

# Youth Mental Health and Psychosocial Support: Considerations for Health

Mental health and psychosocial well-being are critical global public health issues for youth and, as such, important considerations in youth-focused health programming. The World Health Organization (WHO) estimates that one in five people is impacted by poor mental health and that nearly 50 percent of all mental health issues start before age 14.<sup>1</sup> The COVID-19 pandemic has threatened to exacerbate these issues, as governments around the world had to enact quarantine orders, restrict movements, and advise against social gatherings, even among families, leading to social isolation and economic stress. Youth, too, have been affected by the COVID-19 pandemic, with many youth around the world shifting to online learning and losing a sense of stability that comes from schooling.

In 2020, WHO published its [Guidelines on mental health promotive and preventive interventions for adolescents](#). The guidelines include five key recommendations:

1. **Universally delivered psychosocial interventions should be provided for all adolescents.** Such interventions promote positive mental health, as well as prevent and reduce suicidal behavior; mental disorders (e.g., depression and anxiety); aggressive, disruptive, and oppositional behaviors; and substance use.
2. **Psychosocial interventions should be provided for adolescents affected by humanitarian emergencies.** These interventions are particularly beneficial for preventing mental disorders (e.g., depression, anxiety, and disorders related specifically to stress) and may be considered for reducing substance use in these populations.
3. **Psychosocial interventions should be considered for pregnant adolescents and adolescent parents.** These interventions are particularly useful to promote positive mental health (i.e., mental functioning and mental well-being) and improve school attendance.
4. **Indicated psychosocial interventions should be provided for adolescents with emotional symptoms.** These interventions are often tailored to individual needs as opposed to universal, school-based interventions. Prevention interventions aim to avert the onset of diagnosable mental health conditions.
5. **Indicated psychosocial interventions should be provided for adolescents with disruptive/oppositional behaviors.** These interventions reduce aggressive, disruptive, and oppositional behaviors; prevent mental disorders (e.g., depression and anxiety); and promote positive mental health. The interventions should be delivered with caution to avoid increasing substance use among adolescents with disruptive and oppositional behaviors.

The WHO guidelines also include a discussion of the evidence base for the recommendations and serve as the foundation for the [Helping Adolescents Thrive](#) toolkit. The approaches noted most frequently in the guidelines as promising are cognitive skills building and problem management.

Health programming that applies the WHO's five recommendations will need to incorporate interventions that entail direct delivery of psychosocial interventions and capacity strengthening of healthcare systems to deliver mental health and psychosocial interventions. Mental health programs largely focus on the delivery of direct services and apply some form of cognitive skills development; however, in many places, accessing such services remains challenging at the local, regional, and national levels.

<sup>1</sup> WHO, Guidelines on mental health promotive and preventative interventions for adolescents: helping adolescents thrive, Geneva:WHO, 2020, <https://apps.who.int/iris/bitstream/handle/10665/336864/9789240011854-eng.pdf>

## Design Resources

The Inter-Agency Standing Committee (IASC) Intervention Pyramid (Figure 1) below helps program planners effectively layer MHPSS services in health programming. The case studies presented in this sector pull-out provide an overview of the MHPSS components. Each case study maps the program interventions to each layer of the IASC Intervention Pyramid:

Layer 4 – specialized services

Layer 3 – focused, non-specialized supports

Layer 2 – community and family supports

Layer 1 – social considerations in basic security and services.



Figure 1: IASC Intervention Pyramid (2007)

Table 1 below provides illustrative activities and how they relate to UNICEF’s dimensions of well-being (individual well-being, interpersonal well-being, and skills and knowledge) and the four domains of USAID’s Positive Youth Development (PYD) Framework (assets, agency, contribution, enabling environment).<sup>2</sup>

Table 1: Illustrative Activities and How They Relate to the Dimensions of Well-being and the PYD Domains

Dimensions of Well-Being	PYD Domain	Illustrative Activities
Individual Well-being	Assets, Agency	One-on-one counseling with a lay counselor trained in basic cognitive behavioral therapy (CBT).
Skills and Knowledge	Assets, Enabling Environment	Focused psychosocial support (PSS) for adolescents using a curriculum
Skills and Knowledge	Enabling Environment	Training frontline medical staff in trauma-informed approaches.
Individual Well-being, Skills and Knowledge	Assets, Agency, Enabling Environment	Provision of clinical mental health services by a trained clinician.
Skills and Knowledge	Enabling Environment	Strengthening community mental health infrastructure and services. <sup>3</sup>

<sup>2</sup> UNICEF, Mental Health and Psychosocial Technical Note, 2019, <https://www.unicef.org/documents/mental-health-and-psychosocial-technical-note>

<sup>3</sup> WHO, The mhGAP community toolkit: field test version, 2019, <https://www.who.int/publications/i/item/the-mhgap-community-toolkit-field-test-version>

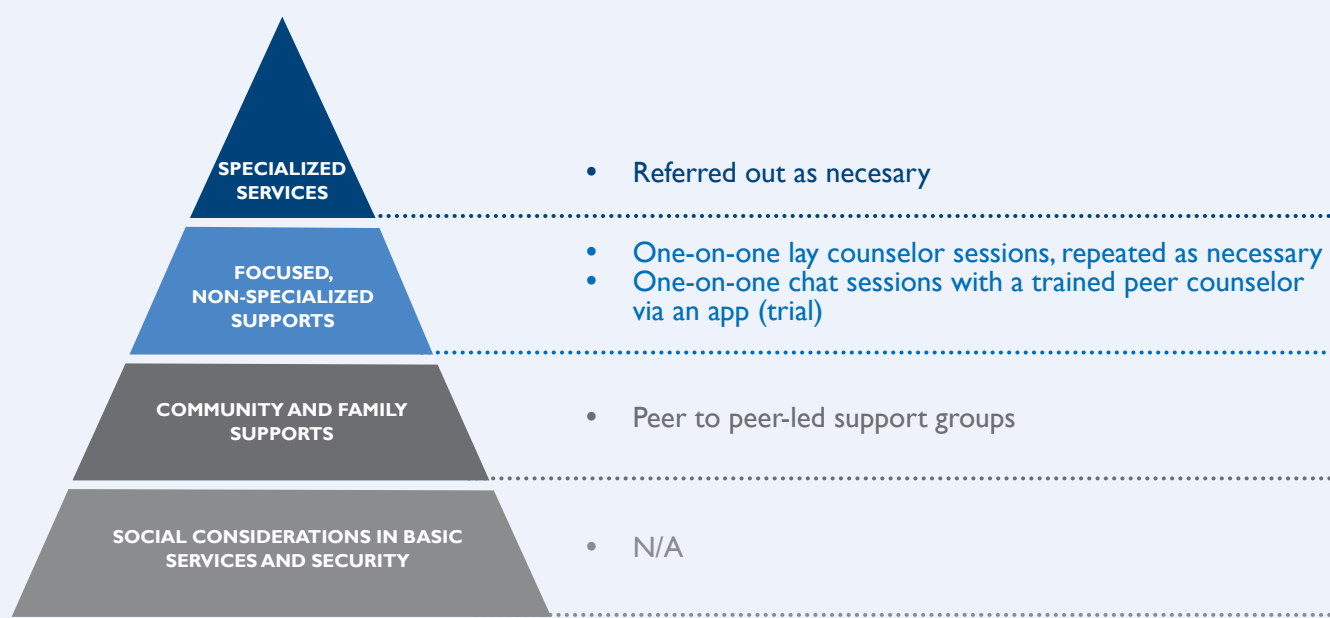
## Health + MHPSS Case Studies

The following case studies illustrate how MHPSS can be integrated into health programming. The case studies are Friendship Bench and *Sanando Heridas*. One common thread to note is a strong linkage to the family, the community, or both.

### Friendship Bench

The Friendship Bench trains community health workers on basic CBT and problem-solving therapy. Youth are referred to the Friendship Bench, typically located outdoors under a tree, to talk about their problems. They are encouraged to attend three or more individual sessions. After receiving support via the Friendship Bench, individuals are referred to a peer-led group called Circle Kubatana Tose (CKT) for ongoing support. CKT groups engage in a range of community-building activities, such as group discussions, gardening, and crochet. When needed, individuals are provided with referrals for additional services. See Figure 2 for how these interventions map to the IASC Intervention Pyramid.

Figure 2: Intervention Pyramid for Friendship Bench



**COVID-19 Adaption:** In response to the COVID-19 pandemic, the Friendship Bench is conducting a research trial on digital platforms for delivering their counseling sessions. The trial is open to individuals ages 18 and older living in Zimbabwe. The digital platform provides one-on-one chat sessions with a peer counselor via the Inuka app or talk therapy over the phone.

**Supervision and Training:** Friendship Bench peer counselors participate in an eight-day training program and receive weekly supervision from their clinical team.

**The Evidence Base:** The Friendship Bench has an extensive research base, with more than 15 articles published in peer-reviewed journals. Their articles are available on the [Friendship Bench website](#). Information on the clinical trial currently underway for the COVID-19 adaption can be found at [COVID-19 Trial](#).

**Franchise Partnership:** The Friendship Bench has expanded to Kenya, Malawi, the U.S. (New York City), and Zanzibar. Agencies interested in partnering with the Friendship Bench to bring the model to their community can contact the Friendship Bench directly and complete the Suitability Checklist [available on their website](#).

## Sanando Heridas

Glasswing International's *Sanando Heridas* program in El Salvador “aims to build a trauma-informed mental health ecosystem in partnership with educators, public health providers, law enforcement, and government and migration officials to increase access to critical mental health support.”<sup>4</sup> The program helps break the cycle of violence by providing immediate PSS to victims of violence when they access emergency healthcare. Hospital staff trained in trauma-informed approaches to healthcare provide youth with comprehensive trauma care that is inclusive and responsive to their physical, emotional, and mental wounds. The program provides a restorative process and supports patients with positive coping skills. A World Bank study shows a reduction in repeated violence acts by “up to 30 percent,” ultimately reducing healthcare costs by USD 3.3 million.<sup>5</sup> The program does this through three core components as described below (see Figure 3 for how these components map to the IASC Intervention Pyramid).

**Component 1:** Comprehensive trauma care, including diagnoses to determine the most useful coping techniques, the provision of material kits to practice coping techniques, and a follow-up phone call to verify emotional stability and the development of coping skills. Interventionists can refer patients to community liaisons for information on available community services.

**Component 2:** Training on a trauma-informed approach for frontline hospital staff and other implementing partners. The training helps build an understanding of the maladaptive behaviors that may be natural and/or normal following a critical incident and how to best respond to these behaviors. Training covers the physical and behavioral consequences of violent injuries and various treatments.

**Component 3:** Community-referral system inclusive of agencies providing PSS, legal advice, employment support, and financial aid, as well as those addressing forced displacement and other issues.

*Sanando Heridas* demonstrates how referral pathways can include referrals down the pyramid to other levels of support. Their MHPSS interventions start at the health clinic in the emergency services where doctors and other healthcare workers provide initial emergency assistance, assess youth needs, and refer them on for additional support. For some, this may include referrals at the top of the pyramid for mental health services, but for most, the referrals are for follow-up services by phone to verify their emotional well-being and referrals to community-based services. As this project demonstrates, referrals are made between layers of the pyramid and youth can benefit from services that sit across multiple layers.

The following resources provide more information on a trauma-informed and healing-centered approach:

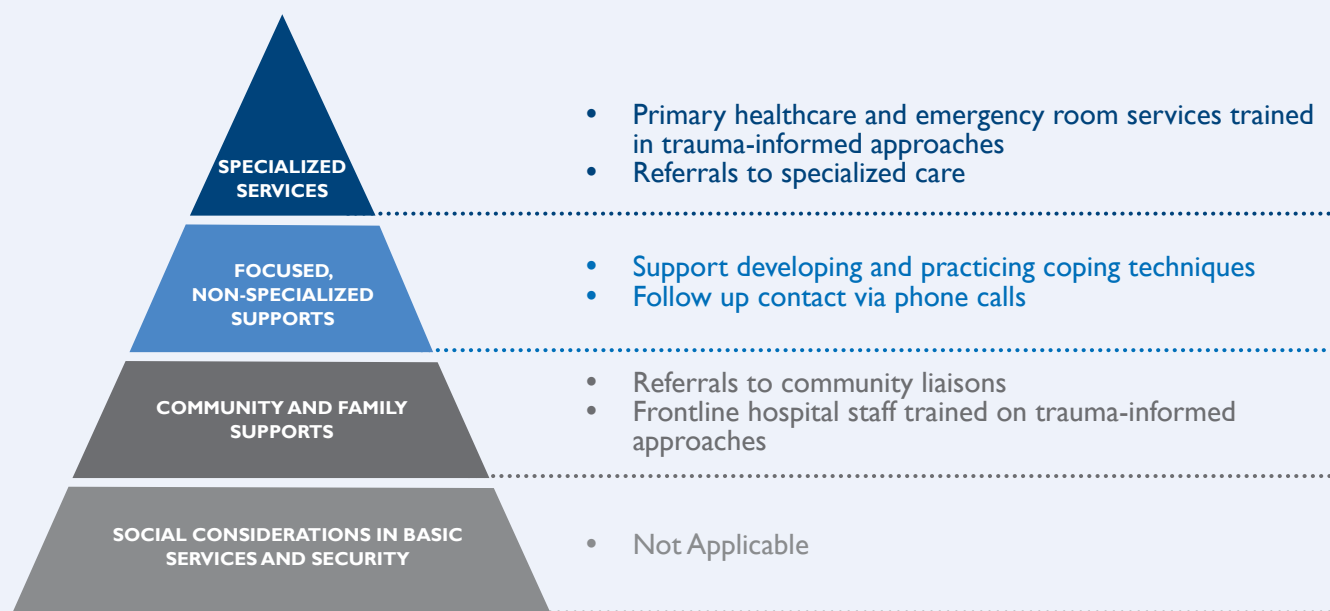
- [SAMHSA Technical Note on Trauma Informed Approach](#)
- [Chemonics Trauma-Informed Approaches to Development Checklist](#)

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<sup>4</sup> Glasswing International, “Glasswing International: Trauma-Informed Mental Healthcare,” [https://glasswing.org/wp-content/uploads/2021/01/GWI\\_Mental-Health-General.pdf](https://glasswing.org/wp-content/uploads/2021/01/GWI_Mental-Health-General.pdf)

<sup>5</sup> Glasswing International, “Glasswing International: Trauma-Informed Mental Healthcare,” [https://glasswing.org/wp-content/uploads/2021/01/GWI\\_Mental-Health-General.pdf](https://glasswing.org/wp-content/uploads/2021/01/GWI_Mental-Health-General.pdf).

Figure 3: Intervention Pyramid for Sanando Heridas



### Illustrative PYD or Youth-focused Indicators for MHPSS

Table 2 provides illustrative indicators for measuring the impact of MHPSS interventions that are integrated into education programming. The indicators are grouped by the measurement area and sector. The reference key identifies the source for each indicator. Indicators without a source were developed specifically for this toolkit.

#### Reference Key

- \* USAID
- \*\* UNICEF – Operational Guidelines
- \*\*\* Inter-Agency Standing Committee (IASC)

Table 2: Illustrative Indicators for Integrating MHPSS into Health Programming

Measurement Area	Sector	Indicators
Program Implementation and Access	MHPSS*	Number of MHPSS standard operating procedures, referral pathways, and service directories developed <sup>6</sup>
Uptake and Compliance	Humanitarian Assistance*	Number of consultations for any mental health condition
	MHPSS	Number of program participants who adhere to MHPSS treatment regime

<sup>6</sup> United Nations Children’s Fund, Operational guidelines on community based mental health and psychosocial support in humanitarian settings: Three-tiered support for children and families (field test version), New York: UNICEF, 2018, <https://www.unicef.org/media/52171/file>

Measurement Area	Sector	Indicators
Function	MHPSS*	The ability to carry out essential activities for daily living, which will differ according to factors such as culture, age, and gender
Mental Health and Well-being	MHPSS**	Subjective well-being improved including feeling calm, safe, strong, hopeful, capable, rested, interested, and happy; not feeling helpless, depressed, anxious, or angry <sup>7</sup>
	MHPSS***	Social connectedness referring to the quality and number of connections an individual has (or perceives to have) with other people in their social circles of family, friends, and acquaintances (social connections may also go beyond one's immediate social circle and extend, for example, to other communities) <sup>8</sup>
	MHPSS***	Number of people with mental health and psychosocial problems who report receiving adequate support from family members
Care	MHPSS**	Percentage of formal and informal social structures that include specific mental health and psychosocial services or supports for youth <sup>9</sup>

## Additional Guidance on Health and Mental Health from YouthPower

The following sections of the YouthPower website provide additional guidance and information on health and mental health for youth programming:

- [What Works in Gender-Based Violence and Mental Health](#)
- [What Works in Mental Health](#)
- [Toolkit on Adolescents Living with HIV: Mental and Emotional Health](#)

<sup>7</sup> United Nations Children's Fund, Operational guidelines on community based mental health and psychosocial support in humanitarian settings: Three-tiered support for children and families (field test version), New York: UNICEF, 2018, <https://www.unicef.org/media/52171/file>

<sup>8</sup> IASC Key Impact Indicator: <https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/iasc-common-monitoring-and-evaluation-framework-mental-health-and-psychosocial-support-programmes>

<sup>9</sup> United Nations Children's Fund, Operational guidelines on community based mental health and psychosocial support in humanitarian settings: Three-tiered support for children and families (field test version), New York: UNICEF, 2018, <https://www.unicef.org/media/52171/file>