). However, among MHC users, there were no inequities in the frequency of visits (Rate ratio = 0.97, 95% CI: 0.75 — 1.26)).

**Conclusion**: While there is inequity in access to MHC services, visits are equitably distributed once in contact with care.

*Lay Summary*

In studying mental healthcare (MHC) use among Stockholm County youths, we found that migrant youths faced lower access than youths born in Sweden, particularly in groups with greater needs, indicating inequity. However, once in contact with MHC services, migrant youths received an equal amount of care as their Swedish-born peers.

# Refugee mother-child dyads' sensitivity and synchrony: a longitudinal observational study

Qusai Khraisha[1,2], Madeleine Fan[3], Maria Lee[4], Marah Himsi[5], Marwa Raguragui[6], Chuhan Mei[1], Sophie Put[7], Beatrice Volta[8], Anisha Wadhwa[2], Erica Dos Santos[9], Meltem Çakmak[10], Anisa Qasim[11], Amal El Kharouf[12], Sophie von Stumm[13], Isabelle Marechal[14], Rana Dajani[15], Julia Michalek[16], Kristin Hadfield[1,2]

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*Abstract*

War and displacement disrupt children's cognitive development, but caregivers may counteract such effects with attuned and sensitive interactions, provided they themselves keep their interactions insulated from such traumas. We examined this hypothesis by conducting a year-long, mixed-method study of 322 Syrian refugee dyads of mothers and their 4-8 children living in the Zaatari camp or Amman, Jordan. The setting of this study reflects a protracted refugee situation, encompassing conditions affecting approximately 78% of forcibly displaced individuals across international borders. Across two data collection points, roughly 1,250 videos were recorded in participants' homes–the largest dataset of its kind–capturing mother-child interactions during book reading and free-play, which we then analysed for markers of sensitivity and synchrony. We also simultaneously collected parental reports and cognitive tests on the children's and mothers' attention skills. Our main aim is to understand how the mental health outcomes surrounding war and displacement affect mothers' interactions with their children, and how these interactions, in turn, influence children's cognitive and attentional skills, typically worsened in response to exposure to traumatic events. Another objective is to compare observational data with surveys and experimental results to examine biases in refugee mothers' self-reports. This study advances our understanding in two significant ways: methodologically, by refining the techniques used to study mother-child relationship quality in displacement settings, and conceptually, by shedding light on the interconnected and cascading effects that war trauma can have on a child's mental health through the intermediary of the mother's interactions.

*Lay Summary*

Children's experience of the world is shaped by their interactions with their parents, but it is hard for parents to assess these interactions themselves. So, in displaced Syrian families in Jordan, we are using videos to study how trauma affects parent-child interactions.

The impact of a community-led Task-shifting mental health intervention on the prevalence and severity of generalized anxiety disorders among young internally displaced persons in Durumi and New Kuchingoro Internally Displaced Persons Camps in Nigeria

Isaac Olufadewa[1,2], Miracle Adesina[1,2], Ruth Oladele[1], Toluwase Olufadewa[1,2]

[1]Slum and Rural Health Initiative, Ibadan, Nigeria. [2]University of Ibadan, Ibadan, Nigeria

*Abstract*

In Nigeria, there is a dearth of mental healthcare professionals, particularly in settings like the Internally Displaced Person (IDP) camps where the burden of mental health illness among children and adolescents is high. Hence, the need for a task-shifting approach where lay community counsellors deliver therapy. This study assessed the effectiveness of task-shifting-based mental health interventions for young people in IDP camps in Nigeria. A one-group pre-test post-test design was utilized and the Generalized Anxiety Disorder (GAD-7) questionnaire was used to assess generalized anxiety disorder among 83 adolescents and young IDPs who completed the 18 sessions of group therapy in the funded study which was carried out in Durumi and New Kuchingoro IDP camps in Nigeria between April 1, 2021 and May 30, 2023. The 18 sessions were delivered by trained community mental health therapist who were trained for 8 weeks and used the curriculum on the SIMBIHealth mobile application to deliver the intervention. Ethical clearance was obtained (assent was obtained for those less than 18 years). The t-test analysis revealed that there was a statistically significant difference between the average mean score of 3.53 for the generalized anxiety disorder at the baseline assessment (9.05) and end-line assessment (5.52) ($p<0.001$). The percentage of people that had clinically significant generalized anxiety disorder at the baseline reduced from 100% at baseline to 39.8% at endline. Our study finds that leveraging a community-led and task-shifting service delivery approach advances mental health equity especially in underserved communities in low- and middle-income countries.

*Lay Summary*

In Nigeria's IDP camps, a task-shifting model using community counselors effectively reduced generalized anxiety disorder in young people (3.53-point-average-mean reduction) during an 18-session group therapy study. Trained community therapists, leveraging the SIMBIHealth mobile app, showcased the potential of community-led interventions and task-shifting to reduce mental health disparities in underserved communities.

Research on and with children with a refugee background in a high-income setting – unpublished lessons learned

Erica Mattelin, Laura Korhonen

Barnafrid, Linköping, Sweden

*Abstract*

The number of refugees has steadily increased in recent years, now reaching a peak of 108 million. Being a refugee is associated with an increased risk of exposure to both violence and other forms of negative life experiences. It is also well-established that refugee children often have worse mental health outcomes compared to children born in the host country shortly after arrival. However, there is a lack of high-quality studies in this field. Many studies are limited to a single language group, rely on questionnaire data, and few have representative samples. "The 'Long Journey to Shelter' is a Swedish study focusing on refugee children and young people aged 12-25, aiming to address some of these research shortcomings. Between 2019 and 2022, we conducted interviews with over 300 refugee children and young adults. In this presentation, we will discuss the unpublished challenges we encountered during the research, including issues related to recruitment, feasibility, and legal and practical challenges in a high-income country like Sweden. More importantly, we intend to emphasize the solutions we've identified and aim to share, which include involving individuals with a refugee background from the outset, as they possess unique knowledge essential to the research process.

*Lay Summary*

Refugees face an increased risk of violence and mental ill-health. The 'Long Journey to Shelter' study in Sweden targets refugee children and young adults aged 12-25, aiming to bridge research gaps. Challenges, including recruitment and legal challenges, were encountered and will be discussed alongside innovative solutions in the presentation.

Oral Session 6: School-Based Mental Health Promotion

## Evaluating the Efficacy of the Adolescent Mental Health Service Package A Randomized Controlled Study

Xiaomin Luo[1], Ruimin Zheng[1], Yiwen Xu[1], Runsen Chen[2], Diyang Qu[2], Quan Zhang[2], Shihui Wang[2]

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*Abstract*

The Adolescent Mental Health Service Package (AMHSP) is a collaborative program by the National Health Commission of China and UNICEF China aiming to enhance adolescent mental health, coping with stress, problem solving, planning, and decision making. It includes 10 structured sessions in junior and senior high schools, and was implemented following a rigorous training process.

This study was a randomized controlled trial that was conducted in 19 schools from 10 provinces in China. A multi-stage sampling method was used. In the first stage, a convenient sampling approach was used to select schools from 10 provinces. In the second stage, a multi-cluster random sampling implemented to select four classes in each school and divided into control group and intervention group randomly.

Over 2000 adolescent will receive the 10 sessions within 3 months, while the control group received no intervention. Both groups completed five questionnaire surveys before the start of, during, immediately after, 1 month after and 3 months after the intervention.

The primary outcome variables assessed included depression and anxiety, happiness levels, and abilities to cope pressure. Secondary outcomes encompassed compassion, mindfulness skills, and problem-solving, planning and implementation et al.

The study is ongoing, with the 1st survey completed. It will provide valuable insights into the effectiveness of this national mental health intervention. The study's findings underscore the potential for scalable, evidence-based mental health interventions in diverse cultural and regional contexts, emphasizing the essential role of school-based intervention in promoting adolescent mental health.

*Lay Summary*

A study assesses the AMHSP association with adolescent mental health outcomes, employing a randomized controlled trial in 19 schools across 10 provinces. The study evaluates depression, anxiety, happiness levels, and stress coping abilities. Its findings highlight the importance of school-based intervention in promoting adolescent mental health.

Safeguarding Adolescent Mental Health in India (SAMA): community co-production and feasibility testing of an evidence-based whole school mental health programme for adolescent anxiety and depression, targeting Indian adolescents, teachers, parents and school climate.

Siobhan Hugh-Jones[1], Janardhan Navaneetham[2], Poornima Bholoa[2], Sphoorthi Prabhu[2], Muthuraju Arelingaiah[2], Ritwika Nag[2], Jayalaxmi KP[2], Krupa AL[2], Pavan Mallikarjun[3], Robert West[1], Mina Fazel[4], Prachi Khandeparkar[5], Surendran Ventakaraman[6], Amy Palmer[1], Tolib Mirzoev[7], Paul Cooke[1], Hareth Al-Janabi[8], Perry Sam[8], Alice Ivory[7]

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## *Abstract*

Youth mental health is of concern in India where suicide is the second leading cause of adolescent death. Access to mental health care is limited and prevention approaches are needed. India is without a whole school approach for adolescent mental health. We present one such approach (SAMA) developed with the National Institute of Mental Health and Neurosciences (Bangalore). Project SAMA involved n=50 community members (adolescents, teachers, headteachers, parents and mental health professionals) in co-production of a whole school wellbeing programme for Indian secondary schools. The created programme adopted a systems approach targeting youth, teachers, parents and school climate, focusing on mental health literacy, safe schools and nurturing teaching. The primary aim of SAMA was to reduce symptoms of youth anxiety and depression. A waitlist feasibility study of SAMA was conducted over one year in eight secondary schools in Bangalore spanning urban and rural areas and school types. We assessed the feasibility of recruiting and training lay counsellors, recruiting schools, implementation, safeguarding and data collection for diverse outcomes. All feasibility thresholds were met and data (via standardised measures and process evaluations) were collected from 14–15-year-olds (n= 1131), teachers (n=123) and parents (n=169). All constituents were open to schools as sites for preventative approaches for youth mental health and embedded lay counsellors in school were critical to positive outcomes. Intervention effects are reported for anxiety and depression, mental health literacy, bullying and wellbeing. We discuss lessons critical learned about youth-centered research in India and plans for upscaling and a trial.

## *Lay Summary*

We share findings from Project SAMA. This invited adolescents, teachers, parents and mental health professionals to design together a whole school mental health programme in India. We tested this in eight schools, reaching over 1000 pupils. The programme was well accepted and has potential to be upscaled.

# "We tell them how important the brain is in one's body," Teachers' and learners' perceptions on the primary-school mental health education in Uganda

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*Abstract*

Background: Mental health conditions including depression, anxiety, elevated stress and substance use disorders are major public health burdens worldwide. In Uganda, a considerably higher number of children attend primary-school compared to secondary, thus primary-schools can provide an important access to the youth population allowing for early mental health interventions. This study aimed to explore teachers' and learners' perceptions of primary-school mental health education.

Methods: This was a qualitative study that enrolled six schools from Mbale, Eastern Uganda. We conducted twelve key informant interviews with the teachers and twelve focus group discussions with learners. The data was coded in NVivo and analysed using reflexive thematic analysis.

Results: The topic of mental health received limited attention within the primary-school curriculum, mostly addressed during substance use lessons. Consequently, both teachers and learners attributed mental health to the physical well-being of the brain and regarded substance use as a major cause for bad mental health. Learners associated stress and bad emotions with mental hardships which could lead to suicide. Although few teachers attributed emotions to bad mental health, they described detecting struggling learners and made efforts to counsel them on the "right" actions and thoughts. However, they felt disempowered when their counselling did not yield results.

Conclusion: Mental health education was limited and had characteristics of a teacher centered educational approach, where the aim was to teach learners the necessary knowledge and facts. Teachers made efforts to address struggling pupils, however, they lacked training in counselling and received little support from other stakeholders.

*Lay Summary*

Mental health disorders are major health burdens in Uganda. This study explored the school's role in teaching and addressing mental health. We conducted a qualitative study looking at primary school health education on the topics of substance use and mental health from the learners' and the teachers' perspectives.

Strengthening the School System to Tackle Loneliness in Youth:A Pilot Project in 13  schools in Indonesia

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## Abstract

The COVID-19 pandemic underscored the critical importance of global mental health. The "new normal" heightened isolation, presenting substantial challenges for young people coping with loneliness and psychosocial issues. As adolescents' brains develop, they become more susceptible to emotional responses and sensitive to social cues, intensifying the impact of loneliness. Interestingly, the quality of perceived social relationships has emerged as a crucial factor in determining youth loneliness, surpassing the mere quantity of interactions. Emotional adjustment and internalizing behaviors are pivotal in shaping how young individuals perceive their social experiences and maintain overall well-being. In early 2021, we launched a pilot well-being project to support 2,005 Indonesian high school students in 13 schools in Indonesia(35% male, 65% female) struggling with loneliness and isolation. Our data revealed that approximately 91.2% of students experienced varying levels of loneliness, with 35% experiencing severe loneliness. Alarmingly, only 3.4% of students considered teachers a safe place. This evidence highlights that schools are not yet safe environments for youth development. Neglecting this issue will impact youth and impede national development, resulting in reduced productivity and economic losses. Through our program, we collaborate with the government to provide educational events and teacher training, equipping youth and teachers with the knowledge and skills necessary to build meaningful relationships and address youth loneliness. Our data demonstrates that 90% of participants recognize the relevance of this program in strengthening the school system against youth loneliness.

## Lay Summary

The COVID-19 pandemic highlighted the global importance of mental health. In 2021-2022, a pilot project in Indonesia found that 91.2% of high school students experienced loneliness, with only 3.4% feeling safe with teachers. Strengthening the school ecosystem and multisector collaboration are pivotal to tackle this issue.

A school-based intervention to improve mental health, cognitive functions and academic performance in Swedish adolescents

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*Abstract*

Purpose: Effective methods are needed to promote mental well-being, prevent mental health problems and to improve cognition in schools. The aim of this study will be to evaluate the effects of a school-based intervention on mental health, cognitive functions and academic performance in Swedish adolescents.

Methods: This cluster-randomised controlled trial includes 391 adolescents aged 14-15 years from 13 schools (5 intervention/8 control) around Stockholm, Sweden with a variation in socioeconomic background. The intervention is performed during an extended school day, 60 minutes three times per week, during one school year and include: a) physical activities, b) homework support with activity breaks and c) walking and listening to audiobooks. Outcomes have been measured at baseline in the autumn 2023 and follow-up measurements will be measured after the intervention in the spring 2024. The mental health outcomes have been self-reported in questionnaires, anxiety and depression (SCAS-S and MMAPP), health-related quality of life (KIDSCREEN-10) and psychosomatic health (Psychosomatic Problems Scale). Cognitive functions (working memory, episodic memory and perceptual speed) were measured by a computer-based test battery. Academic performance will be measured by grades. Group differences will be analysed with ANOVA analysis, adjusted for baseline values.

Results: Baseline results will be presented at the conference.

*Lay Summary*

Effects of a school-based intervention to improve mental health, cognitive functions and academic performance will be evaluated. In total, 391 adolescents have conducted measurements in the autumn of 2023 and follow-up measurements will be conducted in the spring 2024. Results from the baseline measurements will be presented at the conference.

Building mental health literacy in schools: key barriers, facilitators and results of a randomized controlled trial in Czechia

Anna Kagstrom, Laura Juríková, Ondřej Pešout, Matěj Kučera

National Institute of Mental Health, Prague, Czech Republic

*Abstract*

Adolescence is the peak age of adverse mental health conditions onset. Early interventions can mitigate risk factors and improve children's capacity to self-identify mental health states and when necessary seek help appropriately. More data evidence on youth mental health conditions is needed to develop adequate and effective programs to mitigate adverse mental health outcomes and promote mental well-being, especially in the context of Central and Eastern Europe where evidence driven interventions are lacking in the public health sector.

Methods and results from a mixed-methods cluster randomized controlled trial of school-based mental health literacy programme conducted by the Child and Adolescent Mental Health (CAMH) group at the National Institute of Mental Health in Czechia (NIMH-CZ) will be presented. The presentation will overview the application of a theory of change to developing, implementing, and evaluating On My Mind: a mental health literacy curriculum delivered by trained teachers to grade 6-7 pupils. Results include process outcomes related to implementing a theory of change for building mental health literacy in teachers and students mental health indicators among youth and both qualitative and quantitative results on the effectiveness of the intervention on teacher and student outcomes, including strengths and difficulties, well-being and universal mental health literacy. To conclude, practical lessons learned from triangulating results and key challenges and facilitators in advancing the field of mental health literacy through implementation science in the context of Central and Eastern Europe will be reflected upon.

*Lay Summary*

Mental health literacy is vital for building positive mental health and seeking support. Covered here is an approach following implementation science methods to evaluate a mental health curriculum delivered by trained teachers to young adolescents in Czechia, covering key findings, challenges, and opportunities to build mental health literacy in pupils.

Oral Session 7: Sexual Reproductive Health, Pregnancy, and Mental Health in Adolescents

Healthy pregnancy in mothers and developmental delay in their children: A strength-based analysis of the Longitudinal Study of Indigenous children in Australia

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University of Sydney, Sydney, Australia

*Abstract*

Objectives - This study aimed to identify whether a mother's healthy pregnancy has a protective effect against developmental delay in their Indigenous children and whether it varies by child's birthweight for gestational age following a strength-based approach using prospective cohort data from Australia.

Methods - Data were drawn from the 'Longitudinal Study of Indigenous Children' in Australia. Random-effect models were used to measure the impact of maternal healthy pregnancy (from Waves: W1, W2) on developmental delays (from W3-5, W7, W9 and W11) in their children aged 11-16 years. Healthy pregnancy included lack of medical conditions, no history of substance use, and history of taking iron/folic acid during pregnancy, while developmental delays included cognitive, behavioural, speech, and/or physical delay. All models were adjusted for maternal age, education, employment, life satisfaction and location.

Results - Of the 784 analysed, 23% of mothers reported healthy pregnancy, and 8.2% adolescents had developmental delay. Longitudinal analysis revealed that mothers with the most healthy pregnancy were most protected from having a child who experienced any developmental delay compared to those who reported unhealthy pregnancy. In the stratified analysis, among those who were born with appropriate birthweight for gestational age, healthy pregnancy remained significantly protective against developmental delay in children compared to their counterparts.

Conclusions - This strength-based study emphasises the critical importance of maternal healthy pregnancy in preventing developmental delay in  children. The findings are aligned with previous research which have demonstrated  relationships between birthweight adjusted for gestational age and developmental delay.

*Lay Summary*

The significance of a healthy pregnancy for mothers should be advocated to prevent developmental delays in their children. As expected, our data show a higher risk for developmental delay for children who are born small or large for their gestational age.

Effectiveness of a menstrual health intervention on mental health symptoms among Ugandan students (MENISCUS): a school-based cluster randomised controlled trial .

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*Abstract*

Purpose

Poor mental health is associated with poor menstrual health through multiple pathways. These include negative attitudes and lack of knowledge on how to manage menstruation.  We evaluated whether a multi-component menstrual health intervention improves mental health symptoms among female students (ISRCTN45461276).

Methods

We conducted a cluster-randomised trial among 60 secondary schools in Uganda, randomised 1:1 in 2022 to receive the menstrual health intervention or optimised usual care. The intervention included creation of a school Menstrual Health Action Group, puberty education, distribution of a kit including reusable pads and optional menstrual cup, a drama skit to address stigma, pain management strategies and basic improvement of water and sanitation facilities.  One of the primary outcomes was mental health symptoms, assessed using the self-completed Strength and Difficulties Questionnaire (SDQ) assessed one year after randomization.

Results

Overall, 3844 female participants were recruited at baseline. The mean SDQ score was 12.2 (SD=5.6). Overall, 3708 (96.5%) of participants had started menstruating, with 1683 (45.4%) reporting feeling anxious about their next menstrual period and 1583 (42.7%) reporting difficulty participating in class due to their period. Outcomes were assessed among 3251 female participants seen at end line. Intervention effects will be estimated in January 2024, with longitudinal analyses of factors associated with menstrual health and mental health symptoms during follow-up.

Conclusions

This is one of the first and largest trials evaluating the impact of a multi-component menstrual health intervention on mental health symptoms in adolescents. This evidence will inform policy to improve adolescent education, health and well-being.

*Lay Summary*

Poor menstrual health is associated with poor mental health. Strategies are needed to improve mental health through improving menstrual health. We conducted a study in 60 Ugandan schools to evaluate the impact of a multi-component menstrual health intervention on mental health symptoms among secondary school girls.

Optimisation of engagement in a non-commercialised app for parents of adolescents to reduce sexual violence and improve mental health in Tanzania: Results from a cluster-randomised factorial trial

Roselinde Janowski[1], Lucie Cluver[1,2], Joyce Wamoyi[3], Mwita Wambura[3], David Stern[4], Abigail Ornellas[2], Laetitia Christine[5], Ateamate Mukabana[6], Lily Clements[4], G.J. Melendez-Torres[7], Lauren Baerecke[2], Nicole Chetty[2], Yulia Shenderovich[8]

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*Abstract*

**Introduction:** Sexual violence and poor mental health are prevalent issues for adolescents in Sub-Saharan Africa. Parenting programmes, designed initially for prevention of parenting violence, have been adapted to improve family capacity to protect adolescents from sexual violence and promote mental well-being. However, in-person programmes are often costly and inaccessible. Digital interventions present a scalable alternative, yet engaging families is challenging. We report the impact of three experimental factors on parent engagement with a non-commercialised parenting app, in collaboration with UNICEF, WHO, and the national government.

**Methods:** A 2x2x2 pragmatic cluster-randomised factorial experiment was conducted in peri-urban Tanzania, involving parents of adolescents aged 10-17 (*N*=614). The experimental factors included guidance (self-guided/facilitated WhatsApp groups), app design (sequential workshops/non-sequential modules), and digital literacy training (on/off). Engagement metrics were tracked within the app.

**Results:** Generalised linear mixed models showed that WhatsApp guidance significantly increased engagement compared to the self-guided condition (IRR=1.29, 95%CI [1.05, 1.58], p=.016). The non-sequential modular session design, which allowed participants greater freedom in programme order, also increased engagement compared to the sequential design (IRR=0.71, 95%CI [0.61, 0.84], p<.001). The pre-programme digital literacy training significantly increased engagement, but only for older caregivers (IRR=1.02, 95%CI [1.01, 1.02], p<.001).

**Conclusion:** There is an urgent need for effective, scaled-up and low-cost mental health services in Sub-Saharan Africa. Digitally-delivered parenting programmes have potential to reduce risk, but we are in the early stages of understanding how to design and deliver these. These findings suggest important learnings as we work towards evidence-based, scaled-up services.

*Lay Summary*

In Tanzania, our factorial trial investigated strategies to optimise parent engagement with a digital app aimed at enhancing adolescent mental well-being. WhatsApp guidance and flexible modules significantly improved engagement. Digital literacy training supported older caregivers. These findings offer insights for strengthening digital interventions in low-income countries and guiding future research.

## Mental Health ramifications of double adolescent pregnancies and HIV in South Africa

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*Abstract*

**Background**: There is limited understanding of mental health ramifications of adolescent pregnancy, especially in the presence of HIV; with even less insight into repeat adolescent pregnancies. The effects on both maternal and child mental health need to be understood. This study of 1017 adolescents in South Africa (287 also living with HIV) explores the mental health and child cognitive development effects of having multiple vs. single teen pregnancies.

**Results**: 92.7%(943/1017) of mothers had a single child ,7.3%(74/1017) 2+ children. 4.8%(49/1017) were double-adolescent mothers and 25 Teen/Adult mothers. Mothers with 2+children had higher depressive symptoms(p=.002); anxiety symptoms(-=.003), Suicidality symptoms(p=.01)mental health burden scores(p=.038), parental stress(p=.038), lower social support (p=.018) and more likely living with HIV (54.1%vs.26.7%,p<.001). Child cognitive development scores were higher in children with a sibling. Higher cognitive scores were predicted by younger age and creche attendance(F=11.81,p<.001). First children of repeat-adolescent mothers appeared to perform equally well to children without siblings, while children of repeat adolescent-adult mothers seemingly benefited from siblings F=14.20, p<.001).

**Conclusions**: We found repeat adolescent pregnancy was associated with poorer maternal well-being. Delaying second pregnancy until the adult years had potential benefits. Our data also suggests that the provision of childcare support was a predictor of positive outcomes. Overall, the findings highlight the need to improve social, psychological, and family planning support in adolescent and young mothers living with and without HIV. Mental Health input, pregnancy spacing and child care support should feature in provision.

*Lay Summary*

Adolescent pregnancy affects mental health and child cognitive development. This study examined repeat adolescent pregnancy. When compared with single adolescent pregnancy multiple pregnancies were associated with poorer mental health scores on anxiety, depression, suicidality, stress, support. Child cognitive development was also affected. Support and childcare provision was beneficial.

The role CSO's psychosocial support services in curbing pregnant and mother learner school dropout in peri-urban and rural school in the Buffalo City municipality of South Africa

Hlokoma Mangqalaza[1], Khosi Kubeka[1], Yanga Dipa[2], Mildred Thabeng[2], Yusra Price[1], Chelsea Coakley[1], Lulama Sidloyi[2], Melisa Zulu[1], Itumeleng Senetla[1], Janina Jochim[3], Elona Toska[1], Jane Kelly[1]

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*Abstract*

A third of South African women have been pregnant during adolescence with 35-50% not returning to school. Studies show that adolescent mothers experience mental, physical and poor educational outcomes. This work explores how civil society organisations (CSOs) facilitate and provide psychosocial support services to pregnant and mother learner in schools.

We conducted interviews with CSOs (n= 4) and a participatory workshop (n= 9) with social workers and school mentors that supported schools in disadvantaged rural and peri urban areas of the Eastern Cape province of South Africa. Thematic analysis was used to analyse the data using the inductive approach.

 Mentors collaborated with schools to provide awareness on Sexual Reproductive Health (SRH) education and gender-based violence (GBV). Learners were more open about experiences of GBV and SRH.  One CSO provides remote psychosocial support via a toll-free line that learners can call at any time of the day. Social workers also provided psychosocial services to the adolescents' caregivers and partners to create a supportive home environment that may encourage adolescent mothers to return to school.

School based mentors were instrumental in encouraging PML to return to school after giving birth through diverse and creative methods.  Psychosocial support provided by youth mentors to PML and their caregivers' creates easy and approachable support. Free telephonic psychosocial support was well received by learners that struggled with face-to-face psychosocial support. The presence of mentors in the school also encouraged PML's to stay at school during pregnancy and return to schoo

*Lay Summary*

With high rate of adolescent pregnancy around the world, this work explores the benefits of psychosocial support services provided by CSOs to pregnant and mother learners. The objective of this is to curb school dropout of adolescent girls and to ensure a brighter future for young females through education.

# Engaging communities to develop an adolescent perinatal mental health intervention in Kenya and Mozambique

Tatiana Taylor Salisbury[1], Marleen Temmerman[2], Malica DeMelo[3], Nadine Seward[1], Maria Bata[3], Fernando Chissale[3], Margrette Hanselmann[2], Kethakie Lamahewa[1], Evaline Lang'at[2]

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*Abstract*

Adolescent pregnancy and motherhood pose significant risks to the mental and physical health of girls and their babies. However, there are few interventions to promote good mental health and prevent mental health conditions during this time, with most evaluated in high-income countries.

163 adolescent girls, their families, service providers and community influencers took part over 14 months. Partners participated in interviews, focus group discussions, observations, and workshops to agree priority challenges to good perinatal mental health and develop prototypes and delivery strategies. The alignment of priority challenges across Kenya and Mozmabique led to the development of a singular intervention adapted for content and delivery to each context. The Thriving Mamas programme consists of nine group and individual meetings where girls discuss and learn how to look after themselves and their babies, strengthen life skills and plan for the future. Tailored assessments identify girls' individual mental health, social support, and economic needs and referrals and support to access existing community services are provided. The programme is delivered by respected mothers in the community who are trained to deliver the intervention.

Co-production approaches can be successfully used to develop mental health interventions. Thriving mamas is deemed acceptable and appropriate for adolescent girls by stakeholders in both countries. Its tailored delivery strategies which align with local strengths and available resources. Thriving Mamas is now being pilot tested in both countries to evaluate its potential for impact, sustainability, and scale.

*Lay Summary*

In Kenya and Mozambique, we partnered with girls and their communities to answer the question "How might we better support adolescent perinatal mental health?". The Thriving Mamas programme helps girls look after themselves and their babies. It is possible to engage adolescents and communities to develop acceptable, feasible, sustainable interventions.

Oral Session 8: Methods for Engaging Youth in Mental Health Programming

Co-producing and evaluating MeWeSports (Mental Wellbeing and Sports)- a sports-mediated substance use prevention program for young people in India.

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*Abstract*

Background: Despite the burden of early substance use, prevention efforts in India have been inadequate. We used a systematic intervention development process to develop MeWeSports, to leverage the power of community-sport in delaying substance use initiation with its focus on healthy opportunities, organised activities, and social engagement.

Methods: Step 1- In-depth interviews with adolescents, parents, and experts to understand perspectives on substance use prevention. Step 2- Co-production of MeWeSports using participatory-methods with community, youth advisory, and expert groups. Step 3- Mixed-methods evaluation of MeWeSports in a school-based pilot feasibility study (120 adolescents). Data were analysed using descriptive statistics and framework analysis.

Results: Substance use starts in a social context, with experimental use of alcohol and tobacco, followed by drugs. The influence of key agents of socialisation- families and peers, were seen to be dependent on developmental stages. Community-sport was perceived to be an appealing platform, harnessing the potential of multiple positive mechanisms of health behaviours. The universal prevention intervention was recommended to focus on substance use education, mental health promotion, life-skills, and socio-emotional competencies. The pilot-study findings suggest acceptability (to young people) and feasibility (delivered by sport-for-development coaches), and highlighted delivery challenges to address in future research.

Conclusion: MeWeSports demonstrates the potential of a contextualized intervention, with evidence of appropriateness and feasibility in a low-resource context. Our innovation has the potential of being integrated into public health policies and programmes on mental health, substance use, and sport.

*Lay Summary*

Adolescence is a period of peak risk for onset and intensification of substance use behaviours, with long-term health harms. We used a systematic research process to develop MeWeSports, to leverage the power of community-sport in delaying substance use initiation with its focus on educational content, organised activities, and social engagement.

## Just-in-time adaptive interventions for adolescent health and well-being: data-driven and participatory approaches to inform digital mental health implementation

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*Abstract*

**Background:** Mental health disorders are highly prevalent, affecting approximately half of the global population before they reach the age of 75. Their onset commonly occurs during adolescence (ages 10-25), a key developmental period for establishing lifestyle behaviours essential for well-being across the lifespan. Digital mental health and behaviour change interventions such as just-in-time adaptive interventions (JITAIs), which dynamically adapt behaviour change strategies through real-time monitoring of individual states and contexts, may significantly enhance early identification and prevention of mental health challenges during adolescence.

**Objective:** The aim of our review is to investigate the target behaviour change mechanisms and outcomes of JITAIs, their inclusiveness of vulnerable and underrepresented populations, and their efficacy in the adolescent population. We will examine all empirical research peer-reviewed in the last decade on JITAIs that target adolescent health and well-being. At the same time, our research group is conducting a qualitative study of multi-stakeholder perspectives (e.g., adolescents, families, healthcare and community workers) on data-driven sensing technology for improving mental health. These insights will inform participatory co-design of JITAIs across diverse adolescent settings in future work.

**Expected outcomes:** This data-driven work will address a critical gap in JITAI research through its novel focus on adolescent intervention tailoring and design. Based on the evidence synthesis, we will develop a holistic socio-ecological framework to guide designs of JITAIs in promoting positive health behaviours among adolescents. Future research can leverage our framework to effectively and ethically develop digital mental health solutions across diverse adolescent groups through real-time, adaptive technology.

*Lay Summary*

Our research focuses on the inclusive design and usage of digital mental health tools (underpinned by mobile phone sensing) among adolescents. We are conducting a comprehensive review of scientific evidence and interviewing key stakeholders to better understand how personalized technology can empower positive lifestyle behaviours among diverse individuals during adolescence.

## Development of guidelines on involving adolescents in mental health research

Azza Warraitch[1,2], Ciara Wacker[2], Maria Lee[2], Delali Bruce[1], Sanjana Biju[3], Paul Curran[2], Joshua Hernon[2], Qusai Khraisha[2], Kristin Hadfield[1,2]

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*Abstract*

Background:  A lack of awareness among researchers on how to engage young people in health research has been reported as one of the main challenges in involving adolescents in research. The currently available guidelines on adolescent involvement are limited in terms of the scope, content, and context for which the guidelines are applicable. To address this, we are developing comprehensive guidelines on youth involvement in mental health research.

Methods: We are developing the guidelines following the ADAPTE process, where in lieu of de novo guideline development, available guidelines are being adapted with input from researchers and young people. We conducted a pre-registered (PROSPERO #CRD42021293586) rapid review to identify the available guidelines on youth involvement in research. A pre-registered (PROSPERO #CRD42021287467) umbrella review was conducted to synthesise review-level evidence on youth involvement in research. Gaps in the currently available guidelines and literature on youth involvement were addressed by conducting a Delphi study with a multi-disciplinary panel of 400 health researchers and young people from around 130 countries. Young co-researchers (aged 10-24) were engaged at all stages of the research process. The final guidelines will be drafted in participatory workshops in collaboration with youth and adult researchers.

Discussion: The resulting guidelines, co-developed with adolescent co-researchers, will provide researchers with practical tools and recommendations on how to engage young people in mental health research. These guidelines will contribute to system-level strengthening by adopting a holistic, interdisciplinary, participatory, culturally sensitive, and implementation-focused approach to youth involvement in mental health research.

*Lay Summary*

To promote the involvement of adolescents with lived experiences of mental health in research, we are developing guidelines for involving youth in mental health research with help from experts and adolescents worldwide. These guidelines will give researchers practical advice for involving adolescents with lived experiences of mental health in research.

Students' involvement and engagement in a school- based intervention to improve mental health

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*Abstract*

BACKGROUND

Health promoting interventions, that include physical activity, in the school environment may be a promising way to improve mental health among adolescents. However, the evidence of the effects of such interventions is inconsistent, emphasising the need for better implementation. Specifically, there is a need to understand how to reach and adjust intervention activities to increase involvement and engagement among adolescents.

AIM

To explore dose, fidelity, and adaptations in the implementation of a school-based intervention focusing on how to improve involvement and engagement among adolescents.

METOD

This process evaluation of a cluster randomised trial has a mixed methodological design.

The intervention is performed during an extended school day, 60 minutes three times per week, during one school year and includes: 1) Physical activities, 2) Homework support with activity breaks, and 3) Walking and listening to an audiobook. Data is collected in 5 intervention schools during the academic year 23/24. Dose and fidelity of the three intervention components will be measured by school staff and activity leaders. Observations will be conducted during the activities by researchers. Fieldnotes, focusing on contextual factors, adaptations and the reasons for adopting the activities will be documented and analysed using content analysis. The documented data on dose and fidelity will be analysed with descriptive statistics.

RESULT

The intervention has started in October 2023. To date, the teachers and activity leaders have initiated the intervention activities. The results will be presented at the conference.

*Lay Summary*

This study explores the implementation of a school-based intervention focusing on adolescents' involvement and engagement. The intervention is performed during an extended school day, 60 minutes three times per week, and includes: physical activities, homework support, and walking and listening to an audio book. Data include teachers' documentation and observations.

Developing a Regional Youth Network for Mental health, a 1-year journey of UNICEF's youth-centered approach on adolescent and mental health and the Global Mental Health Summit of 2023

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*Abstract*

Adolescent mental health in Latin America and the Caribbean is a critical concern with suicide among the top 3 causes of death for 15-19-year-olds. This has been further exacerbated by COVID-19 school closures. Gaps in child and adolescent mental health policies and limited youth participation in decision-making prompted the establishment of UNICEF's Regional Youth Network for Mental Health.

This initiative brought together adolescents from nine countries around three core activity areas: peer support and social-emotional skill development, co-creation of solutions for youth mental health, and youth-led advocacy. Over three months, adolescents participated in online skills building sessions, social-emotional skills using the UNICEF/WHO's "Helping Adolescents Thrive" modules and received in-person peer-to-peer PFA-based training through UNICEF/WHO "I support my friends." They co-created, prototyped, and launched an innovative card game to spark conversations and address stigmas around mental health. In October 2023, at the regional Youth Forum and GMHS it in Argentina, these young leaders engaged in dialogues with global leaders to advocate for policy actions for youth mental health.

The Regional Mental Health Youth Network presents a transformative approach, emphasizing agency, empowerment, and active youth engagement as important pathways to mental well-being. This model recognizes that adolescents thrive when they can actively be a part of shaping their own mental health and that of their communities. By promoting agency, empowerment, and opportunities for youth to take action, their involvement not only helps to advance the regional mental health agenda but also serves as a pathway for improved well-being among themselves.

*Lay Summary*

The study aims to understand the impact of the Regional Youth Network on Mental Health had on the lives of its members. Through qualitative analysis we examine how belonging to the network empowered them to make life choices, foster socioemotional skills contributing to mental health promotion in their own communities.

Oral Session 9: Digital Interventions for Child and Adolescent Mental Health

## Toolbox Digital mental health promotion intervention: representations and experiences of Brazilian adolescents and young people

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*Abstract*

Epidemiological data before and during pandemic indicate a worrying scenario regarding youth and adolescents' mental health. Furthermore, points out to inequities and intersectionalities as determinants of health. This study, fostered by UNICEF, included 12 and 24 years old participants who lived in four different Brazilian states and aimed to explore their representations, meaning and experiences of ASEC Mental Health Toolbox (ATb). ATb is a short-term intervention based on structured circle talk, social and emotional literacy, coping and mindfulness.1095 participated in the intervention delivered in groups of 15 to 20 people for 120 min per week, via a digital platform, during 4 to 8 weeks. A mixed sequential cross-sectional study was conducted, allowing deepening the themes emerging in the quantitative analyses through qualitative methodologies. The two-stage process consisted of an online questionnaire followed by focus groups (FG). Online questionnaire answered by 232 participants (Age: M=17.5; SD =2.2) and 25 attended to FG (Age: M=17.7; SD =2.9) declared that the changes perceived were significant: 93.4% said the program activities had an impact on their lives; 85% reported intention to practice the strategies learned at ATb in their daily lives; 90% considered that ATb impacted on people around them and highlight the use of youth peer-to-peer perspective to foster resilience and empowerment to lead social and emotional literacy initiatives. This study, using Implementation research method, spotlight the role of digital technology and the importance of formulating, implementing, and evaluating public policies for youth mental health promotion and prevention in LMIC countries.

*Lay Summary*

The implementation research of ASEC MHToolbox (ATb), fostered by UNICEF, delivered online to 1095 participants (12-24 y/o) from 4 Brazilian states, aimed to explore their representations, meaning and experiences, spotlighted the importance of formulating, implementing, and evaluating public policies for youth mental health promotion and prevention in LMIC countries.

## Advancements in Children and Adolescent Mental Health in Serbia: Strengthening Policies and Building Professional Capacities

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*Abstract*

According to UNICEF Serbia's data, 17 percent of adolescents saw their mental health deteriorating since COVID-19[1], and 84 percent believe that MHPSS services should be more available and affordable[2]. UNICEF Serbia aims to enhance adolescent mental health and well-being, in line with the National Mental Health Programme.

Strengthening governance and coordination mechanisms represents the key strategy: the signed Memorandum of Understanding between six ministries highlighted the Government's commitment to enable further strategic processes. This allowed to proceed with strengthening professional capacities and workforce development, as, according to the UNICEF Situation Analysis[3], the lack of educated workers in relevant sectors (health, social protection, and education) causes the lack of early prevention methods. This resulted in developing a comprehensive Minimum Service Package, pilot-tested in three municipalities, with training and support provided to over 160 specialists in non-medical settings. Moreover, as digitalized approaches are vital today, the first telehealth service mechanisms have been developed.

Evaluation data demonstrated decreased anxiety levels and improved functionality in youth in the MSP pilot locations, better mental health outcomes, and high satisfaction among telehealth beneficiaries, which holds the potential to yield significant results in the coming years.

[1] UNICEF (2020). UNICEF Istraživanje o uticaju pandemije COVID-19 na porodice sa decom u Srbiji  // UNICEF Research on the COVID-19 Impact on Families with Children in Serbia. Retrieved from https://www.unicef.org/serbia/media/15861/file/Istrazivanje%20o%20uticaju%20pandemije%20Covid-19%20na%20porodice%20sa%20decom%20u%20Srbiji_drugi%20talas.pdf [2] UReport Serbia (2021). Mentalno zdravlje mladih. Retrieved from https://serbia.ureport.in/opinion/2279/ [3] UNICEF (2019). Situation Analysis of Children and Adolescents in Serbia. Retrieved from https://www.unicef.org/serbia/en/reports/situation-analysis-children-and-adolescents-serbia

*Lay Summary*

As mental health presents a pressuring issue globally, UNICEF Serbia has designed new approaches to intersectoral cooperation and professional development to improve youth wellbeing. These resulted in reduced anxiety levels and improved mental health of youth, offering promising prospects for the future.

From Pilot to Program: Increasing Access to Mental Healthcare for Children and Adolescents via Telehealth

Kelly Sopchak, Carly McCord, Rachana Talekar, Denise Martinez

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*Abstract*

Limited access to mental healthcare for children and adolescents is a global issue. Some of the barriers to care include care provider shortages, stigma, and lack of financial means, transportation, and time. Texas is consistently ranked lowest amongst states in the U.S. for access to mental health care for youth by Mental Health America. The Telebehavioral Care (TBC) program at Texas A&M University has been working to improve access to care by reducing barriers for K-12 students. This implementation of brief telehealth care in schools is state funded and, since the launch in 2020, has increased access to care and served thousands of youths. The original pilot program covered 107 schools, across 23 academic systems with a student population of 55,477 who would be able to access services. With the high success of the pilot program the state requested expansion to 578 schools, across 123 academic systems with a student population of 250,023 students able to access services. Currently we serve 319 schools, across 66 academic systems with a student population of 161,612 who can access services.  Our physical coverage area of Texas has grown from 5,107 square miles to 15,305 square miles (about the size of Switzerland). This presentation will focus on the background, program overview, and growth plan to transition from pilot to an expanded program. It will include successes, lessons learned, and the strategies for scaling up to ensure clinical capacity matched clinical need and vice versa.

*Lay Summary*

Overview of a program providing brief tele-therapy and tele-psychiatry in schools and the reduced barriers and the increased access to care when providing telehealth in schools. Exploration of the strategies used to develop a pilot into a program set to serve 5 times the number of students.

Optimizing Scalability, Sustainability, and Access Improvement in Low-Resource Communities: A Telebehavioral Program's Experience

Rachana Talekar[1,2], Dr. Whitney Garney[1], Dr. Kelly Sopchak[2], Dr. Carly McCord[2]

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*Abstract*

Rural communities in the United States face many challenges to accessing mental health services including lack of transportation, lack of access to providers, and poor digital connectivity. Research has shown that telehealth is an effective mode of mental health service delivery by connecting rural residents to mental health specialists through phone, video, and/or mobile applications. Despite the rapid growth of health care systems utilizing telehealth, there is limited literature on how these systems plan to sustain and advance their use of telehealth to maximize potential positive impact on patients, providers, and staff. This study presents a case study of the Telebehavioral Care (TBC), program that delivers telepsychology services to under-resourced communities in rural Texas. The TBC program was established in 2013 to develop capacity for delivering and sustaining telepsychology services. Between 2019 and 2022, TBC experienced vertical growth in funded projects and expanded service delivery to underserved communities with low mental health resources. Services are provided direct to patients, in resource centers, primary care clinics, rural hospital systems, schools, and local jails. However, the telehealth platform used at that time lacked the ability to address the diverse needs of the various service models. Technological barriers hindered service delivery and created an inequity among communities without access to a network and devices that allow synchronous video communication. The paper highlights the implications of telehealth technology for improving access and quality of mental health care for underserved communities.

*Lay Summary*

This is a summary of a study that examines challenges associated with growth of Telebehavioral Care (TBC) program serving rural mental health care in Texas. The results of this study demonstrate findings and lessons on how telehealth technology can improve access and quality of mental health care for underserved communities.

Designing and implementing a social listening strategy and taxonomy for adolescent mental health and well-being

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*Abstract*

The systematic identification and analysis of daily conversations by adolescents pertaining to their mental health and well-being are vital for effective programming and stakeholder engagement. Social listening enriches the understanding of public discourse, concerns, trends, and shared awareness that significantly shapes behavioral and attitudinal patterns. UNICEF has developed a global social listening strategy and taxonomy specific to adolescent mental health, encompassing online and offline spheres.

This process involved the generation of search keywords based on expert knowledge, published studies, and consultations with adolescents. The keywords were translated into Boolean search strings for extracting topic-related language from pertinent social media posts and online news content. Utilizing a leading commercial social listening platform, adeptly configured to aggregate verbatim mentions from 9 open data sources, a comprehensive analysis is conducted by a human analyst.

Quantitative parameters, including velocity, volume, interactions, potential reach, and virality, are scrutinized to provide insights into the nature of these conversations. Thematic qualitative analysis, grounded in a social-ecological model, is conducted to understand topics, sentiments, and emotions. The routine reports are to inform impactful programming initiatives among stakeholders on global and local levels.

*Lay Summary*

Recognizing the importance of adolescent mental health, UNICEF has developed a global strategy to comprehend narratives in both online and offline discussions. This initiative seeks to deliver real-time, actionable data, providing valuable insights for stakeholders and enhancing effective programming for the mental health and well-being of adolescents.

## Evaluation of a School and Community-Based Intervention for Common Mental Disorders and Suicide Risk Among Adolescents in Zimbabwe

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*Abstract*

Aim: To evaluate the prevalence, referral uptake and short-term effects of school and community-based screening and treatment of common mental disorders (CMD) and suicide risk among adolescents.

Methods: Adolescents living in Chitungwiza were enrolled into a comprehensive health and well-being check-up intervention (Y-Check). 10-14year-olds attending four primary schools were screened for CMD using the Pediatric Symptom Checklist-17 and for suicide risk using one question from the PHQ-9A. 15-19year-olds attending two secondary schools and two community venues were screened using PHQ-9A and GAD-7. Adolescents screening positive (PSC-17≥15, PHQ-9A≥15, GAD-7≥16) received on-site counselling and referral to external providers for further free counselling if required. Rescreening of adolescents who initially screened positive for CMD/suicide risk took place 4-6 months later.

Results: We screened 1067 primary school adolescents (median age 11), and 1025 in secondary schools and community hubs (median age 16). In primary schools, 10.7% (95%CI 9.0-12.7) screened positive for CMD/suicide risk (114/1067;females-10.6%, males-10.8%, p=0.937). Among the 14.9% (17/114) referred, 76.5% (13/17) attended the referral. At follow-up, 92.1% (105/114) were rescreened and 27.6% (95%CI 19.8-37.0) screened positive again. Among older adolescents, CMD/suicide risk prevalence was 24.9% (95%CI 22.3-27.6) (255/1025; females-28.9%, males-19.3%; p<0.01). 41.4% (106/255) were referred and 29.2% (31/106) attended the referral. At follow-up, 76.6% (196/255) were rescreened and 21.9% (95%CI 16.7-28.3) screened positive again.

Conclusion: CMD/suicide risk symptoms were common. Despite higher prevalence in older adolescents, particularly females, referral uptake was low. CMD/suicide risk persisted in the short term, despite receiving counselling and referral.

*Lay Summary*

Our study of over 2,000 adolescents in Chitungwiza, Zimbabwe, found almost one in five adolescents had symptoms of common mental disorders or suicide risk, with symptoms more common in females. At follow-up (4-6 months later), one in four adolescents still had symptoms of common mental disorders or indicated suicide risk.

## Mental illness, suicide and alcohol abuse among youth in poor communities in Zambia - a community-based intervention project

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*Abstract*

Background

In poor regions in Zambia there are alarmingly high rates of mental illness, alcohol abuse and suicides among youth and adolescents. Easy access to alcohol, low education and lack of parental guidance are some risk factors. Therefore, in the community of Kantatamwe various community-based projects have been done to address mental health knowledge, attitudes, and behaviours focusing on the most vulnerable groups to achieve a better understanding on how to support health promotion among both individuals and the community.

Aim

To decrease the prevalence of alcohol and substance abuse, mental illness and suicides.

Method

In the year 2021 -2022 a community-based health promotion project was implemented. All leaders in the community (SADAZA) and a youth group (Imiti Ikhula) were included. Project activities was done in the community of Kantatamwe and included 108 villagers (ages 15-55). Various community-based activities focusing on knowledge, values, and behaviour, health literacy and health promotive activities was done. Questions on alcohol and consumption was answered using the AUDIT questionnaire.

Results

Preliminary results show that 55% had alcohol dependency, 30% harmful alcohol use and 15% reported a low-risk consumption. Mental illness was common. After the interventions, rates of alcohol abuse were reduced. Several strategies resulted in behaviour change and improved health.

Conclusion

When working with interventional strategies in a poor rural community the importance of establishing the accountability amongst the village leaders is vital. Building capacity must be done with respect, using the right level of knowledge and with a facilitator as local as possible.

*Lay Summary*

Mental illness and substance abuse is common in poor communities in Zambia. It is of paramount importance to find strategies to combat this development. Community- based projects grounded in local knowledge and participatory approach is fundamental for a sustainable change.

Learnings on the design of multi-component interventions targeting adolescent mental health for school settings in Chennai, India – outputs from the formative work of the YiPEE project

Fredric Azariah[1], Christina Laurenzi[2], Yoona Kim[3], Matt Hughsam[3], Maureen Gikonyo[4], Upasana Sharma[1], Austin Walker[3], Orlaith O'Sullivan[5], Vijaya Raghavan[6], Sai Sudha Ram[7], Evelina Flodkvist[8], Anu Linnansaari[9], Monika Martens[10], Mark Tomlinson[2], Suresh Kumar[1], G.J. Melendez-Torres[11], Moitreyee Sinha[3]

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*Abstract*

Introduction: citiesRISE has been conducting multiple projects across low-, middle- and high-income countries in schools and communities, weaving together components targeting inner, social, and environmental dimensions of young people's lives. YiPEE (Youth co-Production for sustainable Engagement and Empowerment in health) is a collaborative research initiative that is distilling learnings from these to test a multi-component, arts-based intervention in schools in India, Kenya, South Africa, and Sweden.

Methods: In the formative phase, we explored key components, delivery mechanisms, and contextual factors underpinning arts-based mental health interventions that were conducted by citiesRISE, focusing on interventions that introduce concepts of gratitude, kindness and hope at inner, social and environmental dimensions. Learnings were consolidated from citiesRISE' prior work along with insights from focus group discussions with key stakeholders. Triangulated findings are used to inform a series of co-design workshops, to develop a wireframe which will be used to design context-specific interventions.

Results: Based on the learnings, the wireframe, will include concepts of gratitude, kindness, and hope. To support inner and social development, expressive and participatory approaches including theatre/arts/contemplative practices etc. will be emphasized. Teacher wellbeing emerged as critical environmental factor, alongside establishing a school-based collaborative action group to facilitate environmental level activities. Principles such as youth engagement at every level and integration of co-design processes were deemed integral.

Discussion: This formative work will support upcoming co-design workshops to extend the wireframe for multi-component interventions in schools targeting adolescent mental health in multiple contexts, establishing a framework for adaptation in other global settings.

*Lay Summary*

We developed a wireframe for multi-component interventions for schools, leveraging learnings from previous citiesRISE's work. The wireframe supports the design of interventions targeting students, teachers, and broader school environment, and impacting their inner, social and environmental dimensions leading to better mental wellbeing. This can be adapted for other settings globally.

Adaptation and pilot testing of socio-emotional learning package with adolescents in rural Nepal    Authors: Kamal Gautam, Ratna Maya Lama, Pitambar Koirala, Dhirendra Paudel

Kamal Gautam, Ratna Maya Lama, Pitambar Koirala, Dhirendra Paudel

Transcultural Psychosocial Organization Nepal, Kathmandu, Nepal

*Abstract*

Background: Mental health promotion and prevention for all young people is fundamental to their development, future, as well as reducing the global burden of mental health conditions. Psychosocial interventions as socio-emotional learning skills help adolescents learn techniques to positively influence their behavior, thoughts, feelings, and social interactions during adolescence.  The study aimed to test the feasibility and do the pilot-testing of adapted version of the socio-emotional learning (SEL) package developed by Unicef and WHO in a rural setting of Nepal.

Methods: The package was adapted using human-centred design approach. The adapted version was pilot-tested with 2967 adolescents in 11 public schools of Surkhet, Karnali Province. Qualitative interviews were conducted with SEL facilitators, supervisors, school teachers and adolescents. Quantitatively, pre and post intervention score data were collected using a checklist based on key socio-emotional skills.

Results: Qualitative data was analyzed using a thematic approach. Quantitative data were analyzed using SPSS 16. Results demonstrate that SEL package is well accepted by adolescents and teachers. The package could best be delivered by young facilitators with appropriate training on SEL and basic psychosocial skills. However, a recommendation on the mode of delivery of package through various means was made. Quantitative data demonstrated significant improvement in key socio-emotional skills following the intervention.

Conclusion: The findings from the study indicate that the SEL package is feasible, acceptable and appropriate for implementation in school setting. The learnt skills promote the mental health and wellbeing of adolescents and enhance their coping capacity and problem solving skills.

*Lay Summary*

The adapted version of the SEL package developed by Unicef and WHO is feasible, acceptable and appropriate for implementation in school setting in Nepal. The key socio-emotional skills learnt after the intervention promote mental health and wellbeing among adolescents and enhance their coping capacity and problem solving skills.

## Evaluation of a scalable intervention in Switzerland: a case study of an adolescent intervention

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*Abstract*

The many crises around the world, and in particular the war in Ukraine, have posed an unprecedented challenge to the migration and health sectors in Switzerland. More than 80,000 Ukrainian refugees, mainly children and mothers, arrived in Switzerland in a very short period of time. There is overwhelming evidence that refugees are at increased risk of mental disorders, while at the same time there is a treatment gap.

In response to these new needs, a WHO scalable brief psychological intervention - Early Adolescents Skills for Emotions, EASE - has been translated/adapted and offered to distressed Ukrainian adolescent refugees and their caregivers residing in Switzerland.

Preliminary results of EASE will be presented. In addition, barriers and facilitators to participation and delivery of the intervention and implications for implementation will be discussed.

*Lay Summary*

The evaluation of a scalable intervention for children and adolescents in Switzerland will be presented. Preliminary results, barriers and facilitators of the intervention will be discussed.

## Testing the feasibility and acceptability of Waves for Change's 5-Pillar Method in other LMICs

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[1]Waves for Change, Cape Town, South Africa. [2]waves for change, cape town, South Africa

*Abstract*

Waves for Change (W4C) is working with UNICEF to scale the use of the 5-Pillar Method across interim care centres in South Sudan and Somalia, through a combination of face-to-face training and digital learning.

Initial findings from two UNICEF pilots indicated that coaches highly valued the 5-Pillar Method training, it increased their knowledge on mental health topics and instilled confidence to integrate 5-pillar coaching principles and curriculum activities into their existing work.

Coach data highlighted that coaches found the 5-Pillar Method training feasible, acceptable, informative, engaging, and useful. Over 95% of the coaches would recommend the training to other coaches, highlighting its immediate impact. Qualitative data showed that coaches adopted a less pathologized view of mental health, and gained improved awareness of the social domains of mental health and how positive/safe social and physical environments can improve mental health outcomes. Coaches experienced a shift toward a more positive psychology outlook on mental health, understanding mental health is not only the absence of disease, but also a person's ability to thrive and positively contribute to society.

Child data, using the WHO-5 and BRCS measures, showed that trained coaches delivered 5-pillar programmes that improved mental health outcomes for vulnerable children accessing their services over the space of 6 months.
In conclusion, it was found that the five pillar method can be scaled by training partner coaches, and that the use of surfing (pillar 3) can be substituted for other sports or group activities.

*Lay Summary*

Waves for Change (W4C) is working with UNICEF to scale the use of the 5-Pillar Method across interim care centres in South Sudan and Somalia, through a combination of face-to-face training and digital learning.

Oral Session 11: Child and Adolescent Substance Use and Mental Health in LMIC

## Prevalence of anxiety, depression and substance use among young people in Tanzania, Ghana and India.

Innocent Yusufu[1], Shraddha Bajaria[1], Amani Tinkasimile[1], Mashavu Yussuf[1], Fileuka Ngakogwa[2], Sahil Chopra[3], Sachin Shinde[4], Annika Reinhold[5], David Sando[6], Shuyan Liu[7], Till Bärnighausen[5,4], Wafaie Fawzi[4], Mary Mwanyika Sando[1]

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*Abstract*

**Introduction:** Globally, 14% of adolescents aged 10-19 years experience mental health issues. However, research on mental health in this age group has been primarily focused on high-income countries, leaving a significant gap in low- and middle-income countries (LMICs). Mental health conditions encountered during adolescence can lead to poor coping skills, discrimination, stigma, educational difficulties, risk-taking behaviours and physical ill-health. This study assesses the prevalence of anxiety, depression, and substance use among adolescents (10-19 years) in Tanzania, Ghana, and India.

**Method:** Data was analyzed from the ARISE Network baseline data in a longitudinal survey from 3692 adolescents in Tanzania, Ghana and India. Brief screening tools PHQ-2, GAD-2 were used to screen for anxiety and depressive symptoms.

**Results:** The mean age (standard deviation) was 14 (2.7) years, 56% were aged 10-14 years, 52.1% were females. The prevalence of anxiety, depressive symptoms and substance use was 8.3%, 8.6% and 15.9%, respectively. These mental health issues were higher in Ghana (17.6%,19.6% and 38.2%), followed by Tanzania (5%, 5.1% and 8.7%) and India (2.1%, 1.0% and 0.4%) respectively.

**Conclusion:** This study highlights significant variations in the prevalence of mental health issues among adolescents in LMICs. Higher prevalence reported in Ghana underscore the importance of developing culturally sensitive approaches in addressing young people's mental health. Tailored interventions should consider unique socio-cultural contexts to effectively target and improve the existing mental health challenges. The study's results provide valuable insights for key stakeholders working to develop comprehensive strategies for promoting adolescent mental well-being in diverse global contexts.

*Lay Summary*

Globally, 14% of adolescents face mental health issues; however, research in low- and middle-income countries is limited. This study examined anxiety, depression, and substance use in 3692 adolescents (10-19 years) in Tanzania, Ghana, and India. Varied prevalence underscores the need for culturally sensitive interventions to address mental health challenges globally.

# Effects of mobile videos for early childhood development in rural Côte d'Ivoire: a cluster-randomised trial

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*Abstract*

**Background**: In 2010, an estimated 43% (250 million) under-fives from low-and-middle-income countries were at risk of not reaching their developmental potential, with substantial adverse long-term consequences. Despite evidence on the impact of early child development (ECD) interventions, scaling-up successful approaches is challenging. We measured the impact of videos shared via mobiles for promoting ECD knowledge and practices in Côte d'Ivoire.

**Methods**: We conducted a cluster randomised trial. In intervention villages, memory cards with videos in local languages promoting ECD (playing, non-violent discipline etc.,) were disseminated among caregivers of children aged <24 months. Control villages received no intervention. Invention households received memory cards either from health workers (targeted) or village leaders (non-targeted). Caregiver surveys at baseline and follow-up measured video exposure, ECS-related knowledge, and practices. The reach of the campaign is analysed by intention-to-treat. The impact of videos is analysed by an instrumental variable approach (targeted only).

**Results**: Of 2,901 households surveyed, 29% of non-targeted and 88% of targeted had viewed the videos. Male and female caregivers exposed to the videos showed increased ECD knowledge (0.21 and 0.24, respectively) and ECS activities (0.21 and 0.22, respectively). The intervention reduced the prevalence of physical punishment by 8 percentage points. We did not find an impact on caregiver-reported child development outcomes. However, household observations demonstrated that video exposure significantly increased affection, praise, and naming of objects or people.

**Conclusions**: This low-intensity video campaign successfully improved caregivers' ECD knowledge and behaviours. It can be easily scaled up in settings with mobile phones availability.

*Lay Summary*

Many children in low-and-middle-income countries are at risk of not reaching their developmental potential. We showed that giving caregivers mobile memory cards with videos promoting early childhood development (ECD) is an effective way to improve caregivers' ECD knowledge and behaviours, including playing and using non-violent discipline.

Initiation of alcohol and drug use before adolescence – a cross-sectional analysis of prevalence and social determinants using Global School-based Student Health Survey data from 10 countries in Africa

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*Abstract*

**Introduction:** Substance use is a major contributor to the disease burden among youth, yet initiation before adolescence remains under-researched. This study investigated early substance use initiation among secondary schoolchildren in 10 African countries, and its association with social determinants of health.

**Methods:** We used publicly available data from the Global School-based Student Health Survey. The two dependent variables were self-reported alcohol and drug use initiation, where early initiation was defined as before age 10. Independent variables included social determinants within five domains: material, physical/risk behaviour, psychological, social and education. We analysed weighted prevalence estimates and applied multinomial logistic regression to investigate associations between substance use initiation and social determinants.

**Results:** The pooled prevalence of self-reported early initiation was 9.5% for alcohol and 5.5% for drugs. A social gradient was found for alcohol use initiation, where the association with worse status on the social determinants was stronger for early initiation compared to later initiation, and for later initiation compared to never initiation. For drug use initiation, no clear pattern was found between early and later use, but having initiated drug use was associated with worse status on social determinants compared to never initiation. In stratified analysis, females had a stronger association between early substance use initiation and worse status on several social determinants. There were substantial variations between countries.

**Conclusion:** This study established that substance use occurs before adolescence and is associated with worse status on social determinants of health. Further research on current substance use among children is warranted.

*Lay Summary*

Using data from 10 countries in Africa, this study found that 9.5% of school children reported having started to drink alcohol before age 10, and 5.5% had tried harder drugs. Starting early was connected to worse status on other social factors in the home, school, and health.

Do caregivers in low-resource settings seek help for their substance-using children aged 6-17 years?

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*Abstract*

**Background:** There is a paucity of knowledge concerning the help-seeking intention and behaviour of substance-using children and adolescents and their caregivers as well as the barriers they encounter when seeking care. Furthermore, most research on help-seeking behaviour has been conducted among adults.

**Methods:** We conducted a community-based cross-sectional study, involving 1,278 caregivers and 2,589 children aged 6-17 years. We explored the help-seeking behaviour of caregivers of children aged 6-17 years old. Univariable analyses were performed using STATA 15 software.

**Results:** Out of 2,589 children and adolescents, over 13.6% (352) had used alcohol or other substances in the past six months. Among the 352 children and adolescents having used drugs, 23.6% (83) were identified by their caregivers as having a substance use problem, of whom 7.7% (27) acted upon it. The actions comprised seeking assistance through counselling (24/27) and medical interventions (2/27), as well as parental punishment (9/27). Only 16/27 found the assistance helpful, with 9/27 continuing the same help, while 17/27 had used and stopped the assistance. Sources of help included parents handling the issue independently (15/27), police (4/27), relatives (8/27), religious leaders (9/27), health facilities (2/27), and local authorities (9/27).

**Conclusions:**  Our findings indicate high substance use and low levels of help-seeking and satisfaction with services. There is a notable reliance on social support networks. This underscores the need for increased awareness within our healthcare system regarding the available resources and support mechanisms that can be provided to caregivers dealing with children and adolescents facing substance use challenges.

*Lay Summary*

This study sought to understand the help-seeking behavior of parents and guardians of children who use alcohol and other substances. We found that seeking help from parents for their children's alcohol and other substance use was very scarce even when many children used substances.

"We talk about the dangers" Alcohol and substance use education in Ugandan primary schools. A qualitative study on teachers' and pupils' perspectives

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*Abstract*

**Background:** Alcohol and substance use are a major health concern in Uganda. This type of risky behaviour often starts during adolescence; thus the schools can provide an efficient way of addressing child alcohol and substance use. However, few studies have looked at the school's role in promoting health for the primary school pupils in Uganda. This study examined pupils' and teachers' perceptions of primary school health education regarding alcohol and substance use.

**Methods:** This was a qualitative study which enrolled six schools from Mbale, Eastern Uganda. We conducted twelve key informant interviews with the teachers and twelve focus group discussions with the pre-adolescents. The data was coded in NVivo and analysed using reflexive thematic analysis.

**Results:** Alcohol and substance use topics were covered during science lessons in primary school. Four main topics were covered during the lessons, what is alcohol and how it is made, the effects of substance use, why people drink, and how to avoid substance use. The dangers of substance use were strongly emphasized by the pupils and the teachers. The danger-focused rhetoric served as a method of deterring pupils from trying substances and having positive associations with substance use.

**Conclusion:** Alcohol and substance use topics were covered in the primary school science curriculum where the dangers of alcohol and substance use were strongly emphasized.

*Lay Summary*

Alcohol and substance use are a major health issues affecting the children in Uganda. This study looked at the school's role in promoting health for the pupils' through alcohol and substance use education in Ugandan primary schools.

Oral Session 12: Caregiver and Child Mental Health

Improving caregiver mental health in LMICs: Pilot Findings and RCT protocol of a digital Parenting for Lifelong Health programme

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*Abstract*

**Introduction:** Increasing global rates of depression and anxiety highlight the importance of addressing caregiver mental health, especially in low- and middle-income countries (LMICs). Several randomised trials on parenting interventions have proven effective in improving caregiver mental wellbeing. Digital interventions have the potential to increase access to evidence-based parenting support but currently lack LMIC evidence. This study aims to explore the feasibility of a digital parenting intervention to improve caregiver mental health in an LMIC.

**Method:** In a pilot study (n=101) and a subsequent RCT (n=2400) in Tanzania, caregiver-adolescent pairs used ParentApp, an app-based parenting programme for low-income settings, with phone-based support. Using validated tools, baseline and post-intervention data on caregiver mental health, parenting stress, and psychosocial characteristics were collected, and both studies include planned 12-month post-intervention follow-ups

**Results:** Pilot data analysis, using multilevel linear mixed-effects models, reveals a significant (p value=.001) post-intervention reduction of 39% in caregiver mental health scores (Cohen's d=0.81, 95% CI [0.66, 0.96]) indicating a substantial improvement in mental well-being. These findings suggest that app-based parenting programmes offer an effective way to increase access to mental health support for caregivers in LMICs.

**Conclusion:** This research provides insights on the use of digital parenting interventions to improve caregiver mental health in Tanzania. The study's findings will inform policy on the potential of digital parenting interventions to positively influence caregiver mental health and improve parent-child relationships. Future analysis will delve into engagement levels, mental health, parenting outcomes, and the long-term effects of such interventions.

*Lay Summary*

This study explores the feasibility of using a digital parenting intervention in LMICs. A Tanzania study (pilot n=101, RCT n=2400) used ParentApp with phone-based support, showing a 39% mental health improvement post-intervention. This research offers insights into using digital parenting interventions to enhance caregiver mental health in LMICs.

## Associations between maternal adversity and health and children's telomere length

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*Abstract*

Maternal adversity (e.g., adverse childbirth experiences, ACEs) and health (e.g., depressive symptoms and chronic illness) negatively impact offspring's health. One possible mechanism is via premature/accelerated biological ageing, as indicated in telomere length. In this 3-year longitudinal study, we examined the association between maternal adversity and health and children's buccal telomere length (bTL) at age 3. Data from 122 mother-child dyads were analyzed. Maternal history of ACEs and chronic illness were collected at baseline (during 20-24 weeks of gestation). Their depressive symptoms across three periods (during pregnancy, 4 weeks after childbirth, and 3 years after childbirth) were also collected. Children's TL were extracted from their buccal swab samples at age 3. The children's bTL was quantified using the quantitative PCR method and expressed in T/S ratio (the ratio of telomere repeats copy numbers to single-copy gene numbers). Results showed pregnant women experienced distinctive trajectories of depressive symptoms over time. Children of mothers with relapsing/remitting depressive symptoms had shorter bTL ($\beta$ = -0.19, 95% CI = -0.14 to -0.005) than mothers who had low-stable symptoms. This finding remained significant even after accounting for maternal ACEs and chronic illness. Additionally, maternal ACEs, together with depressive symptoms, may affect children's bTL. This study provides relatively comprehensive evidence on the effects of maternal stressors, highlighting the relevance of maternal adversity and depressive symptom patterns as predictors of offspring telomere biology.

*Lay Summary*

This study provides relatively comprehensive evidence on the effects of maternal stressors, highlighting the relevance of maternal adversity and depressive symptom patterns as predictors of offspring telomere biology.

# Measuring Evidence for Quality Achieved (MEQA): A real-time information system for assessing responsive care interactions to promote child mental health

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*Abstract*

Responsive care (RC) interactions play a crucial role in early childhood development and well-being. However, the absence of a standardized tool for measuring these interactions has hindered ECD research and program evaluation. To address this challenge, we introduce MEQA (Measuring Evidence for Quality Achieved), an innovative information system strengthening platform designed to measure and enhance caregiver interactions and practices within households.

Methods: To create MEQA, we meticulously developed items for measuring RC, early learning opportunities, and positive discipline techniques. Drawing from literature and expert consultations, we identified key RC components: warmth, responsiveness, following lead and non-aggressive/intrusive. The unique feature of MEQA is its ability to offer instant, constructive feedback to caregivers, shared via home visitors. In a pilot test in Uganda involving a sub-sample from a larger RC intervention study (N=247), caregivers and children were observed during caregiving interactions.

Results: The MEQA demonstrated strong initial validity in assessing RC interactions. Caregivers in the intervention group, compared to the control group, had significant improvements as observed on these scales: showing warmth/affection to the child (50% vs. 20%); proficiency in following child's lead (48% vs. 23%); avoiding aggression/intrusiveness (72% vs. 60%). The findings provide insight into caregivers' and children's experiences during interactions, offering valuable feedback for tool refinement. The pilot results also affirmed the feasibility of using the MEQA in various settings.

Conclusion: MEQA development and successful pilot-testing represent a significant step forward in understanding, assessing responsive care interactions in large scale program and evaluations in resource constrained settings.

*Lay Summary*

MEQA (Measuring Evidence for Quality Achieved) is an innovative tool designed to measure and enhance caregiver interactions - warmth, responsiveness, and reduced aggression. MEQA's development and pilot testing represent a significant step forward in assessing responsive care in large-scale programs, filling a critical gap in early childhood research and program evaluation.

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*Abstract*

Background: Children with disabilities have been low on the agenda of child health, including in Sierra Leone, and there are still many gaps in our knowledge and understanding of the issue. Objective: To estimate the prevalence of children with disabilities in Sierra Leone using functional difficulty as a proxy and to understand the factors associated with disabilities among children two to four years living in Sierra Leone. Methods: We used cross-sectional data from the Sierra Leone 2017 Multiple Indicator Cluster Survey. Disability was defined using a functional difficulty definition with additional thresholds used to define children with severe functional difficulty and multiple disabilities. Logistic regression models estimated odds ratios (ORs) of childhood disability and how they were associated with socioeconomic factors and living conditions. Results: Prevalence of children with disabilities was 6.6% (95% confidence interval (CI) 5.8e7.6%) and there was a high risk of comorbidity between different functional difficulties. Children with disabilities were less likely to be girls (adjusted odds ratio (AOR) 0.8 (CI 0.7e1.0) and older (AOR 0.3 (CI 0.2e0.4)), but more prone to be stunted (AOR 1.4 (CI 1.1e1.7)) and have younger caregivers (AOR 1.3 (CI 0.7e2.3)). Conclusion: The prevalence of disabilities in young Sierra Leonean children was comparable to other countries in West and Central Africa when using the same measure of disability. Preventive as well as early detection and intervention efforts are recommended to be integrated with other programs, e.g vaccinations, nutrition, and poverty reducing programs.

*Lay Summary*

Children with disabilities have been low on the child health agenda, including in Sierra Leone. Prevalence of young children with disabilities was 6.6% using cross-sectional data. These children were more prone to be stunted and have younger caregivers. Preventive and detection efforts can be integrated with for example nutrition programs.

Oral Session 13: Mental Health Measurement Among Adolescents and Young People

## Cultural validation of the RCADS-47 for use with Indian adolescents

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*Abstract*

Improving adolescent mental health is a national priority in India, especially given the high rates of youth suicide. Yet prevalence data in India is often incomplete and more culturally validated mental health measures are needed to inform policy, alongside prevention and intervention work. The Revised Children's Anxiety and Depression Scale (RCADS-47) is a widely-used measure of mental health globally, including in India, but is yet to be culturally validated there. This two-stage study aimed to culturally validate the RCADS-47 in a sample of Indian adolescents. Stage 1 examined Indian adolescents' (n=12; Mage=15.67) understanding of the measure items and response meaning via Think Aloud interviews. Responses to each item were coded according to predefined categories representing comprehension. Of the 47 items, 14 were identified as problematic, with the Obsessive-Compulsive Disorder subscale presenting the most problems. Items were rephrased accordingly.  Stage 2 presents the psychometric testing of the rephrased RACDS-47 in a sample of Indian adolescents (n=332; Mage=14.81 years). The rephrased RCADS had good psychometric properties; high internal reliability ($\alpha$ = .89) and good construct validity when compared to measures of similar constructs (r=.51-.69). Support was found for five of the six original RCADS factors. Findings suggest confidence in the rephrased RCADS-47 ability to identify symptoms of anxiety and depression among Indian adolescents, alongside highlighting the importance of culturally validating measures of mental health globally, as well as for Indian progress in mental health research and practice.

*Lay Summary*

In India, levels of depression and anxiety are unclear. This study tested a popular measure of mental health to see if it measures anxiety and depression accurately among Indian adolescents. We found that, if some items are rephrased, this measure can accurately identify depression and anxiety.

## The Social Determinants of Adolescent Mental Health in a peri-urban cohort in South Africa

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*Abstract*

Background: The economic and social conditions in which adolescents live may impact their physical and mental health. These conditions include their structural environment such as access to adequate nutrition, healthcare, and education, their material circumstances, as well as their exposure to adverse events such as experiencing violence or discrimination. Poor economic and social conditions are often more pronounced in low- and middle-income country contexts.

Objective: Building on the WHO Conceptual Framework of the Social-Determinants of Health, the objective of this paper is to assess the contribution of social determinants to the mental health of adolescents in peri-urban Kwazulu-Natal, the second most populous province in South Africa. The paper uses novel data from 1176 adolescents participating in wave 3 of the Asenze cohort study (2019-2021). Structural equation modelling is used to determine the social determinants of depression and anxiety among adolescents, as well as the indirect pathways through which social determinants may affect these disorders.

Results: We find empirical evidence that being in school, living with a biological mother, having family and peer support, and a positive sense of school membership are all protective of adolescent mental health. Our indirect analysis shows that adolescents who feel a sense of school belonging are less likely to fall behind in education. Exposure to community violence has the opposite effect on mental health, and has an additional negative impact on mental health by depressing the sense of school membership.

Conclusion: Adolescents are vulnerable to the structural and proximal determinants of their existing environment.

*Lay Summary*

This study examines how the environment and households of adolescents in rural South Africa's affect their mental health. Using data from 1,176 teens, it found factors like being in school, living with a biological mother, and having supportive family and peers beneficial. Conversely, exposure to community violence harms mental well-being.

## Cross-sectional associations between physical activity pattern, sports participation, screen time and mental health in Swedish adolescents

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*Abstract*

Poor mental health among youth is a growing public health concern, therefore understanding the relation to of modifiable lifestyle factors is crucial. This study investigated the associations between physical activity patterns, sports participation, screen time, and mental health in Swedish adolescents.

Cross-sectional data from 1139 adolescents (aged 13-14) included accelerometer-measured physical activity, self-reported screen time, sports participation, anxiety, and health-related quality of life (HRQoL).

Moderate-to-vigorous physical activity (MVPA) was positively associated (95% CI 0.01 to 0.05 in girls and 0.02 to 0.07 in boys) whereas screen time on weekdays was inversely associated with HRQoL (−4.79 to −2.22 in girls and −2.66 to −0.41 in boys). With regards to anxiety, more time spent in MVPA during leisure time on weekdays was associated with lower anxiety scores (95% CI −0.13 to −0.05 in girls and −0.07 to −0.01 in boys). Gender differences were observed, boys who participated in organized sports had low anxiety scores (95% CI −3.49 to −0.13) whereas girls who reported 5 hours or more of screen time had high scores (95% CI 1.94 to 6.18 on weekdays and 1.39 to 5.29 on weekend days).

Our results could create a paradigm for future studies to decide which types of physical activity and time domains to target in intervention studies with the aim of improving mental health among adolescents.

*Lay Summary*

This study explored the link between lifestyle factors and mental health in Swedish adolescents. Higher physical activity correlated with better mental health, while increased screen time and sedentary behavior linked to lower well-being. These findings support studies promoting adolescent mental health through physical activity and mindful screen time.

## Depression and anxiety symptom estimates among adolescents in Bermuda

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*Abstract*

Adolescent common mental disorders (CMDs), such as anxiety and depression, are a global concern. The Caribbean, including Bermuda, lacks sufficient CMD prevalence data, especially in light of the COVID-19 pandemic which has exacerbated depression and anxiety symptoms globally. This study seeks to understand the prevalence estimates of depression and anxiety symptoms in adolescents in Bermuda.

This study represents the first national mental health survey in Bermuda. The cross-sectional study surveyed middle and high school students aged 10-18 years in Bermuda. Out of 16 schools, home schools were excluded due to small sample sizes. Online surveys conducted between November 2022 and June 2023 gathered demographic data and assessed depression and anxiety symptoms using the PHQ-8 and GAD-7 scales, measuring impairment in three domains.

2,716 Bermuda adolescents self-reported depressive and anxious symptoms. Depressive symptoms affected 31.3% of adolescents, with higher prevalence in females and those that did not identify as White. Anxiety symptoms impacted 25.2%, with a higher prevalence in females and those who did not identify as White or Black. Comorbid symptoms were present in 19.9%.

Prevalence rates of depressive and anxiety symptoms among Bermuda's adolescents are high, surpassing post-pandemic global averages. Females, older adolescents, and those identifying as "Other" race exhibited higher symptom rates. These findings suggest a need for targeted interventions. This study sheds light on a previously underrepresented area of adolescent mental health in Bermuda, emphasizing the urgency of tailored interventions and further research.

*Lay Summary*

This study represents the first national adolescent mental health survey in Bermuda. Between November 2022 and June 2023, 2,716 adolescents aged 10-18 years old self-reported depressive and anxious symptoms. The findings revealed high prevalence rates of depressive and anxiety symptoms, exceeding global post-pandemic averages.

Common mental disorders in adolescents and young adults: exploring patterns of increased rates in the last decade

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*Abstract*

Background: The incidence of common mental disorders has increased in recent years, but it is not clear what underlies this increase. This research investigated explored the incidence rate of common mental disorders (CMD) in young people and compared temporal trends in recorded diagnoses to patterns of symptoms.

*Methods:* We used individuals born between 1980-2004 registered to UK primary care. We calculated the annual incidence of CMD for 2009-2019. We used longitudinal survey data  including individuals born between 1980 and 2004. We estimated CMD symptoms using the mean score on the General Health Questionnaire. We stratified by sex, age, cohort, ethnicity, country, and region.

 *Results:* We found that the overall incidence increased from 68.0 (95%CI 67.7-68.4) per 1,000 person-years in 2009 to 74.8 (95%CI 74.5-75.1) per 1,000 person-years in 2019. The steepest increase was observed in the those aged 16-19, nearly doubling over the study period. Later birth cohorts, including those born 1995 or later had larger increases in incidence compared to those born before 1995.

We found an increase in symptoms of common mental disorders, with a mean GHQ-12 score of 10.60 (96%CI 10.48-10.73) to 12.57 (95%CI 12.36-12.78). Those ages 16-19 had the most consistent increase over time, while symptoms were stable in the older age groups.

*Conclusions:* We found a dramatic increase in the the incidence of diagnosed common mental disorders and rates of symptoms of CMD in young people  between 2009 and 2019, revealing a worrying trend which requires urgent public health attention.

*Lay Summary*

This study explored trends in common mental disorders (CMD) among UK adolescents and young people. We found increases in CMD diagnosed in primary care which corresponded to higher symptoms of CMD in the general population. This increase was more dramatic in those aged 16-19 or born 1995 or later.

Oral Session 14: Social Norms, Stigma, and Mental Health of Children and Adolescents

## Assessment of prevailing KAPs & social norms towards children and adolescents with disabilities in Rwanda.

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*Abstract*

Introduction: UPHLS[1], UNICEF, NCPD[2], and NCDA[3] conducted the formative survey to assess the prevailing knowledge attitudes, practices and social norms towards children and adolescents with disability in Rwanda. It analyzed the access on inclusive education and family integration and nurturing care of CWDs within the family environment.

Methods: The research team used a convergent (concurrent) mixed method design combining qualitative (QUAL) and quantitative (QUAN) inquiry methods. The survey participants are 1832 selected randomly in each province of Rwanda.

Findings: From the findings, the participants referred to a CWD as a child in need of support and medical treatment and are viewed in charity model.  The CWDs are still hidden and locked with households while their siblings participate in services (health, education, and others). Family members are still seeing CWDs living in institutions as best solutions for them, and that education of CWDs would be in the specialized schools, to relieve enough time to work and care for other children".

Recommendation:

- The milestone at advocacy level and strategies are in place, but there is a need in social and behavior change to shift the norms and attitudes towards children and adolescents with disabilities.

- There is a huge need in capacity development on disability mainstreaming in different sectors (education, health, WASH).

[1]UPHLS: Umbrella of persons with disabilities organizations against HIV and Health promotion[2] NCPD: National Council for persons with disabilities[3] NCDA: National Council of Persons with Disabilities and National Child Development Agency

*Lay Summary*

Formative research was conducted to understand drivers, factors and dimensions of social norms and behaviors towards children with disabilities in Rwanda. The findings revealed that children are still seen as burden and shame to their families. The strategies need to be taken to promote the rights of children with disabilities

# Why Adolescents are Reluctant to Attend Mental Health Referral Services in Urban Zimbabwe: Adolescent and Service Provider Perspectives

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*Abstract*

Aim: To understand reasons for delayed or non-attendance to referrals among adolescents who screened positive for mental health conditions.

Methods: Between October 2022 and March 2023, we invited adolescents in Chitungwiza to a comprehensive school and community-based health and well-being check-up (Y-Check). Using self-administered questionnaires, we screened 1025 15-19-year-olds for common mental disorders (CMD)/suicide risk. Adolescents screening positive received free on-site counselling and referrals to Friendship Bench, an external clinic-based service provider. We conducted two interviews with mental health service providers, two interviews with Y-Check counsellors, two interviews with adolescents and five workshops with referral attended and non-attended adolescents. Verbatim transcripts were analysed thematically to explore referral uptake barriers.

Results: The primary barrier to taking up referrals reported by adolescents and service providers was distance to facilities whereby most adolescents had to walk over 4kms, which was exacerbated by lack of transport funds and a reticence to walk long distances in poor weather. Service providers highlighted that adolescents with challenging home environments feared counselling would involve family, and exacerbate existing problems. Adolescents feared attending clinics for referral because they assumed the nurses wouldn't be youth-friendly. Limited understanding about mental health especially when symptoms were not recognised, resulted in adolescents dismissing/underestimating their mental health diagnosis and considering them "useless".

Conclusion: Adolescents disregarded their mental health needs unless experiencing severe symptoms, which prevented them from seeking help. There is a critical need for targeted mental health awareness campaigns, and promotion of accessible youth-friendly mental health services, to normalize CMD treatment.

*Lay Summary*

Our study in Chitungwiza, Zimbabwe explored why adolescents with common mental disorders delay or avoid seeking treatment. Barriers included distance to facilities, fear of involving family, lack of trust in clinics, and limited understanding of mental health. Targeted awareness campaigns and accessible, youth-friendly services are needed to address these barriers.

# Factors associated with mental health stigma among caretakers of primary school children and their teachers in Mbale, Uganda.

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*Abstract*

Uganda has one of the youngest populations in the world, with approximately 55% below 18 years, and 44% under 14 years. Close to one in every four of Ugandan youths are struggling with mental illness. Despite the high prevalence of mental disorders, the existing stigma surrounding mental health may discourage individuals from seeking help from health providers, resulting in untreated conditions which may worsen over time. Examining the factors associated with stigma is crucial to understand specific target areas to reduce its impact. The current presentation examines factors associated with mental health stigma (Perceived Devaluation-Discrimination Scale, range 1-7) among caretakers and teachers in 18 primary schools in Mbale, Uganda. By conducting quantitative interviews with 582 caretakers and 158 teachers and analyzing the data using mixed effects models, we found that mental health knowledge (Caretakers: 95% CI = -0.46; -0.21, Teachers: 95% CI = -0.82; -0.33) and types of disciplining (Caretakers: 95% CI = 0.01; 0.02, Teachers: 95% CI = 0.00; 0.02) were predictors of stigma. Factors such as age, sex, and income showed no significant association. These results are part of a larger implementation study using an adapted school version of the WHO´s Mental Health Gap Action Program – Implementation Guide (mhGAP-IG). Our preliminary results confirm predictors found in other cultures and populations. There is a need to acknowledge the importance of knowledge and disciplining behaviors and target stigma to improve mental health among youth. Interventions directed at these specific factors could be instrumental in reducing stigma.

*Lay Summary*

Treatment of child mental health problems faces challenges due to stigma, hindering help-seeking and access to care. Results from caretakers and teachers at 18 primary-schools in Uganda revealed that those with less mental health knowledge and more harsh discipline behaviors were more likely to hold prejudices against mental health.

Loneliness and belonging throughout late adolescence and young adulthood, and their associations with psychosomatic complaints

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*Abstract*

**Background:** Loneliness and belonging are associated with young people's health; however, the relationship between these constructs and their impact on health is still being discussed. A dual continuum model of belonging and loneliness has been suggested, comprising four groups depending on the state of loneliness and belonging: socially fulfilled (low loneliness, high belonging), socially indifferent (low loneliness, low belonging), socially searching (high loneliness, high belonging), and socially distressed (high loneliness, low belonging). The aim of this study is to examine loneliness and belonging in a Swedish sample of 17-18-year-olds who were followed over three years, and the associations that these aspects share with psychosomatic complaints during these ages. **Methods:** Swedish cohort data collected among late adolescents (age 17-18 in 2019) who were followed up in young adulthood (age 20-21 in 2022) (n=2684) was used. Loneliness and belonging were measured by single items and the cross-combinations of these. Three psychosomatic complaints were assessed: stomach ache, headache, and difficulties falling asleep, and a summary index was calculated. **Results:** Linear regression analyses indicated that loneliness was positively and belonging was negatively cross-sectionally associated with psychosomatic complaints. The socially fulfilled group reported fewer psychosomatic complaints compared to all other groups, while the socially distressed group reported the highest level of psychosomatic complaints. Additional adjustment for sociodemographic characteristics barely affected the estimates. The prospective analysis supported these patterns; however, after adjustment for earlier psychosomatic complaints, only the socially distressed group reported a higher level of subsequent psychosomatic complaints compared to the socially fulfilled group.

*Lay Summary*

While earlier studies have indicated that loneliness and belonging are related to health, little is known about the association between the cross-combination of these aspects and psychosomatic complaints in young people. The current Swedish cohort study demonstrated that assessing both loneliness and belonging can help to reveal more nuanced links.

**Rationale:**

The state of adolescent mental health in Latin America and the Caribbean is of critical concern, as 16 million adolescents aged 10 to 19 are living with a mental health disorder and suicide is among the top 3 causes of death for 15-19-year-olds in the region. The stress and isolation caused by COVID-19 school closures both exacerbated the issue and highlighted the need for innovative and responsive solutions. Gaps in child and adolescent mental health policies and limited youth participation in decision-making prompted the establishment of UNICEF's Regional Youth Network for Mental Health and fast-tracked the use of digital platforms to reach and support youth wherever they are.

This symposium brings together five innovative digital solutions UNICEF Country Offices are using to reach adolescents and youth with high-quality, accurate and on-demand information on mental health, self-care and wellbeing, and the promotion of help-seeking behaviours. The panel discussions will underscore the critical need for adolescent-centered innovations within the region and the unique role these platforms play in bridging gaps in existing health and community services to reach youth and families that lack free and accessible mental health care. The session will provide practitioners, policymakers, and researchers with practical insights into designing and implementing digital innovations for improving mental health awareness, stigma reduction and accessible high-quality mental health services for adolescents.

The symposium will overview platforms used in several countries, highlighting the different technologies available for the provision of such services, the incorporation of ethical considerations, the importance of adolescent-centered design and the role these services play in meeting the MHPSS needs of adolescents throughout Latin America and the Caribbean. Challenges in implementation and lessons learned in overcoming those challenges will also be addressed.

The symposium objectives are to:

- Highlight the shift to digital platforms for the provision of MHPSS services across the LAC region

- Illustrate the impact of and increasing demand for this type of services among adolescents and youth

- Discuss emerging trends and important considerations for participants interested in the field of digital service provision for MHPSS

**Importance and Alignment:**

Countries in Latin America have significant limitations in providing tailored MHPSS services to adolescents, as more than half of the countries require parental authorization and such services are inadequately integrated into primary and community health services. Moreover, generalized stigma around adolescence continues to reinforce negative stereotypes, adversely impacting the attitudes of service providers and caregivers. Many adolescents are thus deprived of

adequate mental health care, and promotion and prevention remain underprioritized within national policies. The use of digital platforms is an emerging and innovative way to overcome these barriers by directly reaching adolescents with MHPSS services on their mobile devices.

## Abstracts

**Title:** Pode Falar (Speak-up) Brazil - a case study for online help on mental health of adolescents and youth

**Authors:** Gabriela Mora (1), Marina Oliveira (2)

**Affiliations:**

1. Youth & Adolescent Development Officer UNICEF Brazil

2. External Consultant to Pode Falar UNICEF Brazil

**Presenter:** Gabriela Mora/Marina Oliveira

**Purpose**

The "Pode Falar" platform started amidst an adolescent mental health crisis, as revealed to UNICEF staff through surveys conducted in early 2020. It is part of a wider strategy including integration into the "Seal Initiative", an award given to Brazilian municipalities that prioritize child-friendly services, as well as training and capacity building of existing public services in partnership with FIOCRUZ. The 180-hour auto instructional course provided to all professionals working with adolescents has seen 100k registered and over 30k certified in six months.

**Methods**

The "Pode Falar" online platform is part of a strategy connecting adolescents with online content and listening services, incorporating several local organizations. The model provides confidential and emphatic listening services for adolescents. Other pillars include multidisciplinary support, continuous training cycles mandatory to attendants, constant supervision by senior professionals responsible for overseeing quality of the service delivered by their team, and active participation of the technology provider in continuous quality improvement processes.

**Result**

The platform has received over 200,000 messages from users with over 96,000 unique users and approximately 11,000 listening sessions. All routines are systematized in documents permanently reviewed to guide attendants. UNICEF is currently pursuing sustainability paths to turn the platform into public policy aimed at increasing access to public services, the provision of data to inform public policy and advocacy by "Pode Falar Network" on the municipal, state, and federal levels.

**Conclusion**

The increasing demand for this type of adolescent services led participating organizations and several universities that provide services to establish the "Pode Falar Network" in several Brazilian states.

**Contacto Joven: National youth care network, México**

**Title:** Contacto Joven, the first virtual, anonymous and free, mental health support for young people in Mexico

**Authors:** Diana Puente, Janina Cuevas, María Eugenia de Diego

**Affiliations:** UNICEF Mexico

**Presenter:** Diana Puente, Janina Cuevas, María Eugenia de Diego

**Purpose**

Contacto Joven's mission is to empower Mexico's youth by improving emotional resilience, allowing them to face life's challenges with better mental well-being. During the last four years, the program has had a greater incidence of cases in which problems regarding the management of emotions, stress and ideas of self-harm have been recurrent.

**Methodology**

In partnership with government entities, educational institutions, and health organizations, UNICEF proudly presents Contacto Joven: Mexico's pioneering e-mental health initiative. Designed for adolescents and young persons aged 13-29, this program offers personalized psychosocial support through WhatsApp and Facebook Messenger, provided by dedicated young mental health professionals selected via a rigorous process. Confidential counseling, guided by ethical principles and continuous training within reputable institutions, is at the core of our approach.

**Results**

Since its launch in 2020, Contacto Joven has assisted 85,083 cases, transforming lives through empathetic support. With over 1,030 young professionals volunteering, supervised by senior experts, the program ensures high-quality service, making a significant social impact. Meaningful youth engagement is promoted through U-Report, utilizing RapidPro technology for efficient and cost-effective operations.

**Conclusions**

Despite challenges in adapting interventions and reaching the youth demographic, our yearly reviews, reformulations, and continuous professionalization efforts maintain the program's responsiveness and relevance, ensuring a resilient MHPSS support system for Mexico's young population.

**Jamaica**

**ABSTRACT**

**Title:** U-Matter – Counselling Support through Texting in Jamaica

**Authors:** Novia Condell[1], Donneth Edmondson, Ross Sheil, Ceceile Minott[2], Ree Anna Robinson

**Affiliations**

1. UNICEF Jamaica

2. Caribbean Child Development Centre, The University of the West Indies Global Campus

3. UNICEF U-Report Youth Council

**Background**

In Jamaica, a 2014 study on youth suicidality reported that adolescents and youth accounted for 60% of all attempted suicides treated at hospital. The most recent Global School Health Survey showed that one out of four students had considered suicide. Adolescents are often unable to access mental health support due to various factors, and the consequences of not addressing mental conditions extend to adulthood, impairing their health and limiting their opportunities to lead fulfilling lives.

**Methodology**

The U-Matter text line was launched on March 22, 2022. It is the result of a partnership among UNICEF, Jamaica's Ministry of Health and the University of the West Indies. It is the first national text-based service, available free through mobile messaging apps and facilitated via UNICEF's U-Report messaging platform. This service is manned by trained volunteer counsellors and enables adolescents to access support 24 hours per day. Master's level student volunteers earn credits for mandatory hours of service and volunteer psychologists receive accreditation towards their licensure. This process has provided sustained volunteer capacity to man the service. Supervision is provided by a Clinical Psychologist.

**Results**

The chatline has supported over 3550 users of which 69.4% identify as females, 28.05% as males and non-binary users make up 3%. On average, 87.88% indicate they would contact the text line again while 82.26% would recommend it to a friend. The main issues among users are suicidal ideation and anxiety and depressive symptoms. The line is manned by trained volunteer counsellors. Youth engagement is at the heart of the service as feedback from Jamaican U-Reporters sparked the development of the chatline and a youth council plays an advisory role in the monitoring and promotion of the service.

**Bolivia**

**Title:** Mental Health for all: Harnessing the Power of an Online Mental Health Platform for emotional well-being and prevention of violence.

Authors: Ana Maria de la Fuente, UNICEF Bolivia

**Purpose**

The Helpline Safe Family, a program launched in April 2020, aims to become the leading provider of mental health support. The online platform relies on a team of volunteer psychologists who respond to calls, video calls, and text messages to provide appropriate interventions every day of the week. The program works alongside universities, private companies, Scouts, and LGBTQI+ organizations to expand their services and training opportunities.

**Methodology**

*Safe Family* has recognized the stigma surrounding mental health as a barrier to accessing support, especially for adolescents, and identified a clear link between mental health and violence. To address these concerns, we conducted participatory research with various groups, resulting in a new communication strategy that prioritizes adolescents' involvement in creating materials, establishing peer support networks, and fostering participation and advocacy opportunities.

We have established a mechanism to identify and train volunteers in various topics, such as the helpline online platform structure, ethical standards, child protection systems, referral protocols, parenting skills, supporting children with special needs, adolescent mental health, and the LGBTQI+ population.

**Results**

As a result, Safe Family has launched a Mental Health movement created by and for young people, who will develop audiovisual materials on different emotional and well-being subjects in the coming months.

Safe Family has implemented two awareness campaigns, including the successful "Desahógate" campaign, which reached over 934,000 individuals and facilitated direct contact with the helpline. The program has answered over 110,000 calls within three years, with most callers being female and reporting care for children and adolescents and domestic violence.

**Conclusion**

Overall, the Safe Family program aims to use the knowledge gained from interactions with callers to enhance training, inform decision-makers, and advocate for mental health services. We dedicate efforts to improving child protection services and addressing mental health stigma to ensure that individuals receive timely and appropriate support.

**Title: THE UNIVERSAL JOURNEY, A VIDEOGAME FOR PROMOTING MHPSS AND HUMAN RIGHTS INFORMATION.**

Authors: Justo Solorzano, Cecilia de Bustos, Ana Isabel Interiano, Estuardo Sanchez, Luz Callen.

Affiliations: UNICEF Guatemala / U-Report Guatemala, Social Welfare Secretariat (SBS)

In Guatemala, there is no public data related to the prevalence of mental disorders in children and adolescents. Recent analysis indicates that 23% report abnormal mood, particularly those exposed to high stress situations (such as migrants and refugees).

Recognizing the evident need to bolster psychosocial support and mental health services, UNICEF has implemented the video game "Universal Journey". This interactive platform aims to disseminate information on mental health and human rights among vulnerable children and adolescents.

The game's development embraced a human-centered approach, with the collaboration of over 50 young people in constructing its concept and role-play elements. A key alliance with the Social Welfare Secretariat (SBS) facilitated the creation of focus groups in rural and urban areas. Primary findings underscore a prevailing negative perception of psychosocial support services and, returning adolescents defensively reject acknowledging adverse emotional states experienced during their migratory journey.

To enhance government capabilities in this regard, UNICEF has established two "technology corners" in the primary shelters for returning children and adolescents, equipping them with 24 tablets featuring Universal Journey.  A guide for social workers has also been crafted, encouraging the use of the video game as a tool for discussing mental health topics with returning children and their families.

In just one month, Universal Journey has been accessed by 336 children and adolescents. In the future, UNICEF will launch a massive campaign with the help of allies to reach more children and adolescents in vulnerable contexts.

**Chair**: Andria Spyridou, Mental Health and Psychosocial Support Specialist, United Nations Children's Fund Latin America and Caribbean Regional Office

Chaired by Dr Gabriela Pavarini, University of Oxford & Dr Victor Ugo, MHPSS Collaborative

Adolescent mental health is a critical global challenge associated with major causes of morbidity and mortality. Tackling mental health requires novel approaches, which not only address mental health issues but also support and upskill young people to become advocates for their own mental health and wellbeing, and that of their communities. Central to this is recognising and harnessing the value of peer support, forging strong youth-adult partnerships, and pioneering approaches to mental health that emphasise youth participation, agency, and citizenship. This symposium brings together researchers, practitioners, young people and advocates from the field, shining a spotlight on innovative strategies that support and train adolescents and youth to be at the forefront of shaping mental health policies and interventions, and championing mental health and well-being in their communities.

1.      **Peer support systems:** We will examine the effectiveness of peer support systems in helping young people navigate mental health challenges, and strategies to empower young people to provide and receive support.

2.      **Citizenship and activism:** We will explore the impact of fostering citizenship and activism among adolescents and youth as a means to advocate for mental health awareness, reduce stigma, and influence systemic change.

3.      **Children's rights:** We will analyse the intersection between children's rights and mental health. How can a rights-based approach be integrated into youth mental health?

4.      **The role of adult stakeholders:** We will discuss the roles and responsibilities of adult stakeholders in promoting and sustaining youth participation. How should young people be supported in their role as agents of change?

5.      **Online tools:** We will examine the role of online platforms and games in fostering youth participation. How can the digital space be utilised to scale-up capacity-building and enhance engagement?

6.      **Robust measurement:** Youth participation is a multidimensional concept. We will explore how to best measure the various dimensions of participation, in ways that are theoretically and methodologically robust, as well as culturally sensitive.

The session will start with a 5-minute welcome, followed by short presentations by each panel member. A panel discussion will follow, with questions posed by the chairs and audience members, wrapping up with next steps in the final 5 minutes. The symposium underscores the urgency of transformative youth-adult partnerships in addressing adolescent mental health challenges. We will spotlight successful real-world examples, look to bridge the disconnect between young people's needs and current provisions, and foster collaboration across stakeholders. We will cover themes such as fair compensation, equitable participation, and potential risks, providing both adolescents and adult stakeholders with tools and insights for inclusive and impactful approaches in child and adolescent mental health.

**Presenter 1: Vinícius Gaby, Consultant, Research and Youth Engagement Support**

**Affiliation:** Health Section, UNICEF Headquarters

**Title:** Youth-Led Advocacy: A Comprehensive Overview of the UNICEF-AstraZeneca Young Health Programme Young Leaders Program

**Author:** Vinícius Gaby

The UNICEF-AstraZeneca Young Health Programme partnership fomented a youth-led movement for policy change and global advocacy targeted at preventing non-communicable diseases among adolescents. At the center of this collaboration was the creation of the Young Leaders Program, comprising a group of 10 young individuals from diverse global regions.

The Young Leaders Program served as a catalyst for youth participation and leadership in health promotion on a global scale, leveraging online tools to facilitate engagement. This descriptive explorative study examines the pivotal role of these young advocates in co-creating the Young Leaders Strategy, reviewing reports, mentoring fellow youth advocates, and actively contributing to a spectrum of program activities. These activities encompassed the development of advocacy briefs, educational materials, consultations, live sessions, webinars, surveys, and health promotion interventions.

Notably, the young leaders team played a crucial role in advocacy dialogues with policymakers at both global and regional meetings. This exploratory report provides a comprehensive overview of the Young Leaders Program, underscoring the critical role of adolescent participation in shaping policies, fostering advocacy, and driving transformative change in youth health on a global scale.

### Presenter 2: Sheila Murta, PhD, Professor of Clinical Psychology

**Affiliation:** Department of Clinical Psychology, University of Brasília

**Title:** Development and Validation of Scales to Measure Youth Participation in Promoting Mental Health in Brazil

**Authors:** Vinicius Coscioni, Sheila Murta, Josimar Antônio de Alcântara Mendes, Rafa Alves and Gabriela Pavarini

Mental health intervention approaches that enhance youth voice and participation are increasingly gaining recognition. Young people are uniquely positioned to identify mental health needs among their friends and peer communities, and create solutions that fit their values and preferences.

Because research in this area is still emerging, validated measures of youth participation in mental health are scarce. Developing valid and reliable measures is crucial for advancing research and informing the design of new mental health interventions rooted in youth agency.

This study aimed to develop valid, reliable, and theory-driven measures of youth participation in promoting mental health in the Brazilian context. Across three studies, we describe the creation of questionnaires to assess different facets of this construct, namely self-efficacy and behavioural intention, to engage in direct peer support and collective actions for mental health in the school context. Study 1 aimed to create the questionnaire item pool, whereas its psychometric properties were assessed in Studies 2 and 3.

The studies resulted in the creation of two multi-factor scales of Youth Participation in Promoting Mental Health for Brazilian adolescents, with a focus on self-efficacy and behavioural intention. The scales were found to have substantive validity and reliability, establishing them as effective tools for assessing participation.

Our instrument is ready for wider use and can support the robust evaluation of mental health interventions centred on youth participation. We hope this work inspires the development of new culturally sensitive measures involving close collaboration with experts and adolescent communities in the Global South.

**Presenter: 3 Rafa Alves, Youth Research Co-lead**

**Affiliation:** Engajada*mente* Youth Collaborative Group & University of Brasília

**Title:** A Chat-Story to Enhance Adolescent Participation in Promoting Mental Health in Brazil: Findings from a Social Media Campaign

**Authors:** Gabriela Pavarini, Sheila Giardini Murta, Josimar Antônio de Alcântara Mendes, Felipe Rodrigues Siston, Rafa Ribeiro Alves de Souza, Rafaela de Oliveira da Cunha, Julyana Alves Ferreira, Victor Hugo de Lima Santos, Brenda Thallys Rocha Seabra and Ilina Singh

"Cadê o Kauê?" ("Where is Kauê?") is a chat-story designed to improve young people's skills for peer support and collective action for mental health in Brazil. Developed collaboratively by adolescents, researchers, and creative industry experts, the interactive narrative prompts users to solve the disappearance of their best friend, Kauê, while gaining skills to support him and others at school. This study aims to evaluate the initial impact of the chat-story on motivating adolescents to take proactive roles in promoting mental health.

In 2022, a social media campaign targeted Brazilian adolescents aged 15 to 18, resulting in 4,058 players. Of these, 795 participants, predominantly girls/women (64.4%) and covering the five Brazilian macro-regions, provided feedback through a short post-story survey. The assessment included questions on acceptability, perceived changes in self-efficacy, motivation and stigma, as well as an open field for commentaries.

The findings revealed increased motivation and self-efficacy among players to support peers and engage in mental health initiatives, coupled with greater openness about mental health. Players also expressed high approval of the chat-story method. Out of the respondents, 411 players offered comments or suggestions. Feedback included general expressions of approval, ideas for expanding the chat-story, positive learning experiences, praise for user-experience elements and technical feedback.

The results from the "Cadê o Kauê?" campaign suggest positive effects across various dimensions of participation, showcasing the chat-story's potential to empower youth in addressing mental health challenges. Its high acceptability underscores its promising approach for broader positive effects on youth mental health support and advocacy.

**Presenter 4: Angelica Ponguta, MPH, PhD, Research Scientist**

**Affiliation:** The Yale Child Study Center

**Title:** Youth Leaders for Early Childhood: A Novel Approach to Intergenerational Development in the Global Context

Authors: Angelica Ponguta, Paola Balanta, Andrea Llanos, Solanlly Ochoa, Ada Luz Navia, Constanza Cano, Oscar Ordonez, Marlenny Guevara, Luz Karime Giraldo, Esperanza Montano, Camila Castellanos, and David Ortegon

In the face of enduring and acute crises spanning decades, Colombia grapples with one of the most staggering levels of internal displacement in recent memory (OCHA Services, 2019). The country's youth and young children find themselves particularly vulnerable with 3.2 million young people (aged 14 to 28) out of school or the workforce, and a disconcerting 59% of children aged 3 to 5 lacking access to early childhood education (PUJ, 2021).

Amidst this backdrop of challenges, an unprecedented initiative known as Jóvenes Unidos por la Primera Infancia (JUNTOS) has emerged through a consortium of academic, government, and private sector partners. This groundbreaking model, inspired by a proven program originating in Pakistan, pioneers a novel approach that concurrently addresses the needs of both youth and young children in Colombia. JUNTOS embarks on a transformative journey, employing training and mentoring processes designed to cultivate positive and high-quality interactions between young people and early childhood, thereby fostering optimal conditions for personal and professional development.

The study delves into the tangible impacts observed at both the youth and child levels following the inaugural pilot in Pradera, a municipality disproportionately impacted by the armed conflict. We discuss the impacts the model has had on resilience and community integration, as the model firmly establishes itself within the fabric of the local community. Moreover, the study illuminates how collaborative partnerships in Colombia have harnessed the potential of JUNTOS, contributing to a strengthened nexus between research and practice in higher education through a dynamic consortium partnership. The study provides an in-depth look at the transformative power of innovative models in redefining the future for Colombia's youth.

**SYMPOSIUM CHAIRS**

**Gabriela Pavarini,** Research Fellow

**Affiliation:** Ethox Centre, Oxford Population Health, University of Oxford

Dr Gabriela Pavarini is a Research Fellow at the Ethox Centre, Oxford Population Health. Gabriela's work is highly interdisciplinary, combining adolescent mental health, ethics and digital innovation. She has led the co-design and evaluation of several game-based tools to promote young people's participation in discussions and interventions related to mental health. Before joining Ethox, Gabriela completed her PhD at the University of Cambridge and was a Postdoctoral Researcher at the Oxford Department of Psychiatry.

**Victor Ugo,** MHPSS & Youth Advisor

**Affiliation:** MHPSS Collaborative

Dr. Victor Ugo currently serves as the MHPSS & Youth Advisor for the MHPSS Collaborative in Copenhagen, Denmark. A medical doctor with an MSc in Global Mental Health, he founded MANI, a leading youth-led mental health network in Africa. With a history that includes a pivotal role as the Senior Campaign Officer for United for Global Mental Health, Dr. Ugo has been instrumental in framing global discussions about youth mental health and their active, meaningful participation.

## Symposium 23: Understanding Adolescent Mental Health: Improving our understanding to improve our programming

**Symposium Abstract:** This symposium is an opportunity for meaningful engagement across the historic research, policy, and practitioner divide. Through engaging presentations on innovative data collection, analyses, and programmatic responses related to adolescent mental health globally – specifically in low- and middle-income countries (LMICs) – this symposium will challenge the audience to explore our collaboration to develop and implement innovative programming, that will affect real change in preventing and/or minimizing mental illness' negative consequences amongst adolescents. The presenters, and the diverse teams they present on behalf of, come from a wide range of professional, disciplinary, and geographic areas, highlighting the range of stakeholders working to support and improve adolescent mental health.

The first four presentations focus on the need to improve understanding of the drivers and consequences of adolescent mental health in LMICs – and some exciting work in this space. Through examples from Afghanistan, Colombia, Lebanon, and Nepal, panelists will share innovations in data collection and underscore the importance of culturally appropriate, accurate, and valid measurement of adolescent mental health in these populations.

The final two presentations will highlight how we can improve our programming to support adolescents, families, and communities in LMICs, connecting research to practice. Drawing on examples from Uganda and the Olympic Refuge Foundation's work with displaced Ukrainian adolescents, panelists will share experiences in applying best practices in program development and implementation and highlight the importance and practical experience of centering and working meaningfully with adolescents and people with lived experience, from program conception through implementation and eventually evaluation and scale-up.

Panelists and audience members alike will be challenged to think critically – and engage constructively – around topics including: aligning research to meet adolescents and their communities' programmatic needs; ensuring adolescents and individuals with lived experience's engagement across the research and programmatic process is meaningful, inclusive, and sustained; balancing potentially misaligned research, programmatic donor expectations, and timelines; among others audience participants will raise. Symposium attendees will provide real-time questions and comments to presenters through symposium-team-administered audience response technology, working to ensure a more inclusive audience-engagement experience. The chair and moderator will ensure the audience's key themes and questions are explored together, based on real-time review of comments and questions from symposium research support staff.

To realize genuine and sustained impact, improving and supporting adolescents and their communities, it is essential to not just have multidisciplinary teams but also cross-disciplinary discussions. This symposium will challenge, and hopefully inspire, attendees to do just that.

**Symposium Importance and Alignment:** This symposium provides a unique opportunity to engage disciplinary and geographically diverse panelists – and thus their respective audience members – on innovative data collection, analyses, and programmatic responses related to adolescent mental health globally – specifically in low- and middle-income countries (LMIC).

The audience will be challenged to explore ways that we can all work together around the main conference topic areas of programming, reaching the hard to reach, and data, evidence, and

research, to develop and implement innovative programming, that will affect real change in preventing and/or minimizing the negative consequences of mental illness amongst adolescents.

**Symposium Format:** Symposium presenters will share a 5-7 minute presentation, accompanied by (and linked through the presentation) one to three social-media friendly content pieces (e.g. short videos / infographics / etc.) with additional information on the work they are presenting. Throughout the presentations, audience members will be able to pose questions / reactions through a QR code to a google form. A member of the symposium team who will not be on stage, will curate this in real time, grouping key themes / questions that the chair and moderator (Dr. Hermosilla) will then use to guide the roughly thirty-minute discussion.

**Included Abstracts**

1. Improving our Understanding: Innovative Analyses Made Possible through Longitudinal Data Collection: Individual, parental, and community factors influence on mental disorders among adolescents and young adults in Nepal: a population-based study

2. Innovative Participatory Data Collection Methodology: Pilot test of the Participatory Assessment Tool for Mapping Social Connections (PATMSC) Among Lebanese, Palestinian, and Syrian Adolescents Affected by Displacement

3. Innovative Conceptualizations of Adolescent Mental Health Drivers: Building the Evidence around Positive and Adverse Childhood Experiences (PACEs) and Their Impact on Adolescent Mental Health in Colombia

4. Adolescent Mental Health in Afghanistan: A cross-sectional survey exploring mental health conditions associated with violence

5. Innovative Intervention for Preventing Violence Against Children in Schools to support Adolescent Mental Health: Good Schools Toolkit Pilot in Uganda

6. Tending to the Mental Health of Displaced Young People: Co-creating a new model for safe and supportive sport

**Symposium Chair:** Sabrina Hermosilla, PhD, MIA, MPH, MS, Columbia University,

Dr. Hermosilla has almost two decades of experience designing and conducting applied research studies. She applies epidemiologic principles and methods to study social determinants of mental health and psychosocial outcomes in complex global settings. With an explicit focus on potentially modifiable factors, her research in implementation science explores and builds the evidence around commonly implemented interventions, primarily in humanitarian and forced migration settings. Her teaching centers on the epidemiology of global and adolescent mental health, measurement and psychometrics, and applied data collection and management best practices. https://www.publichealth.columbia.edu/profile/sabrina-hermosilla-phd

**1. Individual, parental, and community factors influence on mental disorders among adolescents and young adults in Nepal: a population-based study**

**Authors:** Sabrina Hermosilla[1,2] (presenting), Melanie Askari[1,2], Corina Benjet[3], Karmel Choi[4], Christy Denckla[4], Heather Lee[5], Dirgha Ghmire[2], William Axinn[2], Jordan Smoller[4], Ronald Bruffaerts[6]

**Affiliations:** [1]Columbia University; [2]University of Michigan; [3]Department of Epidemiological and Psychosocial Research, National Institute of Psychiatry in Mexico City, [4]Harvard University, [5]Massachusetts General Hospital, [6]KU Leuven

**Background:** Among youth in low-income countries, prevalence and factors influencing mental disorders are understudied.

**Methods:** 3,221 respondents aged 15-24 were interviewed with the World Mental Health Composite International Diagnostic Interview (WMH-CIDI 3.0) in the Nepal Chitwan Valley Family Study (CVFS, 2016-2018), adding important mental health data to the CVFS (consecutive panel study since 1995). Individual (ethnicity, age, gender, marital status, self-rated health status, migration, maltreatment), parental (parental mental health disorders and education), and community (violence, distance <5-minute walk to health services and schools) factors that influence lifetime and 12-month prevalence of any measured mental health disorders (MHD) and major depressive disorder (MDD) were explored through generalized linear models, accounting for household clustering.

**Results:** 12-month MHD and MDD prevalence were around 3% (3.5% and 2.1%), while 13.2% and 8.9% reported any lifetime MHD and MDD, respectively. Individual (ethnicity, age, gender, marital status, self-rated health status, maltreatment, lifetime MHD adjusted odds ratio [aOR]=0.38-6.67), parental (parental mental health disorder history, lifetime MHD aOR=1.57), and community (distance <5-minute walk to school, lifetime MDD aOR=0.67, 95% CI:0.47-0.95) factors influenced youth lifetime and 12-month prevalence of any MHD and MDD.

**Conclusion:** Our study highlights the importance of individual, familial, and community factors on youth experiences of mental disorder. We documented low prevalence of 12-month/lifetime MHD among youths in a low-income county relative to prior reports of MHD prevalence in high-income countries. Understanding the complex relationship between factors across contexts, especially in low-income settings, contributes to our understanding of disease etiology, with important public health implications.

**2. Innovative Participatory Data Collection Methodology: Pilot test of the Participatory Assessment Tool for Mapping Social Connections (PATMSC) Among Lebanese, Palestinian, and Syrian Adolescents Affected by Displacement**

**Authors:** Tanvi Jain (presenting)[1], Lynsey Cooper[1], Nicole Khauli[1,2], Kathleen Pike[1,3], Brigitte Khoury[4], Sabrina Hermosilla[1]

Affiliations: [1]Columbia University; [2]Palo Alto University; [3]WHO-Columbia Center for Global Mental Health; [4]American University of Beirut Medical Center

**Background:** Participatory Assessment Tool for Mapping Social Connections (PATMSC) is a unique qualitative method that identifies and visualizes the types and qualities of social connections. PATMSC captures linkages and trust between different social resources to understand their relationship with the participant and their network. This study piloted the PATMSC for adolescents affected by displacement in Lebanon, related to their health and well-being.

**Methods:** Workshops conducted in a refugee settlement with Palestinian, Syrian, and Lebanese families evaluated individuals and organizations that adolescents identified as resources when seeking nutrition, mental health, and abuse support. Participants created maps depicting connections between resources and evaluated use of and trust in them. Participants were recruited through purposive and snowball sampling, and a deductive qualitative analytic approach was implemented. Data was transcribed and translated from Arabic to English and analyzed in Excel.

**Results:** PATMSC was digitally adapted for COVID-19 and effective in populations with limited literacy. Family members were found to be highly connected and most used by participants. Limitations and challenges included participants identifying "self" as a social connection, participants unfamiliar with certain resources rating them with low trust, and maps with fewer resources not necessarily indicating a lack of resources.

**Conclusion:** PATMSC efficiently identifies and maps social connections. Using scenarios to depict social networks is effective when working with adolescents. This is essential for documenting populations affected by displacement's often fragmented social resources. Identifying gaps in these resources can create intervention and investment opportunities in adolescent health and development, guiding practitioner and policy responses.

### 3. Innovative Conceptualizations of Adolescent Mental Health Drivers: Building the Evidence around Positive and Adverse Childhood Experiences (PACEs) and Their Impact on Adolescent Mental Health in Colombia

**Authors:** Arturo Harker Roa[1] (presenting), Juliana Gutierrez Solano[1], Liliana Arias-Urueña[1,2]

**Affiliation:** [1]Universidad de Los Andes; [2]University of Edinburgh

**Background:** Adverse Childhood Experiences (ACEs) are stressful, potentially traumatic experiences occurring during childhood that can have broad implications for children's and adults' health and wellbeing. These events often occur at individual/interpersonal levels and include neglect, violence (physical, sexual or emotional), and household challenges. Positive or benevolent childhood experiences (BCEs) can buffer adversity's harmful effects on children' and adults' health and well-being. Healthy attachment bonds, good parenting practices, favorable sense of self, and support/resources within communities can promote positive adjustment during adversity leading to positive life and health trajectories.

**Gaps:** While positive and adverse childhood experiences (PACEs) scholarship has gained traction in the public health field globally, PACEs research should meaningfully include children and adolescents across the research timeline; improve PACES measures' standardized breadth and include exposure window components; have sufficient research evidence from global majority countries (not just global minority); and better understand and calibrate biomarkers for the adolescent period.

**Action:** Recognizing the need to characterize context-specific PACEs and their health impacts and aiming to understand the potential impacts on the hypothalamic pituitary adrenal axis (HPA-A) and mental health, in a group 10-24 years old, a three-part, mixed methods approach was employed to examine these issues in Colombia: a representative national sample, subsample hair cortisol measures, and subsample qualitative interviews. The mixed research approach builds an insightful picture of PACEs nationally (quantitatively) but also scrutinizes the

intricacies/impacts of these events at an individual level (qualitative interviews, hair cortisol measure, mental health outcomes).

## 4. Adolescent Mental Health in Afghanistan: A cross-sectional survey exploring mental health conditions associated with violence

**Authors:** Ajmal Sabawoon[1] (presenting), Vivien Kovess-Masfety[1,2], Sabrina Hermosilla[1], Tanvi Jain[1], Emma Sexton[1], Katherine Keyes[1]

**Affiliations:** [1]Columbia University; [2]Paris Descartes University

**Background:** Afghanistan is a low-income country severely impacted by conflict. This study aimed to understand the exposure and effects of violence on adolescents, by conducting a cross-sectional household survey in eight regions across Afghanistan.

**Methods:** A subsample of a randomized individual was paired with child caregivers, resulting in 813 dyads. The analysis for this study was restricted to adolescents aged 15-19, a sample of 517. In-person interviews were conducted using LEC 5 Life Events Checklist, Post Traumatic Stress Disorder (PTSD) Checklist, Composite International Diagnostic Interview (Short Form) for Major Depressive Episode (MDE) and Generalized Anxiety Disorder (GAD), and Short Form Health Survey (SF36).

**Results:** 63.8% of adolescents experienced at least one traumatic event; 81.8% witnessed one. 56.4% experienced or witnessed collective violence of war, 44.9% interpersonal violence, and 2.96% sexual assault. 53% of boys and 35% of girls experienced four or more violent events. 14.12% of adolescents had severe mental health problems (SMHP), 2.70% PTSD, 3.31% MDE, 2.90% GAD; 6.95% addiction; 3.32% lifetime suicidal attempts; 16.41% suicidal ideation. Preliminary analyses demonstrate an association between mental health disorders and collective violence (OR: 1.17), interpersonal violence (OR: 1.93), and sexual assault (OR: 4.13), adjusting for poverty and urbanicity.

**Discussion:** Adolescents in Afghanistan suffer from mental health disorders due to trauma and violence exposure. It is possible and important to conduct rigorous research in this setting where adolescents are especially at risk, to advocate for and inform increased investment, programming, and policy action. Continuous monitoring of these risks among adolescents is crucial.

## 5. Innovative Intervention for Preventing Violence Against Children in Schools to support Adolescent Mental Health: Good Schools Toolkit Pilot in Uganda

**Authors:** Mathew Amollo[1] (presenting), Clare Bangirana[1], Clare Tanton[2],Karen Devries[2], Jodie Pearlman[2], John Bosco Apota[1], Janet Nakuti[3], Yvonne Laruni[3], Tvisha Nevatia[3], Timothy Opobo[1]

**Affiliations:** [1]AfriChild Centre; [2]London School of Hygiene and Tropical Medicine; [3]Raising Voices

**Background:** Schooling has generally been considered a protective factor in adolescent mental health. In some environments, schools increase adolescent's exposure to violence. Good Schools Toolkit (GST) has been successful at reducing violence against children in primary schools but has previously not been tested for secondary schools and older adolescents.

**Method:** We conducted randomized control trial pilot to refine and finalize the GST for secondary schools to ensure acceptability, explore feasibility, and design parameters for subsequent phase 3 trial. We conducted a baseline survey across five schools to document: student's individual socio-demographic, mental health, and violence exposure; staff's job satisfaction, attitudes to physical discipline, mental health and wellbeing, and use of physical discipline; along with community measures of school climate and gender norms.

**Results:** Across five schools, we interviewed 386 students and 100 staff members. Among students, 8 in 10 reported staff use of physical violence, 1 in 2 reported staff use of emotional violence, and 7 in 10 reported peer use of emotional violence, all in the past year. Among staff, personal acceptance of physical discipline was low (82% male & 79% female teachers), however over 30% (39% male, 32% female) reported a high mental health stigma score.

**Conclusions:** Overall, children report experiencing violence (emotional, physical, and sexual) in school. There is a discordance between staff report of violence and student experience. A high proportion of teachers have negative attitudes towards people experiencing mental health challenges.

## 6. Tending to the Mental Health of Displaced Young People: Co-creating a new model for safe and supportive sport

**Authors:** Leslie Snider[1] (presenting), Simon Rosenbaum[1,2], Kathleen Gaughan Latimer[1], Jeroen Carrin[1], Simone Etna[3], Anne Meaux[4], Cristina Vasilianov[5], Dorota Bandurska[6]

**Affiliations:** [1]Olympic Refugee Foundation; [2]University of New South Wales; [3]Kabubu; [4]Play International; [5]Moldova National Olympic Committee; [6]Polish Institute of Sport, National Research Institute

Olympic Refuge Foundation (ORF) believes in a world where everyone belongs, through sport. ORF aims to make safe and supportive sport accessible to all young people – including those displaced due to conflict, violence, natural disasters, climate crises, and poverty. UNHCR estimate 117.2 million people will be forcibly displaced in 2023 (UNHCR, 2023). Numbers of displaced children and young people under the age of 18 reached a record high of 43.3 million at the end of 2022 (UNICEF, 2022), with trends worsening in 2023.

Sport has the potential to bring young people together and to engage them in activities that support their mental and physical wellbeing and recovery from stressful life events. But sport and physical activity not delivered in safe and supportive ways can also cause harm – especially for young people experiencing the stresses of displacement.

ORF embarked on a process of co-creation of a model for safe and supportive sport, together with sport coaches working with displaced young people in the Ukraine crisis response. The model was piloted and tested in Paris, Moldova, and Poland with an iterative process of design of culturally and contextually relevant and adaptable guidance and training materials. Operations evaluation using validated scales in four pilot trainings demonstrated the model is highly feasible, acceptable, and appropriate for sport coaches. Concurrent efforts to strengthen mutual understanding and collaboration among sport and mental health and psychosocial support (MHPSS) actors in settings of displacement may offer substantial benefits for the mental health and wellbeing of displaced young people.

**Presentation abstracts**

**1) The adolescent well-being measurement approach**

Presenter: Holly Newby

**Purpose**

We describe the development of an adolescent well-being measurement approach, intended to support country efforts to use existing data to advance adolescent well-being and to fill knowledge gaps. This measurement approach is based on the UN H6+ Adolescent Well-being Framework (AWF).

**Methods**

Using the AWF as a basis, we followed a systematic process to prioritize well-being concepts for measurement. We then identified indicators currently available in multi-topic, cross-country survey programmes and mapped them onto the prioritized concepts. Additionally, we determined essential government actions to support adolescent well-being programming and developed a set of associated process indicators to help countries track these actions. Development of the approach drew on a rapid literature review, an Expert Consultative Group, and consultations with youth and related organizations. Country consultations are planned for 2024.

**Results**

We lay out a standard adolescent well-being measurement approach for countries to follow. The approach consists of 1) tools related to the measurement of individual well-being status and 2) recommendations for assessing government led, multisectoral actions to improve adolescent well-being. Recognizing the importance of efforts across sectors to advance adolescent well-being, we also link to relevant sector-specific recommendations. Given the diversity of adolescent populations across and within countries, flexibility and adaptability are cornerstones of the approach.

**Conclusions**

This measurement approach provides an immediate resource for countries that is compatible with existing data collection efforts and encourages the use of currently available data. The emphasis is on country-led and owned data collection and use, instead of global reporting and cross-country comparisons.

**2) GAMA indicators' contribution to measuring adolescent well-being**

Presenter: Peter Azzopardi

**Purpose**

The Global Action for Measurement of Adolescent health (GAMA) Advisory Group (AG) was established by WHO in collaboration with UN partners in 2018 with the aim of focusing and

harmonizing global adolescent health measurement. This presentation describes the linkages between GAMA and the Adolescent Well-being (AWB) Measurement Approach.

**Methods**

The selection of GAMA indicators followed a structured, multistep process that first considered inputs from a range of stakeholders, then undertook a series of activities to assess the draft list of indicators, and subsequently finalized the indicators through a comprehensive expert review process. The development of the Adolescent Well-being Measurement Package was informed by the GAMA process, with deliberate links created between the GAMA AG and the AWB Measurement Expert Consultative Group to coordinate the technical work.

**Results**

To encourage multisectoral engagement in adolescent well-being measurement, the AWB Measurement Approach references several sector-specific measurement efforts. One of these is the GAMA indicator list, which although spearheaded by –and with a focus on– the health sector, includes indicators that relate to all five Adolescent Well-being Framework (AWF) domains. This set provides a useful example of how one sector can lead multisectoral efforts to address adolescent well-being. Furthermore, coordination between the GAMA AG and the AWB Measurement Expert Group facilitates streamlined dissemination of technical guidance and support to countries.

**Conclusions**

The GAMA indicators provide an opportunity for convergence around a small and standard set of health-related recommendations that span the AWF, illustrating how a specific sector can complement the adolescent well-being measurement approach. 3

**3) Advances and Challenges in the Measurement of Adolescent Well-Being in Multiple Indicator Cluster Surveys (MICS)**

Presenter: Liliana Carvajal

**Purpose**

Since the mid-1990s, UNICEF has supported governments to collect and analyze data on children and adolescents through the Multiple Indicators Cluster Surveys (MICS). To date, more than 350 surveys have been conducted across 120 countries. Over the years, MICS has continuously evolved to respond to changing data needs and is now the largest single source of high-quality data on the situation of children, adolescents and their households. This paper analyzes the evolution and contribution of MICS to advances in the measurement of child and adolescent well-being in data collection innovations, indicators and coverage of young population worldwide.

**Methods**

We examine existing conceptual frameworks of childhood and adolescent well-being to identify the main dimensions of young people's well-being. Through a systematic review of MICS tools over time, we identify MICS topics and indicators relevant to the key dimensions of child and adolescent well-being and classify them according to source (e.g., internally developed, adopted/adapted from external validated sources). We summarize methodological work undertaken by UNICEF and the MICS programme in relation to these indicators (e.g., new

measurement approaches, innovations to improve existing tools). Using a combination of light literature review of MICS publications and reports and household survey expert consultations, we identify and document opportunities, challenges and strategies to implement standardized data collection methods across diverse settings. Finally, for a key set of indicators and dimensions of child and adolescent well-being, we estimate the share of the young population (globally, by geographical regions and by country income classification) covered in the most recent completed MICS round (MICS6).

**Results**

We expect to synthesize the contribution of MICS to the measurement of child and adolescent well-being over time, both in terms of scope and population coverage. In addition, a guide/compilation of the topics, indicators and implementation tools to measure child and adolescent well-being in MICS is available.

**Information on symposium participants**

**Chair**

**Name:** Valentina Baltag

**Affiliation:** Maternal, Newborn, Child and Adolescent Health and Ageing Department, World Health Organization 4

**Presenters and panelists (in alphabetical order)**

**Name:** Peter Azzopardi

**Affiliation:** Centre for Adolescent Health, Murdoch Children's Research institute, Department of Paediatrics, University of Melbourne; Adolescent Health and Wellbeing, Telethon Kids Institute, Adelaide, Australia

**Name:** Liliana Carvajal

**Affiliation:** Regional Office for Latin America and Caribbean, UNICEF

**Name:** Grace Gatera

**Affiliation:** My Mind Our Humanity, Kigali, Rwanda

**Name:** Luo Li

**Affiliation:** Centre for Adolescent Health, Murdoch Children's Research Institute, Melbourne, Australia; Department of Paediatrics, Faculty of Medicine, Dentistry, and Health Sciences, University of Melbourne, Melbourne, Australia

**Name:** Holly Newby

**Affiliation:** Maternal, Newborn, Child and Adolescent Health and Ageing Department, World Health Organization

## Symposium 25: A care system approach to mental health and psychosocial support to children affected by armed conflict

**Chair:** Prof Dr Mark Jordans, Research and Development, War Child Holland, Amsterdam Institute for Social Science Research, University of Amsterdam, Amsterdam, The Netherlands

**Abstract with rationale of the symposium**

The Research and Development department of the NGO War Child, affiliated to the University of Amsterdam, has embarked on a multi-year program to develop and evaluate a care system approach to improve the psychosocial wellbeing and mental health of children affected by armed conflict. The care system consists of a set of innovations that are; (i) interconnected; (ii) multi-levelled; (iii) socio-ecological, (iv) quality ensured, and (v) integrating MHPSS, child protection and education sectors. The aim for the care system is to be evidence-based and scalable. To achieve that, each of the developed interventions and strategies undergo a multi-year research track following a framework that combines evaluative research into the relevance and effectiveness, along with implementation science into the feasibility and quality of roll-out at scale. This should culminate into a system of evidence-based interventions, the implementation of which can be routinely monitored using a minimum set of validated quality-of-care indicators, with generated data used to optimize the service provision. This symposium will give a selection of this ongoing work, presenting work that is in different stages on that roadmap to impact. It will showcase the principle of multi-levelled thinking, by presenting two interventions focusing on caregivers and the family, one that is a selective preventive intervention (*Be There*) that equally focuses on caregiver wellbeing and caregiving support, and another that is a family systems treatment (*Nurturing Families*) for families that experience multiple mental health problems and other stressors. It will demonstrate the principle of interconnectedness, by presenting a strategy of pro-active case detection (*ReachNow*) of individuals and families with more severe mental health problems, thereby promoting people to move along a pathway of care. It will showcase the principle of quality, by presenting work on the use of one of the quality-of-care indicators, namely competency assessment (*We Act*) of frontline staff implementing any of the interventions in the care system, as well as on the feasibility and results of rolling out a data-driven framework for routinely assessing quality-of-care in real world settings. The symposium aims to give a snapshot of a larger care system for child and adolescent mental health that is being developed, in conflict-affected settings, focusing specifically on interventions at the family ecological level, combined with innovations to promote utilization and quality of such mental health care.

**Justification for the symposium's importance and alignment with conference aims**

The symposium will present progress on a research agenda that evaluates a set of innovations including mental health prevention and treatment interventions for children, caregivers and families. The symposium will; (i) argue for moving away from a singular intervention approach to embrace care system thinking, consisting of multiple interconnected interventions (Programming sub-theme); (ii) propose an innovative and effective strategy to promote reaching those most in need (Reaching the hard to reach sub-theme); and (iii) present a tool and framework that allow for monitoring of quality-of-care, and subsequent data-driven quality optimization, when interventions get scaled up (Data and evidence sub-theme).

**Short biographical sketch for the symposium chair**

Mark Jordans, PhD, is Professor of Child and Adolescent Global Mental Health at the Center for Global Mental Health, King's College London, and at the University of Amsterdam. He is a child psychologist and works as Director of Research & Development for the NGO War Child in the Netherlands. His research interests are the development, implementation and evaluation of psychosocial and mental health care systems in low and middle income countries, especially for children in adversities and in fragile states. Mark is the founder and Senior Technical Advisor of TPO Nepal, a mental health NGO in Nepal.

**Abstracts**

**Presentation 1 [Myrthe van den Broek]**: Promoting Help-seeking for Mental Healthcare among Children and Adolescents through Proactive Community Case Detection: A Stepped Wedge Cluster Randomized Controlled Trial in Ugandan Refugee Settlements

Worldwide, approximately one in seven 10-19-year-olds face mental health issues in any given year, yet most go unnoticed and untreated (WHO, 2021). To address this, the ReachNow tool was developed, enabling non-professionals to proactively detect cases through culturally appropriate vignettes showcasing signs of psychological distress in children. Previous studies demonstrated that nearly 70% of children were accurately detected as needing mental healthcare following structured clinical interviews. A stepped-wedge cluster randomized controlled trial was conducted to assess the effectiveness of ReachNow on improving mental health service utilization among children in five refugee settlements in Uganda. The tool was sequentially introduced in 28 zones over nine months. Community gatekeepers, after receiving a 2-day training, used the tool to detect potential cases of mental health problems and promote help-seeking. After introducing the ReachNow tool, there was a significant 21-fold increase in mental health care utilization rate (95% CI: 12.87, 33.99). A slight decline in utilization over time in both the control (i.e., pre-ReachNow implementation) and intervention (i.e., ReachNow implementation) condition was observed, demonstrating a time-averaged 17-fold increase (95% CI: 8.15, 34.99). In summary, the ReachNow tool enabled gatekeepers to enhance help-seeking and increase mental health care service utilization in children and adolescents and make a valuable contribution towards reducing the mental health treatment gap. It is important to assess the scalability of this approach within Uganda's national mental health programme. Additional research is necessary to improve sustainability by selecting appropriate gatekeepers, maintaining their motivation, and to replicate these findings in other contexts.

**Presentation 2 [*Fatima Rawashdeh*]**: A case series study of a family systems intervention amongst urban refugees is Amman, Jordan.

Families in the humanitarian contexts face many challenges; children and parents each are especially at risk of experiencing psychological distress, both via direct exposure to traumatic events, and because of increased daily stressors related to the context. War Child developed a family systems intervention, called Nurturing Families, to assist families addressing these multiple challenges. The intervention integrates both core modules focusing on building communication skills and ensuring joint understanding within the families, followed by optional modules (e.g., dealing with family conflict, financial literacy), which are offered depending on the families' needs and request. This presentation will introduce the Nurturing Family

intervention, and present findings from a case series study in Amman, Jordan. The aim of this study was to follow each of 20 families during the period of intervention delivery to gain in-depth understanding of their perception and experience and changes in hypothesized outcomes. The study used a multiple n=1 case study design to follow changes within the 20 families across five time points, using both qualitative and quantitative methods. After previous feasibility and effectiveness studies of parts of the intervention, the current study is the first to assess perspectives and changes related to the final version of a modular family systems mental health intervention addressing multiple problems that families face, including financial hardship. The outcomes of this study will provide an insight in the potential impact of this family intervention.

**Presentation 3 [*Frederik Steen & Hatem Al Hmoud*]**: Evaluation and strengthening of Competencies in implementers of Early Childhood Development interventions

The task-sharing approach, with non-specialist implementing interventions, is an important strategy to overcome the lack of specialists. To ensure interventions are implemented with quality, one of the indicators proposed to look at is competency. The Working with Children Assessment of Competencies Tool (WeACT) has been developed to evaluate competencies of people that are directly working with children. The tool has 13 common competencies relevant for working in interventions across the sectors of Child Protection, Education and Mental Health and Psychosocial Support. Competency assessments can be used by trainers, mentors and supervisors, to enhance their training and supervision. The WeACT has been adopted and evaluated as part of a larger initiative from the World Health Organisation and UNICEF, called EQUIP: Ensuring Quality in Psychological Support. A validation and feasibility study of the WeACT tool has been conducted in Jordan. A group of 36 facilitators, implementing Early childhood Development interventions, were divided into three groups of 12 people and received a 2-day (4*half day) Foundational Helping Skills (FHS) Training, which was adjusted for child-facing interventions. Each trainee was observed by a competency rater during a 10-minute roleplay (pre- and post FHS training) using the WeACT. Based on the individual pre-training assessment results, the trainer providing this FHS training adjusted the training dosage of each FHS-module, and in-training roleplay observation.

The outcomes of this study will be presented and provide an insight on the difference between pre- and post-training competency assessment and the sensitivity to change of the WeACT tool.

**Presentation 4 [*Anthony Guevara*]:** Evaluating the quality of care for a caregiver support intervention amongst Syrian refugees in Jordan

To ensure that evidence-based psychological interventions achieve the same effects in routine implementation as demonstrated in controlled effectiveness studies, three indicators have been proposed to assess quality of care: (1) facilitator competence, (2) facilitator fidelity to the intervention protocol, and (3) participant attendance. We evaluated this model and sought to investigate whether the three indicators predict intervention outcomes by conducting a cohort study (June–September 2022) among Syrian refugees in Jordan with 588 primary caregivers of children aged 3–12 taking part in the nine-session BeThere intervention—a psychosocial intervention to improve parenting and caregiver wellbeing in emergencies. Data on parenting and caregiver and child psychological wellbeing were collected from participating caregivers at baseline and endline. Facilitator competence was measured using standardized roleplays with

the Enhancing Assessment of Common Therapeutic factors (ENACT) tool. Adherence was measured using standardized checklists for each intervention session. Participant attendance was tracked using attendance sheets. There were significant ($p < .05$) improvements pre-to-post on all primary and secondary outcome measures (caregiver wellbeing and distress, parental warmth and harsh parenting, child wellbeing) with small to medium effect sizes. Caregiver wellbeing was correlated with overall attendance (0.14, $p < .05$), especially with attendance of sessions 1–4, which focus on caregiver wellbeing (0.17, $p < .05$). With analyses still ongoing, this presentation will include final results for each of the quality of care indicators. These findings will be a key step in developing a robust framework for ensuring quality in the scale-up of psychological interventions globally.

BRAC has been working to address inequalities and community emergencies for over fifty years. Since 2015, the BRAC Institute of Education and Development (BRAC IED) has focused on Early Childhood Development (ECD) initiatives through the establishment of Play Labs, focusing on children's mental health and well-being. BRAC IED Play Labs are community-based, early learning centers providing high-quality, low-cost play-based learning for children aged 1 to 5 years in low-resource settings in Bangladesh, Uganda, and Tanzania. In 2017, the BRAC IED Play Lab model was modified to cater to the displaced Rohingya people and Humanitarian Play Labs (HPLs) were established in the camp. These play labs provide a safe and stimulating space for displaced children aged 0-6 years, aiming to use play to heal traumatized children. Paracounsellors were included in these play labs to provide psychosocial services not only to the children but also to their mothers, who were often adolescents as they were married off at a very young age.

Community based mental health services are provided to children and mothers to not only promote mental health and wellbeing but also reduce stigma around this. Community engagement, co-creation, and inclusion has been crucial in achieving the acceptance to take psychosocial support services. The paracounsellors are informed about community cultures and context and this knowledge plays an important role on cultural customization and preservation while preparing to provide services in the community.

The BRAC Paracounsellor Model is an effective approach to providing inclusive, decentralized community-based mental health care. BRAC IED is continuously improving the model and exploring its use in different cultures and contexts. Uganda and Tanzania have embraced the BRAC Paracounsellor Model to address mental health concerns in East Africa. Currently, there are 656 Play Labs and 900 paracounsellors have been developed. BRAC IED has provided community-based mental health services for the past ten years to vulnerable and marginalized populations. This symposium will showcase the extensive work BRAC IED is doing for preventive and early care for mental health issues and provide insight into the role of paracounsellors in improving the quality of life for children, adolescents, and mothers.

This symposium highlights the different kinds of work BRAC IED has been doing in community mental health work, with a focus on the child and adolescent population in Bangladesh. Although we work with populations beyond these two age groups, these are our target populations. The community-based mental health and psychosocial support we practice aims to lessen stigma, improve mental health well-being, and create community resilience by utilizing cultural best practices. Sharing the different kinds of best practices that are effective in one symposium will give us scope to put our work out on an international platform and inform us of the practices that are working in community-based mental healthcare.

**Paracounsellors in Community-Based Play Labs: Reducing Mental Health Stigma and Promoting Socio-Emotional Development** *Presenter: Maruf Hossain Mishuk*

*Manager, Senior Psychologist of MHPSS; BRAC Institute of Educational Development (BRAC IED), Brac University*

**Healing Through Play: Mental Health and Psychosocial Support through Humanitarian Play Labs** *Presenter: Dr. Tabassum Amina*

*BRAC Institute of Educational Development (BRAC IED), Brac University*

Impact of the Paracounsellor Model: Stories from East Africa *Presenter: Md Taifur Islam*

*Manager, Senior Psychologist of MHPSS; BRAC Institute of Educational Development (BRAC IED), Brac University*

**Symposium Chair:** Dr. Tabassum Amina

*Assistant Professor and Team Lead of Mental Health and Psychosocial Support (MHPSS)*

**Abstract 01**

**Paracounsellors in Community-Based Play Labs: Reducing Mental Health Stigma and Promoting Socio-Emotional Development**

Early childhood is crucial for a child's development, with 90% of the brain's development occurring before age 5 (How a Child's Brain Develops from the Womb to Age Five, 2017). However, many children lack access to quality early learning opportunities, with UNICEF estimating that only one in five children in low-income countries have access to pre-primary education (Grantham-McGregor et al., 2007). Along with that, a lack of awareness on the importance of a child's mental health for their holistic development is also impacting underprivileged children's socio-emotional development.

BRAC developed the Play Lab model in 2015, offering high-quality, play-based learning for children aged 3-5 in low-cost, culturally relevant settings. Over 115,000 children have been reached through BRAC IED Play Labs in Bangladesh, Tanzania, and Uganda since 2015, focusing on Early Childhood Development, socio-emotional development, inclusion, stigma reduction through community engagement, and promotion of mental health and well-being.

BRAC IED uses an evidence-based, scalable, and iterative approach, involving community perspectives at every stage of creating and executing new programs. In order to respect and protect the community's culture, tradition, and expertise, community involvement is strategically incorporated for co-creation and community engagement. With the inclusion of paracounsellors in the play labs the aim is to lead to socio-emotional development, healing, and wellbeing of the children. Lived experiences of working with communities give an in-depth understanding of the importance of respecting cultures and understanding community values and how that can positively change society and reduce mental health stigma.

**Key Words:** *Lived Experiences, Play-based learning, Stigma, Cultural Preservation, Co-creation, Mental health and Wellbeing*

**Abstract 02**

**Healing Through Play: Mental Health and Psychosocial Support through Humanitarian Play Labs**

Early experiences between birth and eight years significantly impact a child's brain architecture and lay the groundwork for learning, behaviour, and health. Play is crucial for a child's

development on different levels: cognitively, physically, socially, and emotionally. Since 2015, BRAC Play Labs has provided opportunities for children in Bangladesh to play in community and government primary school settings with low-cost, no-cost materials. These play labs were replicated as Humanitarian Play Labs (HPL) for the "Forcibly Displaced Myanmar Nationals" (FDMN) community. They sought refuge in 2017 and these HPLs have been instrumental in facilitating the healing of the children and families. The games in the play labs for the Rohingya population are contextualized, and content and games are co-created with the community. Paracounsellors work in this setting with the children to understand and support children who need psychosocial support. Paracounsellors observe children and support them through psychosocial interventions, focusing on their wellbeing and development.

Paracounsellors also visit homes to inform mothers (under 18 years of age) about attachment, healthy child development, and positive parenting techniques. They provide sessions to mothers who need psychosocial support. These visits have been proven to be useful and have positively influenced the mother's approach to life. This also impacts the parent-child relationship and strengthens the child's proper development.

**Key Words:** *Play, Low-cost-no-cost materials, Healing, Co-creation, Psychosocial support, Attachment, Positive Parenting, Child Development*

**Abstract 03**

**Impact of the Paracounsellor Model: Stories from East Africa**

Mental health conditions are escalating in East Africa, affecting a substantial portion of the population. Challenges such as limited awareness, pervasive stigma, extreme poverty, resource constraints, and a shortage of mental health professionals intensify the demand for psychosocial support interventions in the region. The BRAC Paracounsellor Model was developed in Bangladesh and has proven to be effective across different contexts within the country. Then it was scaled and integrated into East African countries like Uganda and Tanzania. This community-based mental health intervention model, co-created with local communities, focuses on fostering collective psychosocial wellbeing. This paper outlines the

adaptation of the PC model in the East African context, where psychologists from Bangladesh and local psychologists collaborate to strengthen the capacity of the frontliners through a blend of in-person and online training, supervision, and assessment processes. Frontliners, selected from within the community for cultural contextualization and sustainability, provide psychosocial support sessions, maintain constant collaboration with psychologists, and follow appropriate referral pathways as needed. Currently, Uganda has over eighteen active front-liners certified as paracounsellors, with an additional fifty frontliners undergoing capacity development in Tanzania. The impact paracounsellors are having in the communities in the East African countries will be highlighted here. It also focuses on why this kind of community-based paracounsellor model can be effectively implemented in other countries also to address the critical need for psychosocial support for children and adolescents in diverse populations.

**Key Words:** *Community-based, Co-creation, Frontliners, Cultural Contextualization, Sustainability, Children in diverse contexts*

**Abstract**

This symposium will highlight the role of our Youth Development Team (YDT) established in 2022 at the Alan J. Flisher Centre for Public Mental Health, in the Department of Psychiatry & Mental Health at the University of Cape Town. It will focus on  how meaningful engagement adds value to the development, adaptation and testing of adolescent mental health interventions. The peak age of onset for depression and anxiety is in adolescence, and untreated conditions predict several adverse life trajectories.  In low and middle income countries including South Africa, there are currently very few evidence based prevention interventions for youth. We will describe several projects that have collaborated with adolescents to adapt and test evidence based interventions such as: 1) a co-adaption of the World Health Organizations Early Adolescence Skills for Emotions (EASE) intervention for adolescents aged 10- 14 years old and their caregivers; and 2) a co-adaptation of an emotional regulation intervention with physical activity elements for 15-to-18-year-old South African adolescents. In this symposium, we will foreground the role of young people's contributions to preventive interventions for young people experiencing depression or anxiety symptoms.

**Symposiums importance**

In this symposium, we will foreground the role of young people from low-income communities in the development, adaptation and testing of adolescent mental health interventions. We will present their invaluable contributions to the Alan J Flisher Centre for Public Mental Health activities in general, and specifically to two adolescent prevention interventions for young people experiencing depression or anxiety symptoms. The lessons learned during the initiation and engagement process over the last 18 months may be transferable to similar low- and middle-income country contexts. This symposium aligns well with the 'programming' and 'reaching the hard to reach' topic areas.

**Symposium Chair**

Prof. Katherine Sorsdahl (Co-Director, Alan J. Flisher Centre for Public Mental Health, Department of Psychiatry & Mental Health, University of Cape Town)

Prof Sorsdahl is Co-Director of the Alan J Flisher Centre for Public Mental Health, Department of Psychiatry & Mental Health at the University of Cape Town. Focusing on access to, and quality of, care for people living with mental health conditions, she develops, adapts and integrates evidence-based interventions into health systems for the low- and middle-income country contexts, with a focus on task sharing.

**Presentation #1. Engaging with youth in meaningful and sustainable way: The role of the Alan J. Flisher Centre Youth Development Team in guiding intervention development adaptation & testing**

Presenters: A/Prof Claire van der Westhuizen & Mr. Azola Sibonda

This presentation will provide an overview of the work being at the conducted at the Alan J. Flisher Centre for Public Mental Health in the Department of Psychiatry & Mental Health at the University of Cape Town with youth. We will describe how our work with youth has evolved,

including the established of the Youth Development Team (YDT) in 2022. The YDT is currently comprised of 25 members aged between 10-19 years that currently live in under resourced communities. The YDT meets 4 times a year with our researchers and associates for a half- day engagement. They currently provide guidance and input on three adolescent research studies being conducted in the community. Given teen voices are neglected in mental health research the aim of the YDT is to provide a space for teens to share insights and ideas for interventions and research priorities. We also aim to create space for teens to engage and network with like-minded adolescents and make a positive contribution to YDT members' lives. The YDT plays a crucial role in the activities and planning at CPMH. We hope to continue this engagement in a structured and meaningful way.

**Presentation #2. The co-adaptation and testing of the Early Adolescent Skills for Emotions – South Africa (EASE-SA) programme in school settings with South African adolescents aged 10 to 14 years and their caregivers.**

Presenter: Ms. Mirriam Mkhize

This study co-adapted the World Health Organization (WHO) EASE intervention among school going South African adolescents with anxiety or depression symptoms and their caregivers. EASE-SA is a group-based psychological intervention that includes seven adolescent session and three caregiver sessions. Guided by human centered design, the EASE intervention adaptation process included workshops to modify the EASE programme, consultation with the Centre for Public Mental Health Youth Development Team; and pre-testing the programme with adolescents and caregivers for further refinement. Finally, using a quasi-experimental design, the EASE-SA programme was piloted with 80 adolescents aged 10 to 14 years and 32 caregivers in four school settings in the Western Cape Province. Baseline assessments were conducted with the participants. Adolescents received a 7-week intervention with 90 minute-sessions including psychoeducation, stress management, emotional regulation, behavioural activation and problem solving. Caregivers received three 90-minute sessions once a week that included psychoeducation skills, positive parenting strategies and caregiver self-care. Follow-up assessments were conducted 1-week post-intervention and we will be conducting the 3-month follow-up in January 2024. As a result of the adaptation process substantial modifications to the programme content were made prior to pilot testing. The average session attendance for adolescents was 5.87, with 78.3% of caregivers completing all three sessions. This study provides valuable insight into the cultural adaptation of prevention interventions addressing adolescent mental health that include caregivers in school settings. Further rigorous research is required to explore the effectiveness of the EASE-SA intervention in the South African context.

**Presentation #3: The #FeelThinkMove Programme for older adolescents: Assessing the acceptability and feasibility of an emotion regulation intervention for South African adolescents at risk of depression and anxiety.**

Presenter: Ms. Chesney Ward-Smith

Adaptive emotion regulation (ER) skills may protect against mental health conditions among adolescents. In South Africa, culturally appropriate and accessible ER interventions for older adolescents are scarce. This study aimed to determine the acceptability and feasibility of a co-adapted ER intervention with physical activity elements for 15-to-18-year-old South African adolescents experiencing depression and anxiety symptoms. An existing ER intervention was co-adapted with a panel of mental health experts, an adolescent advisory board as well as 3 groups of adolescents (n=25) using an iterative human-centered design (HCD) process. Post

adaptation, 8 groups of adolescents (n=85) from 4 Western Cape schools were recruited to participate in a feasibility study of the 7-week long, group-based ER intervention. Participants completed hour long quantitative mental health surveys at baseline and at 1 week post intervention. The 3-month post intervention follow-up is scheduled for January 2024. All participants (78% female) completed the baseline survey, and 99% of participants completed the 8-week follow-up survey. 71 participants completed the intervention in total, and the programme attendance rate was also 84%. Preliminary analysis indicates that participants experienced significant decreases in anxiety and depressive symptoms as well as decreases in emotion dysregulation at the 8-week follow up. Preliminary findings highlight the promising protective role of ER skills against depression and anxiety symptoms among older South African adolescents.

Mental health is a crucial aspect of adolescent well-being, yet it remains under measured and under-addressed in global health. UNICEF's Measuring Mental Health Among Adolescents and Young People at the Population Level (MMAPP) initiative represents a pioneering approach to understanding and improving youth mental health metrics. This symposium aims to present the MMAPP initiative's comprehensive module and indicators, alongside validation works and cultural adaptation strategies from diverse contexts. By featuring empirical research from South Africa, Peru, and Nepal, we offer a rich examination of the module's applicability, efficacy, and relevance across different cultural landscapes. The findings and methodologies shared will be pivotal in shaping mental health policies and practices that are sensitive to the unique needs of young populations worldwide.

The Measuring Mental Health Among Adolescents and Young People at the Population Level (MMAPP) initiative was developed to generate comprehensive data on adolescent and youth mental health to guide effective action. The symposium aims to share insights from UNICEF and academic and implementing partners from around the world who were engaged in the development and validation of the MMAPP data collection module. The module enables the collection of culturally adapted, clinically validated, and reliable data on mental health from representative/probabilistic samples of adolescents and young people. Through the lenses of [xx research pieces], we will explore key learnings relevant to the core list of indicators within the module, the cultural adaptation process of the module, engagement with youth and their perspectives.

This symposium aligns with the conference aims to strengthen research and data efforts to advance child and adolescent mental health globally. With mental health conditions contributing significantly to the global burden of disease for adolescents and young people, we cannot ignore this critical issue any longer. Historically, a significant challenge has been the lack of data and data collection tools validated in low and middle-income countries to estimate population-level burden of mental health conditions. Without reliable data, the mental health needs of young people will remain unseen, uncounted, and unheard, ultimately impeding the development of effective policies and programs necessary for fostering positive change. Through this symposium, we will explore advances to this end, and share insights from the development of this data collection module which included working with partners from around the world across every stage of this process.

**Abstracts:**

A. **Measuring Mental Health Among Adolescents and Young People at the Population Level (MMAPP) - the initiative and tool** The MMAPP initiative is a UNICEF-led effort to close the data gap on mental health among adolescents and young people at the population level. With the support of experts, it is achieved by developing a culturally adaptable and clinically validated data collection tool, which is initially integrated into UNICEF's flagship data program, the Multiple Indicator Cluster Surveys (MICS). This session will explore the process of developing MMAPP and the global and interdisciplinary expertise that has contributed to its journey, and explore the final list of indicators that are being used for the MMAPP data collection module.

    a. **Presenter:** Liliana Carvajal

B. **"If I tell you my problems, how will you perceive me?": A Qualitative Appraisal of Mental Health Knowledge, Barriers, and Opportunities for Care among Kenyan Adolescents**: The vast majority of the world's adolescents live in low- and middle-income countries (LMICs). However, there is a dearth of knowledge about adolescents' perspectives toward mental health and sources of distress in LMICs. This session will highlight findings from a qualitative study exploring adolescents' and caregivers' beliefs and experiences related to mental ill-health, conducted in Nairobi, Kenya. Through six focus group discussions with 46 participants (30 adolescents aged 10-19 and 16 caregivers of 10-14-year-olds), the study employed a two-step analytic process to extract core themes, review transcripts, and confirm the findings. Emergent themes included participants' understanding of mental illness, identifiable triggers of psychological distress, attitudes towards mental health, practices to bolster mental well-being, and barriers faced by young people in strengthening their mental health. The study also found that the COVID-19 pandemic had exacerbated psychological disturbances and strained family dynamics. Additionally, it identified a need for mental health and parenting support among caregivers. The findings highlight the tremendous stresses in the lives of adolescents and their caregivers in Nairobi settlements. Mental health literacy is limited but there is readiness to embrace mental health services by adolescents and caregivers. Stigma reduction and access to youth friendly services is crucial to expand service engagement.

    a. **Authors:** Manasi Kumar, Liliana Carvajal-Velez, Vincent Nyongesa, Joseph Kathono, Shillah Mwaniga, Obadia Yator, Ian Kanyanya, Nabila Ali, Jill Ahs, Brandon A. Kohrt, Bruce Chorpita, Grace Nduku Wambua, Simon Njuguna

    b. **Presenter:** Dr Manasi Kumar

C. **Translation, cultural adaptation and validation of Patient Health Questionnaire and Generalized Anxiety Disorder among adolescents in Nepal:** As part of UNICEF's effort to validate tools for measuring adolescent mental health globally, a multi-step adaptation and validation process was conducted with the MMAPP data collection module in several countries. This session will share learnings from the cultural adaptation and validation process that was conducted in Kathmandu, which is a diverse city in Nepal with multiple ethnicities, languages, and cultures. Ten focus group discussions and 25 cognitive interviews were conducted to adapt the Patient Health Questionnaire adapted for Adolescents (PHQ-A) and Generalized Anxiety Disorder (GAD-7). To validate these tools, a cross-sectional survey was conducted involving 413 adolescents aged 12 to 19 years. The culturally adapted PHQ-A and GAD-7 have shown good psychometric properties in detecting and screening depression and anxiety among adolescents in Nepal, offering hopeful insights into the process of generating reliable and valid data for assessing depression and anxiety among adolescents at a population level in Nepal, and lessons learned for applying these lessons globally.

    a. **Authors:** Nagendra P. Luitel, Damodar Rimal, Kelly Rose-Clarke, Kamal Gautam, Jill Witney Åhs, Liliana Carvajal-Velez, Brandon A Kohrt

    b. **Presenter:** Dr. Kamal Gautam

D. **Engaging adolescents in the development of a population-based tool to detect depression and anxiety among adolescents in South Africa**: Prevalence data on adolescent mental health are extremely sparse across low- and middle-income

countries, even though most adolescents live in these settings. In addition, adolescents are largely excluded from the development and adaptation of tools aimed at measuring their mental health. We used a mixed-methods approach for cultural adaptation and clinical validation of adolescent mental health measurement tools in South Africa. Focus-group discussions and cognitive interviews were conducted with adolescents to produce adapted versions of two widely used adult mental health screening tools (PHQ-9 and GAD-7) to be suitable to the adolescent population. A sample of 302 adolescents ages 10-19 years old were interviewed with the adapted tools, followed by gold-standard semi-structured diagnostic interviews. The qualitative adaptation process resulted in changes to the phrasing of individual items, to the response categories and to the administration process. The validation study of the adolescent adapted tools demonstrated that the PHQ-9 can be used as a reliable measure of depression in adolescents (a score of ≥10 had 91% sensitivity and 76% specificity). For the GAD-7, cut-off scores with an optimal sensitivity-specificity balance were low (≥6), necessitating further research on its use with adolescents. This adaptation and validation exercise makes a meaningful contribution to measure adolescent mental health at a population level in South Africa. The study offers a valuable example of engaging adolescents in measure adaptation, with important lessons related to the recruitment of adolescents, training of community-based researchers, and working with referral organizations to support at-risk adolescents.

   a. **Authors' names and affiliations:** Marguerite Marlow, Sarah Skeen, Caitlin Grieve, Liliana Carvajal, Jill Witney Ahs, Brandon Kohrt, Jennifer Requejo, Junita Henry, Daniel Goldstone, Tashmira Kara, Mark Tomlinson

   b. **Presenter:** Marguerite Marlow

E. **Feasibility and compliance to the UNICEF MMAPP tool to measure anxiety and depression in Swedish adolescents**: This session aims to explore the feasibility and compliance to the UNICEF MMAPP tool in a Swedish school intervention. The UNICEF MMAPP tool is a brief validated instrument to measure aspects of adolescent mental health, including symptoms of anxiety and depression. It is imperative to have validated tools, adapted and suited for the local setting, to effectively and reliably measure anxiety and depression, which are conditions of great concern for Swedish youth and Swedish society. The MMAPP tool was translated and culturally adapted for implementation in Sweden, a high-income country. It was first implemented in the country as an outcome measure for a school-based randomised controlled trial to improve mental health in adolescents in the city of Stockholm. The anxiety and depression measures were programmed into Survey and Report and administered to 8th graders (n=391) as part of baseline data collection. Adolescents completed the electronic questionnaires independently on tablets. Feasibility and compliance to the UNICEF MMAPP tool administered on tablets in a high-income setting will be presented at the conference.

   a. **Author's names and affiliations:** G Nyberg, B Helgadóttir, Frida Lindh, L Carvajal-Velez, J Åhs and S Andermo

   b. **Presenter:** Gisela Nyberg, Sweden

F. **Engaging with young people on generating data on adolescent and youth mental health: Reflections from MMAPP:** The process of developing and validating this measurement tool offers important insights that extend beyond mental health

measurement. Exploring insights from the MMAPP initiative and the validation work across countries, youth advisors engaged in the validation work will be convened to reflect on the successes, facilitators, and barriers involved in successfully engaging young people in this process, and lessons that can be drawn for broader adolescent health efforts beyond.

**Co-chairs:**

Liliana Carvajal Velez, Data and Monitoring Manager, Program and Planning Section, UNICEF Latin America and Caribbean Regional Office, Panama

Malvikha Manoj, MHPSS Data and Monitoring Officer, Division of Data Analysis Planning and Monitoring and Programme Group Leadership Team, UNICEF HQ

**RATIONALE:**

In 2021, the United Nations Children's Fund (UNICEF) focused its flagship *State of the World's Children* report around child and adolescent mental health. As part of this effort, UNICEF collaborated with the Johns Hopkins University (JHU) Global Early Adolescent Study (GEAS), alongside global partners, to conduct a series of 71 focus group discussions (FGDs) with adolescents across 13 countries. This qualitative investigation had three central aims: (1) to understand adolescents' perspectives on significant mental health challenges in their age group; (2) to understand adolescents' perspectives on what causes and protects them from mental health challenges; and (3) to understand the ways in which adolescents cope with mental health challenges, including barriers and facilitators to help-seeking. Countries were selected to ensure geographic, economic, and cultural diversity, and included: Belgium, Chile, China, the Democratic Republic of the Congo, Egypt, Indonesia, Jamaica, Jordan, Kenya, Malawi, Sweden, Switzerland, and the United States.

There is growing recognition around the necessity of engaging adolescents themselves in mental health research efforts in order to increase the quality, relevance, and practical impact of mental health promotion, prevention, and treatment strategies. This cross-country qualitative study provides a critical contribution to the global mental health conversation through its focus on elucidating adolescents' own perspectives regarding mental health. In order to disseminate findings from this important study, UNICEF, JHU, and global partners have worked together to produce a special supplement in the *Journal of Adolescent Health*, which is currently under review but slated for publication in May 2024. The supplement includes seven original research articles which present key findings from the 13-country qualitative study. Together, these articles emphasize that while that while the presentations of distress, key risk and protective factors, and principal coping strategies may differ across geographies, mental health is a pressing issue among adolescents worldwide.

The purpose of the proposed symposium is to launch this special supplement. Specifically, we will present results from five of the included articles, which collectively highlight (1) overarching findings from across the study; (2) adolescents' specific reflections around strengths and vulnerabilities stemming from family environments, gender norms, and digital technologies; and (3) adolescents' views on barriers and facilitators of seeking help for mental health challenges. In order to center youth engagement within this supplement launch, the symposium will be chaired by a young mental health advocate who will both frame and facilitate the individual presentations and subsequent panel discussion.

**IMPORTANCE AND ALIGNMENT:**

To our knowledge, this is the largest cross-country qualitative study to date which has focused on exploring adolescents' perceptions and experiences of mental health. Further, the majority of adolescents were drawn from low- and middle-income countries, which have historically been neglected in adolescent mental health research. The wide-ranging results speak to a number of this conference's key topic areas, including reaching marginalized adolescents living in low-resource settings, stigma and discrimination, and youth engagement as a means to improve evidence around adolescent mental health globally.

**CHAIR:** Anjali Singla, Psychologist and Research Consultant, Insightful Mind Therapy

**Biosketch:** Anjali Singla is a queer-affirmative psychologist and trauma-informed practitioner. She is the founder of Insightful Mind Therapy, which works to offer affordable therapy with a trauma-informed lens and foster public mental health research collaborations. Her advisory roles encompass the WHO NCD Alliance Special Working Group and the UNICEF-AstraZeneca Youth Leader Program, where she served as a youth advisor. Her endeavors primarily revolve around tribal and refugee communities, spearheading initiatives that foster mental health awareness, youth mobilization, and community-based interventions for psychosocial disabilities. She also contributed to the formulation of the State Mental Health Policy for the Indian State of Meghalaya.

**INCLUDED ABSTRACTS:**

*Note: As these abstracts are based on the same 13-country qualitative study, they share the same methods. These methods are described briefly in the first abstract.*

**Abstract 1:**

*Title:* Adolescents' reflections on mental health around the world: Key findings from a 13country qualitative study

*Authors:* Shoshanna L. Fine[1]; Joanna Lai[2], Michelle R.M. Baack[1]; Juliano D. De Oliveira[2], Robert W. Blum[1],

*Affiliations:* (1) Department of Population, Family and Reproductive Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA; (2) UNICEF Headquarters, New York, NY, USA
*Abstract:*

Purpose: Adolescence is a sensitive developmental period for the emergence of mental health challenges, but few multi-country qualitative studies explore how adolescents themselves understand these challenges. Through focus group discussions (FGDs) with adolescents across 13 countries, this study aimed to understand adolescents' perspectives on significant mental health challenges in their age group, key risk and protective factors, and principal coping strategies.

Methods: A total of 71 FGDs were conducted between February and June of 2021. Countries were selected to ensure geographic, economic, and cultural diversity, and included: Belgium, Chile, China, the Democratic Republic of the Congo, Egypt, Indonesia, Jamaica, Jordan, Kenya, Malawi, Sweden, Switzerland, and the United States. Within each country, FGDs were stratified by sex and age. FGDs were recorded, transcribed verbatim, and translated into English for analysis.

Results: Across countries, adolescents generally described and understood mental health challenges in terms of *distress* (e.g., sadness, loneliness, anger) rather than *disorder* (e.g., depression, anxiety). They emphasized the many contexts that drive mental health challenges, including family adversity, peer and school environments, pervasive violence, endemic poverty, and restrictive gender norms. They also discussed significant barriers to help-seeking, which frequently resulted in adolescents coping without what they perceived as sufficient support.

Conclusions: Adolescents around the world highlighted numerous social and environmental factors that contribute to mental health challenges, as well as a pressing need for greater formal

and informal supports. The non-clinical terminology favored by adolescents suggests that taking a largely diagnostic approach may exclude many adolescents in need of assistance.

**Abstract 2:**

*Title:* Caregiver influences on mental health: Adolescent perspectives and experiences across 13 countries

*Authors:* Michelle R.M. Baack[1]; Pablo Villalobos Dintrans[2]; Aimée M. Lulebo[3], Shoshanna L. Fine[1], Joanna Lai[4],

**Affiliations:** (1) Department of Population, Family and Reproductive Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA; (2) Millennium Institute for Care Research (MICARE), Santiago, Chile; (3) Department of Epidemiology and Biostatistics, Faculty of Medicine, Kinshasa School of Public Health, University of Kinshasa, Kinshasa, Democratic Republic of Congo; (4) UNICEF Headquarters, New York, NY, USA

*Abstract:*

Purpose: Families, particularly parents and other caregivers, play a critical role in influencing adolescent mental health and psychosocial development. The aim of this study was to understand, from the perspectives of adolescents, how caregiver relationships and interactions affect adolescents' mental health and well-being.

Results: Analysis revealed four thematic categories. Three themes speak to the types of relationships adolescents have with their caregivers and how these may be lacking, interpreted as needs they identified for safety and security; autonomy; and support, validation and communication. The fourth theme speaks to how these relationships could be improved to better support emotional well-being.

Conclusions: Across diverse country settings, adolescent mental health is heavily impacted by relationships with caregivers. Where adolescents seek greater security, autonomy, and support in their home environments they also identify strategies to improve the capacities of caregivers to address mental health. This evidence suggests that future efforts to improve adolescent mental health and well-being may have the greatest impact through holistically supporting families and caregivers.

**Abstract 3:**

*Title:* Adolescents' perceptions of gendered influences on mental health: Results from a 13country qualitative study

*Authors:* Shoshanna L. Fine[1], Abigail Harrison[2], Natalie A. Rykiel[3], Matilde Maddaleno Herrera[4],

**Affiliations:** (1) Department of Population, Family and Reproductive Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA; (2) Department of Child and Adolescent Health, Faculty of Medical Sciences, University of the West Indies, Mona, Jamaica; (3) Office of Global Insight and Policy, United Nations Children's Fund, New York, NY, USA; (4) Department of Public Health, Faculty of Medical Sciences, University of Santiago, Santiago, Chile

*Abstract:*

Purpose: A growing body of research supports the influence of gender norms on adolescent mental health globally. There is a lack of qualitative studies, however, that elicit adolescents' own perspectives on these issues across diverse cross-cultural environments. The current study seeks to address these gaps through a qualitative exploration of gendered influences on mental health among adolescents living in 13 countries.

Results: While adolescents' reflections underscored the role of gender norms in influencing mental health, it was apparent that there are important gender differences in the nature of this relationship. According to participants, restrictive norms frequently expose girls to greater scrutiny and control, discriminatory treatment, damaging beauty standards, and gender-based violence, which have deleterious impacts on their mental health. For boys, participants highlighted emotional suppression as a central aspect of masculinity and discussed links between masculine norms and risky health behaviors.

Conclusions: Across a diverse group of countries, findings suggest the need for adolescent mental health prevention and promotion strategies that focus on shifting harmful gender norms during this critical developmental period.

**Abstract 4:**

*Title:* "It depends (on what you do with it)": Adolescent perspectives on digital communication and mental health in 11 countries

*Authors:* Leo Ziegel[1]; Carl Fredrik Sjöland[1,2]; Xiayun Zuo[3]; Shoshanna L. Fine[4]; Anna Mia Ekström[1,5],
*Affiliations:* (1) Department of Global Public Health, Karolinska Institutet, Solna, Sweden; (2) Public Health Agency of Sweden, Solna, Sweden; (3) NHC Key Lab of Reproduction Regulation, Shanghai Engineering Research Center of Reproductive Health Drug and Devices, Shanghai Institute for Biomedical and Pharmaceutical Technologies, Shanghai, China; (4) Department of Population, Family and Reproductive Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, USA; (5) Department of Infectious Diseases/Venhälsan, South General Hospital, Stockholm, Sweden

*Abstract:*

Purpose: The influence of digital communication on adolescent psychosocial development is a growing public health concern. This multi-country qualitative study explored adolescents' perceptions of the ways in which digital communication impacts their mental health and well-being.

Results: Adolescents presented ambiguous and sometimes contradictory views of the role of digital communication on mental health and well-being. Both negative and positive aspects were highlighted, including the harmful role of digital communications in engendering social comparison, increasing exposure to bullying and harassment, facilitating time-wasting, and impacting offline life; but also its beneficial role in strengthening social networks and facilitating access to mental health support.

Conclusions: Caregivers and policymakers should improve their digital literacy and choose a balanced approach towards digital communication when trying to improve adolescent mental health.

**Abstract 5:**

*Title:* Barriers and facilitators of seeking help for mental health challenges among adolescents across 13 countries: A qualitative investigation

*Authors:* Amirah Ellyza Wahdi[1,2]; Caryl James[3]; Dita A. Nadhira[1]; Shoshanna L. Fine[4]

*Affiliations:* (1) Center for Reproductive Health, Faculty of Medicine, Public Health, and Nursing, Universitas Gadjah Mada, Yogyakarta, Indonesia; (2) Department of Biostatistics, Epidemiology, and Population Health, Faculty of Medicine, Public Health, and Nursing, Universitas Gadjah Mada, Yogyakarta, Indonesia; (3) Department of Sociology, Psychology, and Social Work, Faculty of Social Sciences, University of the West Indies, Mona, Jamaica; (4) Department of Population, Family and Reproductive Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA

*Abstract:*

Purpose: Adolescence is a period of developmental transition marked by a high prevalence of mental health challenges. The emergence of these challenges underscores the importance of encouraging help-seeking behaviors among adolescents to mitigate negative psychological outcomes. Gaining a deeper understanding of the lived experiences of adolescents can inform intervention development and increase access to care.

Results: Participants emphasized the critical role of informal support systems, including friends and family, in helping adolescents cope with mental health challenges. Additionally, participants highlighted the importance of accessing professional support through school or community mental health services. Significant barriers to help-seeking were described, including mental health stigma, restrictive gender norms, limited service availability, poor quality or unaffordable services, low mental health literacy, and unsupportive interpersonal relationships. Participants emphasized the role of digital technologies, school and community environments, and trustworthy relationships as facilitators of seeking help. Conclusions: While many adolescents are aware of the importance of seeking help for mental health challenges, there is a need for country-level interventions to increase mental health literacy and reduce mental health stigma in order to ensure optimal access to care.

A relatively high prevalence of mental health problems as well as participation restrictions in everyday activities are reported for children with disabilities compared to other children. In recent years the dual continua model (Keyes, 2010) has been introduced in which mental health is seen as a separate but related construct to mental health problems. In this symposium we have adopted this model. In research and interventions regarding mental health and mental health problems children and youth with disabilities are underrepresented both regarding prevalence studies, assessment of mental health and mental health problems based on self-reports and therapeutic interventions. The underrepresentation is linked to challenges concerning conceptual overlap between symptoms of mental health problems and NDD problems such as hyperactivity, challenges in adapting assessment routines, self-report instruments and interventions to children having communicative and cognitive problem, and challenges in how to support professionals in enhancing children's active engagement in planning goals and methods in their own interventions.

Conceptual challenges concerning differences between mental health problems and neurodevelopmental impairments will be discussed based om empirical data focusing on communicative problems and hyperactivity as relatively stable NDD characteristics. In addition, how the use of broad band indexes may lead to overestimation of prevalence rates will be discussed based on that instruments developed to capture behavior problems in children contain both items tapping NDD related impairments and behavior problems such as anxiety and sadness/depression.

Challenges regarding adaptations of routines and instruments concern a lack of cognitive and conceptual adaptations. Most studies of mental health in children with disabilities are based on proxy ratings of children's mental health and mental health problems made by parents or other care providers (Danielsson et al, 2023). Routines and instruments will be presented and discussed. Children that are dependent on augmentative and alternative communication for interacting with professionals is of specific concern.

Challenges concerning how children with disabilities and their care providers are engaged in planning their own interventions concern how professionals enhance children's participation in the process. Children and families report a higher degree of wellbeing if they are actively involved in and can influence the intervention process (Dunst et al, 2019). Studies of children's and parents' perceptions of their involvement in the intervention process will be presented and discussed. In addition, intervention studies with the aim to increase child and family involvement in the intervention process will be presented and discussed.

*Importance and alignment with conference aims*

The aim of the symposium is to discuss how mental health and mental health problems can be assessed and how mental health can be promoted in children with disabilities. In addition, how a capacity building intervention process can enhance wellbeing in children that are exposed to interventions throughout their lifetime is discussed. Participation is seen as an indicator of wellbeing as well as a means for promoting active involvement in intervention. The aim is thus in

line with the aim to promote discussion about mental health and mental health problems in children and youth, especially for disadvantaged groups.

*Abstracts*

## Conceptual Accessibility is Often Ignored in Longitudinal Studies of Mental Health Problems in Children with Neurodevelopmental Disorder

Magnus Ivarsson[1], Henrik Danielsson[1], & Christine Imms[2,3]

[1] Department of Behavioural Sciences and Learning, Linköping University, Sweden
[2] Department of Paediatrics and Healthy Trajectories Child and Youth Disability Research Hub, University of Melbourne, Australia, [3] Murdoch Children's Research Institute, Australia

**Background**: An overarching goal for mental health research is that definitions and assessment procedures used are universally applicable. Conceptual inaccessibility arises when constructs are not equally valid for the full width of human experiences and functioning. Conceptual overlaps between mental health-related constructs and disability definitions may predispose children with disabilities to what would appear to be higher or lower levels of mental health.

**Purpose**: This study explores conceptual overlaps in longitudinal studies of mental health problems in children with neurodevelopmental disorders (NDD).

**Method**: Follow-up analyses on articles (n=49) included in a previously published systematic review of longitudinal studies of mental health problems in children with NDD were conducted. We investigated the frequency of conceptual overlaps (i.e., items used to measure mental health were identical or very similar to diagnostic criteria used to define the disability) and how this potential problem was addressed in the articles.

**Results**: Of 49 included studies, a conceptual overlap was identified in at least one reported outcome in 44.9%. Of all reported outcomes, 33.8% had an overlap to diagnostic criteria. In 70.8% of studies with an overlap, this was not discussed or acknowledged in the article.

**Discussion**: Conceptual overlap presents a significant challenge in understanding the longitudinal mental health trajectories of children with NDD. It complicates comparisons with peers without NDD and clouds the interpretation of changes in mental health versus disability-related difficulties. Future studies of mental health in children with NDD should avoid scales with items overlapping disability diagnostic criteria or explicitly address these overlaps.

## "We need teams!" - clinician perspectives on what is needed to better assess the mental health of young people with complex communication needs.

**Jacinta Pennacchia[1,2]**, Christine Imms[1,2], Dave Coghill[1,2], Mats Granlund[3,4]

[1] Department of Paediatrics and Healthy Trajectories Child and Youth Disability Research Hub, University of Melbourne, Australia, [2] Murdoch Children's Research Institute, Australia, [3] CHILD, Dept of Social work, School of health Sciences, Jönköping University, [4] Dept. of Mental Health, Norwegian University of Technology and Natural Sciences

**Introduction**: Accessing services that address mental health concerns can be difficult for young people with disability and complex communication needs (CCN). Survey findings suggest this interdisciplinary area of practice is reliant on informal methods of assessment and inadequate referral pathways. This study aimed to understand the future needs of professionals involved in identifying mental health concerns in 10-24-year-olds with CCN.

**Participants and methods**: In this qualitative study, we purposively sampled participants who had previously completed an online survey about mental health in those with CCN to participate in focus groups. Participants were people working in health, disability, and education settings. Study design and analyses were guided by interpretive description methods.

**Results**: Participants (n=19; 6 focus groups) were professionals from 10 disciplines (speech pathology, nursing, psychology, physiotherapy, social work, medicine, counselling, occupational therapy, music therapy, and teaching). Preliminary analysis indicates that the workforce seeks: 1) more training on disability and CCN to increase knowledge in this area and change unhelpful attitudes; 2) wraparound services and collaboration between workforce members; 3) practical guidance on how to have conversations about mental health with young people with CCN and their families; and 4) knowledge of translation to care pathways.

**Conclusions**: Workforce education and service settings which promote a collaborative approach to assessment should be prioritized to address the mental health needs of this currently underserved population. Further research is needed on the perspectives of young people with CCN on how we can improve their experiences accessing and using mental health supports.

## Tracking Changes to Procedures and Materials when Interviewing Children with Neurodisabilities: Introducing the Neurodisabilities Adaptation Questionnaire (NAQ)

Magnus Ivarsson[1], Henrik Danielsson[1], Lena Almqvist[2], & Christine Imms[3,4]

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[2]Division of Psychology, School of Health, Care and Social Welfare, Mälardalen University, Sweden

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**Background:** The wide range of impairments in children with neurodisabilities presents challenges when choosing valid data collection methods for mental health research in this group. Children with more profound impairments may face exclusion, or there may be an excessive reliance on proxy reports. Hypothetically, self-reporting could be made possible for children with more severe impairments by accepting a degree of spontaneous changes ("adaptations") in interview materials/procedures.

**Aim**: This study introduces the Neurodisabilities Adaptation Questionnaire (NAQ), a 13-item instrument designed to track such adaptations. We aimed to assess its feasibility in a longitudinal study of mental health and participation in children with neurodisabilities and identify factors influencing the number of different adaptations used in interviews.

**Method**: Developed collaboratively with neurodisabilities and augmentative and alternative communication experts, the NAQ was used to measure adaptations to the interviews. A linear regression analysis was conducted to identify predictors of the number of different adaptations.

**Results**: Nine interviewers conducted 69 interviews with 43 children. A median of four (IQR=5) types of adaptations was reported per interview. Common adaptations included explaining/replacing concepts (n=39 interviews), exemplifying (n=42), or repeating questions/instructions (n=35). Child age, seizures, lack of verbal communication and age-appropriate skill development, as well as who conducted the interview significantly predicted the adaptations used.

**Conclusion**: The NAQ may offer a means to enhance methodological rigor in the research involving self-reporting of children with neurodisabilities by allowing tracking of adaptations. Psychometric properties of the scale require investigation, as does the impact of adaptations on the results of interviews.

**Perceived involvement in the habilitation process is related to child and family wellbeing.**

Mats Granlund[1], Christine Imms[2,3], Lars-Olof Lundqvist[4], Karina Huus[1], Charlotte Karlsson[1], Lilly Augustine[5], Linda Sjödin[5,] Gillian King[6]

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**Introduction:** Children and families report higher wellbeing if actively involved in the intervention process (Dunst et al, 2019). Involvement has a relational dimension (active listening, follow up questions etc) and a capacitory building dimension (what child and parents can learn from being involved in all steps of the intervention process). This presentation discuss how children and parents experience their involvement in intervention and how perceived involvement is related to parenting stress.

**Participants and methods:** In focus groups children's, parents and professionals perceptions of child and parent involvement in the intervention process was discussed. In addition, parents have over three waves of data collection responded to an on-line survey containing questions about their involvement in the intervention process, parenting stress and perceived support, and have also rated their children's conduct problems and life satisfaction

**Results:** Results from focus groups indicate that parents are more involved in assessment activities but less involved in setting child goals and methods and discussing family support. Survey results indicate that parents' ratings of stress are related to formal support where

perceived support from professionals are related to whether the child has an intellectual disability and/or conduct problems or not. Parents ratings of whether there are opportunities to discuss family support is related to parents perceived professional support.

**Conclusions:** Parents' perception of stress and support seems to be related to perceived involvement in the intervention process and to child characteristics. Professionals need coaching in strategies for involving parents and children in all steps of the intervention process.

**Symposium Chair**

Mats Granlund is full professor of psychology and disability at Jönköping University and professor II (affiliated professor) at Dept. of Mental health at Norwegian University of Technology and Natural Sciences (NTNU). He has long experience of working with everyday functioning, participation and mental health in children and youth with disabilities or long-term health conditions. He is currently PI for a research program funded by VR, FORTE and Vinnova, about participation and mental health in children and youth with disabilities.

## Rationale

The urgency to address child and adolescent mental health issues is more pressing than ever, demanding evidence-based strategies. This symposium brings together three studies within the economics of child and adolescent mental health, each shedding light on different facets of its health economic landscape and discusses methodological opportunities and challenges when conducting such studies.

In Study 1, we estimate the excess healthcare costs associated with child mental health problems, from preschool age until the age of 14 years, providing a comprehensive understanding of the economic burden of mental health problems during the childhood. Study 2 focuses on the rates of suicide and suicide attempts in young people in Sweden, and estimates the economic implications. By quantifying the societal costs involved in studies 1 and 2, we aim to underscore the importance of mental health interventions and suicide prevention strategies, not just from a humanistic perspective but also from an economic standpoint. Study 3 shifts the focus to the evaluation of the costeffectiveness of screening and preventive intervention for socioemotional problems in young children, laying the foundation for early mental health support. By assessing the economic implications of these preventive measures, we aim to provide valuable insights into the long-term cost-benefit ratio and the potential societal gains from investing in the mental well-being of the youngest members of our communities. Together, these studies highlight the path for effective policies and interventions.

Collectively, these studies contribute to the growing body of health economic evidence in child and adolescent mental health. The symposium serves as a platform to discuss the opportunities these findings present for informed decision-making and resource allocation. It also highlights the challenges researchers faced when working in the space of child mental health economics and emphasizes the need for continued research to shape effective policies and interventions in this domain.

## Importance and alignment

This symposium aligns with the conference's aims by addressing the need for more evidence on the economics of child mental health research. The economic dimensions of prevention and promotion strategies are pivotal in shaping policies and interventions. By generating evidence on the economic burden of young people´s mental illness and on the economic implications of different strategies, we help support decision makers in the efficient allocation of scarce public resources.

## Symposium chair:

Filipa Sampaio, Department of Public Health and Caring Sciences, Uppsala University

Dr. Sampaio is a health economist and associate professor at Uppsala University. Her work broadly focuses on the economics of child health and mental health, more specifically on the economic evaluation of preventive and treatment interventions for young people and adults with diverse mental health issues. She has extensive experience in both trial-based and model-based

economic evaluations to investigate the cost-effectiveness of interventions in child and adult mental health. She also has experience in using real world register data to evaluate the impacts of health services and programs on child health and adult mental health outcomes.

## Excess resource use and costs associated with mental health problems in children: a longitudinal register-based study of pre-schoolers followed until adolescence

Authors: Ingyin Moe[1], Natalie Durbeej[1], Laura Maragaño[1], Sergio Flores[1], Inna Feldman[1], Filipa Sampaio[1]

Authors' affiliation: [1] Department of Public Health and Caring Sciences, Child Health And Parenting (CHAP), Uppsala University, Uppsala, Sweden

Presenter: Ingyin Moe

Background: Mental health problems among children has become a major public health concern worldwide, and an important area for professional and political initiatives. If left untreated, mental health problems can continue into adulthood and lead to several negative outcomes, including school dropout, substance abuse, unemployment and increased health care resource use.

Aims: To investigate the excess health care resource use and costs related to mental health problems in preschool children.

Methods: This study uses data on a cohort of 9000 children aged 3–5 in Uppsala, Sweden. Mental health problems were assessed using the Strengths and Difficulties Questionnaire (SDQ). These data will be linked to longitudinal data on inpatient, specialized outpatient and primary care, as well as prescribed medication from the National Patient Registry, Uppsala Region and the Prescribed Drug Register. Cumulative resource use and related costs will be estimated until the age of 14 years. Costs will be estimated using Diagnosis Related Groups, the Swedish cost per patient database and market prices. The excess resource use and related costs for children with mental health problems will be estimated and compared to children with no mental health problems using hurdle models for counts and two-part models for cost data.

Discussion: Results will be available by the conference. Our findings may inform healthcare planners and policy-makers of the economic impact of mental health problems among children in Sweden. Additionally, results may highlight the value of early identification of mental health problems, which in turn could facilitate delivery of appropriate treatment interventions.

## Economic burden of suicide among children and youth in Sweden

Authors: Patricio Martínez de Alva[1], Pei Ju Ho[1], Inna Feldman[1]

Authors' affiliation: [1] Department of Public Health and Caring Sciences (CHAP), Uppsala University, Uppsala, Sweden

Presenter - Patricio Martínez de Alva

Background: Suicide and self-harm carry human, societal, and economic consequences. These events affect not only the individual involved but create emotional distress for a broader network of people. Assessing the economic burden of suicide in the 10-19 age can guide the development of effective interventions.

Objective: To determine the economic impact of suicide among young individuals (aged 10-19) in Sweden.

Methods: Data on suicide attempts and deaths due to suicide in 2022 were obtained from the Swedish National Board of Health and Welfare. The societal perspective was used to estimate costs, encompassing inpatient and outpatient care, medication, police, justice expenses, and productivity losses due to premature mortality.

Results: In Sweden, 42 suicides among young people were recorded in 2022 (25 men and 16 women), with a stable incidence rate of 4.7 per 100,000 over the past decade. Suicide attempts numbered 2,786 individuals (465 men and 2,321 women). In women, the incidence rate raised from 232 to 388 per 100,000 during 2012 - 2022. Suicide attempts resulted in 1,856 inpatient care and over 2,000 outpatient care visits. Direct costs for suicide attempts were 178 MKR, including 155.5 MKR for healthcare and 22.5 MKR for the police and justice systems.

Conclusion: Suicide carries a significant economic burden for Swedish society, totaling 183 million SEK in direct costs and 1,199 million SEK in indirect costs for 2022. These cost estimates can inform costeffectiveness analyses of prevention interventions.

## Cost-effectiveness analysis of screening three-year olds for social-emotional problems

Authors: Andrea Manzano [1], Anni-Maria Pulkki-Brännström[2], Inna Feldman [2,3]

Authors´ affiliations: [1]The Swedish Institute for Health Economics, Sweden

[2]Department of Epidemiology and Global Health, Umeå University, Sweden

[3]Department of Public Health and Caring Sciences (CHAP), Uppsala University, Sweden

Presenter: Inna Feldman

Background: Poor social-emotional functioning is a risk factor that has been linked with mental health disorders later in childhood, adolescence and adulthood.

Aim: To assesses the long-term cost-effectiveness of a population-based screening to detect socialemotional problems at 3-years-old combined with an evidence-based intervention to prevent mental health problems.

Methods: A decision-analytic Markov model compares two alternatives 1) all 3-years-old get screened for social-emotional problems, and children at a high risk receive the REDI intervention, and 2) no screening and no intervention. The cohort of 3-year-olds is modelled until they are 19 years old. The screening tool is the ASQ:SE and the intervention was given to children with scores that suggest socialemotional problems. The model considered the development of

anxiety, conduct problems, and ADHD, over the 16 years. The analyses were conducted from a societal and healthcare perspectives. Health outcomes were measured as DALYs averted.

Results: Results suggest that population-based screening for social-emotional problems combined with the REDI intervention for high risk-children is cost-effective, from both a societal and healthcare perspective, with probabilities of cost-effectiveness of 98% and 97%, respectively. From a societal perspective, the probability of cost saving is 85 %. The combination of screening and intervention strongly dominated the comparator.

Conclusions: The findings align with previous research; prevention aimed at children's mental health disorders will likely yield high returns on investment. Successful implementation of population-based screening for social-emotional problems combined with an effective evidence-based intervention might be an important way to contribute to sustainable and efficient mental health care in the Swedish system.

Symposium 32: Putting evidence-base interventions into practice: Global experiences of building workforces and systems to deliver child and adolescent services across the MHPSS continuum

**Chairs:** Felicity Brown[1] , Mohammed Isa[2], Chiara Servili[3]

[1]UNICEF Programme Group, [2] Yale University, [3]World Health Organization

**Summary:** Mental health concerns affect up to 250 million children and adolescents worldwide, and there is a large mental health treatment gap, particularly prominent in low and middle income countries and in humanitarian contexts. There have been several notable advances in developing evidence-based Mental Health and Psychosocial (MHPSS) interventions for children and adolescents, however in order to roll out these interventions at scale, systems that support high quality, accessible care are essential. Diverse speakers will share their experiences from distinct settings (including Korea, Jamaica, Iraq, Nigeria, South Sudan and Pakistan) in implementing strategies to set up MHPSS services in emergencies, build competency of a non-specialist workforce to bridge the treatment gap, strengthen and empower communities to support adolescent mental health, and implement wide-scale psychosocial skills through school systems. After brief presentations on these innovations, a facilitated panel discussion will surface key success factors and remaining challenges in building supportive systems to implement MHPSS services to all those who need them.

## Importance

This symposium bridges policy, evidence, and practice by showcasing recent examples of implementing innovative approaches to strengthening MHPSS service systems for children and adolescents across the globe. It brings together diverse voices from different regions, and different sectors, to inform a dialogue between policy makers, practitioners, and researchers on best practices and remaining priority challenges that the global mental health field needs to overcome.

## Presentation abstracts

### 1. Fostering Social Emotional Abilities in Korean Children: A Helping Adolescents Thrive Intervention and Validation Study

*Authors:* Jina Lee, Sunyoung Hwang, Byoungsoo Jung

*Affiliations*: Advocacy and Child Rights Department, UNICEF Korea

*Presenter*: Byoungsoo Jung

**Abstract**: In South Korea, where child suicide is tragically the leading cause of child death, the imperative to enhance children's mental health is urgent. Yet, a substantial challenge lies in the deficiency of preventive education, fueled by societal stigma. This intervention aims to address this by boosting the Social Emotional Abilities (SEA) of Korean children, via introducing UNICEF-WHO's Helping Adolescent Thrive (HAT) tools with local school counselors. Implemented across eight schools, engaging over 240 students aged 10 to 18, the intervention, led by school counselors over 3 to 10 sessions, underwent both quantitative and qualitative analyses. Pre- and post-intervention SEA surveys for 129 participants showed significant improvement across all abilities (Wilcoxon signed-rank test; $p < 0.001$), notably in mental and physical health, stress management, and interpersonal skills. Gender differences surfaced at the item level, but the Kruskal-Wallis test showed no significant variations in overall competencies by gender or grade. Focus group interviews with counselors revealed additional insights on implementation factors

crucial to intervention success intervention: i)UNICEF's positive image significantly contributed to the intervention's effectiveness, boosting student interest; ii) Establishing rapport proved crucial, with sessions led by homeroom and subject teachers showing potential; iii) Sensitivity varied toward conservative topics; the competency related to hazardous substances, while statistically significant, was minor compared to others.

These findings serve as a groundwork for expanding the initiative into schools. Future strategies involve engaging homeroom or subject teachers, prioritizing their own mental health and SEA competence, aiming for sustained effectiveness and broader positive impacts on children's well-being.

## 2. Applying the EQUIP Framework to Text-based Mental Health for Adolescents and Young People in Jamaica

*Authors:* Ceceile Minott[1], Chalanie Stiebel, Novia Condell[2]

*Affiliations:* [1]Caribbean Child Development Centre – The University of the West Indies

Global Campus; [2]UNICEF Jamaica

*Presenter:* Ceceile Minott

**Abstract:** UNICEF consultations with youth in Jamaica have indicated that suicidal ideation and other mental health concerns are high, while access is hampered by costs associated with transportation, and concerns around confidentiality and safety in disclosing mental health issues. Given Jamaica's high mobile phone penetration, a mental health chatline, "UMatter", was launched in 2022 to overcome these challenges- the first of its kind. U-Matter reaches young people aged 16 to 24, using their preferred medium of mobile messaging apps, enabling access to one-to-one support, referrals and information on mental health 24/7. As of September 2023, over 3550 persons have used the chatline, which is manned by trained volunteers. To maintain the quality of the service and promote delivery of safe and effective services to the users, WHO-UNICEF's EQUIP (Ensuring Quality in Psychological Support) competency-based assessment, training, and supervision tools were integrated into U-Matter's delivery model. Through this innovative project in Jamaica, we are piloting the use of these tools for competencies required for providing services over a chatline for the first time. Assessments are conducted pre- and post-training and through regular supervision, via structured tasks and ratings of session transcripts, and findings are used to identify areas of strength and skills gaps, which can then be targeted through further training and supervision. In this presentation we will share findings from this pilot, successes and challenges encountered, and discuss implications for ensuring competency of mental health workforces delivering services at scale and through innovative delivery platforms.

## 3. Self-Care and Hope through Adolescent-led Mental Health and Psychosocial Support in Pakistan

*Authors*: Mahwish Saeed Syed[1], Susan Andrews[1], Faryal Chowdhery[2], Nilma Karam Ali[2]

*Affiliations*: [1]UNICEF Pakistan; [2]School of Leadership Foundation

*Presenter:* Mahwish Saeed Syed

**Abstract:** In low- and middle-income countries such as Pakistan, mental health and psychosocial support (MHPSS) faces considerable challenges primarily stemming from limited resources and insufficient awareness. This presentation highlights the critical need to leverage available resources by mobilising, strengthening, and empowering communities to provide

support to adolescents. It utilises SHAMS Programme, implemented across 34 districts by School of Leadership Foundation in collaboration with UNICEF Pakistan, as a case study of utilising community-based approaches for sustainable change within communities. The programme achieved its goals through two primary interventions:

1. SHAMS Awareness Raising Sessions, which directly engaged 10,000 adolescents and 10,000 caregivers. The primary focus was on reducing stigma, promoting care-seeking practices, and encouraging adoption of positive self-care habits to cultivate supportive communities equipped with essential knowledge about mental health and psychosocial needs.
2. I Support My Friends, a global programme based on the principles of Psychological First Aid and piloted in Pakistan with 10,000 adolescents. The participants were equipped with the skills and knowledge to support their friends in distress, under the mentorship and guidance of 500 school teachers.

Informed by insights from a Knowledge, Attitudes, and Practices (KAP) survey and Focus Group Discussions, the content packages for these interventions were meticulously designed, taking into consideration the target group's existing knowledge, perceptions of MHPSS, and available support structures. The initiative was complemented by a digital engagement campaign that reached over 5 million users nationwide. This comprehensive approach underscores the pivotal role of community involvement and tailored interventions in enhancing MHPSS outcomes within resource-constrained settings.

### 4. MHPSS Minimum Service Package: A Framework for MHPSS Implementation in Humanitarian Contexts

*Authors:* Vania Alves[1], Caoimhe Nic a Bhaird[1], Inka Weissbecker[2], Pieter Ventevogel[3], Nadine Cornier[4]

*Affiliations***:**

[1]     Child Protection in Humanitarian Action, UNICEF, New York, NY, USA.

[2]     Department of Mental Health and Substance Use, World Health Organization, Geneva, Switzerland.

[3]     Public Health Section, UNHCR, Geneva, Switzerland.

[4]     Humanitarian Office, UNFPA, New York, NY, USA.

*Presenter:* Dr Caoimhe Nic a Bhaird

**Abstract:** MHPSS is increasingly recognised as a crucial component of humanitarian response. However, the wide diversity of approaches and a lack of shared terminology among different actors can make communication, coordination, quality-monitoring, and evaluation difficult. While emergency MHPSS coordination structures have become more robust in recent years, the specific needs of children, adolescents, and caregivers are still often overlooked, with services lacking an intersectoral approach. The MHPSS Minimum Service Package (MSP) equips humanitarian practitioners from diverse sectors with a common framework to help plan, implement, and report on MHPSS activities. It is designed to support better-coordinated, more predictable, and more equitable responses, improving the scale and quality of programming. By providing a common language and approach, the

MSP can help to consolidate work in Child Protection, Education, Health, Early Childhood Development and other sectors to improve the effectiveness of support provided to emergency-affected children and their families. The discussion will provide an overview of the MHPSS MSP and discuss lessons learned its use in diverse emergency and refugee settings, including in Nigeria, South Sudan, Colombia, Ethiopia, Iran, Iraq, Pakistan, Ukraine, Moldova, Belarus, Myanmar, and North-West Syria.

## Symposium 33: Advancing Global Understanding of Young People's Mental Health and Wellbeing: Insights from the 'Being' Initiative in Pakistan, Egypt, Indonesia, and Vietnam

Authors:

[1]Zill-e-Huma, [1]Syeda Wajeeha Zafar, [2]Shoshanna Fine, [3]Sahil Chopra, [4]Amirah Ellyza Wahdi, [5]Iman Gaber, [6]Vinh Nguyen, [1]Huda Jamil, [7]Joanna Lai

Affiliations

[1]Global Institute of Human Development, Shifa Tameer-e-Millat University, Pakistan

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[4]Center for Reproductive Health, Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada (UGM), Indonesia

[5]General Secretariat of Mental Health and Addiction Treatment

[6]Vietnam Academy of Social Sciences (VASS), Vietnam

[7]United Nations Children's Fund, Headquarters, NY USA

Rationale of the symposium: Being is an international mental health initiative, hosted by Grand Challenges Canada, which aims to work towards a world where young people feel well and thrive. Being will fund research, innovation, and mobilization efforts targeting the early drivers and mental wellbeing of young people aged 10 to 24 in thirteen priority countries. Under this Initiative, we are a multi-country network of mental health experts, researchers, policymakers, and youth advisors across Pakistan, Egypt, Indonesia, and Vietnam. In these countries, we work with young people on strategies to improve their mental health and wellbeing through research and innovation in local contexts. This symposium presents the network's successes, challenges, opportunities, and innovative approaches to addressing youth mental health and wellbeing across diverse social, cultural, and geographic contexts.

In this symposium we will present findings focused on:

Context analyses of the local mental health and wellbeing needs of young people in Pakistan, Egypt, Indonesia, and Vietnam.

Opportunities for investment and collaboration in each country and in the region to improve youth mental health and wellbeing.

The symposium will be an opportunity to share insights to address current and future needs and highlight opportunities to transform the youth mental health agenda in the region and is highly aligned with the aims of this conference.

This symposium holds national, regional, and global significance, aiming to present insights and opportunities for improving youth mental health in each country and the broader region and to inform the course of research and innovation for youth mental health globally, especially in low resource settings. The findings from this collaborative network, presented as a symposium, will

outline the landscape of youth mental health in each country, identify determinants of youth mental health in each context, propose key strategies for necessary policy actions, highlight challenges in scaling up programs and mitigation strategies to address them, and suggest methods for tackling mental health stigma. Furthermore, it will present essential strategies to ensure the involvement of marginalized young people and their caregivers to enhance youth mental health in low and middle-income countries (LMICs).

4 Abstracts Overview:

The research objectives were consistent across all four studies, and a uniform research method was rigorously applied in each of the four studies. As a result, this abstract presents a consolidated overview of objectives and methods for all four research studies.

Objectives: These studies conduct a comprehensive review of youth mental health literature in each country and engage with diverse stakeholders to identify opportunities for promoting youth mental health and wellbeing, build consensus, and strengthen networks.

Methods: The research involved a review of existing evidence on youth mental health in country and consultations with various stakeholders, mental health experts, researchers, policy makers, representative from social sectors including young people with lived experience of mental health issues and their caregivers. In total, xx stakeholders were consulted across all sites (Pakistan; N=58; Indonesia = 40; Egypt=30; Vietnam=30). The aim was to identify priority mental health concerns, factors impacting youth wellbeing, and strategies to scale up mental health programs for youth in each country.

Chair: Dr Joanna Lai (Health Specialist, Adolescent/School/Mental Health, Health Section, Program Division) – United Nations International Children's Emergency Fund, Headquarter, NY

Abstract 1- Pakistan: Mental Health Challenges and Interventions for Pakistani Young People: Exploring Factors, Barriers, and Opportunities for Promoting Well-being

Presenter(s): Zill-e-Huma, Syeda Wajeeha Zafar

Global Institute of Human Development, Shifa Tameer-e-Millat University, Pakistan

Findings: The literature on youth mental health in Pakistan reveals growing concerns for the wellbeing of young individuals in Pakistan. Family dynamics, insufficient life skills, and educational pressures were identified as significant contributors to youth mental health challenges. Stigma and limited mental health literacy were found to affect help-seeking behaviors and access to appropriate care. Stakeholders highlighted schools as a favorable setting for early detection and intervention, given their accessibility and reduced stigma. To address the shortage of mental health specialists, a task-shifting approach involving psychology undergraduates was emphasized. The proposed school-based stepped care model, featuring online teacher training in the WHO School Mental Health Program (SMHP) and evidence-informed psychological support delivered by non-specialist school counselors, offers an opportunity to address youth mental health in schools. This model aims to enhance socio-emotional well-being and academic outcomes in young people, with potential for scalability. By addressing these mental health challenges and implementing the school-based stepped care

model at-scale, the well-being of Pakistani young people can be promoted, benefiting healthcare, education, and society as a whole.

Abstract 2- Indonesia: Promoting Youth Mental Health and Wellbeing in Indonesia:

Addressing Gaps by Implementing a Multifaced Approach

Presenter: Amirah Ellyza Wahdi

Findings: The findings of the review identified several critical gaps in the national approach to addressing the mental health needs of young people. Key limitations include the absence of national data for the 10–14 age group and inadequate information on the mental health problems of minorities and disadvantaged youth. Additionally, there is a dearth of documented past interventions, hindering innovation and potentially leading to ineffective strategies. In Indonesia, young people face a complex interplay of drivers influencing their mental health and wellbeing, including parenting styles, substance use, gender norms, bullying, and adverse experiences. A lack of collaboration among stakeholders and limited local government involvement further exacerbates the youth mental health challenge in the country. Stakeholders highlight the importance of educating the broader social system, such as teachers and parents, to facilitate meaningful youth involvement in mental health initiatives. Further recommendations included the involvement of vulnerable and underrepresented groups of young people, capacity buildings for better monitoring, evaluation, and evidence-generating process, and equitable access to mental health services. The potential program, grounded in mental health literacy, aligns with the government's focus on school-based interventions and could serve as a promising example to implement at scale to promote youth mental health in the country. The results from the literature and stakeholder consultations underscore the pressing need for a comprehensive strategy for addressing the mental health and wellbeing challenges of youth in Indonesia. This strategy may encompass research, educational initiatives, technological integration, policy formulation, and inclusive engagement for more scale-up and sustainable initiatives to promote youth mental health in the country.

Abstract 3 - Vietnam: Improving Youth Mental Health and Wellbeing in Vietnam: Insights from a Landscape Study

Presenter: Nguyen Duc Vinh

Findings: A review of the existing literature suggests that anxiety, depression, attention deficit/hyperactivity, and suicide are predominant mental health issues in adolescence in Vietnam. Vietnamese adolescents' mental health is sensitive to family context and family care practices. The school and community environment are important drivers impacting both negatively and positively on young people's well-being. Other well-being drivers negatively affecting young people's well-being include experiencing high levels of academic pressure, bullying, peer conflict, and easier access to drugs. Treatment services for adolescents suffering common mental health disorders and psychosocial distress are insufficient and ineffective due to a lack of qualified and appropriate human resources, financial resources, and an effective mechanism for coordination between stakeholders, highlighting the dire need for the development and implementation of effective interventions to reduce youth mental health problems. Although policy efforts to promote youth mental health have become stronger since

2010, with the development of a number of relevant policies and programs, such as the Mental Health Education Program for children & students for the period 2022-2025 of the education sector. However, the stakeholders have identified a need to improve coordinated policies on youth mental health, increase the quantity of qualified human resources, and organize public mental health awareness at scale. Schools have been identified as a potential platform to play a key role in the early identification of mental health problems and implementing early interventions to promote the mental health and psychosocial well-being of young people in Vietnam. The findings from the landscape study emphasize the significance of comprehensive strategies addressing the mental health of Vietnamese young people, involving family dynamics, education systems, mental health services, and policy enhancements. The role of schools can be crucial in early identification, enhancing the implementation of early interventions, and raising mental health awareness.

Abstract 4 - Egypt: Challenges and Innovations to Promote Youth Mental Health and

Wellbeing in Egypt – Findings from Literature Review and Stakeholder Consultations

Presenter: Iman Gaber

<u>Findings:</u> The results from the literature review and stakeholder consultations reveal that substance abuse, depression, and anxiety are the most frequently experienced mental health challenges among young people in Egypt. Key drivers impacting youth mental health include physical and mental health comorbidities, bullying, harsh parenting, and low socioeconomic status. The mental health system faces challenges due to a lack of mental health specialists, financial constraints, and a limited national budget for mental health services. Mental health services are primarily centralized in or near urban areas, making them inaccessible to a significant portion of the population, including young individuals in remote areas. Historically, there has been a lack of youth involvement in mental health decision-making. However, in 2022, the government launched an initiative aimed at empowering youth to participate in a national campaign to spread mental health awareness and reduce stigma. Several mental health innovations have emerged both within and outside the healthcare system in Egypt to promote youth mental health, with the School Mental Health Program (SMHP) being one such innovation, focusing on mental health prevention and promotion within the school environment. There is a recognized need for greater coordination and integration of mental health efforts, especially for youth, and the development of policies and strategies targeted towards this group. The findings underscore the urgent need for a comprehensive approach to address youth mental health challenges in Egypt. This includes promoting youth involvement in decision-making through existing national initiatives, and implementing innovative programs like the School Mental Health Program at-scale to improve youth mental well-being.

A novel self-rating scale suitable for long-term app-based monitoring of ADHD symptoms: A mixed-methods development and validation study

Amanda Bäcker, Philip Lindner

Center for Psychiatry Research, Karolinska Institutet, Stockholm, Sweden

*Abstract*

**Background**: To ensure continued effects and identify potential new needs, regular outcome monitoring is of importance in treating patients with ADHD. However, in routine care, long-term contacts are often limited to annual follow-up visits. Smartphone apps offer possibilities to complement current practice by including low-threshold, long-term sustainably monitoring functionalities. However, special considerations apply in this type of measurement, and should also be anchored in patient needs.

**Objective**: We conducted a mixed-methods study to develop and validate an instrument for ADHD symptom monitoring, to be included in an mHealth app.

**Methods**: Initially, an iterative qualitative interview process with 13 experienced clinicians informed development of the instrument. Subsequently, 400 individuals with self-reported ADHD were provided with a survey including the newly developed instrument, as well as additional questions that arose during interviews relating to the design of an app-based monitoring function. Explorative factor analysis (EFA) was conducted as well as analyses of concurrent validity and internal consistency.

**Results**: The interview process resulted in a 12-item instrument suitable for app based self-report of ADHD symptoms. EFA resulted in four subscales: (1) Everyday tasks, (2) Productivity, (3) Rest and recovery and (4) Interacting with others. Preliminary psychometric evaluation revealed good concurrent validity ($r = .595$) against the ASRS-V1.1-Screener and internal consistency of the full scale was satisfactory ($\alpha = .826$). Internal consistency of subscales ranged from $\alpha = .668$ to $.742$.

**Conclusions**: The novel 12 item instrument, informed by both clinician and patient experiences, appears to be a valid instrument for assessing ADHD symptoms.

*Lay Summary*

Smartphone apps can be used to help ADHD patients track their symptoms, and such tracking can complement clinical care. Therefore, we constructed and evaluated an instrument for measuring ADHD symptoms specifically through an app. The instrument seems to work well for its intended purpose.

## Youth Engagement in the Design of a Global Mental Health Databank

Augustina Mensa-Kwao[1], Lakshmi Neelakantan[2], Jennifer Velloza[3], Emily Bampton[4], Swetha Ranganathan[5], Refiloe Sibisi[6], Joshua Bowes[7], Lilliana Buonasorte[8], Damian Omari Juma[9], Manasa Veluvali[5], Megan Doerr[10], Tamsin Jane Ford[11], Christine Suver[10], Carly Marten[10], The MindKind Consortium[10], Pamela Y Collins[1]

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### Abstract

Depression and anxiety affect 5% to 9.3% of youth (15-24 years) globally, leading to poorer physical health, educational and occupational challenges, substance misuse, and interpersonal difficulties. Adequate care for youth mental health requires research to understand what interventions work for which youth in what settings. Engagement of young people from understudied communities in mental health research will inform this evidence. The MindKind Databank study explored participatory approaches to engage young people in contributing mental health data, laying the groundwork for collaboration between youth and mental health researchers. Using Roger Hart's ladder as a participatory framework, we assessed youth engagement through thematic analysis of primary data from project documents, weekly updates, and discussions/interviews with young people and the research consortium.

Our findings revealed varying levels of youth engagement on Hart's Ladder, spanning from basic consultation at lower rungs to significant contributions at higher rungs. Youth engagement evolved throughout the study from providing input on research questions and data governance to assuming more substantial roles as co-producers and decision-makers. Challenges, including project timelines and resource constraints, hindered the full integration of youth feedback, particularly in data engagement approaches. Nevertheless, effective youth feedback was incorporated in other areas such as recruitment strategies and data governance models, showcasing the potential benefits of meaningful youth engagement in mental health research projects. Our study underscores the significance of youth-adult partnerships, highlighting their potential to amplify lived mental health experiences, and nurture skills, leadership, and inclusiveness among young people.

### Lay Summary

Effective mental health interventions should involve research that collaborates with youth as partners rather than subjects. We aimed to engage young people in contributing mental health data to a database. Findings showed varying levels of youth engagement ranging from basic to significant contributions, with greater engagement proving more beneficial.

The role of social threat sensitivity in understanding the relationship between social anxiety and paranoid beliefs in adolescents

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*Abstract*

**Background**: Social anxiety and mild paranoid beliefs are common among adolescents, and past findings have reported that sensitivity to social threats is a feature of both. However, the link between social anxiety and paranoid beliefs remains unclear. This study aimed to investigate the role of social threat sensitivity in social anxiety and paranoid beliefs in adolescents, predicting that more anxious adolescents will be more sensitive to social threats, which moderates the increased possibility of developing paranoid beliefs. **Method**: 604 adolescents aged 14-17 in the United Kingdom participated in this study. Three measurements used were the Revised Green et al. Paranoid Thoughts Scale (R-GPTS) to measure paranoid beliefs, ten vignettes of socially ambiguous hypothetical scenarios to measure social threat sensitivity, and the Social Anxiety Scale for Adolescents (SAS-A) to measure social anxiety. Hayes' PROCESS Model 1 was used to test whether social threat sensitivity moderated the relationship between social anxiety and paranoid beliefs. **Result**: Most participants were aged 15 (27.3%) and 16 (28.8%), with a balanced number of males (49.3%) and females (49.5%). The moderation analysis showed a significant interaction between social anxiety and social threat sensitivity. The simple slope of social anxiety on paranoid beliefs was significant at low and average levels, and was of greatest significance at high levels of social threat sensitivity, showing the slope increasing as social threat sensitivity increased. **Conclusion**: Social threat sensitivity may be a psychological mechanism that determines whether socially anxious adolescents develop paranoid beliefs.

*Lay Summary*

Social anxiety and paranoid beliefs are common in adolescents, and both are characterised by sensitivity to social threats. The more anxious adolescents are, the more likely they are to interpret ambiguous social situations as threatening. Interaction between social anxiety and social threat sensitivity may determine whether adolescents develop paranoid beliefs.

# Translation and cultural adaptation of the Measure for Mental Health of Adolescents and Young People at the Population Level in Sweden (MMAPP-Sweden)

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*Abstract*

Mental health conditions like anxiety and depression are a major burden of disease for adolescents globally, including those in Sweden. Valid measures of adolescent mental health are essential to identify youth at risk. Yet, few validated tools have been culturally adapted to ensure they are suitable for youth in Sweden. In the present study, UNICEF's MMAPP tool was translated and culturally adapted for Sweden following a multi-step methodology engaging youth directly.

The process included: 1) independent translation of the tool by three bilingual individuals, 2) two local adolescent mental health experts reviewed and revised 3) three focus groups were conducted with youth ages 10-19 years (n=14) and item wording discussed.

Local mental health experts who were child psychologists indicated challenging items based on their experience working with similar tools. Additional items were revised upon discussion with youth. Changes were made primarily for items where there was a lack of equivalent terminology for direct translation, or where the equivalent term was not in common use or easily understandable by adolescents. Revised terms included "muscle tension," "peers" and "daily activities at home". Recommended changes were reviewed by the research team in consultation with child psychologists to finalize the adapted items.

The present effort, MMAPP-Sweden, represents the first initiative of this kind to adapt UNICEF's MMAPP tool in a high-income setting or European country. It is hoped that other countries will follow Sweden's lead in adapting valid adolescent mental health measures through meaningful youth engagement in the process.

*Lay Summary*

The UNICEF MMAPP tool is a validated measure for key aspects of adolescent mental health. In this study, MMAPP was adapted for use in Sweden through a process that included consultations with local youth mental health experts, and direct inputs of adolescents themselves through focus groups in different Swedish regions.

Enhancing Stress Reduction Through VR: Case Studies in Youth Mental Health

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*Abstract*

Awe experiences stem from vast stimuli that defy individuals' accustomed mental schemas, thus engendering the need to accommodate them. Nature-based experiences have resulted as the most frequent elicitors of awe including the case of simulated naturalistic scenarios in Virtual Reality. Nature itself holds a key potential to improve wellbeing, and when it is enriched by awe, it can invite a positive transformation, as suggested by the Matryoshka model. According to this model, one of the awe's highest transformative potential consists in ameliorating depressive symptoms, starting from contrasting the decay of mood by enhancing positive emotions and decreasing negative ones.

An increasing number of studies have shown the unique potential of virtual reality for inducing awe. However, the extent to which repeated simulated nature-based experiences of awe in the long run can impact an individual's wellbeing is still to be investigated. In this study, participants participated in 5 VR sessions of nature-based awe-inspiring scenarios over 3 weeks, and they were asked the frequency they felt DPES emotions during the week post-intervention. Dispositional variables were measured (i.e., Disposition to live positive emotions including awe on a frequent base; Openness to Experience personality trait) as potential moderators of awe's impact on emotions intensity. Overall happiness, Openness to Experience, and frequency of experiencing positive emotion including awe post-VR did not show statistically significant change. Only participants' level of contentment had a significant increase. Moreover, the data showed a strong positive correlation between the participants' Openness to Experience and disposition to awe.

*Lay Summary*

Awe experiences, often triggered by nature, hold potential to enhance wellbeing, especially in virtual reality (VR) simulations. A study investigated the impact of repeated VR nature experiences on emotions. While overall happiness remained unchanged, contentment increased significantly. Openness to Experience correlated strongly with disposition to awe.

A protocol for understanding the conceptualisation, prevalence, risk factors and coping strategies of  postpartum depression among adolescent fathers in rural Lilongwe, Malawi

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*Abstract*

 Introduction:

Paternal Postpartum Depression (PPPD) is a scarcely explored phenomenon, particularly among adolescent fathers. A study is planned with the study setting of rural Lilongwe, Malawi. While Maternal Postpartum Depression has garnered attention, PPPD remains inadequately understood, despite its potential adverse impacts on infant health over the life course. The proposed study will adopt a socio-ecological framework to delve into the conceptualization, prevalence, risk factors, coping mechanisms, and validation of assessment tools for PPPD, aiming to contribute significantly to the existing knowledge gap.

Methods:

The sequential mixed-methods study design will be employed to obtain qualitative insights through focus group discussions and in-depth interviews among adolescent fathers of neonates. A quantitative prevalence study will follow, shedding light on the extent of PPPD in the adolescent father population. Additionally, the study will include a validation assessment of tools tailored for measuring PPPD, ensuring the robustness and accuracy of future assessments.

Conclusion:

The findings of this study are anticipated to enrich our understanding of PPPD, providing valuable insights into its prevalence, risk factors, and coping strategies among adolescent fathers. By adopting a socio-ecological framework, the research aims to not only fill the existing knowledge gap but also inform policies, interventions, and strategies related to adolescent mental health in Malawi and potentially beyond. The study will contribute to targeted and effective approaches to support the mental health of adolescent fathers, thereby promoting healthier outcomes for both fathers and their infants within the familial context.

*Lay Summary*

The proposed study will investigate Paternal Postpartum Depression among rural adolescent fathers in Malawi. Through qualitative interviews, quantitative prevalence studies, and tool validation assessments, the study is anticipated to bridge knowledge gaps, inform mental health policies, and enhance interventions for healthier outcomes in adolescent fathers and their infants.

Parental knowledge and warmth during adolescence as protective factors for depression and anxiety symptoms: a three-wave longitudinal analysis

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*Abstract*

**Background.** Globally, parenting practices have been identified as modifiable factors for mental health during adolescence and beyond. While caregiver emotional support and warmth have been negatively linked with adolescent depression and anxiety, the role of parental monitoring is less clear. The aim of the current study was to explore the prospective links between parental knowledge and warmth in adolescence and depression and anxiety in emerging adulthood.

**Methods.** Data from three waves of a national Swedish cohort study were used (n=2400). Parental knowledge and warmth were assessed at ages 15/16 and 17/18 with composite measures based on two items each. Depression and anxiety were measured with the Patient Health Questionnaire-4 (PHQ-4) at age 20/21. The statistical method was binary logistic regression.

**Results.** Higher levels of parental warmth during adolescence were significantly associated with a lower likelihood of reporting depression and anxiety at age 20/21, adjusting for sociodemographic characteristics and indicators of mental health problems in adolescence. The corresponding association between parental knowledge and depression and anxiety was no longer statistically significant when simultaneously adjusting for parental warmth. Further, transitioning from high to low parental warmth between ages 15/16 and 17/18 was shown to be linked with a higher likelihood of reporting depression and anxiety at age 20/21.

**Conclusion.** In this Swedish cohort of adolescents, parental knowledge did not independently predict subsequent mental health outcomes. However, ensuring consistent parental warmth and emotional support during adolescence has the potential to reduce the likelihood of depression and anxiety in emerging adulthood.

*Lay Summary*

The relationship with parents is important for young people's mental health. We followed 2400 young persons in Sweden from mid-adolescence to young adulthood and found that having parents who provide consistent care, warmth, and emotional support throughout adolescence reduces the risk of reporting depression and anxiety at age 20/21.

# Physical activity in adolescence as a protective factor against future symptoms and medical treatment for depression and anxiety: a Swedish 5-year prospective cohort study

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*Abstract*

Depression and anxiety are prevalent mental health conditions in young people, associated with impairments in everyday life and potentially leading to long-term negative consequences. Therefore, identifying preventive factors is highly relevant. The aim of this study was to investigate the potential protective effects of physical activity during adolescence on the development of depression and anxiety in young adulthood.

Data were derived from the Swedish cohort study Futura01, which involved a national sample of individuals born in 2001. They were surveyed in 2017 at age 15-16 and in 2022 at age 20-21 (n=3,004). Physical activity was self-reported at age 15-16 and categorised into three levels: low, intermediate, and high, based on the number of weekly hours. Depression and anxiety symptoms were assessed by self-reports at age 20-21 using the Patient Health Questionnaire-4 (PHQ-4) and information on medication for depression and anxiety. Control variables included sociodemographic characteristics and indicators of mental health problems at age 15-16.

Descriptive analyses and binary logistic regressions revealed an inverse, graded pattern between physical activity at age 15-16 and the likelihood of reporting depression and anxiety symptoms as well as the use of medication for depression and anxiety at age 20-21. These results remained robust even after adjusting for sociodemographic characteristics and earlier mental health problems.

The findings show that physical activity acts as a protective factor against later symptoms of depression and anxiety as well as medical treatment in young individuals. Therefore, providing opportunities for physical activity in schools and during leisure time holds significant importance.

*Lay Summary*

Depression and anxiety are common mental health conditions among young people, underscoring the importance of identifying protective factors. Based on analyses of data from a Swedish national cohort (n=3,004), this study indicates that physical activity during adolescence prevents the development of depression and anxiety symptoms in young adulthood.

Improving our Understanding: Innovative Analyses Made Possible through Longitudinal Data Collection: Individual, parental, and community factors influence on mental disorders among adolescents and young adults: a population-based study

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*Abstract*

Background: Among youth in low-income countries, prevalence and factors influencing mental disorders are understudied.

Methods: 3,221 respondents aged 15-24 were interviewed with the World Mental Health Composite International Diagnostic Interview (WMH-CIDI 3.0) in the Nepal Chitwan Valley Family Study (CVFS, 2016-2018), adding important mental health data to CVFS (consecutive panel study since 1995). Individual (ethnicity, age, gender, marital status, self-rated health status, migration, maltreatment), parental (parental mental health disorders and education), and community (violence, distance <5-minute walk to health services and schools) factors that influence lifetime and 12-month prevalence of any measured mental health disorders (MHD) and major depressive disorder (MDD) were explored through generalized linear models, accounting for household clustering.

Results: 12-month MHD and MDD prevalence were around 3% (3.5% and 2.1%), while 13.2% and 8.9% reported any lifetime MHD and MDD, respectively. Individual (ethnicity, age, gender, marital status, self-rated health status, maltreatment, lifetime MHD adjusted odds ratio [aOR]=0.38-6.67), parental (parental mental health disorder history, lifetime MHD aOR=1.57), and community (distance <5-minute walk to school, lifetime MDD aOR=0.67, 95% CI:0.47-0.95) factors influenced youth lifetime and 12-month prevalence of any MHD and MDD.

Conclusion: Our study highlights the importance of individual, familial, and community factors on youth experiences of mental disorder. We documented low prevalence of 12-month/lifetime MHD among youths in a low-income county relative to prior reports of MHD prevalence in high-income countries. Understanding the complex relationship between factors across contexts, especially in low-income settings, contributes to our understanding of disease etiology, with important public health implications.

*Lay Summary*

This study aims to research individual, family, and community factors affecting mental health of adolescents in the Chitwan Valley in Nepal. This study is especially important because it adds essential mental health data to the Chitwan Valley Family Study.

Targeting adolescents' mental well-being to improve their overall mental health: Findings from a cross sectional study in Sweden.

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*Abstract*

Adolescents' mental difficulties and psychiatric conditions constitute a global health issue. To fully describe adolescents' mental health status, there is a need to consider mental well-being and symptoms of mental health problems simultaneously, in a dual-factor model of mental health.

This study aimed to I) assess  mental health status according to the dual-factor model among adolescents in Sweden and II) explore associations between mental health status and school-related factors, stress, resilience and background factors. We used cross-sectional data from the Life and Health of Youth survey, which was completed by 2,208 students in grades 7-12 on the Swedish island Gotland during 2021. The survey included the Mental Health Continuum Short Form (MHC-SF) to measure mental well-being and the Strengths and Difficulties Questionnaire (SDQ) to measure symptoms of mental health problems. Based on responses to the two measures, the proportions of participants in four mental health status groups were described. Chi-square tests and logistic regressions were used to explore associations between the mental health status groups and factors of interest.

The largest group had Vulnerable mental health, i.e. no symptoms of mental health problems but low mental well-being (47.5%). Belonging to this group was associated with high stress levels (OR: 2.23) and female gender (OR: 1.88). Reduced risk for vulnerable mental health was evident with higher resilience (OR: 0.87) and higher rated subjective social status in school (OR: 0.76).

The results highlight the importance of recognizing adolescents' mental-wellbeing and addressing stress, resilience and social status to improve adolescents' mental health.

*Lay Summary*

To fully describe adolescents' mental health, their mental wellbeing and mental health problems should be assessed simultaneously. According to data from a Swedish school survey, 48% of the adolescents had impaired mental well-being, despite no symptoms of mental health problems. The results highlight the importance of recognizing adolescents' mental-wellbeing.

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*Abstract*

Objective: To determine whether adverse childhood experiences (ACEs) of children of people with alcohol use disorder were associated with their current "risky drinking".

Methods: This case-control study used the Alcohol Use Disorder Identification Test (AUDIT, cutoff is 7) to divide the participants into two groups, a"risky drinking group" (N=53) and a "non-risky drinking group" (N=97). Demographic data, ACEs, the Hamilton Anxiety Rating Scale (HAMA), the Hamilton Depression Rating Scale (HAMD) and the Mini-International Neuropsychiatric Interview (MINI) were used for assessment. The specific relationships between ACEs and "risky drinking" were explored.

Results: Respondents ranged in age from 29.70±6.72 years; 74.5% were females; 94.7% were of Han nationality; 56.7% had a level of education above high school; 12% had no formal or stable job. The"risky drinking"group was more likely to have experienced a major depressive episode (P＜0.05), nonalcohol psychoactive substance use disorder and bulimia nervosa (P <0.01), and they also experienced more physical abuse (P＜0.05), community violence (P＜0.01) and collective violence (P＜0.05). In a single factor logistic regression, physical abuse, community violence and collective violence were associated with a two- to eleven-fold increase in "risky drinking", and in multiple factor logistic regression, community violence showed a graded relationship with "risky drinking."

Conclusion: The childhood adverse experiences contribute to "risky drinking"in children of people with alcohol use disorder. This finding in the Chinese context have significant implications for prevention not only in China but in other cultures.

*Lay Summary*

This study surveyed the adverse childhood experience among adult children of parent with alcohol dependence in a Chinese sample and found the risky drinking group had stronger associations with adverse childhood experiences. To our knowledge, this is the first study focusing on this population in China.

The impact of emergency cash transfer payments during the COVID pandemic on the level of coping in Australian young people with and without pre-existing mental disorders: Evidence from a longitudinal study

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*Abstract*

Globally, the COVID-19 pandemic has led to an overall worsening of mental health. Cash transfer payments may be a useful policy strategy for multiple outcomes including improving mental health, however, there is little evidence of their effectiveness during the pandemic among young people in high-income countries. The current study investigated the effect of emergency cash transfers (i.e., JobKeeper payment: for those who were employed at pandemic start, and Coronavirus Supplement: was an increase in payment of welfare for those who were not employed at the onset of pandemic) in Australia during the pandemic on the coping level among 18-22-year-olds Australians, both with and without pre-existing mental health conditions. This study used data from the last three waves (wave 8, 9C1 and 9C2 from 2018, 2020 and 2021 respectively) of the Longitudinal Study of Australian Children, a nationally representative cohort study. Of the 902-sample analysed, the majority (85%) reported fair-to-high levels of coping, 19% reported mental health conditions, 16% received JobKeeper and 40% received Supplement. Longitudinal analysis using random-effects models (adjusted for gender, employment, location, family cohesion, history of smoking, alcohol intake, and COVID test result) revealed that JobKeeper was strongly associated with a higher coping level for those with mental health conditions compared to those who did not receive the payment (p<0.01). Receipt of the Supplement was not significantly associated with a higher level of coping for youth with mental health conditions. Among those without mental health conditions, neither JobKeeper nor Supplement had statistically significant impact on coping level.

*Lay Summary*

Cash transfers positively improve coping among young Australians during the COVID-pandemic, but improvements limited to those with pre-existing mental health conditions who received JobKeeper. JobKeeper was a federal program in Australia provided during the pandemic to prevent job loss for those who were employed when the pandemic began.

## Charting a collaborative course: Adolescent mental health integration in HIV programs in sub-Saharan Africa– findings from a systematic review

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*Abstract*

**Introduction:** Adolescent mental health (AMH) is a significant determinant of HIV outcomes, yet it is frequently overlooked in adolescent HIV programme (AHP) implementation. About 90% of children and adolescents who live with HIV/AIDS worldwide reside in Sub-Saharan Africa and their mental health burden is higher. Our systematic review describes past or current collaborative AMH and HIV programmes, identifies their implementation strategies, and highlights barriers to integrating AMH into AHP.

**Methods:** We searched 5 databases (PsycINFO, PubMed, Wed of Science, CINAHL and DOAJ), gray literature and conducted a reference search from database onset till July 30th 2023 for relevant articles. Relevant search terms were used, including keywords related to Adolescents AND Mental Health AND HIV/AIDS AND Africa. Our study followed the PRISMA guidelines.

**Result:** A total of 1,883 articles were screened with 21 studies conducted in 14 African countries meeting the eligibility criteria. Fifty-two (52.3%) percent of studies were conducted in the clinic/hospital, 71.4% used an RCT design, and 38.1% of studies utilized Cognitive Behavior Therapy. In 61.9% of the studies, the mental health objective in the AHP were exploratory or secondary in nature. Major barriers to implementing a collaborating course to care included, inadequate personnel with skills in mental health, lack of adolescent friendly space/centers, funding, stigma, poor youth turn-out, among others.

**Conclusion:** We need more studies and programmes that incorporates AMH into AHP. Key stakeholders need to work together and co-design programmes with adolescents to explore evidence-based and innovative interventions while addressing the identified challenges.

*Lay Summary*

Adolescent mental health (AMH) significantly affects HIV outcomes, but integrating AMH into HIV programmes is often overlooked in Africa. A systematic review identified 21 eligible studies from 14 African countries exploring collaborative AMH and HIV programmes. Challenges included a lack of expertise, funding, and stigma. More collaborative programmes are needed

## Mental health among children and adolescents experiencing COVID-19 associated orphanhood

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*Abstract*

**Background**:The COVID-19 pandemic resulted in significant mortality with many children experiencing COVID-19-associated orphanhood . This study explores mental health symptomology among children experiencing COVID-19 orphanhood in South Africa.

**Methods.**Children (mean age 12.7 years) experiencing COVID-19 associated orphanhood (n=211), and a comparison group (who did not experience COVID-19 associated orphanhood (n=211), residing in South Africa completed validated mental health scales with cut off scores (exploring depression, anxiety, relationships, education, support, violence, bullying and suicidality symptomology).

**Results**:.The group lived in poverty (half no access to basic necessities, 16.1% no food security (significantly higher in the orphanhood group (20.4% vs 11.9% t=5.68 p=.02). Over half - 54.3%(229/422) reported common mental disorder. 48.1% (203/422) experienced depressive symptoms, 150/422 (35.6%) Anxiety symptoms. Prevalence of poor mental health symptomology was similar according to orphanhood status for depression and anxiety scores, but significantly higher (t=2.25;p=.02) for suicidality symptoms in the orphanhood group, significantly lower self-esteem scores, (t=2.10;p=.04), higher behavioural risks (t=2.13;p=.03) and significantly more likely to be referred for support services (39.3% vs 21.3%) t=16.19 p=.0001. Children living in households affected by COVID orphanhood plus HIV had elevated risk behaviours, social risk and poorer mental health. Multiply bereaved children (n=29/211) had elevated suicidality, behavioural risks , bullying experience scores and referral need.

**Conclusions**: Prevalence of poor mental health was high, with particular concern for those double affected by HIV and COVID as well as those with multiple bereavements. Access to mental health services was low, and one in three study participants needed referral to services.

*Lay Summary*

The COVID-19 pandemic saw high adult death rates thus triggering orphanhood. 422 children in South Africa were studied (211=caregiver death, 211/none)showing similar levels of anxiety/depression and elevated suicidality, behavioural risk, referral need and poorer self esteem. Compound risk (family HIV or Multiple bereavement)also affected mental health.

"Women and Children of Syria's Widow Camps: Hardest to Reach, Most at Risk" the dire situation of widowed, divorced and single women and girls residing in the highly stigmatized and isolated widow camps of Northwest Syria

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*Abstract*

This WVI research examines the plight of widows and other single women, and their children, who live in the isolated and stigmatized widow camps of northwest Syria. These camps are home to tens of thousands of women and children who have lost their husbands or fathers due to the Syrian war. They face constant threats of violence, abuse, exploitation, and deprivation, and have extreme mental health and psychosocial support needs. The children in these camps are neglected, forced to work, and married off early, and the rights of girls are especially violated. The findings are based on a survey of 419 respondents and key informant interviews with humanitarian actors and local organisations. The findings also highlight the lack of humanitarian access, essential services, and mental health and psychosocial support for the women and children in these camps. Urging the UN, donor governments, and the humanitarian community to take urgent action to improve the situation and protect the rights of the women and children in the widow camps.

*Lay Summary*

This WVI research shows the hard life of women and children who live in widow camps in Syria. They have no husbands or fathers and face violence and suffering. They need help but get very little. The research calls the world to act to help them.

"Reaching the Final Straw" shedding light on alarming suicide trends and perceptions affecting women, girls, and young people stuck in limbo in Northwest Syria.

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*Abstract*

Men, women, children and young people have been living in limbo for more than a decade in the overcrowded and isolated border area of Northwest Syria. Women and girls' mental health has severely been impacted by limited mobility linked to lack of safety, heightened exposure to Sexual and Gender-based Violence (SGBV) such as child marriage. Previous studies showed that suicidal ideation is on the rise in Northwest Syria: Women and girls made up the majority of suicide and attempted suicide cases in Northwest Syria between early 2021 and mid-2022. Between the last six months of 2021 and the first six months of 2022, it rose from 106 to 213, with women representing almost half (49%) of the reported cases. A growing concern of girls under 18, largest group (40%) of total recorded deaths by suicide between early 2021 and mid-2022.

World Vision conducted a study with the aim of understanding the mental health impact of the protracted crisis; 85% of the respondent agreed that suicide attempts have been on the rise in their community in the past year. 90% respondents agreed that deaths by suicide had also increased during that same period. 70% of respondents cited "lack of safety" as a daily challenge in their community. The main reasons behind suicide were identified as: low income (62%), lack of jobs (42%), the pressure of additional financial responsibilities towards loved ones (32%) and feelings of hopelessness (17%).These findings highlight an urgent need of contextualized MHPSS services for women and girls.

*Lay Summary*

World Vision sheds light on alarming suicide trends and perceptions affecting women, girls, and young people stuck in Northwest Syria. Findings showed that women and girls' mental health is severely impacted by limited mobility linked to lack of safety, exposure to Sexual and Gender-based Violence such as child marriage.

# Psychosocial Support Content in Prevocational Training: Impact on Rohingya Adolescents

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*Abstract*

Adolescence is a turbulent period defined by physical and mental progress, as well as emotional sensitivity and mood swings. Addressing the special needs of adolescents is critical in Rohingya communities, where they account for 14% of the population. This paper highlights BRAC's 6-month pre-vocational training, which incorporates psychosocial support as one of the components of life skills content. Rohingya youth have experienced trauma and suffering that have negatively impacted their mental health. It was crucial to integrate psychosocial support into their prevocational training. The course promotes positive behavioral changes and turns learning centres into safe spaces for self-expression. The importance of psychosocial assistance in life skills education includes identifying emotional resilience, mental wellbeing, and social adaptability as essential components, particularly in the context of the Rohingyas. These adolescents often grapple with displacement-related psychological consequences, and psychosocial support is essential to address issues like stress, anxiety, and low self-esteem. Through the incorporation of psychological support, considerable increases in emotional wellbeing, coping mechanisms, and anxiety reduction occurred. The inclusion of this psychosocial component had transforming effects on emotional resilience, interpersonal skills, and wellbeing.The transformative impact of including psychosocial support in the life skills education of Rohingya (FDMN) adolescents was not only in the increased employment opportunities but also contributed to their overall wellbeing and social integration. It provides evidence that including psychosocial support content in trainings for adolescents in difficult conditions increases the possibilities of fostering their emotional and social development.

Key Words: Pre-vocational, Life Skills, psychosocial support, emotional resilience, wellbeing, adolescents

*Lay Summary*

BRAC's 6-month pre-vocational training focuses on literacy, numeracy, and life skills. Psychosocial support was incorporated as a component of life skills. Integration of psychosocial support promoted positive behavioural changes and self-expression, enhanced emotional resilience, interpersonal skills, and wellbeing. This increases employment opportunities and contributes to overall wellbeing and social integration.

The development of a mental health game to reach Spanish-speaking Texan Hispanic communities

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*Abstract*

Hispanic/Latinx communities, particularly in countries where Spanish is not the primary language, encounter several barriers when accessing mental health services. In the USA, this population exhibits similar vulnerabilities to mental illness as the general population but faces disparities in both the accessibility and quality of treatment. Barriers faced include language obstacles, a lack of cultural competence among healthcare providers, legal status concerns, acculturation challenges, and mental health stigma.

Texas A&M University's Telebehavioral Care (TBC) program has taken an innovative approach to address these issues. A bilingual/bicultural project coordinator has created a mental health educational game inspired by the traditional and culturally significant game of Lotería, widely played in Hispanic/Latinx communities. This modified game focuses on mental health topics and is designed for all-age groups to play in-person.

The game underwent an initial pilot phase, involving eleven TBC team clinicians/staff. Through five rounds of play, valuable feedback was collected to enhance the game, with a focus on improving implementation and outcomes. The team expressed a highly favorable reception of the game.

While this game is still under development, it offers a novel approach to engage with Hispanic/Latinx communities. Research has shown that health-related games can effectively convey health information, leading to increased engagement, improved information retention, and enhanced accessibility. By using an adapted familiar and culturally significant game like Lotería, this approach aims to address barriers in a culturally and linguistically competent manner, making mental health education more approachable and accessible to Hispanic/Latinx families.

*Lay Summary*

Hispanic/Latinx communities, especially in non-Spanish-speaking countries, face barriers in accessing mental health services. A mental health educational game inspired by Lotería was piloted with positive feedback to address these issues. This innovative approach enhances engagement, information retention, and accessibility in mental health education for Hispanic/Latinx communities.

A qualitative study on exploring challenges, barriers, and opportunities to implement a mental health support system in medical colleges of Bangladesh.

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*Abstract*

**Background:** Emerging mental health problems among medical students are a concerning public health issue globally. Bangladesh now sits on the frontline with the countries that have higher cases of mental disorders among medical students and no easy access to seek help. We conducted a qualitative study to explore the mental health support needs of medical students along with barriers, challenges, and opportunities to establish a mental health support system in medical colleges of Bangladesh.

**Method:** In-depth qualitative data was collected from three separate groups using a semi-structured topic guide via an online interview session. Three separate groups of interest were identified using. purposive sampling methods recruited 16 medical students, 5 teachers (academic staff and policymakers), and 5 guardians.

**Result:** Most of the participants had a clear concept of mental health, but they described the term as a stigma that hindered them from receiving mental health support. Though every medical college has a psychiatry department, medical students do not feel comfortable going there. The majority of the participants suggested that a separate counseling center with proper privacy for medical students should be established in every medical college.

**Conclusion:** The study findings highlight the necessity and urgency of establishing adequate mental health services in the medical colleges to address the mental health condition of the medical students. Considering the limitations of this study and the long-term effect of the pandemic situation on students' mental health, we suggest further studies to explore the situation with a wider lens.

*Lay Summary*

Medical students in Bangladesh are suffering from different kinds of mental health disorders and have no easy access to help from any source. This qualitative study aims to explore barriers, challenges, and opportunities to establish a mental health support system in medical colleges in Bangladesh.

Exploring stakeholders' perceived problems associated with the care and support of children and youth with mental ill health in Sweden: a qualitative study

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*Abstract*

Background Care and support for children and youth with mental ill health are provided by an increasing number of stakeholders. As a result, services are often fragmented, inefficient and unco-ordinated, with negative consequences for the service user and their family. Enhanced collaboration could lead to improved care and support but requires a shared understanding between involved stakeholders. The aim of this study was to explore different stakeholders' perceived problems associated with delivering care and support to children and youth with mental ill health, and to discuss how the perceived problems relate to collaboration.

Methods A qualitative descriptive study was conducted, using statements of perceived problems written by 26 stakeholders, representing school and student health, primary health care, specialist care, social services, and different service user organizations.

Results The perceived problems were summarized in a model consisting of four categories: Resources and governance; Collaboration and co-ordination; Knowledge and competence and Stigma and confidence, containing 24 subcategories. These were distributed over three levels: Societal level, Organizational level and Individual level. The perceived problems were shared on the category level but to some extent varied between stakeholder groups on the subcategory level.

Conclusions Even though the perceived problems were shared by stakeholders on an overall level, the findings indicate that the stakeholders did not have a completely shared understanding, as they tended to focus on aspects most relevant to their own organization. The challenge is to find which perceived problems are appropriate for inter-organization problem-solving and which can be solved within individual organizations.

*Lay Summary*

Children and youth with mental ill health get care and support from many stakeholders. The stakeholders perceive a lot of problems with the fragmented care and support. This study investigated what problems, and how they vary between the stakeholders. That could be helpful to find suitable, common cross-border improvement areas.

Coparenting, mental health, and the pursuit of dignity: A systems-level analysis of refugee father-mother narratives

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*Abstract*

Research on coparenting is virtually absent from the refugee literature, despite its importance for family systems, children's bio-behavioural and emotional development, and intergenerational responses to social change.  In 2022, we conducted 30 semi-structured interviews with Syrian refugees in Jordan and used thematic analysis to examine how fathers and mothers (n = 15 dyads) enacted parenting together. We identified four approaches characterising how couples navigated coparenting interactions, family cohesion, and intergenerational change. These were negotiation, mirroring, anchoring, and transformation. Specifically, Syrian couples negotiated how to balance responsibilities, sought emotions and behaviours that reflected calm and respect, prioritised family togetherness over education or resettlement opportunities, and, strikingly, adopted gentler parenting approaches to transform intergenerational experiences. Underpinning these four themes were efforts to uphold family dignity. Syrians described themselves as ordinary parents, eschewing the label of refugee parents, building a normal life for their families after war and displacement. Our thematic analysis offers methodological and conceptual advances in exemplifying how to capture a dyadic understanding of coparenting and why refugees strive to parent in ways that sustain mental health. These insights lay the groundwork for developing a relational, agentic model of family caregiving systems in the context of precarity and forced displacement. This a valuable paradigm for systems-related work informing research, policy, and practice, one that is specifically relevant to strengthening the processes of family-level communication and designing integrated programs that support caregiving, wellness, and family dignity.

*Lay Summary*

We interviewed refugees to understand how they coparented their children and uncovered four approaches: negotiation, mirroring, anchoring, and transformation. These revealed how they shared responsibilities, maintained calm, and adapted gentler parenting styles to preserve family dignity. Our findings offer insights into a model of 'refugee parenting' that emphasises collaboration.

Qusai Khraisha[1,2], Nadeen Abujaber[3,1], Cristina Alexa[2], Laila Banerjee[2], Sadhbh Carpenter[2], Robert Crossen[2], Anna Flynn[2], Ferdia Geary[2], Ronan Kelly[2], Johanna Kappenberg[2], Sanskriti Mehra[2], Chuhan Mei[2], Cameron Murphy[2], Orla Norton[2], Sophie Marleen Put[4], Kate Schnoebelen[2], Iulia-Mara Scarlat[2], Jiayue Sun[2], Beatrice Rebecca Volta[2], Azza Warraitch[1,2], Kristin Hadfield[1,2]

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*Abstract*

No systematic literature review has examined parenting in protracted refugee situations, where about 78% of all refugees reside. Using United Nations data, we identified 150 such situations in 72 countries. We subsequently pre-registered a protocol and screened nearly 20,000 documents from 10 databases in 10 languages, including region-specific content from the top 100 websites for each of the 72 countries that 'host' protracted refugees. Our search identified a large, but fragmented literature from various disciplines constituting 350+ relevant articles. Results indicate a skewed research focus on specific refugee populations and host countries, with many more studies on infants and adolescents than on middle childhood. Most work is on mothering, while fathers and non-traditional caregivers receive limited attention. Observational data is lacking, and there is a dearth of longitudinal studies. Mental health aspects of parenting in displacement tend to be studied with a focus on inner emotions, with less emphasis on problematic behaviours such as substance abuse. Positive parenting outcomes arising in response to adversity are relatively neglected. Research on what influences parenting predominantly examines the impact of pre-displacement events, like war trauma, rather than post-displacement daily stressors, such as discrimination in host countries. Coparenting research is notably absent, and there is a limited body of work investigating the bidirectionality of child behaviour and parenting. This systematic review serves a dual purpose: firstly, by comprehensively mapping existing research, it prevents unnecessary duplication leading to reduced resource wastage, and secondly, by identifying gaps, it establishes the groundwork for future research directions.

*Lay Summary*

Research on parenting in protracted refugee situations is fragmented. Our systematic review brings together this literature, highlighting common research areas, and identifying where some populations get more attention than others. Future research should broaden our understanding by including more diverse samples of caregivers and integrating a wider range of methods.

Effectiveness of a Social Emotional Learning and Mindfulness Program for Northern Ugandan Youth

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*Abstract*

The objectives of this research were to develop, monitor and evaluate the effectiveness of a social emotional learning and mindfulness (SEL-M) program on the mental well-being of youth living in post-conflict northern Uganda. Past research has demonstrated the positive benefits of SEL-M programs for students (e.g., Schonert-Reichl et al., 2015), the unemployed (e.g., de Jong et al., 2013), and those returning to work (e.g., Vindholmen et al., 2014); however, these programs have been developed within the Global North. Other SEL-M programs have been culturally adapted to a Global South context but have shown limited effectiveness (see Matsuba et al., 2020). To overcome some of these limitations, we sought to have northern Ugandan youth create a 16-week SEL-M program. These youth then delivered the program to fellow youth. Lesson topics included mindfulness, stress, anxiety, depression, positivity and self/identity development. Lessons were 30-minutes with 2 lessons given per week. Lessons were also embedded within cultural practices.

Preliminary results are based on 49 participants who were recruited from three vocational programs (tailoring, hairdressing and carpentry) in the region (mean age = 19.7 years; SD = 3.2 years; female = 75%). Participants completed the WHO-5 Well-Being (Bech, 2004), Child and Youth Resilience Measure (Panter-Brick et al., 2017), and Revised Child Depression and Anxiety Scale (Ebesutani et al., 2017) at pre- and post-test. A series of repeated one-way ANOVAs were conducted. On all measures, participants showed significant ($\alpha < .05$) improvement over the course of the program with effect sizes ($\eta2$) ranging from 0.30 – 0.47.

*Lay Summary*

Social emotional learning and mindfulness (SEL-M) programs are effective in improving people's well-being in the Global North. Less is known about the Global South. Our project focuses on the creation and evaluation of a SEL-M program by and for Ugandan youth. Results show the program to improve youth mental well-being.

Can large language models be used in synthesising research about displaced children and adolescents? Evaluating GPT-4's efficacy in screening and extracting data from peer-reviewed and grey literature in multiple languages

Qusai Khraisha[1,2], Sophie Put[3], Johanna Kappenberg[2], Azza Warraitch[1,2], Kristin Hadfield[1,2]

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*Abstract*

Research about displaced children and adolescents is expanding rapidly, which means that synthesising the evidence from this growing literature in a systematic way is becoming ever more challenging and time-consuming. New large language models (LLMs) may offer a way to speed up and automate systematic reviews in this field, but their performance in this method has not been comprehensively evaluated, and no study has tested GPT-4, the largest LLM so far. This pre-registered study evaluates GPT-4's capability in title/abstract screening, full-text review, and data extraction across multiple languages and various literature types from an ongoing systematic review on parenting in protracted refugee situations. Although GPT-4 had accuracy on par with human performance in some tasks, results were skewed by chance agreement and dataset imbalance. After adjusting for these, there was a moderate level of performance for data extraction, and – barring studies that used highly reliable prompts – screening performance was at none to moderate for different stages and languages. When screening full-text literature using highly reliable prompts, GPT-4's performance was on par with humans. Our findings indicate that, currently, substantial caution should be used if LLMs are being used to conduct systematic reviews on displaced children and adolescents, but suggest that, for certain tasks delivered under reliable prompts, LLMs can rival human performance.

*Lay Summary*

Rapid increases in research on displaced children and adolescents make synthesis more difficult. Automated systematic reviews using large language models could be a solution. We show that their performance on some tasks is very strong. However, we advise caution since they can also produce misleading outputs that deceptively look human-like.

Innovative Participatory Data Collection Methodology: Pilot test of the Participatory Assessment Tool for Mapping Social Connections (PATMSC) Among Lebanese, Palestinian, and Syrian Adolescents Affected by Displacement

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*Abstract*

Introduction: Participatory Assessment Tool for Mapping Social Connections (PATMSC) is a unique qualitative method that identifies and visualizes the types and qualities of social connections. PATMSC captures linkages and trust between different social resources to understand their relationship with the participant and their network. This study piloted the PATMSC for adolescents affected by displacement in Lebanon, related to their health and well-being.

Methods: Workshops conducted in a refugee settlement with Palestinian, Syrian, and Lebanese families evaluated individuals and organizations that adolescents identified as resources when seeking nutrition, mental health, and abuse support. Participants created maps depicting connections between resources and evaluated use of and trust in them. Participants were recruited through purposive and snowball sampling, and a deductive qualitative analytic approach was implemented. Data was transcribed and translated from Arabic to English and analyzed in Excel.

Results: PATMSC was digitally adapted for COVID-19 and effective in populations with limited literacy. Family members were found to be highly connected and most used by participants. Limitations and challenges included participants identifying "self" as a social connection, participants unfamiliar with certain resources rating them with low trust, and maps with fewer resources not necessarily indicating a lack of resources.

Conclusion: PATMSC efficiently identifies and maps social connections. Using scenarios to depict social networks is effective when working with adolescents. This is essential for documenting populations affected by displacement's often fragmented social resources. Identifying gaps in these resources can create intervention and investment opportunities in adolescent health and development, guiding practitioner and policy responses.

*Lay Summary*

This study tests the Participatory Assessment Tool for Mapping Social Connections (PATMSC) among adolescents living in refugee camps in Lebanon. This approach uses group-based discussions around mental health, abuse, and nutrition, to understand the resources and social support available to adolescents, their caregivers, and professionals that work with adolescents.

The impact of a trained lay community counsellor delivered psycho-education programme on the Mental Health Literacy and Well-being of young Internally Displaced Persons in Nigeria

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*Abstract*

Introduction:  While mental health is an essential component of overall well-being, however, Mental Health Literacy (MHL) is still poor especially in low- and middle-income countries (LMICs). Despite the high rate of literacy in Nigeria, studies have revealed a significant degree of ignorance about mental health. MHL is low and frequently viewed as a spiritual attack, hence, traditional healers are the very first sites for consultation. Studying MHL and the well-being of internally displaced persons is a important for reducing the challenges experienced by them in Nigeria.

Methods: The pre-and-post-test study was conducted to assess mental health literacy and well-being and the impact of psychoeducation among 83 internally displaced persons (IDP) in the New Kuchingoro and Durumi IDP camps using Mental Health Literacy Questionnaire (MHLQ).

Results: Of the respondents, 20.5% were between the ages of 15-19 and most were single (80.7%). We found that 16.9% had no formal education, and a few (3.6%) were employed. Many of the respondents (55.4%) were Christians, and a few (8.4%) had a polygamous family size. At baseline, most of the respondents (79.5%) had low knowledge of mental health literacy and some had high knowledge of mental health literacy. After the 9 month-long psychoeducation intervention, at the endline, most of the respondents (98.8) had an increased and high knowledge of MHL and few (1.2%) had low knowledge on MHL.

Conclusion: There is a need for government, health organizations, and stakeholders to be involved in the upscale of interventions that improves mental health literacy in LMICs.

*Lay Summary*

In Nigeria, despite high literacy rates, Mental Health Literacy (MHL) is low, often linked to spiritual causes. A study in IDP camps found initially low MHL (79.5%) among 83 participants. After a 9-month psychoeducation intervention, MHL significantly improved to 98.8%. There is a need to scale mental health literacy interventions.

Putting Mental Health on the School Curriculum

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*Abstract*

Socio-emotional learning has proven to be one of the most cost-effective ways to promote mental health among youth, as well as reduce stigma. Despite World Health Organization recommending both low-, middle- and high income settings to introduce mental health education, only a handful of countries offer it as part of the national school curriculum.

Since 2023, a coalition of 30 renowned NGO:s; from children's rights, education and mental health; have come together to make mental health part of the health education in Sweden. The campaign has been a success, attracting both media attention as well as meetings with ministers and government representatives.

Being an inspiring example for mental health actors around the world, WHO will be featuring the campaign in their newsletter. In this lecture, you will hear about the campaign, the scientific arguments for SEL and lessons learned from the psychologist running the campaign.

*Lay Summary*

Socio-emotional learning in schools is one of the most cost-effective ways to promote mental health among youth, according to WHO. Learn from a Swedish campaign called 'Mental Health on the Curriculum' engaging more than 30 NGO:s in the strive for mental health education.

# Social determinants of health and perceived cognitive impairment in high school students in the United States

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## Abstract

The United States Centers for Disease Control and Prevention conducted the Adolescent Behavior and Experiences Survey (ABES) to examine disruption and adversity during the COVID-19 pandemic. We examined the association between social determinants of health (SDoH) and cognitive problems attributed to physical or mental health problems among high school students. Cognitive problems were assessed with the question: 'Because of a physical, mental, or emotional problem, do you have serious difficulty concentrating, remembering, or making decisions?' A SDoH index was created by summing endorsements to 12 variables. Participants were 6,992 students, age 14-18, with 3,294 boys (47%) and 3,698 girls (53%). Many adolescents reported experiencing cognitive problems (i.e., 45%), with girls (56%) more likely to report cognitive difficulties than boys (33%) [$\chi 2(1)=392.55$, $p<.001$]. Having poor mental health was strongly associated with cognitive problems in both girls [81%, $\chi 2(1, 3,680)=650.20$, $p<.001$] and boys [67%, $\chi 2(1, 3,267)=418.69$, $p<.001$]. There was a positive, linear association between the number of SDoH experienced and reporting cognitive problems. Binary logistic regressions were used to identify predictors of cognitive difficulty for both boys and girls (e.g., being bullied electronically, experiencing food insecurity during the pandemic, being treated unfairly because of their race or ethnicity, and being in a physical fight). A strikingly high proportion of adolescents reported experiencing problems with their cognitive functioning. After adjusting for current mental health problems, several SDoH remained associated with adolescents' reported cognitive difficulties, including experiencing racism, bullying, parental job loss, and food insecurity.

## Lay Summary

Cognitive problems are common in youth experiencing ADHD, generalized anxiety disorder, and depression. In this nation-wide study of adolescents in the United States, several social determinants of health were associated with adolescents' self-reported cognitive difficulties, including experiencing racism, bullying, parental job loss, and food insecurity after adjusting for mental health.

Developing a 'psychosocial life' game: A mental health screening tool for youths living with HIV in Rwanda

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*Abstract*

Mental health (MH) disorders among youths living with HIV interfere with HIV treatment in East African countries, including Rwanda. The lack of contextualized screening tools for MH exacerbates the problem. Leveraging the preference of adolescents in engaging well with digital interventions to develop a novel user-friendly tablet-based MH screening tool that predicts poor medication adherence (MA) and poor viral load (VL) suppression might be a good strategy for early diagnosis and treatment of MH disorders, with an ultimate goal to improve the lives among youths living with HIV.

A research initiative aiming to iteratively develop and psychometrically validate a so-called 'psychosocial life (PSL) game' clinically diagnostic tool for youths living with HIV in Rwanda was designed in four major steps: 1) Develop a PSL questionnaire composed of psychometrically validated scales of indicators that are indicative of poor MA and poor VL suppression, 2) administer the questionnaire to youths living with HIV and identify questionnaire items that are highly predictive of poor MA and poor VL suppression, and constitute a shortened version of PSL questionnaire, 3 ) develop the PSL game by gamifying the items from a shortened version of PSL questionnaire, and 4) psychometrically validate the PSL game against both the shortened version of PSL questionnaire and clinical assessment before determining the cut-off score.

The long-term goal of this study is to deploy the PSL game in waiting areas for youths at the HIV clinics to facilitate early diagnosis of psychosocial issues and enable timely and targeted interventions.

*Lay Summary*

Mental health (MH) disorders interfere with the efforts towards medical adherence among youths living with HIV in Rwanda. The challenge is exacerbated by lack of tailored screening tools. A study was designed in Rwanda to develop a novel tablet-based game for screening MH disorders among youths living with HIV.

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*Abstract*

In March 2021, the Governor of Washington declared a youth mental health crisis due to alarming rates of youth suicide and inadequate service access. Our mixed-methods study investigates mental health supports across the care continuum recommended by young people and key stakeholders in Seattle, Washington. Fifteen key informants were interviewed to identify factors impacting youth mental health and hindering access to care. Additionally, a 25-item survey of 117 participants assessed the feasibility and acceptability of youth evidence-based mental health interventions.

We conducted a deductive thematic qualitative analysis of the interviews and performed descriptive analyses of the quantitative data, using t-tests and chi-squared tests to summarize and compare participant characteristics stratified by age group. Qualitative analysis revealed social isolation, limited access to culturally informed services, and the need for mental health literacy as contributors to poor youth mental health, suggesting interventions such as creating supportive environments and culturally congruent services. Quantitative data showed high acceptability for all evidence-based interventions, with youth preferring those promoting social connectedness, peer support, and holistic care. All quantitative study participants identified schools and digital platforms as the top priority for mental health interventions. Our study underscores the importance of reducing social isolation, enhancing social connectedness, and leveraging schools and digital tools for intervention implementation. Engaging diverse stakeholders, particularly youth, and addressing cultural and accessibility needs are crucial pre-implementation considerations for youth mental health interventions in urban settings.

*Lay Summary*

We spoke with young people and professionals in Seattle to understand mental health support for youth. We identified factors affecting youth mental health through interviews and a survey with 117 participants. Our findings showed the need to improve social connection, emphasizing schools and online platforms as key intervention sites.

School connectedness supports strong mental health for Indigenous children exposed to adverse childhood experiences (ACEs), but not for Indigenous children attending private/Catholic schools: A mediation analysis of the Longitudinal Study of Indigenous children in Australia.

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*Abstract*

This study aimed to investigate the mediating effect of school connectedness on the association between exposure to adverse childhood experiences (ACEs) and mental health in Australian Indigenous children aged 11-16 years and whether it varies by school type. Data were analysed from 12-waves of the 'Longitudinal Study of Indigenous Children' in Australia conducted between 2008-2020. A series of random-effect logistic models were employed to test the mediating effect of school connectedness on the relationship between exposure to ACEs (family split-up, family violence, family members arrested or jailed, being mugged, robbed, or assaulted, and/or bullied due to being Indigenous) and mental health (anxiety, depression, ADHD, and/or autism) across school types (public/government vs. private/Catholic). All models were adjusted for age, sex, location, and socioeconomic status. Of the 983 children analyzed, 69% were exposed to multiple ACEs, 8% experienced poor mental health, 85% reported strong school connectedness, and 80% were public schooling children. Longitudinal analysis revealed that exposure to multiple ACEs and strong school connectedness, respectively, increase and decrease the odds of poor mental health regardless of school type (p<0.05). Mediation analyses indicated school connectedness mediates the association between ACEs and mental health in public schoolchildren (p<0.05). School connectedness did not mediate the correlation between ACEs and mental health for those attending private or Catholic schools. In conclusion, strong school connectedness supports the mental well-being of Indigenous Australian children who are exposed to ACEs and attend public school.

*Lay Summary*

The impact of school connectedness should be emphasized to improve mental health for children, particularly in Indigenous populations and those who have experienced early-life adversity. Further research is needed to understand the differences between school types and the mental health of children who attend different school types - on mental health.

School mental health intervention with child and adolescent mental health (CAMH) and socio-emotioal learning (SEL) training for School Nurses

Gunjan Dhonju

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*Abstract*

The Ministry of Health, Government of Nepal started appointing school nurses in the government schools, as a pilot in Bagmati province, with plans to expand the appointments across Nepal. This was taken as an opportunity to utilize the school nurses as focal persons for school mental health based interventions. This initiative was taken in collaborative leadership with the Ministry of Health, Ministry of Education of Government of Nepal, with support from WHO. As part of the school mental health initiative, training package was developed for school nurses. This comprised of 6 days of training including- 3 days of CAMH training (adapted from the CAMH training care package already endorsed by the government) which focused on early identification and management of CAMH problems in children and adolescents in schools, and the other part was a 3 days of Socio-emotional Learning (SEL) based training which was adapted from the WHO-UNICEF HAT toolkit, and focused on the preventive/ promotive aspects of CAMH.

This training was been piloted in Bagmati province for 120 schools in 2022. The training package has undergone further adaptations and following a stakeholder consultation workshop, it is in the process of endorsement for use in training school nurses across Nepal.

*Lay Summary*

In LMICs like Nepal, training of school nurses or similar human resources on CAMH and SEL can be utilized for promotion of mental health of children and adolescents, along with prevention of CAMH problems, its early identification and further management.

Ken Limwame

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*Abstract*

Introduction:

Adolescent mental health is an important public health issue and institutional priority of UNICEF, and Social and Behavior Change (SBC) is one of the change strategies in UNICEF programming.  Quality SBC demands going beyond communication strategies to embrace diverse approaches, including applied behavioral science, social movements, systems strengthening, supportive public policies, and service improvements. UNICEF developed a comprehensive package of resources and tools designed to enhance the mental health and well-being of adolescents.

Methods:

The formative process involved a meticulous mix of desk reviews, stakeholder workshops, and key informant interviews. A literature review explored successful global SBC models, while workshops engaged diverse stakeholders, providing insights into cultural nuances, challenges, and opportunities linked to adolescent mental health. Key informant interviews provided a deeper understanding of the existing mental health landscape, influencing the development of a multifaceted SBC approach.

Results:

UNICEF's integration of applied behavioral science, social movements, systems strengthening, and service improvements into SBC strategies has yielded a comprehensive modular package tailored to the specific needs of adolescents and other priority groups. Expected outcomes include a positive impact on mental health literacy, awareness of available support services, and a reduction in associated stigma.

Conclusion:

This initiative showcases UNICEF's commitment to innovative and holistic approaches to addressing adolescent mental health. By acknowledging the limitations of traditional communication-focused SBC strategies, this endeavor exemplifies a paradigm shift towards a more inclusive, evidence-based, and culturally sensitive model, emphasizing the importance of comprehensive SBC programming in achieving sustainable positive outcomes for adolescent mental health.

*Lay Summary*

Adolescent mental health is a priority for UNICEF, and one of the change strategies is Social and Behavior Change (SBC). Quality SBC extends communication, incorporating applied behavioral science, social movements, and other approaches that are part of a new UNICEF package.

A Path to Hope: Psychosocial Support for Children and Adolescents through the BRAC Paracounsellor Model

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BRAC Institute of Educational Development, BRAC University, Dhaka, Bangladesh

*Abstract*

Over the past 50 years, BRAC has co-created numerous community-based interventions to reduce inequality and prevent crises collectively with vulnerable communities. One of those interventions is the BRAC Paracounsellor Model, formulated to address mental health-related concerns in the community and reduce stigma about accessing mental health assistance. These have been made feasible through three key considerations. Firstly, the model is customised to address the needs of the community through providing door-to-door mental health services. The customization process is unique to this model. Secondly, it promotes women's empowerment and empowers local adolescents and young girls to become change agents in their communities by developing their skills. Many of these women start to work as paracounsellors in their teens and early twenties. Thirdly, the capacities of the paracounsellors, who serve as the model's nucleus, are strengthened continuously. These considerations, which are easily adaptable to any context, take into account the community's culture and traditions. The approach has been effectively applied for more than 10 years in different contexts and cultures. Furthermore, BRAC IED continuously strives to enhance and modify the model to serve any context, not only in Bangladesh but also in a larger global context, to ensure sustainable and holistic psychosocial wellbeing. Mixed methods research on paracounsellors and their clients shows the positive effect of paracounsellors in improving the mental health conditions of adolescent mothers and their relationships with children.

Key Words: Cocreation, Vulnerable population, Community-Based interventions, Holistic psychosocial wellbeing, adolescents

*Lay Summary*

The BRAC Paracounsellor Model addresses mental health concerns and reduces stigma. The model is tailored to community needs, promoting women's empowerment and strengthening paracounsellors' capacities. The proposed paper shows, the model is effective in different contexts and is able to provide community-based mental health care for children and adolescent mothers.

Enhancing the Capacities of Lay Individuals in Mental Health and Psychosocial Support: Innovative Strategies for Children and Caregivers Confronting Adversity

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*Abstract*

Adverse Childhood Experiences (ACEs) can lead to negative life-long mental health outcomes in the absence of adequate care and support. The loss of parental care, or the risk thereof, is one of such experiences for which greater access to quality MHPSS for children and their caregivers is urgently needed. Yet, global mental health efforts still inadequately address ACEs, particularly in lower- and middle-income countries. Also, public health systems are often ill-equipped in terms of capacities.

Effective interventions should focus on early detection, prevention and response, and be integrated with wider socio-economic support and child protection, through intersectoral service coordination and an adequately trained and supervised workforce.

Moreover, it is critical to further address the impact of ACEs on children within the family environment. Children´s well-being is intricately linked to caregivers facing daily stressors such as poverty, unemployment, or migration and humanitarian crises. Focused interventions on children often overlook the vital support needed by families, leading to exacerbated mental health issues, including stress and depression.

Against this background, there are scalable promising practices that can bring about important change. One example is the Well-U project implemented by SOS Children's Villages, Terres des Hommes and War Child with co-funding of the European Union. The project aims at strengthening the mental health and psychosocial wellbeing of refugee children and their caregivers, especially of those displaced because of the Ukrainian conflict, in Italy, Greece, Hungary and Romania. Through specific training, non-MHPSS professionals learn to apply various interventions without burdening specialized mental health institutions.

*Lay Summary*

Adverse Childhood Experiences yield lasting mental health impacts, as global efforts lag, especially in lower and middle-income countries. Prioritizing early prevention, interventions demand broader support systems. The Well-U project, backed by the European Union, provides MHPSS support for Ukrainian conflict-affected children and caregivers, enhancing accessibility through lay individuals' training.

Universal preventive digital mental health game for school-aged children in Sweden: a feasibility study

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*Abstract*

Background. Identifying and managing emotions is key for child mental health development but most strategies have failed to provide children with these skills. Triumfland, a smartphone-based health promotion game was developed in Estonia for children aged 7-14 years. Preliminary findings suggest an improvement in mental wellbeing among pediatric cancer patients. However, the question remains on whether Triumfland is feasible in a non-clinical population.

Aim. This study aims to examine feasibility and explore determinants associated to engagement with Triumfland in Swedish children aged 7-14.

Methods. Triumfland was adapted to the Swedish setting and three pilot studies were conducted to examine feasibility. The first pilot recruited children from a school in Norrtälje municipality. Pilots 2 and 3 recruited participants online and collected data digitally. Background variables were collected and wellbeing and health related quality of life (HRQoL) were measured using the Strength and Difficulties Questionnaire (SDQ) and Child Health Utility 9D (CHU-9D). Engagement was measured as played minutes.

Results. 84 (53%) of the 158 children recruited across all pilots initiated Triumfland with mean played minutes at 74.0 (126.0). Children who played had a mean age of 9.4 (1.8), were mainly boys (55%), and lived with both parents (70%); mean self-reported HRQoL was 0.82 (0.09) and the majority (88%) reported low levels of total difficulties scores. There was no correlation between mental health status and engagement but interviews showed that children viewed Triumfland as relevant.

Conclusion. Triumfland was positively perceived but despite the differing recruitment strategies, access emerged as a significant barrier.

*Lay Summary*

We found no evidence on higher or lower self-perceived wellbeing in children being associated with usage of digital mental health promotion game Triumfland. However, access emerged as a major barrier when implementing digital interventions. Technical difficulties, often considered minor, can hinder adoption and reduce user engagement.

## Partnering with purpose: Opportunities and barriers to the use of co-design approaches to improve child and adolescent mental health

Kethakie Lamahewa[1], Fernando Chissale[2], Evaline Lang'at[3], Margrette Hanselmann[3], Maria Bata[2], Malica DeMelo[2], Nadine Seward[1], Marleen Temmerman[3], Tatiana Taylor Salisbury[1]

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*Abstract*

Despite the proliferation of evidence-based mental heath interventions, relatively few become integrated into existing health, educational, and social welfare systems. One reason for the limited integration of these interventions is that intervention development typically places less emphasis on alignment with the priorities, needs and resources of those who would receive the intervention and those who would fund and deliver it. This gap provides a barrier to implementation and. It also highlights the need to engage a wide range of stakeholders in the development, implementation, and evaluation of potential interventions. However, little is discussed about the experience of partnerships of these forms.

Examples from our team's experiences of co-designing with vulnerable adolescents across Africa will be used to delve into opportunities and barriers to recruitment, maintaining engagement (both face-to-face and virtual) and equitable partnership when using co-design approaches will be discussed.

*Lay Summary*

Successful integration of mental health interventions requires the engagement of those who would receive and deliver them. Co-design approaches support this partnership but can be difficult to implement. Based on our own experiences, we reflect on opportunities and challenges to equitable partnership.

Waves for Change's 5-Pillar Method Approach to Sport-based Community Interventions for Adolescent and Youth Mental Health

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*Abstract*

Waves for Change, delivers community-based mental health services in under-resourced communities across South Africa and other LMICs. W4C promotes mental health and prevent mental health disorders for children aged 10-16. The intervention targets children frequently exposed to adversity and prolonged environmental stressors such as violence and poverty, resulting in changes to the architecture of the developing brain through a toxic stress response.

W4C programming is underpinned by the 5-Pillar Method, which resulted from studies with leading researchers and young people to identify the essential ingredients for a child-friendly mental health service. They are:

1. Consistent caring adults and positive peers

2. Access to safe spaces

3. Fun, challenging new tasks (surfing or other group-based physical activities)

4. Social and emotional skills

5. Connections to new opportunities/services

Using these 5 key pillars, W4C developed training content for community coaches to embed these trauma-sensitive design principles into their physical activity programmes, creating effective mental health promotion and prevention programmes.

The 5-Pillar Method serves as a coaching framework for frontline workers looking to promote and safeguard the mental health of their participants. It combines a variety of training and support, youth-friendly curriculum activities, and tools to monitor implementation and evaluate outcomes.

Surf Therapy is an example of the 5-Pillar Method in action, where children receive weekly sessions for 10 months before joining ongoing aftercare sessions that help sustain mental health gains. Surf Therapy strengthens social connectedness and self-regulation, and is supported by external evaluations that recommend it as an effective trauma-informed intervention.

*Lay Summary*

Waves for Change delivers community-based mental health services in under-resourced communities across LMICs, using their 5 Pillar Method (5 key active ingredients). W4C developed training content for community coaches (frontline workers) to embed trauma-sensitive design principles into their existing physical activity programmes, creating effective mental health promotion and prevention programmes.

Addressing the mental health and psycho-social wellbeing of child and adolescent migrants and refugees in Italy: the UNICEF Adolescent Wellbeing Programme

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*Abstract*

As of 30 June 2023, 20,926 unaccompanied children are registered in Italy, with an increase compared to the first half of 2022 of over 5 thousand UASC. The Italian Government has implemented various emergency measures, yet the system remains challenged in addressing the growing needs, with a concerning impact on the mental health and psycho-social wellbeing of child and adolescent migrants and refugees and exacerbating difficulties in accessing both specialized and non-specialized MHPSS services.

Recent evidence generation exercises conducted on MHPSS for migrant and refugee adolescents have highlighted a discrepancy in the ability of MHPSS services to meet the needs of adolescents and their caregivers. While the socio-ecological model is highly esteemed in Italy, its implementation faces challenges in addressing the multifaceted needs of these vulnerable populations.

The UNICEF Adolescent Wellbeing Programme stands as a promising initiative to address the pressing needs of unaccompanied child and adolescent migrants in Italy, offering a holistic and sustainable approach to enhancing their mental health and psycho-social wellbeing while promoting a coordinated response within the broader system.

Starting from the results of the UNICEF research, this paper adopts a case study approach to analyze the UNICEF Adolescent Wellbeing Programme, with an in-depth examination of the program's components and their implementation, which include the piloting of relevant MHPSS tools for adolescents and caregivers, the capacity building for frontline workers and teachers, the constitution of a Community of Practice and a Youth Sounding Board and the ongoing impact evaluation efforts and their implications for program improvement.

*Lay Summary*

This paper adopts a case study approach to analyze the UNICEF Adolescent Wellbeing Programme in Italy -a promising initiative to address the pressing needs of unaccompanied child and adolescent migrants and refugees in the country - with an in-depth examination of the program's components and their implementation.

'Adnan's Secret' and the Universal Resonance of Children's Narratives in Addressing Parental PTSD"

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*Abstract*

"Adnan's Secret" is a poignant children's narrative that intertwines the unique yet relatable journey of children experiencing the consequences of parental PTSD. The book delves not only into the lived experiences of these children, providing them with a vessel of validation and relatability but also endeavors to unveil a prevalent yet under-discussed societal dilemma to a wider audience. Adnan, despite his unique familial circumstances, is intrinsically a boy like any other, with dreams, adventures, and actions that resonate universally among children. The book does not merely stand as a tale of singular experience but rather unfolds a larger story where children, akin to Adnan, can find representation and validation while also serving as an enlightening window through which others may perceive a broader societal issue. This contribution aims to illuminate the multifaceted impact of such a narrative, exploring its role in not only magnifying the voices and experiences of children in similar familial dynamics globally but also in informing and educating wider society. An exploration into the societal, educational, and psychological implications of the book, particularly evidenced within Sweden, will pave discussions regarding its potential, adaptability, and potency as a robust tool for mental health advocacy and educational initiatives worldwide.

*Lay Summary*

"Adnan's Secret" is a story about a boy living with parents suffering from PTSD, helping children in similar situations feel understood, while also educating on this prevailing but hidden issue. The symposium explores how the book, popular in Sweden, provides a powerful tool for mental health education and advocacy globally.

"¿hablan español?": Addressing service complexities in delivering Spanish telehealth services to Texan Hispanic communities

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*Abstract*

Spanish-speaking populations constitute a significant portion of the global population, making it crucial to address their mental health needs to promote global child and adolescent mental health. As the demand for mental health services in Spanish grows, adapting service care practices is essential. However, delivering telehealth services in Spanish can pose unexpected challenges.

The Texas A&M Telebehavioral Care (TBC) Program plays a pivotal role in this context, employing a telepsychology training model that enables graduate psychology students to gain competence in providing telehealth care to diverse communities, particularly in rural areas and schools in Texas, US.

Recruiting and retaining bilingual staff and providers is integral to the program, with an emphasis on language proficiency in both casual conversation and medical terminology. Bilingual team members offer interpretation and translation services, assist during registration, and provide culturally appropriate care, often without specific training in biculturalism. There is also a lack of well-defined competencies or ethical guidance for Spanish-speaking psychotherapy.

In 2022 and 2023, the TBC program hired two more bilingual staff and six providers and witnessed a rise in Spanish-speaking clients. Similar programs could benefit from language proficiency screening and cultural competency training. Continuous dialogues on service complexities are vital to ensure equitable access to care. Efforts to recruit Spanish-speaking mental health professionals and promote bilingualism and biculturalism should receive support through state and federal policies and funding initiatives. This holistic approach is essential to addressing the mental health needs of Spanish-speaking populations and improving global child and adolescent mental health.

*Lay Summary*

It's important to help Spanish-speaking kids and teens with their mental health. A program in Texas trains providers to do this virtually, and hired more Spanish-speaking staff/providers. Their lessons-learned on culture and service relate to the challenges and support other programs may want to consider when reaching Spanish-speaking communities.

Development of Building Lifelong Opportunities for Mental health (BLOOM): A non-specialist psychological intervention to address scale and access issues for young children and their families in low-resource settings

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*Abstract*

Globally there are currently record numbers of refugees or internally displaced people due to armed conflict, natural disasters, or other humanitarian emergencies. Almost half of these are children, who face significant risks for development of mental health disorders. Unfortunately, most live in low-and-middle-income countries, where national mental health systems are often drastically under-resourced to respond to the increased need. Beyond knowing what works to treat mental health problems, there is an urgent need for innovation to develop scalable solutions that are accessible to the most vulnerable. Based on an ongoing collaboration between UNICEF and WHO to strengthen mental health responses in humanitarian and other low-resource settings, we will present the development of BLOOM, a new, brief, transdiagnostic psychosocial intervention for young children (aged 5-10 years) and their families. It comprises of empirically supported treatment techniques designed to be delivered by non-specialist providers to children and their caregivers, and with limited resources. Our development process included comprehensive evidence reviews, consultations with a geographically diverse pool of experts, user-centred design workshops with families and practitioners in three different settings. We will present the findings of each stage, along with the final intervention model and implementation considerations. Plans for evaluation and dissemination will be discussed.

*Lay Summary*

Children exposed to adversity are at risk for mental health challenges, but there are few services available to support them. UNICEF and WHO developed a brief intervention for children 5-10 years experiencing emotional and behavioural difficulties. Our presentation will outline the development process and the plans for testing the intervention.

Leveraging an integrated mental health innovation for young people using the Friendship Tent: a solar-powered mental health center for underserved children and adolescents

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*Abstract*

In Nigeria, incessant terrorist attacks, poverty and stigma contributes significantly to the higher burden of mental health issues affecting children and adolescents people living in Internally Displaced Persons (IDP) Camps. According to the Nigerian Medical Association, Nigeria has about 250 psychiatrists for the 220 million populated country indicating a need for an integrated, task-shifting and community-led model for providing mental health service. The Friendship Tent is a solar-powered, people-centered and innovation-driven solution that bridges the mental health equity gap among young migrants in IDP camps. To the best of our knowledge, it is the world's first solar-powered mental health center in migrant camps. It is 40ft-length by 10ft-breadth and it is made from abandoned cargo containers (environmentally friendly and promotes sustainability). The Friendship Tent constructed in 2021 leverages an integrated innovation approach to solve the mental health crisis in underserved settings. Consisting of 3 internal compartments, namely the Friendship Zone, Personal Space and Entrepreneurship Hub. The Friendship Zone is the 'power' house where group therapy sessions take place between the expert-trained community mental health therapists and adolescent migrants. The Personal Space is where interpersonal therapy sessions occur. Lastly, the Entrepreneurship Hub is where computers and digital devices are located and the place where digital literacy, entrepreneurship skills and business lessons are taught to the young beneficiaries. The Friendship Tent serves as a center for "upstream" intervention by providing digital skills to improve the socioeconomic status of beneficiaries. Integrated mental health innovation is a sustainable approach to scaling mental health services.

*Lay Summary*

In Nigeria, ongoing terrorism, poverty and stigma have led to displacement and a mental health crisis among children and adolescents. With a scarcity of psychiatrists, the Friendship Tent, a solar-powered center made from cargo containers, offers group therapy, digital skills, and entrepreneurship training, promoting community-led mental health equity and sustainability.

## Putting the 'we' in Self-Care: Supporting frontline workers' mental health following emergencies

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*Abstract*

"Following the multiple emergencies in the MENA Region in recent years, there has been a significant impact on the mental health and wellbeing of all individuals, especially humanitarian frontline workers. A study conducted by UNICEF Lebanon found high rates of burnout following the Beirut Port Blast, and similar levels of concern were reported in Syria following the earthquakes of 2023 and more than a decade of war.

The  wellbeing of frontline workers is essential for ensuring nurturing and responsive relationships between provider and child, adolescent or family. The stress of frontline service providers affects both the quality and impact of the support they provide, and if not properly managed, may also have a negative effect on children's wellbeing. Providing life-saving frontline workers with preventative mental health support is necessary to reduce the risk of professional burnout, stress, anxiety, and traumatic stress disorders, including secondary trauma. UNICEF developed the Frontliner Wellbeing Preventative Care Package to create space for emergency workers to talk about their mental health in safe and non-stigmatising ways, to collectively process the emergency event, and to experience peer and self-care.

The package supports interoceptive awareness and social connectedness, coaching in practical skills to support self and others. The package has been adapted and  tailored to suit the emergency context of an earthquake and other sudden onset emergencies.

*Lay Summary*

The mental health of those working in the frontlines of emergency response is an often overlooked but integral element of quality and sustainable services to vulnerable children and adolescents. UNICEF has been supporting frontline workers' mental health following emergencies in Lebanon, Syria, and Libya in 2023.

Psychological Distress among Refugee Youth in Sweden: A Qualitative Study

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*Abstract*

Migration and asylum seeking implies a high risk for developing various mental health problems to those who experience it. Despite such risk, previous research established that, on a group level, refugee youth seek mental health services to a lesser extent compared to their Swedish counterparts. One possible explanation for this low utilization of mental health services is having culturally rooted alternative etiology models for mental health problems. The aim of the current study is to explore the mental health challenges and problems from the perspective of the youth themselves. Between 2021-2022, a pilot study was conducted to explore the feasibility of a culturally adapted internet-based psychological intervention for Arabic-Speaking youth with common mental health problems. As part of this study, PSYCHLOPS was utilized for the purposes of (1) measuring the therapeutic outcomes and (2) to get a better understanding of the mental health challenges as described by the youth themselves. The challenges as indicated by the youth are currently being analyzed, using a content analysis. Preliminary results from this analysis will be presented.

*Lay Summary*

How do Arab-speaking youth describe their own mental health problems? In this study, we report mental health challenges among refugee youth in their own words.

"I am really scared of the future": Climate Anxiety Among Brazilian Youth

Marina Schor[1,2], Susan Clayton[3], Maraysa Costa Vieira Cardoso[4], Marília Nunes Fernandes[4], Mirna Albuquerque Frota[4], Pamela Surkan[1]

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*Abstract*

Climate anxiety is a growing global phenomenon associated with mental health problems. We sought to understand climate change anxiety among youth in Brazil, a country that plays a critical role in climate change. After identifying individuals experiencing at least mild climate anxiety, we conducted 4 focus groups and 20 in-depth interviews with youth ages 10-16. Climate change-related anxiety was common, including sadness, despair, and anxiety. Concerns about the local physical environment seemed to enhance negative feelings, and education about climate change in school was lacking, leading to misinformation and uncertainty. Global warming concerns and lack of governmental action were stressors, and the media was the most common information source about climate change. Participants expressed concern about Indigenous peoples and demonstrated anxiety about future unknowns, but also showed hope. Results suggest that education about climate change in schools and training for youth facing climate anxiety are important ways forward.

*Lay Summary*

We studied climate-change impacts on the mental health of kids (aged 10-16) in Brazil. Many feel anxious and sad, lacking proper school education. They rely on media for information and feel stressed about global warming and government inaction. Despite worries, they have hope. Better climate education and support are crucial.

## From local nomophobia to global concerns: the mental health implications of smartphone dependency in young Pakistani females

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*Abstract*

**Background:** With increasing smartphone use and nomophobia, concerns about mental well-being intensify globally. This is pivotal for adolescents navigating their formative years in a digitally omnipresent age. This study examines digital dependency's impact on mental health among Pakistani female medical students.

**Methods:** We conducted a cross-sectional survey with 1115 female medical students (mean age: 21.5 ± 1.72 years). The study tested phone usage habits, digital involvement, and their consequential effects on mental well-being. The analyses were conducted in IBM SPSS, version 28.

**Results:** Around 68.5% of participants checked their phones upon waking, and 94.4% did so before sleep. Distress over a week without a phone was expressed by 69.8%. While 48.5% felt uneasy without phones, only 50.1% would be anxiety-free without one. Digital media pressure was reported by 77.6%, whereas 86.9% of these found photo filters unrealistic. One in four (25%) tried online weight loss, yet 84.4% had not contemplated cosmetic procedures. Regression analysis pinpointed year of study, residence, and weight satisfaction as accounting for 16.1% of the general well-being scale (GWBS) score variance. The reliability of the survey tool was confirmed with a Cronbach's alpha value of 0.712. Extended phone use and battery anxiety negatively affected well-being; weight satisfaction enhanced it.

**Conclusion:** Digital dependency among young Pakistani females mirrors global trends impacting child and adolescent mental health. Digital habits' diverse effects highlight the need for global discourse. Addressing digital age challenges requires culturally-specific interventions, education, and research to support youths worldwide in balancing connectivity and mental well-being.

*Lay Summary*

This study examined smartphone use and mental health in young Pakistani females. Most checked their phones upon waking and sleeping. Many felt uneasy without phones, influenced by digital media. It highlights the need for global dialogue on the effects of smartphones on youth.

Psychological trauma of child sexual abuse and its treatments

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*Abstract*

Children who have been sexually abused and received little or no counselling and parental support often display long-lasting emotional and behavioural reactions. These reactions are result of psychological trauma in the form of anxiety, chronic depression or post-traumatic stress disorder which is developed in mind after experiencing CSA. The severity of psychological trauma after experiencing CSA depends upon the nature of abuse. More severe nature of CSA shall have strong and long-lasting emotional disturbance. Similarly, age of victim and time period of abuse are also relevant.

If psycho-social support is not provided to CSA survivor, psychological trauma badly impairs the mental development and physical faculties of child and can become more jeopardise as child grows into adulthood. It is witnessed that juvenile/adult offenders who are involved in committing offences/abuses have a history of CSA.

The care, love and support of family is the most important factor in child's recovery from psychological trauma. When parents support/stand up for CSA survivor, the child has an excellent chance of recovering from psychological trauma.

Forensic handling of CSA cases and provision of psycho-social counselling to CSA survivors and their parents by trained psychiatrists/psychologists are key steps against developing of psychological trauma amongst them. Unfortunately, these practices are not observed in Pakistan and CSA survivors suffer from the traumatic experience throughout their life. So, it is suggested that in Pakistan's National Mental Health Strategy 2020-30, the above mentioned problems be addressed so that instant psycho-social services could be provided to survivors.

*Lay Summary*

In Pakistan's National Mental Health Strategy 2020-30, the mechanism for provision of instant and free state-of-the-art psycho-social support to CSA survivors and their parents/care givers, and forensic handling of CSA cases through State departments/agencies is suggested, so that the CSA survivors could be prevented from developing psychological trauma.

# Thriving beyond religious prejudice: A study of Indian Muslim Adolescents

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## Abstract

Existing studies have established that religious prejudice can have detrimental psychological effects on Muslim adolescents, including heightened stress, increased anxiety, and diminished self-esteem (Ahmed, 2017; Verkuyten et al., 2016). Indian Muslim Adolescents, constituting over 14% of India's population, hold a significant place in the nation's growth and development. Their diverse talents, skills, and interests contribute to innovation and creativity, essential elements for progress across various sectors. Moreover, their active participation in social activities alongside adolescents from different communities fosters unity, harmony, and social cohesion.

Yet, religious discrimination and prejudice creates hurdles to social inclusion, hampering full engagement in society. Thus, it is imperative to investigate the interplay between religious prejudice and the thriving of Indian Muslim Adolescents. It is a correlational study that aims to unveil whether religious prejudice influences adolescents' growth potential or thriving positively, negatively, or not at all through Spearman's correlation coefficient. Moreover, it seeks to provide empirical evidence to inform strategies for mitigating these effects.

The study also delves into potential gender-based differences in the experiences of religious prejudice and thriving among Indian Muslim Adolescents through the use of Mann-Whitney U test. By examining these aspects, the study aspires to shed light on the complex relationship between religious prejudice, thriving, and personal development among this vital segment of India's population. Ultimately, the findings may offer valuable insights for policymakers and practitioners seeking to create a more inclusive and harmonious society, with the full participation of Indian Muslim Adolescents at its core.

## Lay Summary

The study looks at how prejudice based on religion affects the thriving of Indian Muslim teenagers. It finds out if this discrimination has a positive, negative, or no impact on their growth, and also checks if there are differences between boys and girls. The results can help make society inclusive.

# Prevalence and associated factors of suicidal behaviour among adolescent secondary school students in Kaduna, northern Nigeria

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## Abstract

Suicidality is a significant global public health problem and the second leading cause of mortality for adolescents worldwide. To plan effective evidence-based and culturally appropriate adolescent suicide prevention strategies, there is a need for valid epidemiological data. This study aimed to estimate the lifetime and current (1-month) prevalence and associated factors of suicidal behaviours (ideation, planning, and attempt) among adolescent secondary school students in Kaduna, Nigeria. Six hundred adolescents with a mean age of 15.4 years (SD 1.98) were recruited from 24 secondary schools. All eligible participants completed the pre-tested validated survey tool: Sociodemographic and School-related Questionnaire, Mini International Neuropsychiatric Interview for Children and Adolescents (MINI-KID)-Suicidality and Depression Modules, Modified WHO/UNODC Student Drug Use Questionnaire, complimented by objective testing using urine Multi-Drug Panel Test (MDPT) and Digital Breath Alcohol Tester (DBAT), Multidimensional Peer Victimization Scale (MPVS) and Oslo Social Support Scale (OSSS). The lifetime prevalence of suicidal ideation was 30.3%, non-suicidal self-injury 6.2% and suicide attempt 2.3%. The prevalence of current suicidal ideation was 6%, suicidal plan, 0.7% and suicide attempt, 0.7%. Independent predictors of lifetime suicidality were religious minority, polygamous family, having been fostered away to multiple caregivers in childhood, penultimate class studentship, depression and "social manipulation" victimization. Significant predictors of current suicidality were female gender, depression, and experience of "attacks on property". Psychoactive substance use and social support were not significantly associated with suicidality in this study. These findings have significant implications for planning an effective, evidence-based, and culturally appropriate adolescent suicide prevention programme in Nigeria.

## Lay Summary

Suicide is an important cause of death among adolescents. We must understand the risk factors for youth suicide to prevent it. This study assessed these among 600 Nigerian adolescents. Social, cultural, school and mental health-related factors were important. These results can help plan ways to prevent suicide among adolescents.

# Empowering adolescents through MindSKILLZ: initial implementation of a sport-based, youth-led mental health promotion and prevention program in Mombasa County

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## Abstract

**Introduction:** The MindSKILLZ intervention, a collaborative effort between LVCT Health and Grassroot Soccer with Department of Health Mombasa County, adopts a holistic sport-based approach to provide a youth-friendly, near-peer-led mental health promotion and prevention program for young adolescents aged 10-14 in Mombasa County. MindSKILLZ aims to improve mental health knowledge, skills, and attitudes, decrease mental health stigma, and equip adolescents with adaptable mental health coping skills to navigate their futures.

**Description:** Implemented across three sub-counties in Mombasa, the program employs a structured MindSKILLZ guide with 12 sessions, facilitated by 13 trained near-peer Coaches working in pairs, each responsible for 24 participants per intervention group. The community-centered approach involves recruitment by Coaches, OVC case managers, community strategy teams, and the Department of Health. Participants undergo pre- and post-tests, with graduation contingent on 70% session completion.

**Lessons Learned:** The program garnered strong support from Coaches, community gatekeepers, and the government. This diverse group comprised boys and girls within the 10-14 age range. Positive outcomes included improved anger management, application of positive mental health activities, especially breathing exercises, and enhanced knowledge and understanding of mental health coping skills.

**Conclusions and Implications:** Evidence-based interventions targeting mental health challenges among young people enhance their knowledge and positive mental health coping skills. Building partnerships, empowering young individuals, and collaborating closely with relevant government departments contributes to addressing social challenges in the community, enhancing the intervention's sustainability, and reducing resource duplication.

## Lay Summary

MindSKILLZ is facilitated by trained near-peer Coaches, the 12-session program focuses on improving mental health knowledge and coping skills, reducing stigma. Positive outcomes include better anger management and enhanced coping skills. Collaborating with the community and government ensures program success and sustainability, addressing social challenges for adolescents.

Fostering adolescent well-being: Strengthening mental health initiatives through collaboration and stakeholder engagement in Nairobi and Mombasa.

Anthony Chazara[1], Benjamin Mutuku[1], Leunidah Ayuma[1], Derrick Omondi[1], Thomas Omache[1], Stella Gitia[1], Sharon Chebet[1], Elizabeth Okoth[2], Celina Kithinji[3], Stella Wauringe[4], Philip Masaulo[1], Devyn Lee[2], Charmaine Nyakonda[2], Chris Barkley[2], Robert Kimathi[1]

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*Abstract*

**Introduction:** Partnerships and stakeholder collaboration are crucial for successful implementation of mental health programs. LVCT Health and Grassroot Soccer (GRS) intentionally engaged key stakeholders from project inception in the contextualization and implementation of MindSKILLZ, a sport-based mental health promotion and prevention intervention for adolescents.

**Description:** Key stakeholders for MindSKILLZ were identified and actively engaged in a contextualization workshop in November 2022 with LVCT and GRS teams. Stakeholder engagement has continued during initial program implementation in 2023 with meetings and active communication in all implementation sub-counties.

**Lessons Learned:** The Nairobi County/Sub Mental Health Office and School Health Program mapped referral sites and mobilized educational stakeholders, and facilitated program approval and community outreach with the County Government and sub-county administrations. In Mombasa, MindSKILLZ Coaches (program facilitators) engaged with community administrative figures, football academies, children's homes, religious institutions, and the County Department of Health. Collaboration with the USAID Tujitegemee program facilitated integration of mental health programming into care for orphans and vulnerable children. 90% of MindSKILLZ participants in Mombasa (n=218) and 79% in Nairobi (n=210) graduated with at least 70% attendance. In both locations, the involvement of the community, government bodies, community organizations, and educational institutions proved instrumental to program success.

**Conclusions and Implications:** These collaborative partnerships have laid the foundation for holistic mental health programs that address the needs of young people and vulnerable children. By capitalizing on local knowledge and resources, sustainable interventions have been created to bridge gaps in mental health services and provide comprehensive support to communities.

*Lay Summary*

MindSKILLZ is a sport-based mental health intervention for adolescents, LVCT Health, and Grassroot Soccer actively involved stakeholders from the start. Lessons from Nairobi and Mombasa show engagement with government, communities, and educational institutions led to program success. These collaborations establish sustainable mental health programs, addressing the needs of young people.

Locating the Child in the Intersection of Child Protection, Health, and Education- UNICEF India's Multisectoral Strategy for Mental Health and Psychosocial Support

Jyothi Ravichandran, Syed Hubbe Ali, Pramila Manoharan

UNICEF, India Country Office, New Delhi, India

*Abstract*

India's progress in the South Asia region is notable, particularly driven by its youth demographic, which bolsters its global advantage. Over the past two decades, India has made significant strides in urban and rural health, education, and child protection, improving the well-being of millions of children and young people.

Despite India's comprehensive policy framework for child protection, education, and health, gaps in MHPSS implementation persist. The UNICEF India Country Office (ICO) plays a pivotal role, aiming to enhance Mental Health and Psychosocial Support (MHPSS) by coordinating efforts across various government ministries. The poster aims to address these issues, framing discussions within Bronfenbrenner's social-ecological model and the Interagency Standing Committee's pyramid of care for mental health. The poster outlines children's pathways through various systems, identifying vulnerabilities, intervention points, and frontline worker roles in contributing to the experience and development of the child. The poster will then highlight convergence opportunities between sectors and present a blueprint for integrated systems, emphasizing community-based MHPSS interventions and specialized services.

Programmatic interventions and partnerships fostering sustained multisectoral convergence will be discussed, with tailored recommendations for investments, advocacy, and outcomes aimed at enhancing the quality of life for children and adolescents through MHPSS programming. This abstract encapsulates the imperative for collaborative action to address mental health needs within India's youth population, emphasizing the role of UNICEF and multisectoral approaches in achieving sustainable progress.

*Lay Summary*

The poster presentation centers the experience of the child in navigating child protection, education, and health systems in India, identifying the risk and protective factors and their points of convergence to inform multisectoral action to improve the delivery of MHPSS services.

Aneesha Kocharlakota, Ariel Hau

Studio Bahia, San Antonio, USA

*Abstract*

Achieving perfection is often considered a sign of success. In today's world, we consume data from various sources—schools, teachers, friends, family, and social media—and this trend continues to grow. Teens are often inspired by unrealistic ideals around them and try to picture themselves in the most perfect way possible. Perfection, when taken to the level of treating one's body to be perfect, negatively impacts the mental health of teens. In 2023, anorexia and bulimia nervosa remain devastating mental health disorders that affect millions of individuals, especially female teens worldwide. Based on international data, the lifetime prevalence of anorexia nervosa for females ranges from 0.3%-1.5%, and for males ranges from 0.1%-0.5%. The average teenager with anorexia nervosa is typically female, perfectionistic in other areas, and a student of high academic standards.

Recent advancements in virtual reality (VR) technology offer a promising and innovative approach to addressing mental health challenges through a treatment for eating disorders that resonates with the modern tech-savvy generation. With research in scientific journals with experimental data and testimony from creators, Aneesha intends to demonstrate that VR has the potential to help teens overcome challenges such as anorexia and bulimia and develop healthier, more realistic self-images.

*Lay Summary*

Highlight that virtual reality (VR) can positively impact body image and is effective in helping to overcome eating disorders. Focus on the use of modeling tools, namely the "Make Human" feature in Blende, with which users can interact and then import into VR.

Youth perspectives on virtual reality and mental health

Joyce Liu

Studio Bahia, San Antonio, Texas, USA. Scarsdale High School, Scarsdale, USA

*Abstract*

As the youth mental health crisis has grown in the past decade, virtual reality arises as a possible solution. Many VR users have found that VR has assisted them in their mental health journeys by helping them alleviate stress and anxiety by transporting them into peaceful and calming realities, or simply realities where they can work through their problems in a safe virtual setting. Conversely, virtual reality can also negatively affect mental health by placing users in vivid and realistic feeling violent settings that can leave them traumatized. Through conducting qualitative studies about the effects of VR games on adolescent users across the world and sharing her findings, Joyce aims to prove that despite the challenges that can come with VR becoming more widespread, the technology is overall a fun and current solution to the raging youth mental health crisis, where youth can join new communities, escape and relax, exercise, and feel accomplished about themselves.

*Lay Summary*

Shows the effects of virtual reality (VR) games on youth mental health, by sharing the experiences of young VR users themselves. Aims to highlight that there is a way to alleviate the critical youth mental health crisis through VR.

Youth perspectives on Artificial Intelligence and Virtual Reality.

Nidhi Gaonkar

Studio Bahia, San Ramon, USA

*Abstract*

AI and VR have boomed in recent years, affecting the lives of millions. AI and VR have been used for rehabilitation, entertainment, education, and more, enabling our lives to be healthier and more efficient. Simultaneously, however, these powerful technologies can lead to increased isolation, dependency, and privacy concerns, all of which especially affect youth populations. In this research, Nidhi will be presenting a review of the implementation of AI in VR and its implications on youth mental health journeys. Through qualitative interviews with youth, Nidhi also aims to explore youth perspectives on AI and VR so that emerging technology can be responsibly integrated into our society. She intends to share her discoveries, data analysis, and results from other studies investigating AI and VR, highlighting equity and safety.

*Lay Summary*

Collecting and analyzing youth perspectives on AI and VR and its impact on mental health. Conducting an in-depth review of recent studies done about the implementation of AI in VR.

Designing Accessible VR Mental Health Experiences for Diverse Youth Populations

Emma Shi, Ariel Huang

Studio Bahia, San Antonio, USA

*Abstract*

With the rise of the mental health crisis among young individuals in modern society, obtaining accessible support and assistance is crucial to helping future generations thrive. In the technological age, VR becomes more prominent and poses as a new way for youth populations to access mental health resources. By designing VR rooms, young individuals of diverse needs and backgrounds can gain valuable mental health experiences, emphasizing inclusivity in VR youth mental health design.

*Lay Summary*

With the growing mental health crisis among youth, accessible support is vital. VR offers a new way for young people to access mental health resources. VR rooms can provide valuable experiences for individuals of diverse needs and backgrounds, highlighting the importance of inclusivity in VR mental health design for youth.

## Ethical Guidelines for VR Implementation in Youth Mental Health

Allen Olson-Urtecho[1], Ariel Hau[2]

[1]Studio Bahia, San Antonio, USA. [2]Studio Bahia, Berkeley, USA

*Abstract*

In response to rising self-harm and suicide rates among children in refugee camps, Studio Bahia developed Lili, an innovative virtual reality (VR) headset designed to provide psychological support in low-resource environments. The development of Lili involved a human-centered methodology, emphasizing contextual inquiry and needs assessment within refugee settings to ensure cultural and practical relevance. The design process included iterative prototyping and user testing, directly involving the target population to refine usability and effectiveness. Lili features a cost-effective design ($8 production cost, sold at $25) with a buy-one-give-one model, distributing free units to vulnerable groups for each sale. The VR headset is complemented by free, offline-accessible mobile applications offering therapeutic content like Relaxation, Solution Focused Therapy, and Play Therapy, tailored for use without the need for continuous internet access. This project, based in Tela, Honduras and incorporated as a 501(c)(3) nonprofit in Texas, USA, exemplifies ethical VR implementation for mental health support in crisis conditions, providing scalable, impactful, and user-friendly mental health solutions.

*Lay Summary*

Studio Bahia developed Lili, a cost-effective virtual reality headset designed to help children in refugee camps cope with mental health issues. Lili is easy to use, works offline, and for every headset sold, another is donated to vulnerable groups. This initiative showcases ethical and practical technology use in crisis settings.

# Effectiveness of a training programme on the knowledge and perception of Attention-deficit Hyperactivity Disorder among primary school teachers in Kano, Nigeria.

Muftau Mohammed[1], Tolulope Bella-Awusah[2], Babatunde Adedokun[3], Ikeoluwa Lagunju[2], Cornelius Ani[4]

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## Abstract

Attention Deficit Hyperactivity Disorder (ADHD) is associated with concurrent and long-term academic and social impairments. There is a dearth of studies evaluating the effectiveness of training programs for teachers to identify and support children with ADHD in Nigeria. This study assessed the effect of ADHD training on teachers' knowledge and perception of the condition in Kano, Nigeria. It was a controlled trial of 200 primary schoolteachers from two Local Government Areas (LGAs). One LGA was randomly assigned to the intervention group and the other to a waitlist control (100 teachers per group). The intervention group received two training sessions on ADHD one week apart. The training was based on the World Health Organization (WHO) Mental Health Gap Action Programme Intervention Guide (mhGAP-IG). Participants completed the ADHD Knowledge Questionnaire, ADHD Attitude Scale, and Knowledge of Behavioural Intervention Questionnaire at baseline and one week post-intervention. The participants ranged from 17 to 58 years (Mean = 34.1 years; SD = 8.7), comprising 112 females and 85 males. The intervention and control groups were broadly similar at baseline. Controlling for baseline scores and other differences, the intervention group had significantly higher scores on Knowledge of ADHD and Knowledge of Behavioural Management of the condition, with effect sizes of 0.7 and 0.3, respectively. This intervention led to statistically significant improvements in the teachers' knowledge of ADHD and behavioural intervention for ADHD. This provides further evidence of the feasibility and effectiveness of specific ADHD-training interventions for primary school teachers in Nigeria.

## Lay Summary

This study tested whether training primary school teachers on ADHD will improve their knowledge and attitude toward the condition in Kano, Nigeria. One hundred teachers were trained and compared with 100 teachers not trained. The results showed that the training was possible, beneficial, and acceptable to primary school teachers.

# Identity Development and Coping Mechanisms of Intercountry Adoptees

Dosol Nissi Lee

University of Copenhagen, Copenhagen, Denmark

*Abstract*

Research in the field of mental health among intercountry adoptees has often revolved around the disease model, which tends to pathologize and potentially retraumatize their experiences. Conversely, there has been limited attention given to understanding their healthier sense of selfhood. To address this research gap, this study employs thematic qualitative research to explore intercountry adoptees' journey towards family reconnection where their significant life events are incorporated as triggers and coping mechanisms, responding to their lack of biological reference to their identity. Consequently, this study investigates how integrating life events into a coherent life story may contribute to a deeper understanding of identity development among intercountry adoptees and seeks to identify positive interventions that can support intercountry adoptees in negotiating their identity. This study employed semi-structured interviews and letter analysis. The investigator acted as a letter translator during family reconnection, adding reflexive characteristics to the analysis. The participants in the study were intercountry adoptees originally from South Korea, adopted into Denmark, France, and the United States. A fundamental deficiency of crucial references to identity left intercountry adoptees with an intense psychological craving. To address this deficit, adoptees often resort to three coping mechanisms: reproduction, enculturation, and reconnection. Reconnection is frequently facilitated through post-adoption services, with letter translation and exchange services playing a crucial role in this regard. During these reconnection processes, emotions and cultural elements hold significance, often creating theatricality when displaying familyhood between intercountry adoptees and their biological families.

*Lay Summary*

Cultural competence increases adoptees' identity literacy to important life events. For child and adolescent adoptees culture may emerge as a crucial reference for identity development. In family reconnection events, the affective labor of mediators, translation of emotions and culture, and the management of culture shock can be significant.