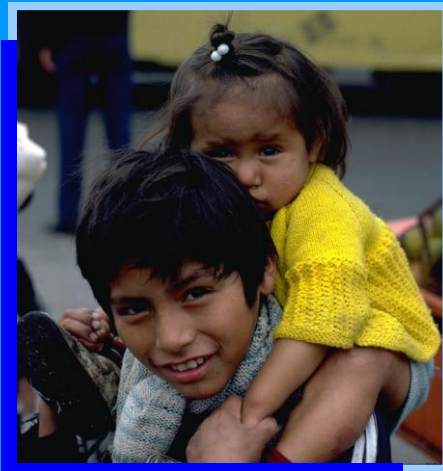


ADOLESCENT MENTAL HEALTH

Mapping actions of nongovernmental organizations
and other international development organizations



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Abbreviations and acronyms

ACF	Action Contre la Faim (ACF)
GPSI	Global Psycho-Social Initiatives
IASC	Inter-Agency Standing Committee
ICRW	International Center for Research on Women
ILO	International Labour Organization
IOM	International Organization for Migration
IMC	International Medical Corps
ios	International Organizations
mhGAP	Mental Health Gap Action Programme
MSF	Médecins Sans Frontières
OCA	Operational Center Amsterdam
OBCA	Operational Centre Barcelona-Athens
NGOs	Nongovernmental organizations
REPSSI	the Regional Psychosocial Support Initiative
STC	Save The Children
TDH	Terre des hommes
UN	United Nations
UNAIDS	Joint UN Programme on HIV/AIDS
UNESCO	UN Educational, Scientific and Cultural Organization
UNHCR	UN High Commissioner for Refugees
UNICEF	United Nations Children's Fund
CEECIS	Central Eastern Europe/ Commonwealth of Independent States
WHO	World Health Organization

Background

Adolescents are generally perceived as a healthy age group, and yet 20% of them, in any given year, experience a mental health problem, most commonly depression or anxiety. In many settings, suicide is among the leading causes of death among young people (1).

Mental well-being is fundamental to good quality of life. Happy and confident adolescents are most likely to grow into happy and confident adults, who in turn contribute to the health and well-being of nations (2). Emotional health and well-being among young people have implications for self-esteem, behaviour, attendance at school, educational achievement, social cohesion and future health and life chances (3).

Young people with a good sense of mental well-being possess problem-solving skills, social competence and a sense of purpose. These assets help them rebound from any setbacks that might occur, thrive in the face of poor circumstances, avoid risk-taking behaviour and generally continue a productive life (4,5).

Many factors have an impact on adolescents' mental ability to achieve and sustain a state of mental well-being; these factors can operate at the level of the individual, family, school or neighbourhood and at a broader societal level (6). Risk factors for mental disorders include, but are not limited to, poverty, social exclusion, violence, peer rejection, isolation and lack of family support. Protective factors for mental well-being are linked to cohesion at community level, family well-being and individual behaviours and skills, access to adolescent-friendly social services, including health services, and macro-policies (such as social transfers and minorities' integration) (7). The more risks young people experience, the worse their developmental outcomes are likely to be and the higher the probability of experiencing psychological distress or mental health disorders.

On the contrary, the more opportunities young people have in childhood and adolescence to experience and accumulate the positive effects of protective factors that outweigh negative risk factors, the more likely they are to sustain mental health and well-being in later life (8).

Accumulated evidence shows that strengthening protective factors in schools, homes and local communities, as well as improving quality of mental health care for adolescents, can make important contributions to improving developmental outcomes of vulnerable young people.

International organizations have undertaken initiatives towards improved adolescents' emotional and social well-being, promoting actions at policy level as well

as streamlining mental health interventions within primary health care, community and school-based programmes (9–15).

Nevertheless, their implementation seems far from adequate in most low-resource countries, and international data on effectiveness and coverage of adolescent mental health interventions are scant (16).

Project aims

This project was initiated by the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) to produce an overview of initiatives being undertaken by international organizations (including UN agencies, international research institutions and NGOs) with the goal of improving adolescents’ mental health and psychosocial well-being in the period 2000–2010.

The specific objectives were as follows:

- Provide baseline data on actions by international cooperation actors in the field of adolescent mental health.
- Identify gaps in policy frameworks, training tools and implementation of interventions for the promotion of psychosocial well-being and mental health care in adolescents.
- Identify challenges in implementation of policies and scale up of adolescent mental health interventions as well as opportunities for the delivery of future services for adolescent mental health promotion and care.
- Promote an exchange of knowledge among UN agencies, international research institutions and NGOs on initiatives for adolescent mental health.

Methods

The mapping exercise entailed the collection and utilization of data from diverse and complementary sources. It comprised: (a) a desk review of technical documents addressing adolescent mental health (e.g. technical reports, bulletins, website contents, peer-reviewed articles etc.); and (b) a key informants survey with programme managers responsible for projects relevant to adolescent mental health at international organizations. Triangulation of data was adopted with data from desk review and key informants' survey contributing to the overall mapping of actions by international actors in the field of adolescent mental health.

In addition, preliminary data obtained through the desk review informed and guided the development of the key informants' questionnaire and highlighted critical thematic areas that required more in-depth investigation.

(a) Desk review

An online search was performed for technical documents, grey and published literature related to adolescent mental health actions undertaken by international organizations (both country implementation and normative work). Additional information was collected by interrogating key informants about potentially useful technical materials they were aware of.

Reviewed documents included scientific papers, technical reports, organizational websites, advocacy, planning and capacity building tools, and bulletins (see Annex 4).

(b) Key informants survey

A brief semi-structured questionnaire was submitted to programme officers responsible for adolescent mental health initiatives relevant to adolescent mental health at international organizations.

Data were collected by email, by phone/Skype interviews and through face-to-face interviews. Key informants were identified primarily through organizational websites, research publications, grey literature searches and through 'snowball' sampling.

Focal people responsible for programmes relevant to adolescent mental health at headquarters and regional offices of international organizations were contacted. In a few cases, organizations advised us to make direct contact with country offices in order to collect reliable information.

19 key informants from NGOs and 35 technical officers and regional advisers from intergovernmental organizations were interviewed. The list of key informants is available in Annex 3. Participants were informed about the objectives and

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