Being_

Mapping Youth Mental Landscapes: Local Insights from 13 Countries

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Youth Advisor's FOREWORD

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Youth Mental Health Matters. Since you're reading this report, we can safely assume that we share this belief and a desire to support young people. It's okay if you're standing at the door of the arena of "youth mental health" while questioning if it's worth your effort and resources. There are several pressing issues that youth are facing, like the need for quality education, decent employment, equitable healthcare, supportive networks, and much more - not to mention the urgent need to put out the fire of a burning planet. Youth Mental Health seems to sit lower on that list for many, but it is largely intertwined with many challenges, making it the foundation upon which our functional realities are built.

Mental Health enables every other human right. It defines the qualities of the environments young people need to grow, thrive, and be. Young people don't need the world's problems to be solved FOR them, but rather your support to ensure they are equipped with all they need to build on the previous generations' work. However, the reality is that young people face the highest burden of mental health while receiving the least amount of support.[1] Young people in low-and- middle-income countries (LMICs) make up the majority of the globe's youth population,[2] and up to 90% among them have little to no mental health support.[3] If you feel at a loss for what to do to address the internal, often invisible, suffering that young people face, you're not alone. Mental Health can sometimes seem abstract or intangible.

Being changes that. These pages are the sum of a year-long analysis of 13 countries led by local researchers who have managed to make the intangible concrete and clear. By identifying the key challenges that young people in each of the 13 countries face, we can better focus on innovation, investment, and collaboration.

Due to the similarities in resources between the LMIC countries, lessons and scalable solutions can be shared. Most importantly, this was led by young people and local stakeholders (we love to see that).

When you read this report, keep note of the facts that surprise you, for they may be the key to your advocacy for young people's mental health. You'll also note a lot of gaps that highlight the work that still needs to be done, and we hope that will spark your creativity and drive you to include youth mental health in your work. Share this report with a friend or two to discuss it over coffee or with colleagues who inspire you. And why not send it to that one contrarian you don't want to argue with (we'll do the arguing for you).

Happy Reading! Together, let's ensure youth mental health can be taken into account as a priority!

Executive Summary

The mental health of young people has critical implications for future societal wellbeing. However, it is among the most underfunded areas globally, especially in low- and middle-income countries. The Being Initiative aims to change this by learning about the key challenges facing young people, investing in locally and youth-led solutions, and mobilizing broader national ecosystems to create environments for young people to feel well and thrive.

In this report, we discuss the results derived from phase one of Being's work — a year-long landscape analysis that included in-country stakeholder consultations, desk research, mobilization, and consensus-building. The lessons learned about the youth mental health landscape in each country has been used to inform the Being Initiative's funding priorities in 12 priority countries: **Colombia, Ecuador, Ghana, India, Indonesia, Morocco, Pakistan, Romania, Senegal, Sierra Leone, Tanzania, and Vietnam.**[i]

We believe those closest to the challenges are best placed to identify needs and barriers. So, we worked with local stakeholders to understand the youth mental health ecosystem and interrelated contextual factors in each country, and to determine the most critical drivers negatively impacting youth mental health and wellbeing to establish priority areas for investment in each country. Importantly, young people and people with lived experience of mental health challenges were at the heart of the process – they served as advisors, facilitators and stakeholders in consultations, and validators of the findings.

The in-country consensus building process surfaced several common factors impacting youth mental health across multiple country contexts, including: **family functioning** (prioritized in Colombia, Egypt, Ghana, India, Indonesia, Morocco, Pakistan, and Vietnam), **mental health literacy and stigma** (prioritized in Ghana, India, Indonesia, Romania, Senegal and Tanzania), **bullying** (Egypt, Ghana, Romania, Indonesia, and Vietnam), **youth exposure to violence** (prioritized in Colombia, Ecuador, Senegal, and Indonesia), and **academic pressure** (prioritized in Egypt, India, Pakistan, and Vietnam).

Several countries also identified **self-esteem** (Colombia, Ecuador, and Morocco), **cyberbullying and excessive social media use** (Morocco, Pakistan, and Romania), **substance abuse** (Sierra Leone and Tanzania), and the **impact of poverty and unemployment** (Senegal and Sierra Leone) as major drivers of youth mental health challenges. In this report, we provide a summary of findings for each country.

We share this research not just for setting the Being Initiative's investment priorities at a country-level, but for the benefit of the broader youth mental health ecosystem. We invite other like-minded people and organizations to leverage this knowledge in your own efforts to improve the mental health and wellbeing of young people around the globe.

[i] *Egypt was originally included in the landscape analysis but is not one of the 12 countries where the Being Initiative will be funding innovations due to in-country funding requirements. Nevertheless, we earnestly hope that the findings presented in this report will contribute to ongoing efforts aimed at enhancing youth mental health in Egypt.*

Preface

Preventative approaches to mental health challenges have proven to be some of the most effective means of ensuring the mental health and wellbeing of young people. However, because mental illness isn't visible in the same way as physical illness, it is often underprioritized in programs and policies, even though one in seven adolescents worldwide faces mental health challenges.[4] In fact, suicide is the fourth-leading cause of death among 15–29-year-olds.[5] The prevention of mental health conditions and the promotion of mental health and wellbeing, especially in the global population of young people, is only just beginning to be recognized as a practical public health approach.

According to the World Health Organization (WHO), mental health challenges disproportionately affect the most marginalized members of society – people living in poverty, women and girls, refugees, young people, and those most at risk of violence and discrimination.[6] Correspondingly, the global mental health burden is magnified for youth living in low-resource settings. In LMICs, up to 90% of young people's mental health needs are unmet due to a lack of resources.[7] Despite this growing need, national health budgets globally only allocate an average of 2% of funds to mental health.[8] Only 2.4% of mental health research funding is spent on LMICs, and only 7% is spent on prevention and treatment research.[9] Mental health resources also often fail to meet the unique and diverse needs of youth because they do not address the social, cultural, and economic contexts of the people they serve, necessitating a new, holistic and context-dependent way of understanding youth mental health.

If youth are our hope for the future, it is imperative that they are given the opportunity to thrive and live productive, healthy lives. It is clear that protecting and promoting their mental health is essential to their success. Young people with mental health challenges are more vulnerable to a variety of impacts to their wellbeing, including discrimination, physical health issues, social exclusion and stigma that can prevent them from fulfilling their potential. [10]

That's why we created Being – a global initiative focused on mental health prevention and promotion that envisions a world where young people feel well and thrive. Our goal is to prioritize and invest in young people's mental health and wellbeing, with a focus on locally created and led solutions.

By addressing young people's mental health challenges early in life, we hope to ensure their wellbeing in adolescence and adulthood since a healthy society is more likely to be a thriving society. We have chosen to focus our efforts on 12 priority countries where we believe our investment can make an impact: **Colombia, Ecuador, Ghana, India, Indonesia, Morocco, Pakistan, Romania, Senegal, Sierra Leone, Tanzania, and Vietnam.**

Figure 1 | Map of Being's priority countries

About BEING

Being is hosted by Grand Challenges Canada (in partnership with Government of Canada). Grand Challenges Canada (GCC) tackles global challenges by investing in local solutions that build a healthier, more equitable world for all. Since 2010, GCC has funded more than 1400 innovations in over 100 countries, supporting bold ideas to address the needs of underserved communities.

Being is a collaborative effort being undertaken in partnership with Fondation Botnar, a Swiss philanthropic foundation working to improve the wellbeing of young people around the world; the United Kingdom's Department of Health and Social Care using U.K. aid through the National Institute for Health and Care Research (NIHR); the Science for Africa Foundation, a team of scientists and professionals working to impact African lives through science and innovation positively; and United for Global Mental Health, working with partners worldwide to raise awareness, reduce stigma and increase support for mental health aid. Orygen, a research and advocacy organization that pioneers new, positive approaches to the prevention and treatment of mental disorders will serve as Being's learning and support provider, offering technical support to funded projects.

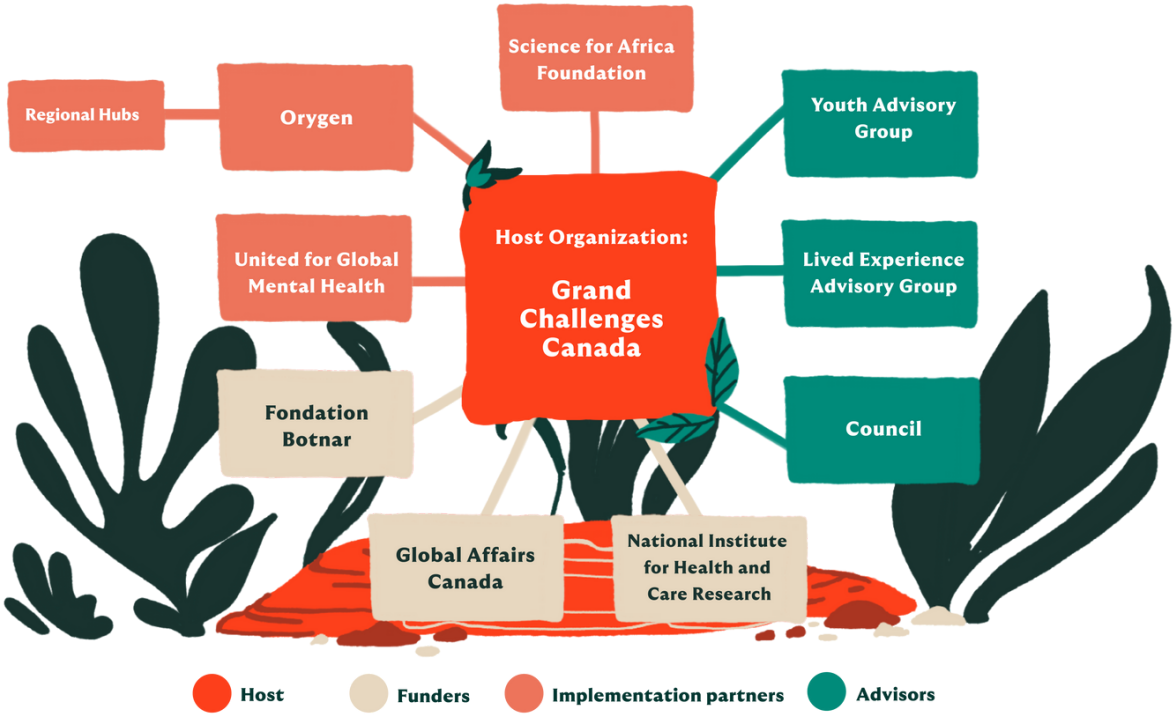

Figure 2 | Being's partnerships

Among Being's most important partnerships, however, are those with young people at risk of mental health challenges and their communities. Being believes those closest to the challenges are best placed to identify their needs and barriers and offer impactful and sustainable solutions. That's why **young people are at the heart of our approach**, serving as program advisors and key stakeholders, with youth-led organizations central to executing the work we'll be doing.

Being's work is informed by in-country partners who have led landscape analyses and consultations that helped establish each country's mental health priorities in this report; by advisory groups, comprised of young people and people with lived experience with mental health challenges; and by a council composed primarily of mental health professionals that includes members from each of those groups, as well as leading researchers and wellbeing experts.

Our goals are based on our three pillars: **learn, invest and mobilize.**

1. Learn - We believe learning is a driver for systems change. Our research funding and programming aims to understand young people's mental health needs and drivers in each priority country, help build consensus around priorities for advocacy and funding, and guide funding priorities in research, innovation, and ecosystem building. Additionally, we want to increase our understanding and anticipate the long-term impacts of emerging stressors, like emergencies, urban growth, pandemics, and climate change, on young people's mental health and wellbeing.

2. Invest – We fund and support youth-led organizations to address the drivers of young people's mental wellbeing identified through our invest pillar.

With a focus on prevention and promotion, we invest in new ideas as they're tested and proven. We also support tested high-impact innovations targeting youth mental health and wellbeing along their scaling journey to help catalyze their sustainability and impact.

3. Mobilize – We aim to unite donors, funders, investors, governments, multilateral scaling partners, local intermediaries, and communities by promoting the ongoing exchange of new evidence, innovation and learnings to advance global dialogue and advocate for young people's wellbeing. We also fund ecosystem building grants to help address systemic barriers preventing long-term implementation and integration of mental health services into related health, policy, and other areas.

Addressing the mental health challenges presented in this report is not something we can do alone; it will require many hands to help create the enabling environments that support young people to flourish, and we're counting on other likeminded people and organizations to contribute their expertise and funds to tackle this challenge together. We invite funders, researchers, decision-makers, and all stakeholders wielding resources in the priority countries to utilize the insights presented in this report and the recommended strategies outlined below. We aim to inspire and guide your efforts in supporting young people's mental health.

We hope you will join us on this journey.

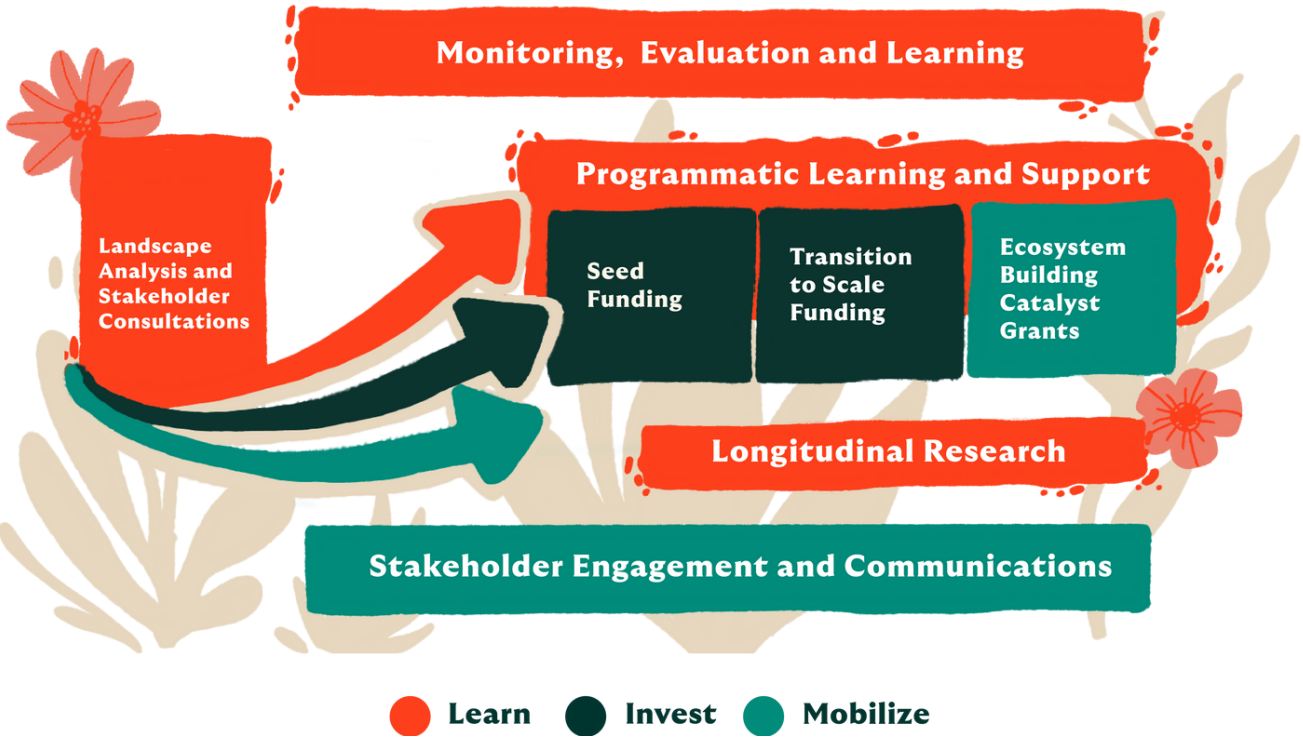

Figure 3 | Being's programmatic approach

Methodology

Understanding the most significant early drivers of young people's mental health and wellbeing in the 12 priority countries —Colombia, Ecuador, Ghana, India, Indonesia, Morocco, Pakistan, Romania, Senegal, Sierra Leone, Tanzania, and Vietnam – was foundational to our plans for laying the groundwork for change. [ii]

Our first step in each of these countries was to partner with local organizations to conduct an in-depth landscape analysis in each priority country. The landscape analysis ran from early March 2023 to February 2024. Each country analysis was essential in determining local mental health needs, vulnerabilities and drivers, as well as understanding the gaps and opportunities within the system.

Partners in Learning

During the landscape analyses and consultations, we sought to identify and meet with key stakeholders necessary for success within each country. Being turned to institutions and organizations with established networks in the priority countries and well-equipped to delve deeply into the local mental health landscape. Our partners consulted and engaged with government representatives, researchers, local non-governmental organizations, clinicians, advocacy groups and young people throughout this process. Youth engagement is critical to Being's success. Young people, including those with lived experience of mental health challenges, were engaged throughout the process to ensure that they helped lead this work.

The data from this process has allowed Being to narrow its funding priorities in each country to help address the top mental health and wellbeing issues and drivers identified by stakeholders as crucial to improving young people's mental health in the 12 countries. For example, in several countries, consultations revealed that reducing the stigma around mental health is essential; others pointed toward bullying as a significant problem. By consulting stakeholders and building consensus around the priority issues, we have established strategic connections between groups in diverse countries that advocate for mental health and are eager to work with like-minded organizations.

Being's first pillar, **Learn**, has been crucial to a locally-led process of understanding each priority country's youth mental health landscape. Each in-country partner undertook a robust landscaping exercise to identify the significant mental health issues facing that country's youth and the drivers undermining their wellbeing. These in-country partners included diverse experts in both research and social issues, such as university research groups and public health institutes, members of civil society and international organizations, government representatives, healthcare providers, and people representing vulnerable groups. All in-country partners prioritized youth perspectives in the consultations and engaged youth researchers to conduct the work and/or youth advisory committees to develop methodologies and interpret the results.

Each country team followed a standard methodology with some variation between countries. Unique features of each team's process will be identified in the country spotlights that follow.

[ii] *Although Being will not support innovation or ecosystem building in Egypt due to challenges with in-country funding, it was part of the landscape analysis, and this report's insights can support other programming related to youth mental health in Egypt.*

1. Desk Research: The first step was an extensive desk research process that involved collecting and analyzing each country's available mental health data. The teams amassed and reviewed government data, relevant peer-reviewed research and secondary data, such as white papers and reports. Having analyzed the existing literature, the teams were then able to identify the gaps in available information and determine what other data was needed to obtain a complete picture of the state of youth mental health.

2. Stakeholder Engagement: A key factor in the overall methodology was the expectation that the landscaping exercise went beyond desk research to ensure the lived experience, challenges, and needs were articulated by local stakeholders. So, country teams met and consulted with diverse stakeholders to obtain more detailed and nuanced information about each country's youth mental health landscape. Key stakeholders included government officials, health professionals, researchers, academics, representatives of non-governmental organizations, youth and people with lived experience of mental illness.

2. a) Varying Formats. Stakeholder engagement across the various countries involved a variety of approaches, with each country team using multiple formats ranging from surveys to workshops or focus group discussions and interviews. Each country had tailored approaches to engage young people in a meaningful and safe way and in most cases these approaches were designed and facilitated by youth. This step was critical to obtaining local perspectives on young people's mental health needs and the systemic barriers to mental health in each country.

2. b) Forming alliances. In-country partners also networked with organizations that had a stake in young people's mental health such as, government, traditional and religious leaders, to ensure they were aware of the project and interested in seeing it move forward. They also created alliances with organizations that could help address youth mental health issues, such as the local health department and universities.

3. Consensus Building: The final step in the process was consensus building, bringing various stakeholders together to determine and agree on the priority drivers for youth mental health and wellbeing. In most cases, representatives from all stakeholder groups met to discuss the issues and drivers contributing to young people's mental health and wellbeing, but various in-country partners took different approaches. For example, some used Delphi surveys to poll stakeholders, others held Theory of Change workshops, and some even took a gamified approach to gathering stakeholder opinions and experiences. In many countries, multiple consensus building approaches were used to ensure diverse participation in the consensus building process. Across all countries, the groups were asked to come to a consensus about the most critical issues and top drivers contributing to young people's mental health and wellbeing in their country context.

Through the consultations and consensus building process, local stakeholders articulated unique and context-specific drivers of youth mental health and wellbeing. As demonstrated in Figure 4, there were also a few overlapping drivers that emerged across multiple countries.

Overlapping Drivers	Countries							
Family functioning	Colombia	Egypt	Ghana	India	Indonesia	Morocco	Pakistan	Vietnam
Mental health literacy and stigma	Ghana	India	Indonesia	Romania	Senegal	Tanzania		
Bullying	Egypt	Ghana	Romania	Indonesia	Vietnam			
Violence (security and abuse)	Colombia	Ecuador	Senegal	Indonesia				
Academic pressure	Egypt	India	Pakistan	Vietnam				
Self-esteem	Colombia	Ecuador	Morocco					
Social media	Morocco	Pakistan	Romania					
Poverty	Senegal	Sierra Leone	Tanzania					
Substance use	Sierra Leone	Tanzania						

Figure 4 | Overlapping drivers

Determining Being's focus

After receiving the final reports from each country team, Being conducted a mapping exercise to visualize the information provided for each country's top three prioritized drivers and their connections to the larger ecosystem (i.e. stakeholders and policies).

We developed a set of criteria to help us select the focus for Being's investments from the prioritized wellbeing drivers identified through the consensus-building activities in each country. Our criteria included:

1. Whether the driver successfully meets the needs of underserved youth while upholding Being's greater vision and goal,
2. the clarity of consensus among in-country partners, and
3. whether there's a strong mechanism for impacting youth mental health.

Three programmatic staff for each country ranked the top wellbeing drivers on a scale of 1 to 5. They also scored the driver's potential for innovation, the pathways for scaling and sustainability and the value added by Being upon investment. The evaluation also examined whether addressing this suggested wellbeing driver enabled opportunities for further scale and sustainability of innovations in the mental health ecosystem.

Once the prioritized driver was identified, in-country partners and Being partners were consulted. To provide additional perspective and local expertise, we also engaged our two advisory groups, the Youth Advisory Group and the People with Lived Experience Advisory Group, and our Being Council, made up of leading researchers, young people, people with lived experience of mental health challenges, and mental health and wellbeing experts, provided insight and guidance, into the prioritization process.

COLOMBIA

Total Population in 2023:

52.1 million[11]

Total Population of Young People Aged 10-24 in 2023:

11.98 million (23%)[12]

Top Youth Mental Health Issues and Conditions:

- Anxiety,
- Depression
- Suicide and self-harm
- Substance use

Top Drivers of Youth Mental Health Challenges:

1. Family dysfunction
2. Self-esteem
3. Urban violence

Landscape Analysis Country Partners:

- Pontificia Universidad Javeriana (Lead partner)
- Junta de Beneficiencia de Guayaquil, Ecuador (Collaborating partner)
- Swiss Tropical Public Health Institute (Collaborating partner)

Stakeholder Consultation and Consensus Building:

- To fill-in information gaps following desk research, the Colombia team engaged with stakeholders in three regions: Leticia, Armenia, and Bucaramanga. In each region, the Colombia team established a regional team to support the identification and recruitment of stakeholders through networks and active snowball recruitment. Consultations and key informant interviews included young people; representatives from government, such as the Ministry of Health and Social Protection and the national police; non-governmental organizations (NGOs), such as the Pan American Health Organization and UNICEF; religious leaders; representatives of private sector businesses; educators from universities and schools such as Universidad Nacional; clinicians; funders; representatives of vulnerable groups, such as migrants, LGBTQIA+ and Indigenous communities; and representatives of youth and environmental organizations, such as Leticia's Municipal Youth Council and the National Youth Environmental Network.

- As part of the consensus building activities, the Colombia team prepared a pre-workshop analysis of the stakeholder findings, with findings coded into various categories. During the consensus building workshops, participants engaged in three prioritization exercises (prioritization of mental health conditions, wellbeing drivers, and interventions), pulling from the pre-workshop analysis findings. In small groups, participants were asked to match mental health conditions with wellbeing drivers and potential interventions and ultimately reach agreement within their group members on the prioritization. An online survey was also used to build further consensus among stakeholders on the priority issue areas.

- A Youth Advisory Board (YAB) was formed, comprised of young people 14-25 years old who co-designed tools and strategies for recruiting and engaging young people in participatory works and co-facilitated workshops. The YAB provided multiple rounds of feedback to refine and validate the findings that were distilled in the consensus report. Importantly, a safeguarding strategy involving support from a psychologist during activities was implemented to protect the wellbeing of YAB and youth participants.

Key Youth Mental Health Issues

Anxiety	**In a survey conducted during the COVID-19 pandemic in Bogota, almost half (47%) of 834 young people (18-24 years old) reported moderate to moderate-severe anxiety symptoms.[13]**
Depression	**Depression is the second most significant factor contributing to the overall burden of disease.[14]**
Suicide and self-harm	**In 2021, reported suicide rates were 5.7 per 100,000 people, with higher rates among young people aged 15-17 (6.5) and 18-19 (9.2).[15]**
Substance use	**Risky alcohol consumption and substance misuse are recognized as risk factors of suicide among young Colombians.[16]**

Key Drivers of Youth Mental Health Challenges in Colombia:

1. Family dysfunction: The majority of stakeholders identified family dysfunction as a critical driver influencing the degradation of mental health among young Colombians. Exposure to family stressors, such as parental absence, communication challenges, financial hardship, conflict within the family, insecurity, and trauma, all constitute family dysfunction and are key causes of young people's mental health issues in Colombia. Stakeholders highlighted negative parent-child relationships and upbringing patterns and child maltreatment as factors contributing to family disfunction. Only half of Colombian children aged 7-11 live with both of their biological parents, with more than a quarter of all surveyed children in a 2015 study reporting poor family functioning.[17] Additional data indicates that 29.77% of reported family violence cases involve violence against children and teenagers.[18] Notably, sexual violence often occurs within familial contexts, with nearly half of the victims (49.69%) assaulted by family members and a further quarter (24.76%) by individuals close to the family.[19] Furthermore, there exists a correlation between lower socioeconomic status and heightened rates of family dysfunction (40.6%), underscoring the socioeconomic dimension of these challenges in Colombia.[20][21] Young people experiencing family dysfunction are at an elevated risk of developing mental health disorders, highlighting the importance of addressing these underlying familial issues for the wellbeing of Colombian youth.

- **The majority of stakeholders agreed this was a priority driver.**

2. Self-esteem: In Colombia, self-esteem is a contributing factor to mental health issues like social phobia, depression, and eating disorders.[22] As an integral part of an individual's self-concept, it plays a vital role as a protective factor for preventing the development of mental health issues, especially during adolescence.[23][24]

The country's legal framework, especially the National Mental Health Policy and the 3992 CONPES, prioritizes the development of psychosocial skills linked to self-esteem. Self-esteem is also considered a risk factor that increases vulnerability to developing mental health disorders and affects outcomes such as academic success, overall wellbeing, and internalized/externalized mental health problems.[25] Some of the mental health issues associated with low self-esteem include social anxiety, generalized anxiety disorders, eating disorders, panic attacks, depression, problematic use of social media, self-harm, and suicide. [26][27][28][29][30]

- **Majority of stakeholders agreed this was a priority driver.**

3. Urban violence: Exposure to violence poses a significant challenge in Colombia, a country that has grappled with one of the world's longest-running internal conflicts, spanning over 60 years. The conflict has led to a substantial number of fatalities; over 9.5 million victims of forced labour, disappearances, sexual violence, and other types of crime and corruption have been reported.[31] Moreover, about 8.5 million suffered forced internal displacement, creating mobility flows to urban areas and leading to increased.[32] A 2021 study found that forced displacement leads to emotional challenges, including a loss of group identity and strained family ties.[33] Additionally, Colombians exposed to violence, regardless of conflict severity or duration, exhibit higher rates of post-traumatic stress disorder (PTSD), substance abuse, suicide, and mood and anxiety disorders.[34][35][36] In 2022, youth aged 10 to 29 accounted for almost half (48.15%) of the 6,474 homicide cases,[37] reflecting the pervasive impact of urban violence. Growing up in poverty heightens the risk of violence, perpetuating a cycle of trauma, poverty, and violence that spans generations.

- **Majority of stakeholders agreed this was a priority driver.**

The following drivers of mental health challenges were also identified but not ranked as high by the stakeholders consulted: **difficulties attaining life aspirations and goals, poverty and unemployment, food insecurity, stigma and discrimination, lack of access to mental health care, problems with the education process, adequate use of technology.**

Funding Bold Ideas

We have chosen a focus area for funding that best aligns with our mission to support innovation and drive impact.

In Colombia, Being will invest in innovative solutions that strengthen family functioning among young people by addressing family conflict and violence, promoting healthy communication styles, and increasing family cohesion.

Colombia's Landscape in Youth Mental Health

Colombia has several laws and policies designed to support young people's mental health and wellbeing that facilitate the creation of safe spaces and enable environments for youth nationally and locally. Despite these efforts, several systemic challenges and barriers currently prevent the uptake, scale, and sustainability of solutions to pressing youth mental health challenges and drivers.

Governance and Policies

Colombia's legal and policy frameworks recognize the spectrum of mental health needs and prioritizes young people's mental health and wellbeing. This is reflected in public policies and laws designed to enhance wellbeing in individuals and communities and implement interventions from promotion and prevention to treatment and rehabilitation at all levels. For example:

- **Law 100 of 1993** gives Colombians access to mental health services as guaranteed benefits through the country's mandatory health plan.
- **Law 1616 of 2013** ensures the right to mental health for Colombians with a particular focus on children and adolescents. It also recognizes mental health as a national interest and priority, classifying it as a fundamental right and a crucial aspect of public health, essential for overall wellbeing and enhancing Colombians' quality of life.
- **National Mental Health Policy (2018)** promotes mental health as an individual, family and collective right through prevention, comprehensive care, and rehabilitation, and sectoral and intersectoral coordination.
- **The National Substance Use Policy (Resolution 089 of 2019)** aims to enhance protective factors against the use of substances, prevent risk factors, provide comprehensive treatment, rehabilitation, and social inclusion, and facilitate sectoral and intersectoral coordination.
- **Colombia's 10-year Public Health Plan (2022-2031)** Includes enhancing population resilience, ensuring safe public spaces, implementing mental health policies nationwide, addressing armed conflict victims' comprehensive needs, boosting parental involvement in education, reducing suicide rates, promoting mental health services, and implementing nationwide plans to curb substance abuse.
- **The School Coexistence Law (2013)** has also integrated mental health with a focus on coexistence, with regards to violence and bullying.

Although these policies are in place and there are monitoring mechanisms to track their adoption, access to information on their implementation is difficult due to fragmentation of data sources and limited publicly available data. Implementation is further constrained by lack of mandatory standardized guidelines or procedures for mental health policy implementation in school settings. Improved monitoring of mental health policy implementation in schools and their adoption in community settings can highlight opportunities to address challenges or limitations with existing initiatives concerning youth, family functioning and supportive environments.

Systemic Challenges, Opportunities, Existing Networks

The ecosystem for youth mental health in Colombia is supported by three multisectoral health networks.

1) The National Mental Health Council serves as the Ministry of Health and Social Protection's principal advisory body on all mental health related issues. **The Colombian Bipolar Association** and the **Colombian Association of People with Schizophrenia** and their Families, are among the members and are highly influential and involved in the country's mental health ecosystem.

2) The National Family Welfare System is a network of agents and coordinating organizations that uphold the comprehensive approach to the protection of children and adolescents

with a focus on strengthening families at all levels (national, departmental, district, and municipal). This network includes higher level institutions like the Presidency and Ministries, as well as governors' offices, the **Colombian Institute of Family Welfare (ICBF)** regional directorates, and community-based organizations.

3) The Alliance for Colombian Children (Alianza por la Niñez Colombiana) includes 22 international and national civil society organizations, such as **RedPapaz** (an association for parents working in program implementation and advocacy), which gathers, organizes, and publishes statistics and information about Colombian children. The goal is to collect experience and best practices for protecting children and adolescents.

In Colombia, the public sector is primarily responsible for safeguarding the right to mental health and mental health is seamlessly integrated into the healthcare system (i.e., as part of the national health scheme or Health Benefits Plan); however, access remains a significant challenge of the current health system. Thus, prioritizing working groups that involve national ministries and international cooperation **(ICBF, Ministry of Health, Ministry of Justice, Ministry of Finance. UNICEF, WHO, the Pan American Health Organization (PAHO), Health Cluster)**, as well as health departments and local governments is important. Local stakeholders often implement mental health policies, even in cases where there are no clear directives or available resources from the national government. Based on a department or region's cultural and social history, there might be different or additional authorities beyond those typically recognized by law in various territories. An example of this is the role of Curacas in areas with Indigenous communities. These authorities can also be social or religious leaders.

Academia is another pivotal ecosystem player as they serve as implementing partners for various mental health programs, contributing academic rigour to the development of evidence-based approaches. Individuals with lived experience and civil society members represent not only the end users but also the driving force behind innovation to deliver improved care. The media also wields significant influence in disseminating and popularizing innovations, ultimately contributing to their broader adoption and scalability.

While policies demonstrate the State's commitment to the mental health agenda, several challenges were noted during the consultation process, including:

- Mental health research constitutes only a small fraction of the total research output in Colombia.[38] Within the limited available data, the predominant focus is on adult mental health, leaving youth mental health problems, the drivers of their wellbeing, and long-term impacts primarily overlooked.
- There are few child and adolescent psychiatrists, psychologists, and other allied health professionals, with most located in urban areas.
- The involvement of individuals with lived experiences in decision-making processes is limited, exacerbated by the concerning rates of violence against activists and social leaders.
- In the public sector, issues like high staff turnover, election cycles, and problems with intersectoral collaboration have impacted data collection and program implementation.
- Stigma and self-stigma among health professionals, users, and communities make it difficult to access mental health services.

There are a variety of opportunities to address these challenges, such as supporting advocacy efforts to reduce stigma, involving young people in program design, welcoming community involvement, supporting peer interventions, attracting more public and private investments to improving access to mental health services and trained professionals, especially in underserved regions, and investing in mental health innovation.

In addition, organizations can support work to:

- Create multi-sectoral programs to allow for shared resources, knowledge, etc.
- Enhance the national data system, as well as monitoring and evaluation.
- Enhance governance and intersectoral mental health work and formulate policies that directly respond to the current legal framework and increase transparency in decision-making.

Fostering Enabling Environments

Through Ecosystem Catalyst funding, Being will support national and sub-national level activities to strengthen local ecosystems for youth mental health and foster an enabling environment that helps mental health innovations build local demand, thrive, and scale.

In Colombia, Being will fund organizations that will support the implementation and accountability mechanisms for national youth mental health policies that are related to environments where youth spend time, such as schools and community settings.

Opportunities for Investment

While Being's focus in Colombia aims to strengthen family functioning and implementation of national youth mental health policies, stakeholder consultations have brought forth several opportunities to strengthen the mental health of young people in Colombia.

1. School-based programs: Investing in school programs is crucial in aiding youth mental health since most young people (aged 10-24) spend significant time within educational institutions. As of 2022, the national coverage in the educational sector reached 94.69%. [39] Among the school programs worth investing in are curricula-embedded programs aimed at increasing mental health literacy, promoting engagement with services, and suicide prevention. Investing in school programs aligns with the **National Mental Health Policy**, specifically with one strategy: the generation and strengthening of resilient, healthy, and protective environments that promote healthy lifestyles, which has as one of its objectives to enhance the social, family, and community support networks.[40][41]

2. Gatekeeper suicide prevention training: This type of program involves training specific groups of people to identify individuals at high risk of suicide and with mental health difficulties. Also, to educate in psychological first aid and the referral to appropriate treatment. Gatekeepers are individuals in the community, such as clergy, recreational staff, police officers, coaches, teachers, and counsellors who have direct contact with individuals.[42] Investment in gatekeeping training would ensure a safety net around young people, as this type of training has been shown in the international literature to reduce suicide ideation attempts and deaths.[43] The dynamic model designed for Bogotá shows that training community agents potentially averts around 22% of suicide deaths and attempts in the population between 7 and 17 years old. [44]

3. Family interventions: Data indicates that exposure to family stressors, such as parent absence, financial hardship, conflict within the family, insecurity, and trauma, is a key cause of young people's mental health issues.[45] In the same manner, research has also shown that lacking family support is associated with an increased risk of developing mental health disorders.[46] Currently, family dysfunction constitutes a matter of national interest; specifically, **Law 1122 of 2007** recognizes the importance of understanding risk and protective factors in mental health with an emphasis on family violence, substance abuse, and suicide.

4. Primary care: Among strategic investments towards youth mental health in Colombia is strengthening primary care. This strategy could bring mental health care closer to users and support early detection and treatment, especially in remote and rural areas, where access is made difficult due to geographical barriers, low availability of trained staff, and high levels of stigma.

5. Digital literacy and digital health interventions: In Colombia, approximately 75.7% of the population has access to the internet.[47] Notably, individuals between the ages of 12 and 24 constitute the highest percentage of internet users at 84.1%, followed by those aged 24 to 54 at 76.3%.[48] Telemedicine has been regulated since 2010 (**Law 1419**), but the government established new provisions to further support the development of Telehealth in 2019. As such, investing in digital literacy would align with national interest and significantly expand the scope of mental health interventions and resources young people can access.

6. Awareness and stigma: Investing in projects or campaigns focused on mental health awareness could significantly improve the overall context, facilitating referrals to mental health services and fostering more open communication about mental health and wellbeing needs. However, in a resource-constrained setting such as Colombia, where major access barriers exist, it's important that awareness and stigma campaigns consider potential iatrogenic effects arising from overloading an already stretched-out system (e.g., increasing waiting times by increasing demand and ultimately exacerbating disengagement from services, as well as hopelessness and helplessness).

ECUADOR

Total Population in 2023:

18.2 million [49]

Total Population of Young People Aged 10-24 in 2023:

4.7 million (26%) [50]

Top Youth Mental Health Issues and Conditions:

- Depression
- Substance use
- Anxiety
- Suicide and self-harm

Top Drivers of Youth Mental Health Challenges:

1. Access to mental health services
2. Insecurity
3. Self-esteem

Landscape Analysis Country Partners:

- Junta de Beneficiencia de Guayaquil, Ecuador (In-Country Partner) **[iii]**
- Pontificia Universidad Javeriana, Colombia (Lead Partner)
- Swiss Tropical Public Health Institute (Collaborating Partner)

Stakeholder Consultation and Consensus Building:

- To fill information gaps following desk research, the Ecuador team engaged with key stakeholders in three regions: Guayaquil, Cuenca, and Puyo. In each region, the Ecuador team established a regional team to support the identification and recruitment of stakeholders through networks and active snowball recruitment. Consultations and key informant interviews included young people, officials from government agencies, such as the Ministry of Public Health, Human Development and Housing; private sector organizations, such as FARO Group; NGOs, such as the Walking Women Collective and the Vital Connection Foundation; international organizations, such as the United Nations Children's Fund and the Hebrew Immigrant Aid Society; academics and researchers from educational institutions such as the Catholic University of Santiago de Guayaquil; and clinicians from organizations such as the Neuroscience Institute of Guayaquil and Roberto Gilbert Pediatric Hospital.

  There were also representatives from special interest groups, such as people with lived experience, and community and religious leaders from organizations such as Arcos Christian Church.

- As part of the consensus building activities, the Ecuador team prepared a pre-workshop analysis of the stakeholder findings, with findings coded into various categories. During the consensus building workshops, participants engaged in three prioritization exercises (prioritization of mental health conditions, wellbeing drivers, and interventions), pulling from the pre-workshop analysis findings. In small groups, participants were asked to match mental health conditions with wellbeing drivers and potential interventions and ultimately reach agreement within their group members on the prioritization. An online survey was also used to build further consensus among stakeholders on the priority issue areas.

- To create safe spaces for young people to participate and share their expertise, the Ecuador team undertook a social network analysis to determine how youth, health and prevention organizations were connected as part of an Ecuadorian mental health network. The team also created a national Youth Advisory Board of youth aged 14 to 23 from various regions, including students, advocates, and youth-led organizations.

[iii] *In-country partner who led the landscape analysis and consultations in Ecuador.*

Young people also co-led and co-facilitated workshops for local youth to explore their mental health needs and challenges.

Key Youth Mental Health Issues

Depression	**Nationally, nearly half (45.8%) of all 9- to 18-year-olds have experienced episodes of anxiety or depression at least once in their lives. [51]**
Substance use	**Young people report that they have easy access to substances.[52] The prevalence of substance use disorders (SUDs) has increased from 50% to 60% over the past 20 years.[53] The most widespread SUDs are related to cannabis.**
Anxiety	**In the last five years, anxiety disorders accounted for 5.3% (2,936) of all outpatient consultations from the Neuroscience Institute of Guayaquil among young people (15-25).[54]**
Suicide and self-harm	**Suicide was the fourth highest cause of death in young adults in 2021, climbing to 3rd place in 2022. Most suicide cases are from youth (18-29) in urban areas.[55]**

Key Drivers of Youth Mental Health Challenges in Ecuador:

1. Access to mental health services: Ecuador has only 565 registered and certified mental health professionals (psychiatrists, psychologists, occupational therapists) for over 18 million people.[56] The limited number of care centers are mostly centralized in the largest cities. In a 2017 study, young people attended by mental health professionals felt their needs were not met promptly and raised concerns about logistical challenges for referral to additional support systems.[57] This opinion was also highlighted during stakeholder consultations where youth shared their perception that the government and policy makers pay limited attention to mental health service issues.

With one of the highest indexes in South America of racial disparity,[58] Afro-Ecuadorian and Indigenous young people experience an even more significant gap in access to mental health care.

- **Majority of stakeholders agreed this was a priority driver.**

2. Insecurity: In 2022, 3,728 young people were killed as a result of gun violence.[59] In addition, Ecuador's Ministry of Education has identified over 11,000 cases of sexual abuse in and around educational environments from 2014 to 2023.[60] A recent survey indicated that only 67% of children and adolescents aged 8 to 17 feel secure walking outside their neighbourhood.[61] One of the least secure places for children and adolescents aged 8 to 17 is public transportation,

where 4 out of 10 feel unsafe.[62] Young people who don't feel safe in their environments often endure chronic stress, isolation, and anxiety, potentially leading to depression, drug use, and suicide.[63] During the consensus building activities, stakeholders also noted that violence inside the family is often normalized and used as punishment and corrections, contributing to stress and depression among youth.

- **Majority of stakeholders agreed this was a priority driver.**

3. Self-esteem: A 2017 study found that low self-esteem was partly associated with panic disorders, eating disorders, depression, and suicide among Ecuadorian young people.[64] Moreover, a comparison of the years before and after the COVID-19 pandemic revealed that young people in Ecuador who had lower levels of self-esteem pre-pandemic were also at higher risk of suicide post-pandemic.[65] Factors such as age, educational background, mobile phone usage, socioeconomic status and engagement in hobbies are critical determinants of self-esteem. In particular, stakeholders noted how often young people feel judged by their peers and compare themselves with others, contributing to feelings of insecurity and low self-esteem. Stakeholders also highlighted the growing social media and influencer culture that is having a negative impact on youth's image perception, contributing to low self-esteem and increased eating disorders.

- **Majority of stakeholders agreed this was a priority driver.**

The following drivers of mental health challenges were also identified but not ranked as high by the stakeholders consulted: **adequate use of technology, urban violence, family dysfunction, problems with access and educational process, culture and values and healthy lifestyles.**

Funding Bold Ideas

We have chosen a focus area for funding that best aligns with our mission to support innovation and drive impact.

In Ecuador, Being will invest in innovative solutions that improve the physical and emotional safety of young people by developing safe community, school, and family environments, preventing violence, and promoting healthy communication and conflict resolution skills.

Ecuador's Landscape in Youth Mental Health

Ecuador has several laws and policies that facilitate the creation of safe spaces and enabling environments for youth nationally and locally. Despite these efforts, several systemic barriers currently prevent the uptake, scale, and sustainability of solutions for youth mental health challenges and drivers.

Governance and Policies

Although mental health programs and policies in Ecuador are still in the early stages of development, the country's legal framework recognizes young people's mental health challenges. For example:

- **Ministerial Agreement No. 000004349 of 2013** developed a mental health commission within Ecuador's Ministry of Public Health's structure to establish guidelines for mental health management.

- **The Mental Health Strategic Plan for 2015-2017** included five strategic lines of action directed to deinstitutionalize mental health issues and conditions (including substance use/abuse) and reinforce primary mental health care.

- **2024 Organic Law of Mental Health** enforces the promotion of mental health awareness, designates responsible bodies and sector responsibilities for articulation and collaboration to improve access to mental health services, protect rights and ensure community-level prevention and early intervention.

In addition, Ecuador's Ministry of Public Health and Ministry of Education directly oversees two central policies that promote secure and safe school environments to support young people's mental wellbeing:

- **The 2018 Integral Health Care model for Educational Contexts** addresses the scope of mental health primary, secondary and tertiary prevention in educational settings; and

- **The 2023 National Plan on Psychosocial Risk Prevention in the Educational system** prioritizes nine risks that most directly affect the academic environment including psychological and sexual violence, bullying, suicide and self-harm attempts, drug use and consumption to achieve security in educational settings.

Systemic Challenges, Opportunities, and Existing Networks

In Ecuador, there are a few active networks that are working to advance youth mental health in the country. Several adolescent and young adult collectives are currently advocating for improvement in education, child and adolescent rights, health, politics, and other areas.

For instance, the **Network of Associations for the Defense of Rights of Children and Adolescents (RODDNA)** is a national network led by young people; their main goal is to promote their rights through participation and empowerment.

Involvement of other members of the **Ecuadorian Civil Society** and private sector is fundamental for supporting youth mental health. Several local NGOs (**Aldeas infantiles SOS, Junta de Beneficencia de Guayaquil, Casa Maria Amor, Foundation "Abrazarte and, Warmicuna," Cantonal and Provincial Rights Protection Councils, SachaWarmi Foundation, Antonio Guevara Foundation), Ecuadorian Red Cross**, and religious institutions (**Catholic church**) are essential partners for addressing youth mental health. Public and private educational systems (Department of Student Counseling (**Departamento de Consejería Estudiantil (DECE)**) play a crucial role in the ecosystem as they have direct contact with young populations. Universities have the opportunity to intervene promptly with students when identifying problems related to mental health, as well as to create spaces for students to discuss mental health related stigma.

Within the mental health ecosystem in Ecuador, stakeholders have highlighted numerous obstacles that affect efforts to address the drivers of young people's mental health.

- The mental health ecosystem in Ecuador faces significant challenges due to fragmentation and limited collaboration among national-level stakeholders and ministries who work in this space.

- Widespread stigmatization of mental health and low mental health literacy prevent Ecuadorian young people from seeking help, undermining current social support structures.

As a result, public attention has neglected mental health challenges and issues like substance abuse of alcohol, tobacco, and other drugs.

- Limited national funds for health research makes it difficult to identify the specific mental health needs of key populations. Most of Ecuador's health research outputs relevant to mental health are cross-sectional studies, which often do not provide enough evidence for causality between drivers and mental health issues.

A multifaceted and intersectional approach is needed to address mental health challenges among Ecuadorian adolescents. Additionally, building a structured support network between mental health stakeholders and young people is important to ensure an enabling environment, where individuals' opinions and needs are considered.

Fostering Enabling Environments

Through Ecosystem Catalyst funding, Being will support national and sub-national level activities to strengthen local ecosystems for youth mental health and foster an enabling environment that helps mental health innovations build local demand, thrive, and scale.

In Ecuador, Being will fund organizations that will support better alignment and collaboration among mental health stakeholders to advance youth mental health and their safety on the national agenda.

Opportunities for Investment

While Being's focus in Ecuador aims to improve young people's physical and emotional safety and support alignment and collaboration among national-level stakeholders, stakeholder consultations have brought forth several other opportunities to strengthen the mental health and wellbeing of young people in Ecuador.

1. Build strategic alliances for advancing the mental health agenda: It's important that these alliances prioritize NGOs for their on-the-ground experience and contact with community members, whose involvement is also key for developing sustainable community interventions.[66] These partnerships can encourage resource optimization to pool economic and human resources for more impactful programs, expertise exchanges, amplification of any initiatives' reach, and improvement of coordination of services to ensure broader access, thus bridging gaps between mental health care services and community needs.

2. Reinforcement of community-level mental health care: By enhancing mental health services at the local level, individuals can access timely and culturally sensitive care that addresses their unique needs. As such, the government is actively promoting deinstitutionalization of mental health as a top strategy for 2023-2025, by including over 178 mental health professionals, prioritizing the first level of care.[67]

3. Public campaigns to socialize mental health services and suicide prevention programs: Public awareness campaigns not only destigmatize mental health concerns but also actively encourage individuals to engage with the support systems in place. Suicide prevention programs, when widely disseminated, can reach vulnerable populations, providing crucial information about helplines, counselling services, and community resources.

Alongside robust stigma-reduction campaigns, there is also a need to foster supportive workplace and school environments. By fostering a culture of openness and understanding surrounding mental health issues, governments contribute to breaking down barriers to care.[68]

4. National survey on mental health and substance use: A national survey is a tool that can provide a comprehensive and up-to-date understanding of the mental health landscape across diverse demographics and regions within the country. The survey would shed light on the prevalence and patterns of substance use, offering critical insights into potential risk factors and areas requiring urgent attention. Furthermore, the data generated from the survey would contribute to destigmatizing mental health issues and promoting awareness, fostering a more informed and empathetic society in Ecuador.

5. Reinforcement of health professionals' capacities and competencies in mental health: Strengthening the capacities of health professionals ensures that they are well-equipped to diagnose, treat, and support individuals with mental health disorders, thus improving early detection and interventions, preventing the escalation of mental health issues, and reducing the overall burden on the healthcare system. There is also a need to strengthen the competencies of general mental health practitioners and increase their numbers through targeted training programs, seminars, and best practices.

6. Stakeholder and youth engagement: Sustaining youth involvement through ongoing activities is pivotal for the success of long-term projects. Actively engaging with and mentoring young individuals lays the foundation for their empowerment and fosters the development of youth-centric initiatives.[69]

7. Establish priorities in mental health care through research: This strategy is crucial due to Ecuador's unique mental health challenges. By focusing research efforts, we can develop high-quality evidence and indicators that can provide an understanding of the prevalence and nature of mental health issues, identify effective treatment methods, and prioritize culturally relevant interventions. Additionally, targeted research enables healthcare providers and policymakers to address the root causes of mental health disorders more effectively, rather than just treating their symptoms, leading to more effective and sustainable mental health services.

8. Digital health programs: Digital mental health services for youth in Ecuador can offer several benefits that align with modern technological trends. These services are accessible and appealing to young, tech-savvy individuals, offering confidentiality and convenience that traditional methods may lack. [70]

[iv] EGYPT

Total Population in 2023:

112.7 million [71]

Total Population of Young People Aged 10-24 in 2023:

30.4 million (27%) [72]

Top Youth Mental Health Issues and Conditions:

- Depression
- Anxiety
- Stress
- Substance use

Top Drivers of Youth Mental Health Challenges:

1. Family dynamics and parenting styles
2. Peer pressure and bullying
3. Academic pressure

Landscape Analysis Country Partners:

- General Secretariat of Mental Health and Addiction Treatment (Lead Partner)
- Global Institute of Human Development of Shifa Tameer-e-Millat University (Collaborating Partner)
- Johns Hopkins University (Collaborating Partner)
- UNICEF (Collaborating Partner)

Stakeholder Consultation and Consensus Building:

- Following desk research, the team conducted a SWOT analysis and engaged stakeholders in interviews and focus groups. For consensus building, the team conducted an online Delphi survey with key stakeholders to gather input on mental health conditions, wellbeing drivers, and youth mental health services. The survey also captured challenges in implementing mental health programs and potential strategies and opportunities for future solutions. The team also participated in a roundtable discussion during the 3rd International Conference of the Egyptian Child and Adolescent Psychiatric Association, engaging relevant stakeholders.
- As members of the General Secretariat of Mental Health and Addiction Treatment (GSMHAT), integral to nationwide mental health services in Egypt, the team's stakeholder consultations included young people with lived experience of mental health challenges; government sectors and ministries of health, youth and sports, social welfare and education; the National Congress of Childhood and Motherhood; international organizations like the WHO and UNICEF; local NGOs; mental health practitioners, including from Elrakhawey Mental Health Hospital and the Cairo Psychology Clinic; and religious institutions.
- Young people were integral to the research process. Two research team members were youth and offered guidance and perspectives throughout each research step. Young people were also convened in focus groups, representing various socioeconomic backgrounds, and lived experiences of mental health challenges in six governorates: Alexandria, Assiut, Benha, Cairo, El Minia and Giza.

[iv] *Egypt was originally included in the landscape analysis but is not one of the 12 countries where the Being Initiative will be funding innovations.*

Key Youth Mental Health Issues

Depression	**Despite limited data, the prevalence of depression among youth reported in six studies ranges from 9.6% to as high as 27.9%.[73] During consultations, 88% of stakeholders who completed their Delphi survey and 60% of young people who participated in their focus groups agreed that depression is one of the most common mental health issues in Egypt.**
Anxiety	**The anxiety prevalence among young people ranges from 9.5% to as high as 46.6%.[74] 88% of stakeholders who completed their Delphi survey and 100% of young people who participated in their focus groups agreed that anxiety is one of the top mental health issues.**
Stress	**Young people's stress levels are higher than in other Arab countries.[75] Stress among students is related to congested classrooms, inconsiderate and insensitive instructors, fear of the future, and limited time for recreational activities.**
Substance use	**The most prevalent substances are tobacco, non-prescribed tranquillizers, alcohol, and inhalants.[76] In the last seven years, the use of tranquilizers, particularly the use of anabolic steroids and cocaine, has increased.[77] In 2020, a national MedSPAD Project, which included 29,175 students aged 15-17, indicated a rise in substance use.[78]**

Key Drivers of Youth Mental Health Challenges in Egypt:

1. Family dynamics and parenting styles: In Egypt, families play a crucial role in shaping the wellbeing of young people, but changes in societal norms and family structures have led to increased stress and trauma. Stakeholders reflected that harsh parenting styles are common and influence youth mental health, with several comments aligned to literature showing the contribution to elevated levels of stress, anxiety, and depression among youth. Existing parenting styles, including controlling behaviour, criticism, physical abuse, and neglectful parenting have impacted communication and relations between parents and youth, leading to increased substance use and the risk of suicide. Stakeholders specifically noted that changes in family routines also cause stress, affecting connections and values. Intergenerational trauma further impacts Egyptian families. Evidence suggests that families and a sense of belonging are significant determinators of Egyptian youth mental health and resilience.[79]

- **100% of stakeholders voted for family dynamics and parenting styles as priority drivers.**

2. Peer pressure and bullying: Stakeholder consultations highlighted the role of peer pressure in affecting youth mental health.

Stakeholder reflections on this issue were aligned to literature findings that peer pressure is a common factor leading to substance abuse among Egyptian adolescents.[80] Additionally, bullying and ostracism due to stigma are major risk factors in Egypt for various mental health conditions and substance abuse. Evidence suggests that 77.8% of school students in rural areas of Egypt experience bullying.[81] Stakeholders expressed that peer pressure causes young people to fear being ostracized and avoid seeking help for mental health and wellbeing to stay accepted by their peers.

- **96% of stakeholders voted for peer pressure and bullying as priority drivers.**

3. Academic Pressure: Academic pressure, particularly in high school, was highlighted by stakeholders as a critical driver affecting mental health and wellbeing. Low mental health literacy among young people and high academic pressure because of the country's exam-centric education system contribute to greater anxiety, depression and high stress levels.[82] A national study involving 13,000 high school students in Egypt revealed that 20-30% of them are grappling with mental health challenges related to academic pressure.[83]

96% of stakeholders voted for academic pressure to be a priority driver.

The following drivers of mental health challenges were also identified but not ranked as high by the stakeholders consulted: **economic factors such as household income and socioeconomic status, inflation, and financial stressors.**

Egypt's Landscape in Youth Mental Health

Egypt has several policies and governance frameworks that demonstrate a concerted effort to prioritize young people's mental health and enabling environments for youth nationally and locally. Alongside these enabling factors, several systemic challenges and barriers currently prevent the uptake, scale, and sustainability of solutions to pressing youth mental health challenges and drivers.

Governance and Policies

While the focus on mental health in Egypt has predominantly centred on treatment, the country first prioritized mental health in 1998 when it established the **General Secretariat of Mental Health and Addiction Treatment (GSMHAT)**. The GSMHAT oversees 21 mental health hospitals, focusing on strategic planning, treatment, and rehabilitation, and has played a crucial role in executing **a mental health plan funded by the World Health Organization from 2015 to 2020**, focusing on child and adolescent mental health services.

Notable governmental efforts demonstrating concerted endeavours to support young people's mental health in Egypt include:

- **The National Congress for Mental Health**, which complements the GSMHAT by activating a mental health act with a focus on patients' rights in inpatient services.
- **The Ministry of Education** who is working on a school mental health policy, involving students in creating behavioural regulation lists.
- **The Ministry of Social Solidarity** who contributes by creating similar lists for residential care centers, with optional youth engagement.

Egypt has comprehensive child protection policies and laws with the potential for psychological assessments for children in contact with the law, though this provision is inactive. There are ongoing efforts aim to amend child laws and activate a child protection hotline for psychological support. Additionally, the **Ministry of Youth and Sports** is developing a new program to enhance sports psychological preparation by increasing staff to implement athletic psychological support.

Systemic Challenges, Opportunities, and Existing Networks

As of February 2024, Egypt has established a **National Mental Health Committee for Children and Adolescents**, showcasing active participation from various stakeholders. This Committee's primary goal is to craft a comprehensive mental health strategy encompassing diverse platforms and garner genuine support from different ministries. Notably, efforts are underway to secure national funding for diverse roles within the mental health ecosystem. Committee members represent high-level stakeholders from the **Ministry of Education, Youth and Sports, Social Solidarity, Juvenile Justice System, and the Ministry of Higher Education, Culture, Communication, and Religion Leadership.**

The Committee will include NGOs, the private sector, professional associations, training, and academic institutions. Plans also exist to include youth through parallel meetings with Student Unions in schools and universities. The GSMHAT chairs the Committee in consultation with the WHO and UNICEF. This collaborative effort highlights the commitment of various ministries, NGOs, the private sector, and academic institutions to contribute to developing a comprehensive mental health strategy for child and adolescent wellbeing in Egypt. The involvement of international organizations like WHO and UNICEF also reflects a broader perspective and potential for knowledge exchange and best practices beyond national boundaries.

Through their stakeholder consultations, the team has also identified several barriers and challenges that could impede progress in addressing the top prioritized drivers for improving youth mental health:

1. Stigma: Despite some improvement in reducing stigma among youth, it remains a persistent issue affecting mental health. The lack of awareness exacerbates this challenge, necessitating targeted interventions to dispel misconceptions and encourage open discussions about mental wellbeing.

2. Coordination Issues: A significant obstacle arises from the lack of coordination among different sectors and ministries in the mental health landscape. Competing priorities among these entities further hinder cohesive efforts, highlighting the need for enhanced collaboration and streamlined communication to address youth mental health effectively.

3. Financial Constraints: The mental health sector faces financial challenges, with inadequate funding hindering the implementation of effective programs and initiatives. Overcoming financial constraints is crucial for developing sustainable and impactful interventions that cater to the diverse needs of young people.

4. Human Resource Shortage: Insufficiently trained human resources in the mental health field pose a substantial barrier. Addressing this shortage and ensuring a well-trained workforce is essential to meet the diverse mental health needs of young people adequately.

5. Centralization of Services: The current centralization of mental health services contributes to accessibility issues, particularly for young individuals residing in remote areas with only a few providing child and adolescent mental health services as part of the Ministry of Health for an estimated 30 million Egyptian youth (10-24).[84][85] Decentralization efforts could enhance service availability, ensuring that youth across different regions have equal access to mental health support.

Fostering a supportive and enabling environment for young people's mental health in Egypt will require efforts to combat stigma, improve coordination among ministries, secure financial resources, address human resource shortages, and improve the accessibility of mental health services.

Opportunities for Investment

While the Being Initiative cannot support innovation and ecosystem building in Egypt due to challenges with foreign funding restrictions, stakeholder consultations have brought forth several important initiatives that require increased investment to strengthen young people's mental health. We encourage other funders, decision-makers, and all stakeholders wielding resources in Egypt to leverage these insights.

1. Conducting national surveys: Utilize the upcoming national survey to expand on and comprehensively understand the current mental health landscape among young people.

2. Implementation research: Prioritize the need for more implementation research to inform evidence-based interventions and policies tailored to the specific needs of youth in Egypt.

3. Diversify platforms for outreach: Use various platforms, including schools, social and sports clubs, and online national platforms, to reach young people with targeted mental health programs and awareness campaigns.

4. Parenting programs: Establish and promote parenting programs through online platforms and community engagement to provide valuable resources and support for parents, contributing to a nurturing environment for youth mental health.

5. Mental health strategic plan: Develop and implement a comprehensive mental health strategic plan that addresses stigma, improves awareness, and ensures accessible and quality mental health services for young people.

6. Inter-ministerial coordination: Collaborate with different ministries and organizations, including the private sector, to ensure a coordinated and holistic approach to youth mental health. This involves aligning policies, sharing resources, and fostering a unified effort.

GHANA

Total Population in 2023:

34.1 million [86]

Total Population of Young People Aged 10-24 in 2023:

10.57 million (31%) [87]

Top Youth Mental Health Issues and Conditions:

- Depression
- Substance use
- Anxiety

Top Drivers of Youth Mental Health Challenges:

1. Parental and family factors
2. Academic and school factors
3. Lack of adaptive and coping skills

Landscape Analysis Country Partners:

- Africa Academy for Public Health (Lead Partner)
- University of Ghana (In-Country Partner) **[v]**
- Harvard T.H. Chan School of Public Health (Technical Partner)
- Heidelberg Institute for Global Health (Technical Partner)

Stakeholder Consultation and Consensus Building:

- Following desk research, the Ghana country partners conducted focus group sessions with stakeholders chosen from a mental health directory provided by Ghana's Mental Health Authority and used an influence-interest matrix to identify key stakeholders. They used a collaborative approach, sharing agenda-setting information with stakeholders before the workshop for input and recommendations.

- A consensus-building event was held with representatives from government agencies, academia, mental health institutions, development partners, funding agencies, youth representatives, non-profits, and other community-based organizations.

Using an online survey tool stakeholders ranked the predominant mental health issues faced by Ghanian youth, wellbeing drivers, opportunities for funding, research areas and partners that would be important to engage in driving the mental health agenda forward.

- To create safe spaces for young people to participate and share their expertise, the Ghana team recruited young people aged 10-24 through registered youth organizations for focus group discussions. One set of group discussions was with young people that included those with lived experiences of mental illness, and another was facilitated for highly marginalized young people. Each group included several chaperones, and the highly marginalized group members were permitted to remain anonymous since they identified as a high-risk group.

[v] *In-country partner who led the landscape analysis and consultations in Ghana.*

Key Youth Mental Health Issues [vi]

Depression	**Depression is a major mental health concern among Ghanaian youth. Cross-sectional studies have found that the prevalence of depression is estimated to range from 18% to as high as 57% among students in Ghana. [88][89]**
Substance use	**Substance use, including drugs and psychoactive substances, among young people in Ghana is associated with the increased likelihood of risky sexual behaviours and a greater risk of contracting sexually transmitted infections, involvement in crime, elevated risk of impaired brain development and long-term substance dependence.[90]**
Anxiety	**Among young people in Ghana, anxiety disorders can affect academic performance, personal adjustment, and personality development, and increase the risk for other mental health issues such as depression. In a 2015 study with 165 university students, the prevalence of anxiety was reported to be as high as 84%.[91] Other sources note that there is no national-level data on youth mental illness in Ghana, so these metrics may not be generalizable to the entire population. This, however, underscores the need for national-level prevalence research on youth mental illness.**

The following mental health issues were also identified but not ranked as the top mental health drivers by the stakeholders consulted: **addictive behaviours, suicidal behaviours and self-harm, gambling, eating disorders, and mental health challenges related to sexual orientation.**

Key Drivers of Youth Mental Health Challenges in Ghana:

1. Parental and Family Factors: Parental support and protection for young people are essential to safeguard their mental health and wellbeing.[92] Parental neglect, harsh parenting styles and overprotection are known risk factors for poor mental health. However, these practices are commonplace in Ghanaian communities. Ghana ranks second highest globally for the rate of corporal punishment in the household.[93]

Over 90% of Ghanaian children have encountered some form of abuse from parents or caretakers, with corporal punishment being legal within households.[94] Stakeholders highlighted that Ghanian parents employ harsh and punitive parenting strategies with unrealistic demands and expectations of their children. The consultations also noted that parents and caregivers can sometimes pass on their economic and social stress to young people in the form of abuse or maltreatment. Parents are often unaware of the impact their parenting style has on the mental health and wellbeing of children. Interventions targeting parenting behaviour and style would help reduce the intergenerational transmission of negative and adverse parenting strategies.

- **96% of stakeholders voted for parental and family factors to be priority drivers.**

[vi] There are no national epidemiological data on mental health issues among young people in Ghana.

2. Academic and School Factors:
Stakeholders highlighted that Ghanaian youth face substantial academic pressure due to limited higher education opportunities and pressure to compete with peers and siblings for higher grades. Other negative school experiences mentioned include overcrowding in classrooms and dormitories, corporal punishment, and bullying. High school education is now free in Ghana, and while education is more accessible than before, this policy has also exacerbated overcrowding and competition between students, contributing to increased bullying.[95] Research shows that 41% of students ages 12 to 17 have experienced some form of bullying and cyberbullying.[96] Bullying was the most prominent school-level factor raised by stakeholders and it manifests in several forms such as name calling, physical punishment, and emotional and psychological abuse. Students with weak academic performance are frequently bullied, sometimes resulting in their dropping out of school. Without anti-bullying policies, bullying persists and can create a cycle where victims become bullies themselves over time. Bullying also correlates with various adverse mental health outcomes such as depression, anxiety, low self-esteem, as well as poor physical health and school absenteeism.[97] Ghanaian schools currently lack a standardized approach to tackling bullying, leaving young people with limited options to report incidents and access resources.

- **86% of stakeholders voted for academic and school factors to be priority drivers.**

3. Lack of Adaptive and Coping Skills:
Several stakeholders noted that young people often lack the necessary support systems and coping mechanisms needed to deal with challenging life events.[98] Anecdotal evidence suggests that many young people are exposed to adversities due to poor parenting, economic difficulties in family, large family size and other socio-cultural practices.

Stakeholders felt that young people tend to have limited coping and problem-solving skills, making it challenging to overcome life difficulties and stressors. Instead, young people often cope with these difficult situations by adopting unhealthy behaviours, such as substance use, which further worsens their mental health and wellbeing. Interventions aimed at helping young people to adapt, build coping strategies, develop resilience will help them to navigate the stressors associated with life journeys and activities.

The following drivers of mental health challenges were also identified but not ranked as top drivers by the stakeholders consulted: **life adversities (abuse, neglect, and maltreatment), sociocultural practices, economic conditions and migration, urban planning (lack of green space), and climate change related to extreme weather events.**

Funding Bold Ideas

We have chosen a focus area for funding that best aligns with our mission to support innovation and drive impact.

In Ghana, Being will invest in innovations to prevent bullying in schools through rights-based anti-bullying interventions and educational initiatives to create a safe school environment and enhance the overall wellbeing of students aged 10-24 and their school staff (teachers and counsellors).

Ghana's Youth Mental Health Landscape

Ghana has several well-structured laws and policies that recognize the significance of young people's mental health and can help create safe spaces and supportive environments for youth. Alongside these enabling factors, there are several systemic challenges and barriers that currently prevent the uptake, scale, and sustainability of solutions to youth mental health challenges and drivers.

Governance and Policies

Ghana's mental health governance at the national level is overseen by the **Mental Health Authority (MHA)** of Ghana, under the direction of the **Ministry of Health (MoH)**. The MHA oversees all mental health services, policies, and programs in the country. The MHA works closely with other government agencies under the MoH, including **Ghana Health Service (GHS)** and the **Christian Health Association of Ghana**, who are working to integrate mental health into primary healthcare.

Notable examples of policies and laws designed to address the top drivers of Ghanaian youth's mental health challenges include:

- **The Child and Family Welfare Policy (2015)**, which seeks to establish a well-structured and coordinated Child and Family Welfare system that promotes the wellbeing of children, prevents abuse, and protects children from harm.
- **Act 846, Mental Health Act (2012)**, which ensures the rights and quality treatment of persons with mental disorders.
- **Mental Health Policy: 2019-2030**, which provides a framework for supporting the achievement of good mental health for people living in Ghana through promotion and prevention of mental health both in the public and private sectors.
- **Mental Health Research Agenda: 2019-2030**, which aims to highlight past and current challenges in mental health care and gaps in information and data.

The existing health structures and ecosystem in Ghana also provide an enabling environment for mental health initiatives. In particular, the country has a robust community mental health program run by the Ghana Health Service. Both service delivery and mental health promotion initiatives can be advanced by these existing programs.

Both the MHA and the **Ghana Education Service** recognize the importance of mental health in schools and have collaborated on a few mental health programs to provide counselling services to students. However, the current programs primarily focus on nutrition, highlighting an opportunity to strengthen structures to support and scale mental health initiatives in schools, especially those targeting bullying.

Systemic Challenges, Opportunities, Existing Networks

There is a promising foundation for youth mental health in Ghana. The country has robust community mental health programming and high-capacity institutions that are focused on mental health. However, there are challenges with coordination across programs. For example, the MHA is primarily responsible for coordination and supervision of mental health initiatives and service delivery at psychiatric institutions and the GHS is responsible for incorporating mental health services into primary care and supporting community mental health services. **The Ministry of Education** and the **Ministry of Gender, Children and Social Protection** also frequently support mental health services. Ghana is also home to multiple civil society initiatives and mental health professional associations. Given this arrangement, the organizations in mental health are not

coordinated, resulting in the duplication of initiatives, inadequate communication, and inefficient allocation of resources. There are currently no coalitions or networks of organizations for mental health in Ghana.

Several agencies and organizations have funded mental health activities and initiatives in Ghana. These funders support mental health programs that are not necessarily focused on youth, but many do make provisions to address the concerns of young people. The longest-standing collaboration working on mental health in Ghana has been the MHA and the **Foreign, Commonwealth and Development Office (FCDO)**, (the MHA's largest international funder). The development and implementation of adequate mental health programs has been hindered by limited resources, with less than 3% of the healthcare budget allocated to mental health.**[99]** There has been minimal government funding for mental health, resulting in with poor conditions in psychiatric hospitals and a lack of affordable rehabilitation centers for substance use disorders.

Several other ecosystem factors were noted during the consultation process. For example, although mental health services are meant to be free in Ghana, patients bear some of, in some instances, all the costs to receive treatment. Limited mental health literacy has also led to widespread stigma and misconceptions surrounding mental health, discouraging help-seeking behaviour, driving some Ghanaian families to limit mental health support for their loved ones, and diverting support away from regulated services to uncertified or unregulated practices. Challenges are compounded by a shortage of evidence-based interventions, leading to a lack of informed mental health practices and policies.

Addressing youth mental health challenges in Ghana will require strengthening and financing mental health initiatives, generating more empirical evidence through research efforts to develop evidence-based interventions, improving coordination, raising mental health awareness, and reducing stigma to encourage help-seeking behaviour.

Fostering Enabling Environments

Through Ecosystem Catalyst funding, Being will support national and sub-national level activities to strengthen local ecosystems for youth mental health and foster an enabling environment that helps mental health innovations build local demand, thrive, and scale.

In Ghana, Being will fund organizations to work with government bodies and other stakeholders to integrate mental health into the school health programs.

Opportunities for Investment

While Being's focus in Ghana is on preventing bullying in school and integrating mental health prevention and promotion in school health programs, stakeholder consultations have brought forth several other important opportunities for increased investment to strengthen young people's mental health.

1. School-based mental health programs: Beyond addressing bullying, school-based mental health interventions can help support other wellbeing drivers, such as improving the adaptation and coping strategies of students in the face of adversities.

These programs could also serve as an important platform to improve mental health literacy and access to mental health support, including screening for mental health issues and referral to treatment.

2. Community-based mental health programs: These programs should aim to meet the mental health needs of young people in the community by reducing stigma towards mental health, improving access to mental health services, and promoting early identification and treatment of mental health issues.

3. Integration of mental health in primary healthcare services: Mental health services, such as screening, counselling, and mental health literacy activities, must be incorporated into primary healthcare, as this is most Ghanaians' first point of contact with the healthcare system.

4. Digital mental health initiatives: Basic services, such as screening tools, e-counselling, and referrals, can be offered digitally to youth, as most young people can access digital devices. These solutions overcome geographical barriers and transportation challenges that people living in rural areas may face.

5. Workplace mental health support systems: Mental health support should be better incorporated into workplace settings, both the formal and informal sectors of the economy, particularly for employees working in stressful and dangerous conditions.

INDIA

Total Population in 2023:

1.43 billion [100]

Total Population of Young People Aged 10-24 in 2023:

371.4 million (26%) [101]

Top Youth Mental Health Issues and Conditions:

- Anxiety
- Low self-esteem
- Digital addiction
- Depression,
- Suicide and self-harm

Top Drivers of Youth Mental Health Challenges:

1. Perceptions of mental health
2. Family systems and pressure
3. Academic pressure and competition

Landscape Analysis Country Partners:

- Indian Law Society (Lead partner)
- Sangath (Collaborating partner)

Stakeholder Consultation and Consensus Building:

- Following desk research, the India team consulted with diverse stakeholders, including young people and people with lived experiences of mental health challenges or poverty, violence, abuse; representatives from government bodies and ministries, including the Ministry of Health and Family Welfare and the National Institute of Mental Health and Neurosciences (NIMHANS); funders and donors; representatives from civil society organizations and grassroots and youth-led NGOs; mental health professionals and practitioners; and individuals from diverse backgrounds and gender, sexual and social identities including, LGBTQIA+ populations; survivors of domestic violence, migrants and people with disabilities.

- To create safe spaces for young people to participate and share their expertise, the India team was guided throughout the project by a dedicated Youth Advisory Board comprising youth representatives from diverse backgrounds.

The team also conducted a national-level survey to hear directly from youth and draw principles of community-based participatory research; they involved young people from Odisha and Rajasthan in photovoice activities, during which participants captured and captioned photographs representing their lived experiences of mental health challenges.

- The India team conducted consensus-building workshops to obtain regional insights on the barriers and facilitators of youth mental health and wellbeing and arrive at an action plan for state-level priorities. Priority setting and consensus was conceptualised through a two-step prioritisation process, where the project team synthesised findings and then validated the findings through guided and interactive discussions through the workshops. The workshops were informed by the theory of change approach and each workshop was divided into three sessions on youth mental health; namely priority issues and drivers, solutions and steps involved in building an actionable agenda for change.

Key Youth Mental Health Issues

Anxiety	**According to the National Mental Health Survey of India, the incidence of anxiety disorders across all age groups is 3,250 per 100,000 people,[102] with the highest prevalence among adolescents between the ages of 13 – 17.[103]**
Low self-esteem	**The team's national youth survey found that 33% of young people felt their sense of self impacted their mental health and wellbeing.**
Digital Addiction	**Results from the India team's national youth survey showed 18% of the young people surveyed ranked social media as one of their top three factors that influence their mental health.[104]**
Depression	**The National Mental Health Survey indicates that the prevalence of depressive disorders in people 18 and older is 2.7%.[105]**
Suicide and Self-Harm	**Suicide is a leading cause of death for young Indians in the age groups of 15–29 years.[106] Meanwhile, 34.5 were among young people aged 18-30. [107][108]**

Key Drivers of Youth Mental Health Challenges in India:

1. Perceptions of mental health:
Stakeholders consulted across the project (and especially during the consensus-building workshops) identified mental health literacy and awareness as a high-priority. Stakeholders highlighted that mental health concerns are not recognized or taken seriously by individuals or those around young people such as peers, teachers, parents or family members due to poor mental health literacy and limited awareness. As per stakeholders consulted, these are at times attributed to young people not being 'serious' or being 'lazy'. Stakeholders highlighted young people find it difficult to seek support for mental health issues as they can feel invalidated and neglected by existing support systems. In addition, common and severe mental health issues are worsened by stigma and limited awareness of mental health

- **The majority of stakeholders agreed that perceptions of mental health are a priority driver.**

2. Family system and pressure: During the team's consultations, stakeholders frequently highlighted the relationship between family and caregivers and young people's mental wellbeing. Common concerns of young people arose or were exacerbated by unstable family environments, including conflict and marital discord; neglect or abuse; excessive control or a lack of autonomy and freedom for

self-expression; high expectations and comparison with peers on social, academic or professional performance; and limited communication due to generational gap, fear of being misunderstood, fear of offending parents or a disregard by parents for the need of mental health support. Other issues within the family system that were highlighted include financial strain, substance use and associated behaviours by family members (e.g., gambling, abuse, violence), and trauma due to illness or the loss of a family member. In 2022, the National Crimes Records Bureau (NCRB) recorded “Family Problems” as the leading cause of suicide for 2,556 children under 18. [109] Addressing hostile family environments, weak family interactions, and a lack of perceived support is clearly essential.

- **There was a high extent of agreement amongst stakeholders that family systems and pressure are a priority driver.**

3. Academic pressure and competition: Stakeholders emphasized that academic pressure could lead to increased stress, anxiety, depression, self-harm and suicide among young people. A survey among schoolchildren found 84% of young people felt responsible for performing well academically. [110] In 2022, the NCRB reported that in the 18–30-year age group, 916 individuals died by suicide due to fear of failing exams (546 males and 370 females).[111] This driver is intrinsically linked to livelihood and employment opportunities. Given the growing income inequality, unemployment and overvaluation of specific professional qualifications (i.e., engineers) in India, young people feel pressured to perform well in qualifying examinations. For many, self-worth is tied to career trajectory and success.

- **There was a high extent of agreement amongst stakeholders that academic pressure and competition are priority drivers.**

The following drivers of mental health challenges were also identified but not ranked as top drivers by the stakeholders consulted: **social norms and social identity, gender norms, career, employment, and financial insecurity, social or relational concerns, COVID-19, access to mental health services and support system, and digital and technological advances.**

Funding Bold Ideas

We have chosen a focus area for funding that best aligns with our mission to support innovation and drive impact.

In India, Being will invest in innovative solutions that strengthen family functioning by addressing parent-child communication and parents' perceptions of mental health to improve parent-youth relationships.

India’s Landscape in Youth Mental Health

India has a strong policy and programming framework that recognizes and prioritizes young people's mental health and facilitates the creation of safe spaces and enable environments for youth nationally and locally. Despite these efforts, several systemic challenges and barriers currently prevent the uptake, scale, and sustainability of solutions to pressing youth mental health challenges and drivers.

Governance and Policies

India's central government is responsible for providing state governments with funds to implement central legislation and centrally sponsored health schemes, including mental health schemes. Mental health issues are broadly governed by the **Ministry of Health and Family Welfare** at the central level and the **Department of Health and Family Welfare** at the state level. Given the intersectoral nature of youth mental health, other government ministries and departments such as Social Justice and Empowerment, Education, Employment, Women and Child Development, and Youth Affairs are equally engaged with youth mental health programs at the central and state levels.

Notable examples of legislation prioritizing young people's mental health in India include:

- The strategic alignment of mental health programs with the objectives outlined in the **World Health Organization's Mental Health Action Plan (2013-2020)**, which aims to enhance mental health and wellbeing for all while ensuring universal coverage for mental health services.
- **The Mental Healthcare Act (MHCA), 2017** which promotes a participatory and rights-based approach to care and protection for individuals with mental health conditions.
- **The National Mental Health Policy, 2014** which acknowledges the vulnerabilities of children living with mental illness due to family-related concerns and aims to promote their mental health at schools through the Life Skills Education program.
- **The Adolescent Health Strategy, 2014,** which targets adolescents aged 10-19 and as mental health as one the strategic priorities.
- **The National Suicide Prevention Strategy, 2022** which aims to adopt an intersectoral and integrated approach targeted to vulnerable groups at risk to reduce suicide rates.

Systemic Challenges, Opportunities, Existing Networks

There are a diverse number of stakeholders in the mental health ecosystem in India that offer the potential to support and scale youth mental health and wellbeing initiatives. At the government level, there are several existing platforms, including Nehru Yuva Kendra Sangathan, Rashtriya Kishor Swasthya Karyakram, Ayushman Bharat School Health & Wellness programmes, National Service Scheme, Youth Parliament programme, FIT India movement, as well as similar outreach mechanisms at the local level.

Research initiatives and interventions for mental health are often funded by national public donors (e.g., **the Indian Council for Medical Research**) or private funders (e.g., Paul Hamlyn Foundation). In addition to acting as funders, organizations like **UNICEF, the Mariwala Health Initiative** and others can act as intermediaries in connecting groups to other contacts and providing suitable and sustainable sources of project support. Alongside mental health institutes and medical colleges (e.g., the **National Institute of Mental Health and Neurosciences (NIMHANS)**), non-profit organizations centred on mental health can provide valuable technical support to others working in India's youth mental health ecosystem. **Ekjut, Burans, Schizophrenia Research Foundation (SCARF), WorldBeing, Youth for Mental Health, Sangath and the Centre for Mental Health Law & Policy** and other civil society organizations are often regarded as domain knowledge experts, given how they regularly engage with relevant stakeholders across different geographies.

Young people—including those affiliated with youth-led or youth-based organizations like the **Dasra 10to19 collaborative, Anubhuti Trust, YP foundation, and The Concerned for Working Children**—have long been powerful advocates for themselves and their communities. Historically, teachers, administrators, and hostel wardens in public or private educational institutes have been influential in implementing interventions within established systems and encouraging broader outreach. The **Dear Parents Campaign by Yuvaa** and guidance for School Wellness Teams (SWTs) articulated by UMMEED have emphasized that parents and family members can and should act as advocates for youth mental health themselves.

There are also a few formal networks and coalitions dedicated to youth mental health in India. Most notably, **"**Youth ke Bol**"** by Dasra is a prominent mental health coalition which partners with 300+ domain experts, including implementation organizations such as **Pravah, Restless Development, We Are Yuvaa, and Yuwaah (UNICEF)**, to advance more comprehensive access to mental health information. To advocate for the needs of youth —including the 1 million young people the coalition aims to represent— Youth ke Bol has hosted in-person and digital youth engagements, conferences, and consultations.

Although India has several laws and policies to address the wellbeing needs of young people, there is room to expand how well these policies address the complex drivers underpinning youth mental health. Moreover, more youth engagement is needed to develop and implement these initiatives. Challenges in scaling also lie in uneven resource availability, funding gaps, inadequate training of human resources, lack of stakeholder buy-in, and delays in administrative and operational activities, including partnerships. Another barrier is limited monitoring and evaluation to gauge the progress and impact of these efforts.

Addressing these challenges in India will require more support for educational and awareness capacity through public programs and digital platforms, increased dissemination of existing initiatives and promoting the mental health agenda through policy advocacy, cross-sectoral engagement with media personnel, funders, and policymakers, supporting capacity building interventions aimed at parents and families, increasing support for educational institutions, and strengthening youth involvement in all aspects, including policy-making and programming.

Fostering Enabling Environments

Through Ecosystem Catalyst funding, Being will support national and sub-national level activities to strengthen local ecosystems for youth mental health and foster an enabling environment that helps mental health innovations build local demand, thrive, and scale.

In India, Being will fund organizations to develop a multi-sectoral collaborative model that champion family-related interventions at both national and state levels, increase action, and augment domestic funding.

Opportunities for Investment

While Being's focus in India remains on strengthening family function and family-related mental health interventions at both national and state levels, stakeholder consultations have brought forth several other opportunities to strengthen the mental health of young people in India.

1. Interventions that hold promise in addressing mental health stigma and misinformation: Funders can invest in initiatives that evaluate the short- and long-term impact of different interventions that address mental health stigma and misinformation. After building evidence on the feasibility and acceptability of such work in specific Indian contexts, focus can be placed on scaling up effective education, advocacy, and capacity-building initiatives to suit the varying needs of different demographics. Interventions should enable in-depth engagement on mental health topics for relevant stakeholders, and they can be executed in varied forms, including media broadcast series (e.g., radio shows) or via support and training groups.

2. Integration of youth mental health considerations into existing initiatives, especially the education and youth affairs sectors: Funders can invest in grassroots organizations that work with young people to build capacity and help them integrate mental health into already-active government and non-governmental programs (such as Rashtriya Kishor Swasthya Karyakram and Ayushman Bharat-School Health & Wellness Programmes).

3. Innovations that work within school and college-going communities and systems, often led by youth, for youth: Funders can invest in innovations that evaluate or advance existing efforts on peer learning, peer support, and peer mentorship for young people. This would be particularly important for young people from vulnerable groups, particularly those who lack support from their families and communities. Earmarking specific funds to invest in youth-led interventions strictly is a straightforward, tangible step towards catalyzing change.

4. Build the capacity of young people to advocate for improved policies that impact youth wellbeing (within institutes and at the state- and national level): Young people from diverse backgrounds should be engaged as key decision-makers within academic, work, and other influential environments. In schools, consultative entities like student councils could regularly review exam policies and enforce accommodations such as provisions to retake crucial exams (i.e., supplementary exams) to reduce pressure on students. Ensuring that youth mental health resources have quality monitoring systems—including active feedback mechanisms and grievance redressal processes—can be another way of garnering input from youth. As high competition remains an overarching issue among youth, stakeholders should support youth leaders pursuing policy changes to mitigate these pressures (e.g., increasing the number of higher education facilities and improving access to employment opportunities).

INDONESIA

Total Population in 2023:

277.5 million [112]

Total Population of Young People Aged 10-24 in 2023:

69.4 million (25%) [113]

Top Youth Mental Health Issues and Conditions:

- Anxiety
- Depression
- Aggressive behaviour
- Non-suicidal self-injury

Top Drivers of Youth Mental Health Challenges:

1. Adverse childhood experiences
2. Family dynamics
3. Mental health literacy and coping mechanisms

Landscape Analysis Country Partners:

- Universitas Gadjah Mada (In-Country Partner) **[vii]**
- Global Institute of Human Development of Shifa Tameer-e-Millat University (Lead Partner)
- Johns Hopkins University (Collaborating Partner)
- UNICEF (Collaborating Partner)

Stakeholder Consultation and Consensus Building:

- Following desk research, the Indonesia team engaged stakeholders through in-depth interviews and online consultation meetings. Stakeholders included representatives from government bodies and ministries, including the Directorate of Junior High School and Special Education, the Ministry of Education and Culture and Research and Technology, the Directorate of Elementary School, Human Resources Bureau, among others; funders and donors; representatives from civil society and NGOs; international organizations like the WHO and UNFPA; academics and researchers, including the Center for Public Mental Health UGM, the Center for Health Policy and Management (CPMH), and the National Research and Innovation Agency; clinicians, healthcare providers and mental health practitioners; vulnerable groups such as LGBTQIA+ populations; and caregivers.
- As part of the consensus building activities, the team conducted a Delphi survey in which participants were asked to rank themes related to mental health issues and wellbeing drivers. Following this, the Indonesia team facilitated a consensus meeting with stakeholders to validate findings and prioritize recommendations for areas of focus.
- To create safe spaces for young people to participate and share their expertise, the Indonesia team developed a Youth Advisory Group of young people aged 12-24, with representation from different ages, sexes, and geographic locations. The team also conducted online consultations with youth researchers.

[vii] *In-country partner who led the landscape analysis and consultations in Indonesia.*

Key Youth Mental Health Issues

Anxiety	**In Indonesia, anxiety disorder (including generalized anxiety disorder and social phobia) is experienced by 3.7% of 10-17-year-olds, with an additional 26.7% experiencing anxiety symptoms.[114]**
Depression	**Depression is experienced by 5.1% of Indonesian adolescents aged 18–24 years.[115]**
Aggressive behaviour	**In 2015, the Global School-Based Student Health Survey found that recent bullying victimization was prevalent among 19.15% of Indonesian students in grades 7-12. Cyberbullying has also increased along with adolescents' involvement in social media, either as victims or perpetrators of bullying.[116]**
Non-suicidal self-injury	**Self harm among 10-17-year-olds was reported to be 88.3% in 2022 among Indonesian adolescents with mental disorders.[117]**

The following mental health issues were also identified by not ranked as high by the stakeholders consulted: **addictions, loneliness, and suicide (ideation, plan, attempts).**

Key Drivers of Youth Mental Health Challenges in Indonesia:

1. Adverse Childhood Experiences (ACEs):

At least 78% of Indonesian adolescents have experienced ACEs related to violence, such as bullying, harassment, and sexual, psychological, verbal, and physical abuse committed by peers and family members.[118] ACEs can affect adolescents' lives for the rest of their lives and are strongly correlated with substance misuse, depression, post-traumatic stress disorder (PTSD), and an increased risk of chronic mental illness. During stakeholder engagement and consensus building activities, diverse participants all noted that mental health challenges are often related to ACEs that arise in the family, such as parent separation, financial hardship and food insecurity. A cross-sectional study on hundreds of junior high school students in West Java showed that a history of child abuse was associated with depression, with a history of psychological violence having the strongest association with depression.[119] Another study conducted in Central Java among university students found that childhood trauma is directly associated with depressive symptoms.[120] Bullying also has a significant effect on anxiety in children and adolescents. Cyberbullying has increased, along with Indonesian adolescents' involvement in social media, either as victims or perpetrators of bullying. Interactions online can be associated with psychological distress, self-harming behaviour, and suicide risk.[121]

- **The Delphi survey and in-person consensus meeting endorsed this focus area as one of the priority drivers.**

2. Family dynamics: Parenting styles have a significant impact on adolescent wellbeing. The Delphi Survey results showed that stakeholders believe parental neglect increases the vulnerability of Indonesian children to mental health challenges and stress, impacting motivation and intensifying pressure for success. As one of the most significant sources of economic migrants in Southeast Asia, many Indonesian young people have parents who work in another country and are often absent. [122] Reduced involvement or absence of support from parents can increase the risk of depression and anxiety. Furthermore, depressive symptoms have a strong association with adolescent delinquency.[123]

- **The Delphi survey and in-person consensus meeting endorsed this focus area as one of the priority drivers.**

3. Mental health literacy and coping mechanisms: Adolescents often don't recognize signs of mental health issues or disorders.[124] They have a limited understanding of mental disorders, particularly emotional and cognitive symptoms. While notions about mental health are common among adolescents, good mental health is often only perceived as happiness. According to one descriptive analysis study, students' mental health literacy in Indonesia is inadequate.[125] Indonesian adolescents seemed unaware of the common signs and symptoms of poor mental health and mental disorders. An age-specific program developing mental health literacy competencies is needed to help them identify symptoms and learn prevention strategies.[126] Furthermore, stakeholders agreed that stigma and discrimination encourage adolescents and young people to hide their problems, which can result in inappropriate treatment. Although the Indonesian government has attempted to reduce stigma through the establishment of mental health-related regulations that emphasize community awareness for equitable benefits, stigma against individuals with mental illness persists.[127]

- **The Delphi survey and in-person focus group endorsed this focus area as one of the priority drivers.**

The following drivers of mental health challenges were also identified but not ranked as high by the stakeholders consulted: **gender norms, climate change and natural disasters.**

Funding Bold Ideas

We have chosen a focus area for funding that best aligns with our mission to support innovation and drive impact.

In Indonesia, Being will invest in innovative solutions that prevent adverse childhood experiences of violence among young people by addressing peer and/or family violence, promote coping strategies and build resilience to mitigate the mental health impacts of violence among young people.

Indonesia's Landscape in Youth Mental Health

Indonesia has several laws and policies relevant to young people's mental health that can facilitate the creation of safe spaces and enable environments for youth nationally and locally. Despite these efforts, several systemic challenges and barriers currently prevent the uptake, scale, and sustainability of solutions to pressing youth mental health challenges and drivers.

Governance and Policies

Indonesia's legal framework recognizes young people's mental health challenges. This is reflected in public policies and laws designed to enhance young people's and their communities' wellbeing. Notable examples include:

- **Law No. 18/2014** on Mental Health and **Law No. 17/2023**, which aim to increase public awareness and understanding of mental health through a proactive, integrated, and comprehensive approach.
- **The Directorate of Mental Health and Substance Abuse Prevention and Control,** which formulates and implements policies; develops norms, standards, procedures, and criteria; provides technical guidance and supervision, as well as monitors, evaluates, and reports on the prevention and control of mental health issues in children and adolescents.
- **The National Action Plan on Mental Health for 2020-2024,** which aims to address several prioritized mental health and substance abuse issues. These include early identification of individuals with severe mental disorders, depression, emotional and mental disorders, and the rehabilitation of people with substance addiction.

Based on stakeholder consultations and consensus building activities, the Indonesia team expects to see young people's mental health further included as a national development focus for 2025 and beyond.

Systemic Challenges, Opportunities, and Existing Networks

In Indonesia, mental health interventions involve various stakeholders, including the government and NGOs. Many government-managed programs are still in the pilot stage or have yet to be widely implemented in the country. Similarly, many school-based mental health interventions are in the pilot stage and are currently being tested.

While the government is the leading enabling actor for the broad scale-up and sustainability of youth mental health interventions, other stakeholders in the ecosystem play an important role. **The Ministry of Religious Affairs**, Local Health Offices, and local governments play pivotal roles in formulating policies and evaluating mental health programs. Similarly, the Ministry of Health has a central role in supporting mental health programming, collaborating with various stakeholders.

The national health insurance program includes mental health services but offers a limited range of services that varies based on local government policies. Current government funding focuses on early detection of mental disorders, with various ministries and agencies involved. Notably, government funding for youth-specific mental health is lacking, and initiatives are often externally funded by NGOs and CSOs.

The overview of existing youth mental health programming in Indonesia reveals a predominant focus on school-level interventions. While these programs have reached urban schools in certain provinces, their nationwide implementation is inconsistent, especially in rural areas, and there is limited information regarding their continuity and outcomes due to the absence of evaluations. Meanwhile, programs run by NGOs, CSOs and academic-initiated are predominantly still at the trial stage or have a limited-scale implementation. Many have faced challenges in sustaining and scaling up programs, often hindered by funding constraints and limited collaboration. Programs primarily target mental health literacy, screening, and bullying prevention, with some incorporating adolescents as partners for peer education.

Through their stakeholder consultations, the Indonesia team also identified several barriers and challenges impeding progress in addressing youth mental health and wellbeing:

- Indonesia's decentralized system makes implementing national policies effectively at the regional level, challenging. Political will regarding adolescent mental health varies widely and can be influenced by cultural norms and stigma.

- Health financing is primarily managed at the national level, resulting in the limited involvement of regional governments in formulating and implementing health programs independently. Stigma and access to adequate mental health services remain significant challenges. Indonesian youth with mental health disorders often face stigma and discrimination, which can lead to social isolation and reluctance to discuss their mental health.

- Indonesia also has limited mental health facilities and professionals, with only around 600 psychiatrists available nationwide, 75% of whom are in Java Island and 86% of whom are in Jakarta, leading to disparities in services outside of Java Island.[128] This shortage of health professionals and services outside Java Island creates long waiting lists, making mental health services challenging to access. Meanwhile, mental health services covered by the universal health insurance program (BPJS - Health) in Indonesia are limited and do not include promotion and prevention aspects.

Consistent advocacy efforts from various stakeholders are necessary for the country's sustainability and success of mental health programs. Addressing challenges will also require increased efforts from a variety of stakeholders. Increased public and private sector engagement, including at the regional level and with funders, is necessary to strengthen national-level initiatives. Collaboration with academic institutions to design, monitor, and evaluate programs, increase the number of psychiatrists and clinical psychologists, and engage social workers will provide better programs and services. Increased communication, task and knowledge sharing between ministries will strengthen intra-sectoral collaboration and manage mental health-related programs effectively. Additionally, it is crucial to carefully plan measures to ensure program sustainability, as many programs proven beneficial to young people's mental health have been discontinued for various reasons.

Fostering Enabling Environments

Through Ecosystem Catalyst funding, Being will support national and sub-national level activities to strengthen local ecosystems for youth mental health and foster an enabling environment that helps mental health innovations build local demand, thrive, and scale.

In Indonesia, Being will fund organizations that will strengthen coordination among mental health stakeholders to support accountability of national mental health policy implementation at regional and local levels, particularly those policies focused on youth, at all levels.

Opportunities for Investment

While Being's focus in Indonesia is to prevent adverse childhood experiences (ACEs) and to support national mental health policy implementation at regional and local levels, stakeholder consultations have brought forth several other opportunities to strengthen young people's mental health in Indonesia.

1. Public Sector Engagement: Each ministry and government institution works with implementation partners (for example, academics, think tanks, CSOs, and NGOs). Therefore, ample opportunities exist to align efforts related to young people's mental health. Considering the decentralized system in Indonesia, engagement with local governments must also receive special attention to ensure that proposed programs are administered effectively.

2. Private Sector Engagement: Understanding private sector perspectives and interests in adolescent health, especially in the mental health of adolescents and young people, would be a good start to develop more robust public-private partnerships in Indonesia.

3. Collaboration with academic institutions: Some universities are collaborating with community health centres, providing a practice setting for clinical psychology students and allowing for the equitable distribution of clinical psychologists in community health centers in Sleman Regency, Yogyakarta City, and Bantul Regency. Other regions with similar resources can replicate this model. Collaboration between universities and provincial health services/offices will also provide the opportunity to assign clinical psychologists to other provinces.

4.Task-sharing and task-shifting: This is critical due to Indonesia's limited number of psychiatrists and clinical psychologists. One opportunity is to ensure that all teachers are trained in adolescent mental health. This training could be integrated into the teacher certification program to incentivize teachers to participate.

5.Knowledge sharing: This is critical for developing, implementing, and sustaining adolescent and youth mental health in Indonesia. Based on stakeholder feedback, knowledge production and sharing among stakeholders is challenging. When there is a lack of collaboration, there are missed opportunities for various actors and organizations to connect and reduce the duplication of efforts. It is essential to have a platform where all sectors can meet, share their work, and plan for better programming (including task sharing and task shifting).

MOROCCO

Total Population in 2023:

37.8 million [129]

Total Population of Young People Aged 10-24 in 2023:

9.45 million (25%) [130]

Top Youth Mental Health Issues and Conditions:

- Stress and psychological distress
- Anxiety
- Depression
- Addiction and substance abuse
- Suicide and suicidal ideation

Top Drivers of Youth Mental Health Challenges:

1. Low self-esteem
2. Influence and overuse of social media
3. Violence and instability in the family environment

Landscape Analysis Country Partners:

- Fondation Mohammed VI of Sciences and Health (Lead Partner)
- Mohammed VI University of Sciences and Health (Lead Partner)
- Department of Mental Health, Ministry Health, and Social Protection, The Moroccan Society of Psychiatry (Collaborating Partner)
- Mohammed VI University of Health Sciences (Collaborating Partner)
- Inspire Corp. (Collaborating Partner)
- UNFPA Morocco (Collaborating Partner)
- UNFPA's Youth Innovation Group (Collaborating Partner)

Stakeholder Consultation and Consensus Building:

- Following desk research, the Morocco team conducted qualitative surveys, semi-structured interviews, focus group discussions, and workshops with several stakeholders to fill in information gaps. Stakeholders consulted included young people, representatives from government and ministries, including the Head of the Mental Health Department and the Head of School and University Health Department within the Ministry of Health and Social Protection, the Ministry of National Education, among others; representatives from youth-led NGOs, mental health professionals and experts; funders; representatives from UN agencies, including the WHO Moroccan Office, UNFPA, and UNICEF; university students; teachers, parents and guardians; and migrant populations.

- As part of the consensus building exercise, stakeholders received a pre-workshop survey to rank issues and drivers derived from literature review and stakeholder engagement, resulting in the selection of the top ten issues and top twenty drivers. During the workshop, participants were supported to identify additional issues and drivers, guided by visual aids illustrating the interconnections between issues, actions, and challenges. Through group discussions, consensus was reached on key priorities and strategies for action.

- Two young people with experience in youth engagement and mental health were hired as part of the core project team, contributing to all key activities of the project. Additionally, four of the seats in the team's Expert Committee were also specifically reserved for youth advisors. To create safe spaces for young people to participate and share their expertise, the Morocco team also conducted a youth survey in all 12 regions of Morocco to gather insights on drivers, engagement in mental health, and readiness to collaborate among youth.

Key Youth Mental Health Issues

Stress, psychological distress, anxiety and depression	**Stakeholder engagement identified anxiety, depression, and psychological distress as major mental health conditions affecting young people. In 2005, the National Survey on Mental Health in Morocco found that among young people ages 15 to 19, 16.6% experienced a major depressive episode disorder, and 6.8% manifested generalized anxiety. [131]**
Addiction and substance abuse	**The past few years have seen an increase in the use of electronic nicotine delivery systems (ENDS) among young people.[132] In 2021, the prevalence of e-cigarette use was at a comparable level to cigarette use (10%).[133] Findings from Morocco's 2016 Global School-based Student Health Survey (GSHS) also show a significant prevalence of alcohol consumption.[134]**
Suicide and Suicidal Ideation	**Suicide is increasingly becoming a significant public health problem in Morocco.[135] According to the GSHS, 16% of students in urban areas had seriously considered suicide, compared with 15.7% in rural areas. [136] Young people in Morocco may be less likely to reveal having suicidal thoughts due to suicide being viewed as a sin from a societal and religious perspective.**

Key Drivers of Youth Mental Health Challenges in Morocco:

1. Low self-esteem: In Morocco, where over two-thirds of the population is under 25,[135] youth represent the largest demographic group and the most pivotal for the country's future development. Consequently, Moroccan youth are under tremendous pressure to succeed in a competitive environment. Low self-esteem was highlighted as a significant driver of youth mental wellbeing by stakeholders, particularly by youth leaders, who noted its importance in their day-to-day work with high schoolers and university students in building leadership, communication and public speaking skills. With cultural norms, religious beliefs, social factors, and media influence, the stricter parenting and performance based educational approaches prevalent across Morocco were noted as the root causes of low self-esteem.[138]

Young people are raised in an academically demanding educational setting and often associate their value with their ability to succeed in school and the workplace. Youth with low self-esteem are at higher risk of mental health challenges, including psychological distress, anxiety and depression.[139]

- **The driver scored as the highest priority across all consulted stakeholders.**

2. Influence and overuse of social media: In Morocco, young people are increasingly using social media. Recent reports from media regulatory agencies in the country show extremely high internet coverage and connectivity among young people.[140][141] [142][143] Stakeholders noted that social media addiction represents a significant challenge in schools and universities, causing isolation of youth, failure in studies, and conflict within families, which can contribute to depression and other challenges.

Stakeholders also highlighted the impact on mental health as a result of exposure to online harassment and comparing self to others (such as “influencers”). Stakeholders emphasized how far-reaching and multifaceted this driver is in terms of affecting other timely topics like exposure to harmful content, addiction, and young people’s ability to realize their life goals like educational or professional attainment.

- **There was unanimous consensus on this driver’s importance among all stakeholders.**

3. Violence and instability in the family environment: Having a positive relationship with family and parents came up as a top driver among youth stakeholders, with 92% of youth participants agreeing that family dynamics have a significant impact on the wellbeing of young people. During interviews with teachers and other actors in the educational sectors, participants also agreed that family dynamics play a crucial role in the development of young people. Stakeholders specifically highlighted experiences of intra-family violence as a significant driver affecting youth mental health. Psychiatrists and clinical psychologists consulted stressed this driver’s importance and added that all types of familial violence should be taken seriously based on their experience in clinical settings. Indeed, within the Moroccan context, violence in the family environment takes many forms, including marital violence, which inevitably affects parent-child relationships. This driver is linked to family relationships and child development and increases the risk of psychological distress, anxiety, depression, and PTSD among young people.[144]

- **This driver ranked third highest as a priority driver by stakeholders.**

The following drivers of mental health challenges were also identified but not ranked as high by the stakeholders consulted: **instability in the family household, lack of psychosocial and emotional competencies, educational model based on performance, sexual harassment, stigmatization of mental health, poverty and socioeconomic status, lack of love and affection, lack of orientation, lack of extracurricular activities, violence in schools, academic stress, bullying, school drop-out, and lack of parental awareness about mental health.**

Funding Bold Ideas

We have chosen a focus area for funding that best aligns with our mission to support innovation and drive impact.

In Morocco, Being will invest in innovative solutions to create positive school environments by addressing the lack of supportive and safe spaces within schools to improve self-esteem among young people.

Morocco’s Landscape in Youth Mental Health

Morocco has some foundational laws and policies relevant to young people's mental health that facilitate the creation of safe spaces and enable environments for youth nationally and locally. Despite these efforts, several systemic challenges and barriers currently prevent the uptake, scale, and sustainability of solutions to pressing youth mental health challenges and drivers.

Governance and Policies

In Morocco, current national strategies, plans, and government commitments provide a foundation for addressing youth mental health issues. Notable examples include:

- **The National Strategic Plan for the Promotion of Mental Health of Adolescents and Young People,** developed by the Moroccan Ministry of Health in 2011, which focuses on the prevention and promotion of mental disorders through proximity interventions to prevent violence, substance abuse and school exclusion.**[145]**

- **The National Multisectoral Strategic Plan on Mental Health (2023-2030),** which is being finalized and will be the first multi-sectoral mental health strategy in Morocco involving stakeholders beyond the Ministry of Health.

Morocco also has several strategies and plans related to addiction and substance abuse. It was one of the first countries in the MENA region to adopt public health policies to prevent and treat addictive disorders. The country has pioneered many harm reduction policies and initiatives in the area.

In educational settings, the government has taken initiatives like establishing listening units, youth clubs within schools and universities and parent associations within schools to tackle emerging mental health issues. Despite these efforts, a lack of effective implementation and sustained action currently limits the effectiveness of these initiatives in providing a robust enabling environment for youth mental health prevention and promotion.

Systemic Challenges, Opportunities, and Existing Networks

Morocco has a limited, but growing number of stakeholders, networks, and coalitions in the mental health ecosystem, offering a critical opportunity scale up youth mental health and wellbeing efforts in the country. **Government bodies, especially those associated with health, education, solidarity, and youth**, are critical stakeholders in the implementation of any program. In addition, local authorities also have a mission to promote health, sports, entertainment, and collective wellbeing in their respective areas and are a critical public actor to engage. They have policy expertise and relevant knowledge from their regional offices and administrations. **Multi and bilateral agencies (like the United Nations Population Fund (UNFPA), WHO, UND, and UNICEF)** also work closely with the government and often align their projects with national priorities. They also offer technical expertise and may contribute to the financing/-co-financing of mental health initiatives.

Educational institutions, including schools and universities, are crucial in mental health initiatives. These institutions serve as spaces where young people spend a significant portion of their time over consecutive years, making them ideal for implementing long-term programming and evaluating its effectiveness. **Clinical psychologists and psychiatrists and the professional associations** representing their collective interests are the main actors in raising awareness through media campaigns and providing well-informed mental health services.

Young people and youth-led organizations are another critical group of stakeholders who are active in the ecosystem. Youth NGOs have an indispensable role as they have the outreach ability to connect with and represent youth from different groups. **NGOs and other CSOs** offer critical platforms for youth mental health. For example, the global mental health action network has a specific working group on children and youth.

However, existing networks currently face challenges and barriers, including insufficient

political prioritization, persisting institutional stigma, and a perception of mental wellbeing as a luxury rather than a fundamental aspect of health. A lack of mental health awareness and training initiatives for teachers and educators, limited development of positive parenting practices, and inadequate mental health promotion in schools are additional challenges. Several stakeholders have also highlighted the lack of reliable data on mental health as a critical challenge to scaling up mental health services.

Accessibility to healthcare services, especially in primary healthcare and community support, is another significant issue, compounded by a shortage of up-to-date research and funding for informed prevention activities. Furthermore, there's a shortage of trained specialists, leading to challenges in accessing mental health care.

These challenges highlight the need for greater mental health awareness and education, increased collaboration and youth engagement, and more investment in Morocco's youth mental health support systems.

Fostering Enabling Environments

Through Ecosystem Catalyst funding, Being will support national and sub-national level activities to strengthen local ecosystems for youth mental health and foster an enabling environment that helps mental health innovations build local demand, thrive, and scale.

In Morocco, Being will fund organizations that work with government and non-government bodies to bridge the gap between policy intent and on-the-ground implementation to ensure that adolescents are supported by a positive school environment.

Opportunities for Investment

While Being's focus in Morocco remains on fostering positive school environments and on-the-ground implementation of these environments, stakeholder consultations have brought forth several other opportunities to strengthen the mental health of young people in Morocco:

1. Supporting Youth Spaces: Two well-established programs already provide safe hubs for youth: Youth Health Spaces (Espaces Santé Jeunes) through the Ministry of Health and Dour Chabab (Maisons des Jeunes) through the Ministry of Education and Sports. These centres have been operational for years and are distributed across various regions, presenting a prime setting for faster scaling of interventions due to their geographical dispersion. However, new investments are also required to enhance their appeal to today's young people and revitalize their popularity. This is especially true for Maisons des Jeunes, which historically served as spaces for sports, social, and cultural activities to older generations. These sites can be strategically leveraged again in the present day to proactively meet the modern needs of local young people and act as a secure third space for youth to connect outside of school and home environments.

2. Supporting parent associations: Parent associations have existed in schools across generations in Morocco. Although they now play a lesser role and some of them are not functional, parent associations present a significant opportunity to implement mental health-related interventions because they allow for addressing drivers across various levels (those related to awareness and positive parenting, those about the school environment and extracurricular activity, and other drivers associated with the educational system and environment).

In conjunction with Being's efforts to connect and improve school and home settings for youth, we would encourage others interested in promoting youth wellbeing to support increasing the number of operational parent associations, collaborate with parent associations to put in place activities focused on mental health, including events with the broader community; and develop programs centred on instilling psychosocial competencies and positive parenting approaches.

3. Social networks and digital media: Youth spend considerable time on the internet, including young people in rural areas, due to high internet coverage. While keeping data privacy and safeguarding measures in mind, there is excellent potential in enlisting the support of young social media influencers to promote mental health awareness at scale. Funders could support content creation and media campaigns to deliver critical messages on mental health and de-stigmatize mental health issues using simple and inclusive language tailored towards different groups, including parents and more significant community members. During consensus-building activities, stakeholders stressed that social media is a medium that can be seized and capitalized upon by nearly every kind of initiative as a powerful scaling facilitator.

4. Support existing and emerging local organizations: Several NGOs and CSOs in the country maintain close relationships with young people and are actively implementing interventions that warrant scaling or adaptation. These organizations may not be exclusively focused on mental health. However, they could encompass a range of local initiatives, such as those organizing sports, cultural, summer camps or educational activities, or engaged in broader development programs. Leveraging these organizations' existing networks and resources presents an opportunity to expand the reach and impact of mental health initiatives among the youth population.

Funders are recommended to collaborate with local NGOs to conduct interactive workshops to train students on leadership, communication, self-esteem, emotional and social intelligence, and public speaking through extracurricular activities, including arts and sports. Funders should strategically put resources towards ensuring adequate training of staff and volunteers and upkeeping programs using best practices adapted to the local context and its specificities. Investment should be directed towards partners committed to long-term efforts rather than focusing solely on creating large-scale programs. This enables them to sustain priorities beyond the program's end and use prototypes as foundations for further development.

5. Private sector and social enterprises: While the involvement of the private sector in Morocco is still evolving, there are several companies, especially those in telemedicine, communications, and other social enterprises focusing on mental health or broader development issues, that should be engaged to provide support for both technical and financial aspects of mental health initiatives.

PAKISTAN

Total Population in 2023:

240.5 million [146]

Total Population of Young People Aged 10-24 in 2023:

76.96 million (32%) [147]

Top Youth Mental Health Issues and Conditions:

- Stress
- Anxiety
- Depression
- Drug abuse

Top Drivers of Youth Mental Health Challenges:

1. Academic pressure
2. Family functioning
3. Excessive use of social media

Landscape Analysis Country Partners:

- Global Institute of Human Development of Shifa Tameer-e-Millat University (Lead partner)
- Johns Hopkins University (Collaborating Partner)
- UNICEF (Collaborating Partner)

Stakeholder Consultation and Consensus Building:

- Following desk research, the Pakistan team consulted and built consensus among stakeholders from diverse regions across Pakistan, encompassing Gilgit-Baltistan, Punjab, Sindh, Khyber Pakhtunkhwa, Azad Jammu and Kashmir, Baluchistan, and Islamabad. Stakeholder consultation events included one-to-one in-depth interviews and focus group discussions. An online Delphi survey and theory of change workshops were conducted for the consensus-building phase.

- Stakeholder consultations included young people; mental health experts and researchers; caregivers; community representatives; faith and traditional healers; NGOs; policymakers and representatives from government, including the Ministry of Health and the National Youth Development Program, among others; representatives from WHO and UNICEF; funders; social media influencers; and representatives from the School Education Department, Government of the Punjab, schools, and teachers. This inclusive approach sought balanced representation across genders, age groups, vulnerable populations, ethnic minorities, and urban/rural areas.

- To create safe spaces for young people to participate and share their expertise, the Pakistan team involved young people in every stage of their consultations, including those of diverse gender identities and with lived experience of mental health challenges from across the country. The team developed a comprehensive youth engagement framework, addressing challenges such as mental health literacy, stigma, suitable engagement methods, and safety concerns. Prioritizing youth safeguarding, they sought Institutional Review Board approval, and all team members involved in youth engagement completed training in good clinical practice before program initiation. The team also formed a dedicated youth advisory group, ensuring consistent insights throughout the project and fostering an inclusive approach to capture diverse perspectives from young people across Pakistan.

Key Youth Mental Health Issues

Stress	**The Delphi survey revealed that more than half of the participants (53%) identified stress as a first-priority mental health condition in young people in Pakistan. Large-scale data conducted with 5856 school-going young people studying in low-resource public school settings in Pakistan also shows that 25% experience psychosocial distress.[148]**
Anxiety	**A 2021 study found that rates of anxiety among university students aged 19-25 in Punjab were as high as 43%.[149] During the team's Delphi survey, half of the participants (50%) identified anxiety as a second-priority mental health condition for young people in Pakistan.**
Depression	**Various stakeholders, including young people and their caregivers, agreed that the rising prevalence of depression is leading to enduring sensations of unhappiness and despair among young people. During the Delphi survey, 47% of the participants identified depression as the third-priority mental health condition among young people in Pakistan.**

The following mental health issues were also identified but not ranked as high by the stakeholders consulted: **drug abuse, suicidal ideations, aggression, hopelessness, helplessness, and lack of confidence.**

Key Drivers of Youth Mental Health Challenges in Pakistan:

1. Academic Pressure: In Pakistan, the educational environment is marked by fierce competition and societal expectations, putting immense pressure on youth to excel academically, and leading to stress, anxiety, and suicidal ideation in young people. Data shows that 1 in 4 school-going Pakistani young people experience psychosocial distress.[150] During consultations, stakeholders discussed the root cause which lies in both a competitive educational environment, coupled with societal expectations for high academic achievement, which can cause stress and anxiety in young people. There is a strong cultural emphasis on academic success as a pathway to a secure future. This has caused an intense pressure on students to excel in their studies, often resulting in stress, anxiety, and other related mental health challenges. Initiatives that alleviate academic pressure, support psychosocial environments in schools, and promote

- **100% of stakeholders voted for academic pressure to be a priority driver.**

2. Family Functioning (parental support, strict parenting styles, and parental pressure): Stakeholder consultations highlighted that family dynamics such as family conflicts, strictness, abusive relationships, lack of trust, conflicts between adolescents and parents, and academic pressures play a significant role in driving mental health issues among young people. Traditional norms in Pakistan favouring strict parenting styles and parental career pressure can hinder open dialogue within families, leading to an increased risk of depression, anxiety, self-harm, and stress among youth, as well as negatively impacting their self-confidence.[151]

In a society that places high cultural value on parents and family relationships, parental support is crucial for young people's mental wellbeing. Positive parenting practices can serve as a critical protective factor to promote healthy social behaviours and relationships by enhancing emotional intelligence among the youth.

- **97% of stakeholders voted lack of parental support and strict parenting style as a priority driver, whereas 94% of stakeholders voted for parental pressure for careers as a priority driver.**

3. Excessive Use of Social Media: The widespread use of smartphones and the internet has increased screen time among young people. This trend is particularly evident in Pakistan, where limited family monitoring and interaction influences excessive social media use. Stakeholders emphasized that the influence of social media platforms resulted in several challenges for Pakistani young people, such as a lack of real-world social connections, heightened feelings of isolation, decreased self-esteem, avoidance of social gatherings, and heightened anxiety driven by a desire for an idealized life portrayed on social media.[152] [153] Initiatives that cultivate healthier online habits and encourage positive social interactions can play a pivotal role in improving the mental wellbeing of Pakistani young people.

- **92% of stakeholders voted excessive use of social media as priority driver.**

The following drivers of mental health challenges were also identified but not ranked as high by the stakeholders consulted: **lack of emotional unawareness, coping mechanisms and problem-solving skills.**

Funding Bold Ideas

We have chosen a focus area for funding that best aligns with our mission to support innovation and drive impact.

In Pakistan, Being will invest in innovative solutions that strengthen family functioning and address strict parenting styles and a lack of parental support to improve parent-child relationships among young people and their parents/caregivers.

Pakistan's Landscape in Youth Mental Health

Pakistan has several laws and policies relevant to young people's mental health that can facilitate the creation of safe spaces and enable environments for youth nationally and locally. Alongside these enabling factors, there are several systemic challenges and barriers that currently prevent the uptake, scale, and sustainability of solutions to pressing youth mental health challenges and drivers.

Governance and Policies

In Pakistan, the Ministry of Health and provincial authorities play a central role in advancing mental health through policy formulation, budget allocation, and program coordination. Efforts to enhance mental health governance and policies have undergone significant transformations with a focus on addressing mental health issues. Notable examples include:

- Replacing the outdated Lunacy Act with the **Mental Health Ordinance in 2001**, aiming to strengthen the legal framework for mental health care.

- Provinces initiating their **Mental Health Acts after the 18th Amendment in 2010**, contributing to addressing some legislative gaps.

- **The National Health Vision 2025**, which recognizes mental health as a non-communicable disease and emphasizes universal access to health services. An additional aspect of this transformation is the collaborative approach with international organizations such as the WHO, which have played a crucial role in integrating global best practices into Pakistan's mental health initiatives.

While these interventions target the mental health of young people in Pakistan, most of these have been implemented at a small scale. As a result, there's a growing opportunity for enhanced implementation guidance and increased resources to effectively expand and maintain youth mental health policy initiatives. Historically, successful scaling of health programming across the country has been achieved through the support of national-level leadership, highlighting the importance of advocating for similar efforts on a national level.

Systemic Challenges, Opportunities, and Existing Networks

In Pakistan, existing coalitions and networks have the potential to create a more interconnected mental health ecosystem. A pilot of the **School Mental Health Program** in a rural sub-district of Pakistan is one example of a successful collaboration between various groups, including the **Ministry of Health, the School Education Department, Government of Punjab, Quaid-e-Azam Academy for Educational Development, WHO Country Office, Global Institute of Human Development, Shifa Tameer-e-Millat University, Islamabad, King Edward Medical University, Lahore, the Institute of Psychiatry, Benazir Bhutto Hospital, and Rawalpindi.** This collaboration also involves school district officials, teachers, mental health specialists, and researchers working together within a unified framework to support youth mental health through the school-based model.

Through their stakeholder consultations, the Pakistan team also identified several barriers and challenges impeding progress in addressing the top three prioritized drivers affecting youth mental health in Pakistan:

1. Scalability and sustainability of the existing evidence-based program: Despite some school-based interventions aimed at addressing adolescent mental health conditions and issues in Pakistan, these initiatives often face limited resources and infrastructure, coupled with the need for ongoing support and training, making it challenging to implement these interventions on a larger scale and ensure their long-term viability.

2. Lack of specific platforms for stakeholder engagement on the national agenda: Currently, there is a notable absence of dedicated platforms aimed at engaging key stakeholders, such as young people, teachers, parents, and policymakers, who play crucial roles in shaping youth mental health. This absence limits the ability to effectively address mental health challenges among adolescents, emphasizing the need for tailored initiatives and platforms to involve these stakeholders in mental health promotion and support efforts.

3. Scarcity of skilled mental health professionals: The scarcity of trained mental health professionals severely restricts the implementation of youth mental health programs in Pakistan. Addressing this scarcity requires a multi-faceted approach, including

increasing training opportunities for mental health professionals and the non-specialist workforce and enhancing the integration of mental health services into the broader healthcare system, such as in school settings. By capitalizing on these collaboration opportunities, stakeholders can create a unified front, strengthen youth mental health initiatives, and contribute collectively to the wellbeing of the youth in Pakistan.

Limited resources and funding pose additional barriers to implementing youth mental health initiatives as Pakistan only allocates 0.04% of its health budget to mental health.[154] These limitations are compounded by a lack of mental health awareness and stigma, a lack of inter-sectoral collaboration and youth engagement, and a need for rigorous research to understand the causality of mental health drivers and inform evidence-based implementation.

Addressing youth mental health challenges in Pakistan will require promoting intersectoral collaboration and advocacy for youth mental health initiatives at the national and provincial levels; employing more preventive and promotive strategies and generating more evidence-based interventions; leveraging public institutions like schools to raise mental health awareness and promotion; increasing training opportunities for mental health professionals and enhancing the integration of mental health services into the broader healthcare system. Overall, this underscores the need for more investment in Pakistan's mental health landscape.

Fostering Enabling Environments

Through Ecosystem Catalyst funding, Being will support national and sub-national level activities to strengthen local ecosystems for youth mental health and foster an enabling environment that helps mental health innovations build local demand, thrive, and scale.

In Pakistan, Being will fund organizations to convene national-level stakeholders from ministries and non-government organizations to increase their commitment and create demand and resource mobilization for youth mental health promotion and preventive approaches.

Opportunities for Investment

While Being's focus in Pakistan is on strengthening family functioning and increasing government and non-government commitment and resource mobilization for the prevention and promotion of youth mental health, stakeholder consultations have brought forth several other important opportunities to strengthen the mental health of young people in Pakistan.

1. Raising mental health awareness to facilitate the implementation of evidence-informed youth mental health programs and addressing stigma: To foster a supportive ecosystem for implementing evidence-informed youth mental health programs, a crucial step is to raise mental health awareness in Pakistan. Raising awareness is vital to garner support for evidence-informed youth mental health programs, ensuring understanding, dispelling misconceptions, and mitigating stigma, ultimately fostering a conducive ecosystem for successful implementation.

2. Strengthening partnerships and stakeholder engagement to establish a support system and facilitate the implementation of existing evidence-informed mental health programs. A strategic approach is crucial for strengthening partnerships and stakeholder engagement to facilitate implementation and seamlessly integrate evidence-informed youth mental health programs with existing policies in Pakistan. This involves establishing robust collaborations with policymakers at the national, regional, and district levels to execute best practices at the grassroots level. This holistic approach ensures a cohesive and comprehensive strategy, aligning with the overarching goal of integrating mental health initiatives into existing policies for widespread impact and fostering government ownership for the successful execution of these practices.

3. Funding innovation and programs in school settings: there is a need to support the scale up of existing initiatives that have multi-stakeholder buy-in, such as the universal preventive program the School Mental Health Program (SMHP) and Early Adolescent Skills for Emotions (EASE).

ROMANIA

Total Population in 2023:

19.9 million [155]

Total Population of Young People Aged 10-24 in 2023:

3.38 million (17%) [156]

Top Youth Mental Health Issues and Conditions:

- Anxiety
- Depression
- Substance abuse
- Conduct and behavioural issues

Top Drivers of Youth Mental Health Challenges:

1. Bullying, Cyberbullying and harassment
2. Stigmatization of mental health issues
3. Exposure to violence in mass media and social media

Landscape Analysis Country Partners:

- Transylvania College Foundation (Lead Partner)
- Babes-Bolyai University (Collaborating Partner)
- Association of Positive Psychotherapy (Collaborating Partner)
- SDG Collab (Collaborating Partner)
- EvoCariera Association (Collaborating Partner)
- DATA LAB (Digital Affective Technologies in Therapy and Assessment) (Collaborating Partner)

Stakeholder Consultation and Consensus Building:

- Following extensive desk research, the Romania team held consultations in Romania's capital of Bucharest, in Cluj-Napoca and Iasi, and online. Stakeholders included young people, representatives from government ministries, including the National Center for Mental Health and Fight Against Drugs, among others; funders and donors; private sector organizations and enterprises; NGOs and civil society organizations; representatives from WHO and UNICEF Romania; academics and research institutions including the National Center for Policies and Evaluation in Education; clinician and mental health providers and practitioners; and vulnerable groups, including people with lived experience of mental health challenges.
- The consensus-building exercises included a consultative questionnaire and workshop. The consultative questionnaire asked participants to rank factors affecting youth mental health based on the WHO social determinants model. During the workshop, participants engaged in a facilitated debate on the importance of youth mental health and collectively identified priority drivers.
- The Romania consortium had young people directly involved in the core staff teams implementing and leading the landscape analyses and consultations. As an organization, the Cluj Youth Federation was also a key collaborating partner. To create safe spaces for young people to participate and share their expertise, the Romania team consulted with diverse groups of young people, including university students, LGBTQIA+ youth, youth workers and rural youth. The Youth Council, which was formed as part of this consultation process, has expressed interest in continuing their work together to push the youth mental health agenda forward.

Key Youth Mental Health Issues

Anxiety	**Data from UNICEF [157] and Save the Children [158] suggest that up to 15-20% of children and adolescents in Romania experience anxiety.**
Depression	**Based on available data, up to 10% of Romanian children and adolescents experience depression.[159][160]**
Substance abuse	**Data provided by the National Anti-Drug Agency indicate that, in 2021, 16.9% of those aged between 15 and 34 had used banned substances in their lifetime, 10% had used in the last year and 6.6% in the last month alone, 1.4 times more than the previous study the Agency conducted in 2013.[161]**
Conduct/behaviour issues	**Based on data from UNICEF and Save the Children, 1 in 4 children and adolescents in Romania are diagnosed with conduct disorders.[162]**

Key Drivers of Youth Mental Health Challenges in Romania:

- **This driver was ranked as high priority among a majority of stakeholders.**

1. Bullying, Cyberbullying and Harassment:

Romania consistently ranks among the top three countries with the highest incidence of bullying in schools.[163] One third of elementary and high school students report that they have been victims of physical and psychological abuse in schools.[164] Moreover, there is also a rise in negative online experiences (33% in 2018 compared to 21% in 2010), contributing to a significant increase in cyberbullying cases.[165] Stakeholders highlighted bullying, including cyberbullying, as a concern due its influence on rates of anxiety and depression. This is consistent with findings in literature that indicates that bullying, cyberbullying, and harassment often lead to depression, anxiety, conduct issues and substance abuse among young people.[166] [167] Unfortunately, many Romanian schools currently lack structured mental health promotion programmes to prevent these incidences.

2. Stigmatization of Mental Health Issues:

Historically, Romania has lacked investment in overall health spending, including preventive measures and mental health services. This has resulted in a lack of mental health literacy, with many not recognizing mental health concerns as health concerns needing prevention and treatment.[168] Mental health stigma remains systemic and pervasive, and related issues among young people in Romania are often underdiagnosed and underreported.[169] A report by the People's Advocate on the Impact of the COVID-19 Pandemics on Children's Mental Health (2021) suggests that around 20% of youth in Romania experience mental health conditions, but only 1-5% are diagnosed and access appropriate care.[170] Negative perceptions and lack of accommodations often push individuals experiencing issues to withdraw from work, education or training.

- **The majority of the consulted stakeholders agreed that this driver is one of the most critical influences on youth mental health and wellbeing.**

3. Exposure to Violence in Mass Media and Social Media: Data shows that 9 out of 10 Romanian households have access to the internet.[171] With young people reporting incidents of online aggression,[172] social media in Romania has become a breeding environment for cyberbullying, unrealistic body standards, discrimination, misinformation and online predators.[173][174] Stakeholders highlighted that exposure to extreme violence online is common and how influential exposures to graphic imagery or messaging could be to youth. These digital challenges highlight the importance of promoting critical thinking skills and digital literacy. Further mental health research and action must also consider the impact of the Russian-Ukrainian war, which started in 2022 at the Romanian border.[175]

- **This driver ranked as a top risk factor for youth mental wellbeing issues by consulted stakeholders.**

The following drivers of mental health challenges were also identified but not ranked as high by the stakeholders consulted: **trauma and adverse childhood experiences, lack of mental health screening programs and lack of long-term mental health strategy.**

Funding Bold Ideas

We have chosen a focus area for funding that best aligns with our mission to support innovation and drive impact.

In Romania, Being will invest in innovation to prevent bullying, including cyberbullying through school-based anti-bullying interventions to promote safe school environments.

Romania's Landscape in Youth Mental Health

Romania has established laws and policies relevant to young people's mental health that can facilitate the creation of safe spaces and enable environments for youth nationally and locally. Despite these efforts, several systemic challenges and barriers currently prevent the uptake, scale, and sustainability of solutions to pressing youth mental health challenges and drivers.

Governance and Policies

As a member of the European Union, Romania has slowly implemented relevant mental health policies including the EU's comprehensive approach to mental health and efforts to achieve the WHO targets for non-communicable diseases by 2025. The oversight for mental health policy enforcement is divided between Romania's government, specifically the Ministry of Health, and local public health authorities. Notable examples of Romania's mental health efforts include:

- **The Mental Health and Protection of Persons with Mental Disorders Law** (487/2002) which was the first comprehensive legal framework for addressing mental health issues in Romania and considers central ministries responsible for prevention and promotion of mental health.

- **The National Mental Health and Antidrug Centre** which was created in 2009 and is responsible for proposing priorities for the implementation of mental health programs and providing technical assistance in their development.

- **The National Health Strategy for Child and Adolescent Mental Health,** which was created following the **European Mental Health Action Plan 2013-2020** and aims to create a personalized intervention database, provide professional training, establish early identification services, enhance mental health facilities, ensure ongoing education, and implement a holistic treatment approach.**[176]**

Systemic Challenges, Opportunities, Existing Networks

The **Ministry of Health** is the leading competent authority for organizing and controlling the activities that protect the population's mental health. NGOs, academic institutions, private sector actors, and international organizations influence Romania's youth mental health landscape.

Private sector actors (like the **Oana Nicolau Psychotherapy Clinic, Cognitrom, Psychology Page, Itsy Bitsy, Raiffeisen Bank, NTT Data, Bosch Romania, and Wello**) have helped develop new services and fill niche gaps across the country's health systems. International organizations and philanthropies have likewise supported the mental wellbeing of young people through financial contributions, capacity-building programming, and the promotion of best practices and knowledge attained by existing initiatives within the country. There are also many NGOs focused on promoting mental wellness, especially for underserved and vulnerable populations, across the country.

The **Romanian Youth Council**, which represents youth and youth-led organizations during decision-making processes at national and international levels, contributes to youth engagement. This Council is also part of a governance board that runs the Youth Capital programme with **Cluj Youth Federation (FTC) and PONT Group. To date, more than** 700 events promoting youth community involvement have been facilitated under this program's banner by the 1000 volunteers spread across 14 different Romanian cities.

Through discussions with stakeholders, the Romania team identified that there are several challenges to ongoing efforts to reform mental health care, including a lack of coordination between stakeholders, making it challenging to design an adequate response to mental health issues. Moreover, Romania's mental health focus has historically been chiefly focused on reducing the presence or behaviour of a pupil dealing with mental health challenges rather than on robust support.

Additionally, there is a lack of funding and funding mechanisms for continuous support and a lack of response to clinical mental health problems. Limited mental health awareness and overall public perception of the lower priority of mental health issues, compared to other societal problems like poverty, economic crisis, and poor education increase barriers to mental health prioritization. The absence of a central information hub also hinders information dissemination to combat mental health stigma and inform implementation.

Addressing these challenges in Romania will require further research on the prevalence of

mental health conditions, advocacy for policy changes to increase access to mental health services and monitoring and evaluation of programs, more established partnerships with international organizations, and the establishment of a mental health network to drive the agenda for better youth mental health. These challenges highlight the need for more investment in Romania's youth mental health support systems.

Fostering Enabling Environments

While Being's focus in Romania remains on preventing bullying and developing national-level implementation guidance to stop bullying, stakeholder consultations have brought forth several other opportunities to strengthen the mental health of young people in Romania:

In Romania, Being will fund organizations that will engage various national-level stakeholders, including the private sector, with the goal of developing national-level implementation guidance and coordination mechanisms on solutions to prevent bullying, including cyberbullying.

Opportunities for Investment:

While Being's focus in Romania remains on preventing bullying and developing national-level implementation guidance to stop bullying, stakeholder consultations have brought forth several other opportunities to strengthen the mental health of young people in Romania:

1. Cohesive national alliance/network of actors dedicated to serving youth: While many already work within the Romanian youth mental health ecosystem, these actors remain relatively disconnected and do not often coordinate with one another in their pursuit of similar goals. There needs to be more sharing best practices and evaluation standards between groups which could benefit from exchanging resources. More mobilization and organization are required to pursue a focused youth mental health agenda and address emerging crises proactively.

2. City-wide ecosystem approaches to mental health and wellbeing for nation-wide mobilization: To address immediate needs, municipalities, and the local networks they work within should be leveraged as smaller testing grounds for implementing policies to be adopted elsewhere. Stakeholders specifically highlighted the cities of Cluj, Iasi, and Timisoara as promising focal points.

3. Improved data collection, management, and sharing systems: Very little accurate data on the prevalence and impact of mental health issues in Romania currently exists. A lack of digitalization and centralization impedes the existing information management systems, making it difficult for decision makers to effectively monitor the public landscape and act on opportunities to promote youth wellbeing. Stakeholders engaged throughout this project are interested in supporting comprehensive development in this area.

4. Capacity-building for emerging youth-led initiatives: Youth-led initiatives can create safe spaces for peers to connect and seek support when accessing other resources. Unfortunately, youth-led organizations are often hindered by practical issues like a lack of funding, administrative support and mentorship, and difficulties establishing formal relationships with other ecosystem actors, like health specialists and policymakers.

5. Centring destigmatization in mental health awareness, assessment, and prevention programs: Fostering open dialogue around stigma in the community through integration within mental health initiatives would promote acceptance, increase understanding, motivate youth to seek support and promote a sense of inclusion for those facing mental health concerns in their day-to-day life.

SENEGAL

Total Population in 2023:

17.8 million [177]

Total Population of Young People Aged 10-24 in 2023:

5.7 million (32%) [178]

Top Youth Mental Health Issues and Conditions:

- Depression
- Substance abuse
- Schizophrenia

[viii][179]

Top Drivers of Youth Mental Health Challenges:

1. Poverty
2. Lack of mental health knowledge and stigma
3. Experience of violence, physical and verbal abuse

Landscape Analysis Country Partners:

- African Population and Health Research Center (Lead Partner)
- REPOSAMS (Réseau des Organisations pour la Promotion de la Santé Mentale au Sénégal)

Stakeholder Consultation and Consensus Building:

- To fill in gaps following desk research, the Senegal team identified key stakeholders with assistance from the National Mental Health Coalition (REPOSAMs -Le Réseau des Organisations pour la Promotion de la Santé Mentale au Sénégal). Stakeholder consultations included young people and youth mental health advocates; representatives from government and ministries, including the Ministry of Health and Sanitation and the Division of Mental Health; civil society organizations; community-based/grassroots organizations working with key population groups; implementing partners and funding/resource mobilization agencies; local and international NGOs; representatives from UNICEF, USAID, the WHO, and UNODC; clinicians and mental health providers; researchers and research organizations.
- The team initiated stakeholder engagement through an introductory meeting, bringing together core stakeholders and paving the way to include other peers in the mental health space. Following this, the team facilitated discussions with key youth mental health stakeholders to inform partnership development, administered needs assessment surveys to understand stakeholder capacity around advocacy and policy engagement, and facilitated in-person workshops. Finally, a culminating two-day consensus-building event engaged stakeholders and youth, alongside the Ministry of Health's Division of Mental Health staff to prioritize key issues.
- The Senegal team together with REPOSAMS engaged with youth from local NGOs and community-based organizations to create safe spaces for young people to participate and share their expertise, concerns and mental health needs. The team also held a Youth Speak forum to gather insights and a full-day seminar for young people aged 19-35 from all regions in the country.

[viii] *As an important note, psychosis appears to be of very high prevalence, because it is by far the most easily recognized form of mental illness, making it far less underreported than other more common disorders like depression and anxiety.*

Key Youth Mental Health Issues

Depression	**Data from nine mental health facilities between 2018-2019,[ix] indicates that 5% of Senegal's young people (12-25) are admitted for depression. [180] Health providers estimate rates of depression are as high as 30% to 40% but believe that few youth seek help for mild stages.**
Substance abuse	**About 21% of adolescents and young people consume harmful substances, including alcohol (19%), cigarettes (9%), medicine (8.1%), and drugs (4%).[181]**
Schizophrenia	**According to data from nine mental health facilities from 2018-2019, the rate of admission for schizophrenia among young people (12-25) was 18%.[182] Because this is based on health facility data, it is not representative of the actual prevalence within the general population.**

Key Drivers of Youth Mental Health Challenges in Senegal:

1. Poverty: Poverty is the primary driver of depression and substance abuse in the country and affects 35.6% of the population.[183] Financial strain, relative deprivation, unemployment, and food insecurity are some of the additional challenges linked to poverty that young people grapple with. COVID-19 also complicated the economic situation for many Senegalese youth.[184]

- **All stakeholders were unanimous in agreeing that poverty was a priority driver.**

2. Lack of mental health knowledge and stigma: Stigma related to mental health is a widespread concern, stemming from cultural beliefs associating mental illness with evil spirits or supernatural causes and associating conversations about mental health as taboo. [185] These beliefs perpetuate misconceptions and stereotypes related to mental illness. Young people face additional barriers to seeking help due to fear of judgement, shame, and discrimination.

- **All stakeholders were unanimous about the pervasive impact of stigma as a driver of youth mental health.**

3. Experience of violence, physical and verbal abuse: Violence is prevalent in many forms through abuse in the foster care system and schools, forced begging, child marriage, female genital mutilation, trafficking, and sexual abuse. With few existing legal protections for young people, fostered children are often mistreated. Parent-child relationships are also very authoritative in general, limiting the ability of children to feel that their voices are heard during adolescence.

- **All stakeholders were unanimous about the need to tackle abuse and violence at the family level.**

[ix] *These health facilities included centre Hospitalier National Psychiatrique de Thiaroye (Chnpt), Moussa Diop Clinic, Dalal Xel Fatick, Ziguinchor, Diamniadio, Eps1 Of Mbour, Centre Hospitalier Amadou Sakhir Mbae of Louga (Chrasml), Tambacounda, and Kaolack Hospitals.*

Funding Bold Ideas

We have chosen a focus area for funding that best aligns with our mission to support innovation.

In Senegal, Being will invest in innovative solutions to reduce stigma related to mental health by addressing the lack of knowledge about mental health and dispelling harmful cultural beliefs in schools and communities, with the goal of having a supportive environment that promotes mental health and wellbeing for young people.

Senegal's Landscape in Youth Mental Health

Although there are existing laws aimed at safeguarding individuals facing mental health difficulties, Senegal presently lacks comprehensive mental health policies or health strategies. Several other systemic challenges and barriers currently prevent the uptake, scale, and sustainability of solutions to pressing youth mental health challenges and drivers.

Governance and Policies

Senegal's limited policies relevant to mental health predominantly focus on treatment, overlooking crucial aspects of prevention and promotion. In terms of governance, the Ministry of Health oversees health policy formulation and coordinates stakeholders responsible for implementation. Additionally, the Directorate of Medical Services in Senegal coordinates all health services in the country and oversees budget allocations to all health divisions. Under this directorate, **the Mental Health Division** coordinates national-level mental health activities, focusing on increasing access to mental health services and ensuring service availability.

An existing law relevant to young people with mental health challenges includes the **Hospital Admission Law for Mentally Ill People, 2014**, which aims to safeguard and guide the process of admission, treatment, and release of individuals with mental health challenges. However, according to stakeholder consultations, this law has several areas for improvement to ensure those experiencing mental illness have quality mental health care.

As per the Senegal team's stakeholder consultations, mental health is expected to become a key element in future national health strategies. Specifically, **The National Mental Health Strategy (2023-2027)**, the country's first mental health strategy, presents a critical opportunity to strengthen youth mental health policies in the country. Current efforts to integrate prevention and promotion in the new plan are limited by a lack of data for evidence-based decision-making and fragmentation of efforts among various stakeholders supporting the process.

Systemic Challenges, Opportunities, and Existing Networks

There exists a diverse base of organizations in the mental health ecosystem and potential alliances well positioned to build awareness around youth mental health. Stakeholders noted a growing willingness to address youth mental health issues through government advocacy and championing parliamentarians. Coalitions like **REPOSAMS (Coalition for the Promotion of Mental Health in Senegal), ENDA Santé, and the National Council for Young People** can play pivotal roles in coalition building and civil society mobilization for advocacy efforts. REPOSAMS has emerged as a critical player in federating mental health organizations nationwide and enhancing stakeholder collaboration for program

implementation at the community level and national-level advocacy. REPOSAMS offers the potential for a unified mental health coalition in Senegal and ENDA Santé has the potential to develop a unifying advocacy strategy.

In Senegal, the private sector contributes significantly to resources. For example, there is untapped potential for engagement with private mobile phone companies, signalling avenues for innovative partnerships to advance mental health advocacy.

Resourcing presents the most significant challenge to mental health access in Senegal, with minimal government spending allocated to mental health and little (but increasing) educational focus on training mental health professionals. Only eight out of Senegal's 14 regions have a psychiatric centre, with the majority in the capital city of Dakar. Moreover, Senegal only has 38 psychiatrists for a country with a population of over 17 million — most specializing in adults, **[186]** leaving a significant gap for youth experiencing mental health challenges.

Additionally, there are significant gaps in interventions for mental health promotion and research evidence to inform mental health strategies and programs, which is compounded by the widespread stigma and lack of mental health literacy in the country. All stakeholders unanimously agreed on the need for a prevalence study in Senegal to accurately determine the most pressing mental health challenges facing youth and the general population, ideally building upon a forthcoming UNICEF prevalence report. Moreover, bridging the gaps between stakeholders could amplify the overall impact of mental health initiatives.

Senegal's mental health ecosystem can thrive through strategic partnerships, evidence-based interventions, and a commitment to sustained collaboration. Overcoming challenges will require advocacy for government funding, including increased investment. Moreover, mental health awareness campaigns will be crucial in battling stigma and fostering understanding.

Fostering Enabling Environments

Through Ecosystem Catalyst funding, Being will support national and sub-national level activities to strengthen local ecosystems for youth mental health and foster an enabling environment that helps mental health innovations build local demand, thrive, and scale.

In Senegal, Being will fund organizations to work closely with key stakeholders, including government bodies, to improve coordination and advocacy for data driven youth mental health strategies and appropriate resourcing to enable a strong focus on prevention and promotion.

Opportunities for Investment

While Being's focus in Senegal remains on reducing mental health stigma and improving the coordination of data-driven advocacy and resources, stakeholder consultations have brought forth several other important initiatives that require increased investment to strengthen the mental health of young people in Senegal.

1. Validation, dissemination, and implementation of the mental health national strategic plan: In particular, support is needed to develop appropriate costing, monitoring and evaluation plans, advocate for an annual functioning budget from the government, and build funding relationships with external and like-minded partners.

2. Train all data managers at national, regional, and local levels on the use of the mhGAP tools: There is a need for all mental health workers to be trained in Mental Health Gap Action Programme (mhGAP) tools to increase coverage to the most underserved communities in the country.

3. Having mental health performance indicators within the DHIS-2 platform: Currently, the government of Senegal is piloting the preliminary collection of mental health indicators into the DHIS-2 platform, with support from USAID and the UNODC, to scale up collection. Still, there is a need to expand these efforts more widely with a focus on youth mental health. The government has also identified the need to extend mental health data collection within communities and report it on the DHIS-2. Additionally, mental health facilities require support to digitize hospital-based data and data collection.

4. Support the National Council of Youth to play a bigger coalition and advocacy role for youth mental health: The council is appointed by the government through the Ministry of Youth and mandated to support, advise, and guide all health and development activities targeting young people in the country. The membership is open to youth up to 35 years old. The council has a clear national plan of action that includes some mental health elements through their health committee, but no interventions have made progress so far due to a lack of funding and interest. The council is perceived as an essential part of leadership for youth mental health advocacy, working independently from civil society organizations.

5. Strengthening of the national coalition for mental health: There is potential for enhancing mental health coalition-building. Existing coalitions can create collaborative action at the regional and community level.

6. Work with local partners´ to develop a mental health advocacy plan: Local organizations´ through their advocacy leads, have been able to make a significant impact in maternal and child health space, and similar interventions can successfully impact mental health as well.

7. Position schools as conduits for mental health interventions: Stakeholders identified that leveraging schools as platforms for intervention programs could yield impactful results. Beyond using this platform to address stigma, school-based interventions could be leveraged to address other drivers of youth mental wellbeing.

Sierra Leone

Total Population in 2023:

8.8 million [187]

Total Population of Young People Aged 10-24 in 2023:

2.9 million (33%) [188]

Top Youth Mental Health Issues and Conditions:

- Substance abuse
- Depression
- Anxiety
- Post-traumatic stress disorder
- Suicide and suicidal thoughts

Top Drivers of Youth Mental Health Challenges:

1. Substance use
2. Poverty and unemployment
3. Exposure to and involvement in the civil war (1991-2002)

Landscape Analysis Country Partners:

- African Health and Population Research Centre (Lead Partner)
- Sustainable Health Systems (Collaborating Partner)

Stakeholder Consultation and Consensus Building:

- Following desk research, the Sierra Leone team worked with Sustainable Health Systems (SHS) and the National Mental Health Coalition (NMHC) to help identify stakeholders for consultations. Additional stakeholder mapping was done during an in-person meeting in Freetown coordinated by SHS and the NMHC. Stakeholders included young people; representatives from government ministries, including the Ministry of Health and Sanitation, Ministry of Social Welfare and Statistics Sierra Leone; funders and donors; private sector organizations; NGOs; civil society organizations; UNICEF, WHO's country office academics; researchers and community-based organizations representing vulnerable groups.

- Initial findings from the desk review were presented at stakeholder engagement engagement meetings, including at a Youth Speak Forum, where additional insights were collected. A Delphi approach used surveys distributed via WhatsApp and email to gather feedback on mental health issues, existing interventions, and priority areas for investment. Working groups and committees were then formed to discuss key findings from the desk review and engagement sessions, distilling critical ideas for prioritization. To facilitate the prioritization process, Mentimeter® was used in a consensus-building workshop to rank issues by priority.

- To create safe spaces for young people to participate and share their expertise, the Sierra Leone team engaged young people throughout their stakeholder consultations. They also hosted a Youth Speak Forum which brought together representatives from youth groups, youth-led and youth-focused organizations as well as youth mental health advocates. The forum's aim was to provide insights into issues affecting youth in Sierra Leone, explore which young people are vulnerable to mental health problems and why, and to discuss support systems and interventions for youth mental health.

Key Youth Mental Health Issues

Substance use	**According to the Ministry of Youth Affairs, the majority of Sierra Leoneans with substance abuse disorders who obtain treatment are young people between the ages of 20 and 29.[189]**
Depression and depressive disorders [190]	**The prevalence of depression among the general population is between 10% and 25%. Among former child soldiers, the prevalence is 48% and about 47% of Ebola survivors have depressive symptoms. Increased substance abuse is often linked to depression, and in turn, to suicide and attempted suicide.**
Anxiety and generalized anxiety disorders	**In the general population, there is a 25% prevalence of anxiety.[191] Research has shown that the high prevalence of anxiety is linked to under- and unemployment and to surviving both the Ebola and COVID-19 pandemics.[192]**
Post-traumatic stress disorder (PTSD)	**In Sierra Leone, 27% of the general population has been diagnosed with PTSD. In the context of Ebola, PTSD among survivors ranges from 16% to as high as 76%.[193][194]**

The following mental health issues were also identified but not ranked as high by the stakeholders consulted: **suicide and suicidal thoughts, and psychotic disorders and psychosis.**

Key Drivers of Youth Mental Health Challenges in Sierra Leone:

1. Substance Use: The high prevalence of substance use among youth was ranked as Sierra Leone's most significant challenge. During stakeholder consultations, participants noted several underlying root causes to this challenge, including the presence of drugs in nightclubs (which have no age restrictions), greater access to social media, higher population density, and easy accessibility. High youth unemployment rates and poverty are also underpinning the growing use of substances as youth seek solace in drugs to escape the realities of their lives. Of particular concern is a new highly addictive synthetic drug, Kush, which prompted the declaration of a national emergency by the government in 2023. Kush is inexpensive and is increasing in use among youth, especially in urban areas. According to a study by CARITAS,[195] Kush is causing severe psychological and social problems. Increasing understanding among youth about the risks and consequences of substance use, alongside alternative programming, is critical to addressing the underlying risk factors associated with substance use.

- **There was unanimous agreement among stakeholders that substance use is a priority driver.**

2. Poverty and Unemployment: An 11-year civil war that ended in 2002 severely impacted Sierra Leone's economy, leading to widespread poverty and unemployment. In 2018, more than half (57%) of Sierra Leone's population was living in poverty.[196] Stakeholders highlighted the chronic stress associated with socio-economic challenges, such as lack of employment and income, as significant drivers of depression and anxiety. Stakeholders also tied this closely with the lack of tertiary education infrastructure in the country. With one of the highest rates of youth unemployment in West Africa, this is a significant driver of youth mental health problems, as poor and unemployed young people are more likely to experience depression and anxiety and abuse substances.

- **There was unanimous agreement among stakeholders that poverty and unemployment is a priority driver.**

3. Exposure to and involvement in the Civil War: Sierra Leone's economy, education and health systems are still recovering from the impacts of the civil war. The majority of Sierra Leone's middle-aged population lived through the war and were either exposed or directly involved in violence during the conflict. As per stakeholders consulted, community segregation and disintegration for those involved in the war is common, resulting in stigma and violence towards former child soldiers and their families. Many Sierra Leoneans live with unresolved trauma from the war and pass on this trauma to their children. Stakeholders identified that intergenerational trauma has increased many mental health challenges, including PTSD, depression, anxiety, and substance abuse.

- **There was unanimous agreement among stakeholders that trauma related to exposure to and involvement in the civil war is a priority driver.**

The following drivers of mental health challenges were also identified but not ranked as high by the stakeholders consulted: **Ebola viral disease, COVID-19, poor physical health conditions, low mental health literacy, and the absence of relevant policies and strategies for mental health subsequently affecting access to and quality of care.**

Funding Bold Ideas

We have chosen a focus area for funding that best aligns with our mission to support innovation and drive impact.

In Sierra Leone, Being will invest in innovations to reduce and prevent substance use among young people through substance use education and alternative youth programming, with the goal of providing youth with the skills and opportunities they need to thrive.

Sierra Leone's Landscape in Youth Mental Health

Although Sierra Leone currently has a limited number of laws and policies relevant to young people's mental health, important work is underway to create a more favorable policy environment in the country. There are several other systemic challenges and barriers currently preventing the uptake, scale and sustainability of solutions to pressing youth mental health challenges and drivers.

Governance and Policies

In Sierra Leone, the **Ministry of Health and Sanitation** (MoHS) has the mandate to develop and implement policies and programs relating to mental health. Within the MoHS, the Directorate for **Noncommunicable Diseases and Mental Health** was established in November 2016 with a role of overseeing the development of the country's mental health policies and strategies.

Sierra Leone's legislative framework for mental health currently operates under the **Lunacy Act of 1902**, which categorized people with mental health issues as criminals or victims of witchcraft or demonic possession, and **the Constitution (1971)**, which fails to protect people living with mental illness. Work is underway to replace old legislation, highlighting an opportunity to support youth mental health legislation in Sierra Leone. The new **Mental Health Review Bill**, which is currently being drafted, will recognize the growing prevalence of mental health issues in Sierra Leone and will decriminalize mental health problems, in particular, suicide.

As per the Sierra Leone team consultations, there is an apparent willingness from the government to improve young people's mental health, as evidenced by a national **Mental Health Policy and Strategic Plan** which was launched in 2012 and revised in 2018.

Under a new government, the **Presidential Taskforce on Mental Health** was launched in May 2023 and aims to coordinate multisectoral and inter-ministerial actions to address mental health priority areas, funding, and policy. The taskforce launched a campaign in November 2023 to raise awareness about the dangers of Kush and its effects on youth mental health and wellbeing. The taskforce is also in the process of establishing a **Mental Health Secretariat** which will include a **Mental Health Steering Committee** and a **Mental Health Technical Working Group.**

The goal of these groups is to coordinate efforts and leverage the expertise of stakeholders across all ministries and relevant sectors of the government. It is important to recognize that insufficient resource allocation threatens to limit the plans the taskforce is aiming to implement.

Another policy closely related to mental health and substance abuse is the **Sierra Leone National Drug Control Act of 2008**, which unfortunately criminalizes harm-reduction activities and drug users for both the possession and use of substances. This law has been harshly criticized by mental health advocates for reducing important anti-drug programs and treating drug users as criminals.

Systemic Challenges, Opportunities, Existing Networks

Sierra Leone has several committed stakeholders championing efforts to support mental health and wellbeing in the country. In addition to the Presidential Taskforce on Mental Health, the Government of Sierra Leone, through the key ministries of health, education, finance, and social welfare are taking steps to drive efforts at the national level. These efforts are also supported by core partners such as UNICEF and WHO. Local organizations, including civil society organizations are currently mobilized through the **National Mental Health Coalition,** the largest network of actors working on mental health in the country.

The coalition includes youth groups, youth-led and youth-focused organizations that work across the country, with specific vulnerable populations. There are multiple opportunities for further collaboration, particularly in evidence generation, to better understand the scale of youth mental health issues in the country, increase funding towards mental health and to ensure organizations are not duplicating work.

Through their stakeholder consultations, the Sierra Leone team also identified several barriers and challenges impeding progress in addressing the prioritized drivers affecting youth mental health in the country:

- There is a significant **shortage of specialist mental health services**, which are currently centralized in Freetown at the Sierra Leone Psychiatric Teaching Hospital (Kissy) and are challenging to access elsewhere, especially in rural areas.[197] Efforts to decentralize mental health services have been slow due to lack of funding, human resources and mental health stigma hindering the uptake of mental healthcare worker training.

- A **lack of data** on the prevalence of mental illness in the general population and among young people in Sierra Leone limits the country's ability to inform key policies and programs and carry out appropriate advocacy for mental health.

- **Low mental health literacy and stigmatization** affect use of mental health services and contributes to individuals seeking traditional or religious care instead.

- **Insufficient investment in mental health services:** The absence of robust policies and guidelines on mental health in Sierra Leone have created challenges in establishing a framework to develop programs to address mental health and allocate funding and investments in the healthcare sector to guarantee service provision in mental health. Very little of the country's recurrent budget is allocated to health generally, and to mental health specifically. This includes additional funding needed for the Presidential Taskforce on Mental Health.

Systemic exclusion of youth with lived experiences from mental health program design, poor organization among youth-focused organizations and ineffective implementation of youth policies exacerbate the challenges.

Addressing youth mental health challenges in Sierra Leone will require expanding access to mental health services through training healthcare workers, investing in infrastructure, and decentralizing specialist care. Data generation is also necessary to understand the prevalence of mental health issues across the country. Community-based interventions and public awareness campaigns focused on mental health education and stigma reduction must also be designed and implemented to address knowledge gaps and promote care-seeking behaviours.

Fostering Enabling Environments

Through Ecosystem Catalyst funding, Being will support national and sub-national level activities to strengthen local ecosystems for youth mental health and foster an enabling environment that helps mental health innovations build local demand, thrive, and scale.

In Sierra Leone, Being will fund organizations to support advocacy efforts with the goal of influencing national action plans and regulatory frameworks related to mental health and substance use towards effective prevention and promotion strategies and stigma reduction.

Opportunities for Investment

While Being's focus in Sierra Leone is on substance use education and alternative youth mental health programming focused on prevention and promotion, stakeholder consultations have brought forth several other opportunities to strengthen the mental health and wellbeing of young people.

1. Employment programs/training for youth: Programs should offer employment and mental health counselling for youth who are struggling to find employment. The aim of these programs should be to build job skills, offer job placements and support the mental health of youth.

2. Substance abuse treatment and rehabilitation programs: Support rehabilitation for people struggling with substance abuse, especially the new synthetic drug Kush. There are currently very limited opportunities for rehabilitation in the country, and the available programs are overcrowded and under resourced.

3. Community mental health programs: These programs should aim to improve participants mental health literacy and combat stigma affecting care-seeking behaviours. It is especially important to reach rural communities, and existing mental health units run by nurses could be leveraged to run these programs.

4. Generate evidence on the prevalence of mental health issues: A national-level study is required to better understand the prevalence of youth mental health issues across Sierra Leone and its impact on physical health and productivity among youth. This research is important to influence prioritization of investment and policymaking related to mental health.

5. Support mental health care training at community level: Further training should be provided to community health workers, in particular training for mental health nursing students at the University of Makeni (UNIMAK) who will run the community mental health units in the 12 districts of the country.

TANZANIA

Total Population in 2023:

67.4 million [198]

Total Population of Young People Aged 10-24 in 2023:

22.2 million (33%) [199]

Top Youth Mental Health Issues and Conditions:

- Depression
- Anxiety
- Substance abuse
- Suicidality

Top Drivers of Youth Mental Health Challenges:

1. Stigma
2. Difficult living conditions
3. Substance abuse

Landscape Analysis Country Partners:

- Africa Academy for Public Health (Lead Partner)
- Muhimbili University of Health and Allied Sciences (Collaborating Partner)
- Harvard T.H. Chan School of Public Health (Technical Partner)
- Heidelberg Institute for Global Health (Technical Partner)

Stakeholder Consultation and Consensus Building:

- Following desk research, Being's country partners held stakeholder consultations and consensus building events with representatives from government; including the Ministry of Health and the Ministry of Community Development; as well as funders and donors; private sector organizations; NGOs and civil society organizations; representatives from the WHO, UNICEF and UNFPA; academics and researchers, clinicians, and health care providers; parents and caregivers, and young people.

- The country partners created a consensus-building process that included facilitated discussions, open voting, and anonymized exercises to prioritize key mental health challenges. These methods encouraged participation, promoted transparency and a common understanding among stakeholders. The country partners chose to use anonymized prioritization so that stakeholders could prioritize their ideas without fear of judgement.

- To create safe spaces for young people to participate and share their expertise, the Tanzania team also held multiple group discussions, in-person workshops, online discussions, and meetings with young people, including those with lived experience of mental health challenges. Researchers and facilitators received training and adhered to Good Clinical Practice (GCP) principles to ensure the protection and safeguarding of these participants.

Key Youth Mental Health Issues

Depression	**A 2020 study found that prevalence of depressive symptoms was reported as high as 31% among adolescents aged 10-19 years in Dar es Salaam and Dodoma regions in Tanzania.[200] A 2019 study found that depression was as high as 36% among 3,013 adolescent girls and young women.[201]**
Anxiety	**Anxiety is a growing mental health concern among young people in Tanzania. A 2019 study showed that 31% of adolescent girls and young women surveyed had anxiety symptoms.[202]**
Substance use	**Alcohol is a readily available substance in Tanzanian communities. The lifetime prevalence of substance use among school-going adolescents (11–17 years) is 7%, with alcohol (4.5%) and drugs (3.1%), specifically marijuana, amphetamines, or methamphetamines being the most used. [203]**
Suicidality	**The prevalence of suicide is reported to be on the rise in Tanzania. This has been attributed to increased economic hardships and relationship issues. A 2023 study found that among secondary school students in the Kilimanjaro region, in northern Tanzania, 3.3% of the 4,188 adolescents surveyed had attempted suicide.[204]**

Gambling addiction issues were also identified as mental health issues but not ranked as a top priority by the stakeholders.

Key Drivers of Youth Mental Health Challenges in Tanzania:

1. Stigma: Stakeholders highlighted that stigma surrounding mental health is significant in Tanzania due to cultural beliefs, limited community awareness and restricted access to mental health services. Participants noted that stigma against those living with mental health challenges is widespread due to firmly held cultural beliefs and the spread of misinformation. Common beliefs include the notion that people with mental health conditions are "cursed" and need to be treated by traditional healers. This is more pronounced in rural settings where many traditional beliefs and practices are still in commonplace.[205] Stakeholder consultations revealed that stigma often deters Tanzanian youth from seeking support for mental health issues, as well as for stigmatized health issues like HIV and substance abuse, which can worsen their situation. Efforts to address stigma should involve awareness campaigns, community outreach and promoting friendly service provision in health care facilities.

- **The majority of stakeholders ranked stigma as a key driver of mental health challenges.**

2. Difficult living conditions: Difficult living conditions, including poverty and inadequate infrastructure, are prevalent in Tanzanian communities. Stakeholder consultations noted that the growing population of young people is outpacing the available infrastructure to support them. As a result, young people are facing increased hardships in supporting themselves and their families, leading to mental health challenges, such as depression and anxiety. Rural-urban migration is increasing as individuals seek better opportunities, exacerbating disparities in education and healthcare between urban and rural areas. Cases of depression and suicide have been reported in association with these challenges. **[206]** Additionally, disparities in education and healthcare provision between urban and rural areas further worsen the living conditions of rural youth.

- **The majority of stakeholders ranked stigma as a key driver of mental health challenges.**

3. Substance use: Substance use is a growing concern in Tanzanian communities, with reports indicating high consumption rates among young people. A study found that 19.7% of secondary school students had used substances, with alcohol and cigarettes being the most common.**[207]** Factors such as involvement in physical altercations, bullying experiences, peer pressure, exposure to alcohol advertisements and lack of parental support were associated with higher likelihoods of current substance use among adolescents. **[208]**

The following drivers of mental health challenges were also identified but not ranked as high by the stakeholders consulted: **self-esteem, living with HIV, abuse, peer pressure, poor parenting, cultural beliefs, urbanization, COVID-19 and other disease outbreaks, and climate change**.

Funding Bold Ideas

We have chosen a focus area for funding that best aligns with our mission to support innovation and drive impact.

In Tanzania, Being will invest in innovative solutions that reduce mental health stigma by addressing the lack of appropriate mental health education in schools and communities, to reduce harmful cultural norms and discrimination among young people.

Tanzania's Landscape in Youth Mental Health

Tanzania has several laws and policies relevant to young people's mental health, although there are some opportunities to strengthen how well these are tied to the provision of services. Several systemic challenges and barriers currently prevent the uptake, scale, and sustainability of solutions to pressing youth mental health challenges and drivers.

Governance and Policies

Tanzania's mental health governance falls under the **Ministry of Health** under the **Directorate of Curative Services, Unit of Noncommunicable Diseases (NCD), Mental Health and Injury**. Additionally, the **President's Office, Regional Administration, and Local Government (PORALG)** play a role in coordinating mental health services at the regional and district levels. There have been increasing efforts to improve young people's mental health in Tanzania through:

- The **Mental Health Policy Guidelines for Tanzania Mainland, 2006,** which focuses on integrating mental health care into primary care and ensuring equitable access to mental health services.

- The **Mental Health Act, 2008** which focuses on addressing legal issues facing people living with mental health disorders.

- The **National Youth Development Policy, 2007,** which addresses the use of drugs and substance abuse as a source of mental instability.

- The **Mental Health Services Guidelines for Primary Health Care, 2007,** which adapted the WHO guidelines to the Tanzanian context with a focus on making mental health treatment protocols suitable for primary healthcare settings.

Tanzania is set to launch the country's first **Mental Health Strategic Plan** in 2024 and has increased resource allocation to the Ministry of Health to improve prevention and promotion services. This includes efforts to improve awareness on mental health issues, increase human resources, establish training programs at various levels and enhance the capacity of the largest specialized mental health hospital in Tanzania, the Mirembe National Mental Health Hospital. Given the government's current prioritization of mental health, a coordinated approach involving local mental health experts and youth representation will be critical to ensure Tanzania's mental health priorities include drivers for youth mental health and wellbeing.

Systemic Challenges, Opportunities, Existing Networks

There are several key networks and coalitions working to support mental health advocacy in Tanzania. The Tanzania Ministry of Health leads the national response, overseeing policy formulation, service delivery and coordination of mental health initiatives. Collaborative efforts between the President's Office, Regional Administration and Local Government (PO-RALG) are working to integrate mental health services into regional and local health systems, fostering grassroots engagement and support. Specialized institutions like the **Mirembe National Mental Health Hospital, Muhimbili University of Health and Allied Sciences, Kilimanjaro Christian Medical College, Catholic University of Health and Allied Sciences**, provide essential services, research, and training, while professional associations such as the **Mental Health Association of Tanzania, Tanzania Psychiatrist Association** and **Tanzania Psychological Association** offer expert guidance and counseling services.

NGOs serve as crucial intermediaries between communities, government, and donors, implementing grassroots projects and advocating for mental health rights. Youth-led organizations represent the specific needs of young people, advocating for tailored services and engaging in peer support initiatives. Most of the mental health prevention and promotion efforts have been funded by international organizations such as **WHO, UNICEF, National Institutes of Health, Aga Khan University, European Development Fund, Swedish International Development Cooperation Agency** and **Fondation Botnar.**

Several other ecosystem factors were noted during the consultation process:

- Historically, mental health concerns have been neglected in the country, resulting in a pervasive lack of awareness regarding the prevalence and impact of these challenges. As a result, there is a lack of comprehensive evidence regarding the prevalence of,

and underlying factors contributing to, mental health issues, making it difficult for key stakeholders to make informed decisions.

- Despite the existence of multiple mental health-related policies and guidelines for improving mental health, many of these protocols are limited in scope, lack proper monitoring of their progress, and are focused on treatment with little mention of prevention and promotion.

- Competing priorities in the healthcare sector, such as HIV, nutrition, and disease outbreaks, divert resources away from mental health prevention and promotion efforts. The need for more trained personnel and facilities has hindered progress in addressing mental health issues among young people.

- The stigma surrounding mental health, influenced by social-cultural beliefs and misconceptions, further impedes progress by hindering prevention and promotion initiatives and potentially exacerbating mental health issues. Improved access to and quality of mental health education for youth that targets deeply rooted cultural norms and beliefs around mental health will lead to a reduction of stigma against people living with mental health challenges and improve care-seeking behaviours and community resilience.

Addressing these challenges will require advocacy for improved understanding of mental health issues, reduced stigma, and the prioritization of mental health within healthcare agendas. In addition, engaging stakeholders to prioritize mental health research to inform policy and implementation is crucial to addressing current gaps in mental health evidence in Tanzania.

Fostering Enabling Environments

Through Ecosystem Catalyst funding, Being will support national and sub-national level activities to strengthen local ecosystems for youth mental health and foster an enabling environment that helps mental health innovations build local demand, thrive, and scale.

In Tanzania, Being will fund organizations to improve national-level coordination and advocacy efforts among key stakeholders around the development, sustainable financing, and implementation of the strategic plan.

Opportunities for Investment

While Being's focus in Tanzania remains on stigma reduction and coordinating national-level stakeholder advocacy efforts, stakeholder consultations have brought forth several other important opportunities to strengthen the mental health of young people in Tanzania.

1. Conducting longitudinal research on young people's mental health: Rigorous studies on youth mental health in Tanzania are scarce. Research activities can focus on the progression of mental health issues over time and establish linkages with the relevant drivers. Findings from these studies will add to the pool of evidence that can inform further studies and interventions on mental health issues.

2. Conduct intervention studies focusing on prevention and promotion of mental health: There is an opportunity to focus on a human-centered design approach in youth spaces (ex. schools) to design effective interventions for youth mental health. Government officials, parents, teachers, and students can participate

in the design phase and interventions can be designed at different levels. Adolescents receiving intervention in schools can also receive spillover benefits.

3. Development of mental health technical working groups: These groups can be formed by experts from the government, NGOs, private sectors, higher learning institutions, researchers, and young people's representatives. The group could be key to ensuring a focused and collaborative approach in addressing mental health issues. For example, the groups could be responsible for tracking progress, proposing investment areas, and advising the government and other partners on issues related to mental health.

4. Development of youth advocacy groups: Youth-led advocacy groups can lead mental health awareness campaigns, raising awareness through initiatives that include community outreach, forums, and development of audiovisual content.

VIETNAM

Total Population in 2023:

98.9 million [209]

Total Population of Young People Aged 10-24 in 2023:

20.8 million (21%) [210]

Top Youth Mental Health Issues and Conditions:

- Anxiety
- Depression
- Suicide and suicidal ideation

Top Drivers of Youth Mental Health Challenges:

1. Academic and parental pressure
2. Family circumstances
3. Bullying and stigmatization

Landscape Analysis Country Partners:

- Institute of Sociology, Vietnam Academy of Social Sciences (In-Country Partner) **[x]**
- Global Institute of Human Development of Shifa Tameer-e-Millat University (Lead Partner)

Stakeholder Consultation and Consensus Building:

- Following desk research, the Vietnam team engaged diverse stakeholders through in-depth interviews, focus group discussions, youth consultations, and theory of change workshops. Stakeholder consultations included policymakers in public health, social welfare, and education sectors; mental health experts; researchers; health sector personnel; social work specialists; school staff; adolescents and their parents; representatives from social associations; NGOs and international organizations.

- As part of the consensus building activities, a list of key issues was compiled (based on preliminary findings from the desk review and stakeholder consultations) and ranked using a Delphi Survey. Through the Delphi Survey, participants were asked their opinions and asked to rank various statement themes related to youth mental wellbeing drivers.

- The Vietnam team included young people in a project advisory group, guiding the stakeholder engagement process and research methods from the beginning. The team also conducted two youth consultation workshops in Can Tho province and Lam Dong province to create safe spaces for young people to participate and share their expertise.

[x] *In-country partner who led the landscape analysis and consultations in Vietnam.*

Key Youth Mental Health Issues

Anxiety	**Anxiety affects approximately 18.6% of Vietnamese adolescents aged 10 to 17.[211] A survey in some high schools in Hanoi suggests that anxiety disorders are a common problem among high school students, and study anxiety and aspects of study anxiety are both strongly correlated with anxiety disorders.[212]**
Depression	**Depression is one of the most common mental health issues among Vietnam's adolescents, affecting 4.3% of those aged 10-17 according to a 2022 national survey.[213] Teenagers in Vietnam who live alone, have poor health status or mental health problems, or live in a violent environment are more likely to suffer from depression or to commit suicide.[214]**
Suicide and Suicidal Ideation	**1.4% of adolescents aged 10-17 in Vietnam reported experiencing suicidal ideation.[215]**

The following mental health issues were also identified but not ranked as high by the stakeholders consulted: **helplessness, lack of purpose in life, lack of emotional awareness, lack of life skills, aggression, and hopelessness.**

Key Drivers of Youth Mental Health Challenges in Vietnam [216]:

1. Academic and Parental Pressure: Numerous studies, including a recent UNICEF report, highlight the significant correlation between academic pressure and student mental health in Vietnam.[217] Young people in Vietnam who are suffering from academic stress are more likely to experience depression than those without academic stress.[218] Stakeholders highlighted that the curriculum is overloaded and is missing critical elements such as learning about psychological needs and ethics. Similarly, young stakeholders shared that teachers seem to only care about academic achievements and pay little attention to the emotional and psychological characteristics of youth. High parental expectations for children's success places additional pressure on students to achieve exceptional academic outcomes leading to depressions and stress. [219] During the consensus building process, stakeholders agreed that high parental demand on academic achievements and pressure to study too much at home were critical factors adversely affecting the mental health and wellbeing of young people.

- **Stakeholders agreed that parental (94%) and school-based (97%) academic pressure was a priority driver.**

2. Family Circumstances: Stakeholder consultations highlighted that many adolescents grow up in adverse family environments, including those with divorce, single-parent households, conflict, domestic violence, addiction, unemployment, or illness. These adolescents face elevated risks of experiencing anxiety, depression, stress, trauma, hyperactivity, and even suicide.[220] [221][222] In Vietnam, 67% of 10-to-17-year-olds experiencing

mental health issues indicate that family dysfunction is a contributing factor to their challenges.[223] Overly controlling parenting approaches are pervasive, with 69% of children between the ages of 10-14 experiencing some form of violent discipline by a household member in the last month.[224] Stakeholders stressed that parental focus on school/career achievement often comes at the cost of neglecting youth mental health needs.

- **97% of participants from the Delphi survey agreed that adverse family circumstances (children in families with conflicts, violence, drugs, addiction) is a priority driver.**

3. Bullying and stigmatization: Bullying and discrimination is persistent among Vietnamese adolescents, particularly within school settings, and extends to online activity.[225] Stakeholders highlighted that stigma currently prevents young people with mental health concerns from seeking advice or help. In 2019, according to a poll conducted by UNICEF, 21% of participants, mostly under the age of 20, reported being victims of cyberbullying.[226] Stakeholders also noted that adults in school and household settings are not well-equipped to support those exhibiting behavioural issues or being bullied. Both bullies and victims are at increased risk of mental disorders such as anxiety or depression, as well as low self-esteem.[227]

- **95% of participants from the Delphi survey agreed bullying or stigmatization to be a priority driver.**

TThe following drivers of mental health challenges were also identified but not ranked as high by the stakeholders consulted: **adverse family circumstances, strict parental control, lack of family connection, mental health literacy among parents/families, excessive use of digital technology, age, lack of self-confidence, and gender.**

Funding Bold Ideas

We have chosen a focus area for funding that best aligns with our mission to support innovation and drive impact.

In Vietnam, Being will fund innovative solutions that strengthen family functioning by addressing strict parenting styles and family conflict and/ violence and promoting healthy communication and conflict resolution skills.

Vietnam's Landscape in Youth Mental Health

Vietnam has several laws and policies relevant to young people's mental wellbeing and safety, aiming to create safe spaces and enabling environments nationally and locally. Despite these efforts, several challenges and barriers prevent innovative solutions' uptake, scale, and sustainability.

Governance and Policies

Until recently, mental health was not prioritized in government health policies and programs in Vietnam. Mental health care was primarily provided by the health sector, focusing mainly on severe mental illnesses.

However, since the 2010s, there has been a notable shift towards greater attention and policy efforts to promote mental health, resulting in various relevant policies and programs being implemented. Notable examples include:

- The **Child Mental Health Care and Orphan Care Program (2023-2030),** which aims to ensure that children receive mental health care and that those with mental health issues or who are orphans have access to suitable support services.

- The **National Plan to Prevent Non-Communicable Diseases and Mental Health Disorders**
- **(2022 – 2025),** which aims to enhance disease control by addressing risk factors, promoting preventive measures, and improving early detection and treatment.

- The **Mental Health Education Plan for Children and Students (2022-2025) and the National School Health Program (2021-2025),** which currently prioritize the prevention, detection, and treatment of youth mental health challenges, and enhanced communication, education, and awareness about mental health among various stakeholders, including children, students, school administrators, teachers, medical staff, social workers, psychological counsellors, and parents.

Although this robust policy framework exists, there is limited focus on family functioning and the inclusion of parents/caregivers in youth mental health prevention and promotion targets and guidelines.

Systemic Challenges, Opportunities, Existing Networks

A few networks focus on youth mental health in Vietnam.

- **Vietnam Autism Network (VAN),** established in August 2013 (with support from the **Ministry of Labor, War Invalids and Social Affairs of Vietnam; Vietnam Federation of Disabled People; Asia Pacific Disability Development Organization)** is an organization of people with autism, their parents and families, and organizations and individuals interested in activities related to autism VAN focuses on improving the capacity of parents and children with autism, public awareness and media campaigns, advocacy efforts and implementing programs, activities, and projects that benefit the autism community.

- **The Vietnamese Mental Health Literacy Network (VMHLN)** is another network that supports youth mental health in Vietnam and is sponsored by the **Vietnam Education Foundation (VEF)** which is part of the US Embassy. The VMHLN was established to gather experts and organizations in the mental health field to work towards shared goals to raise community awareness, eliminate stereotypes about mental disorders, promote the use of evidence-based mental health interventions and therapies, and promote the development of the mental health field.

Local organizations, NGOs and multilaterals play a role in advocacy and knowledge dissemination, establishing groups and clubs to share information, skills, and experience in mental health care. For example, **Good Neighbors International (GNI)** successfully developed and tested a model of a school psychology consultation room and garnered government interest to extend to 5 provinces. Ministries and organizations that are key ecosystem actors include the **Ministry of Health (MOH), Ministry of Information and Communications (MOIC), Ministry of Education and Training (MOET), Ministry of Labour – Invalids and Social Affairs (MoLISA), UNICEF,** schools and social organizations like **Youth Union, Women Union, Vietnamese Mental Health Literac**y, and **Healing Circles Vietnam.**

Mental health research and policies in Vietnam are limited. However, there has been a notable increase in attention to mental health issues. While recent policies to enhance mental health conditions demonstrate a promising step forward, stakeholders identified several challenges preventing effective implementation

of youth mental health services and support in Vietnam including:

- The absence of a comprehensive policy framework or national strategy for implementing mental health programs.
- Poor mental health literacy among the population, leading to limited concern and capacity for mental health care.
- Insufficient funding, budget allocation, and a shortage of mental health professionals.
- A lack of school support mechanisms to adequately address students' mental health needs.
- Stigma and discrimination towards individuals with mental health conditions and professionals in the field persist, hindering access to care.
- A lack of effective coordination among stakeholders involved in mental health care and support.
- Insufficient knowledge, data, evidence, and information regarding mental health issues within the country.

Addressing these challenges is crucial for building a robust and accessible mental health support system in Vietnam. It will require developing a national mental health strategy, enhancing mental health awareness, and combating stigma through communication programs, investing in human resources and funding, establishing accessible mental health services in schools, fostering safe school environments, promoting healthy family dynamics, supporting adolescents in adverse circumstances, improving stakeholder coordination, and prioritizing research for data and evidence generation on adolescent mental health.

Fostering Enabling Environments

Through Ecosystem Catalyst funding, Being will support national and sub-national level activities to strengthen local ecosystems for youth mental health and foster an enabling environment that helps mental health innovations build local demand, thrive, and scale.

In Vietnam, Being will fund organizations that will support the prioritization and integration of improved family functioning and parental / caregiver involvement in national policies and/or guidelines that govern provinces and school settings.

Opportunities for Investment

While Being's focus in Vietnam aims to strengthen family functioning and integrate improved family functioning in national policies, stakeholder consultations have brought forth several opportunities to strengthen the mental health of young people in Vietnam.

1. Promote communication to improve mental health literacy and support interventions for adolescents and parents/caregivers: The Ministry of Health and the Ministry of Information and Communications currently report on the healthcare system and are responsible for deploying mental health information nationwide, in coordination with other ministries and localities. Many people trust communication programs jointly implemented by the government and local and regional organizations. Expanding diverse forms of communication accessible for all types of households (including providing printed/online documents to every household) is feasible and effective.

2. Strengthen the development of mental health consulting services in schools: The Government has approved and issued the School Health Program for 2021-2025, in which each school will have a permanent school psychology consultant staff. Implementation could be improved with additional resources (funds, staff, facilities, skills, knowledge). There is an opportunity to help develop mental health counselling services in schools through training, providing communication materials, and piloting models.

3. Advocate for affordable and accessible mental health counselling services for all: Professional mental health counselling services in Vietnam are limited, with high fees and low accessibility. One opportunity is to focus on supporting the development of accessible or affordable mental health consulting services (in person or online) that are easily accessible to adolescents.

4. Promote education and training of human resources on mental health, specifically in the school setting: It is critical to promote mental health training by developing textbooks, training programs, and scholarships and providing teachers and mental health experts. This could be further enhanced by organizing training courses for people working in the adolescent mental health field, specifically school psychological counsellors, local social workers, and psychological/mental health counsellors at hotlines, online networks, and teacher training facilities.

5. Bolster research and policy advocacy on adolescent mental health: In Vietnam, mental health issues have recently received more attention but are still very limited compared to other health issues. Supporting scientific organizations for further research on adolescent mental health would fill a gap in data and evidence-based programs to promote recommendations and advocacy for improved mental health policies in Vietnam.

From Learning to ACTION

The landscape analysis underscores Being's belief that those closest to the challenges are best placed to identify the needs, barriers, and solutions for youth mental health. We are committed to forging sustainable pathways to ensure that mental health support is accessible and effective and also relevant and acceptable to all young people in Being's priority countries. To achieve this objective, we must work with young people and address the systemic barriers that hinder broader promotion of mental health and wellbeing in adjacent areas, and begin to build local demand for youth mental health and wellbeing products and services. This requires a multi-sectoral approach that ensures a deep understanding of the complex challenges specific to delivering mental health interventions at scale.

Being's approach for the landscape analysis is an important starting point to establish an enabling environment that can help prevention and promotion initiatives for youth mental health thrive and scale. By engaging local stakeholders and conducting rigorous research, Being has cultivated a nuanced understanding of the mental health landscape in each country, pinpointing key challenges and priority areas for intervention across sectors and multiple ecosystem players. The findings from this process underline the importance of analyzing the drivers behind mental health challenges among youth as a key approach to addressing structural conditions that can undermine the success of initiatives seeking to support youth mental health and wellbeing.

By moving beyond secondary data analysis to prioritizing the experiences and perspectives of youth and other local stakeholders, the approach also sets up policymakers and other ecosystem actors to make informed decisions and to allocate resources effectively to address the most pressing mental health issues facing young people. Alongside this, the collaboration with diverse stakeholders has fostered a collective approach to addressing youth mental health in each country. This sense of ownership and commitment to work towards systemic changes for youth mental health has built critical momentum for broader ecosystem efforts going forward.

Being's landscape analysis identified existing strengths from which the Initiative can build, including the existence of policies and frameworks for mental health in most countries. However, the findings also demonstrated a predominant focus on clinical services over preventive and promotional measures to address mental health. The findings reveal an opportunity to strengthen policies specific to the prevention and promotion of youth mental health and wellbeing and highlight the need for various stakeholders to support the implementation and accountability mechanisms related to these policies and frameworks.

The landscape analysis shows the importance of a relational and holistic approach to understanding wellbeing. For youth, wellbeing is highly dependent on the intricate network of relationships they experience, both with other people and the environment and systems around them. The findings outlined in this report highlight some similar patterns among relationships and systems that are at the root of youth mental health and wellbeing across multiple countries, such as family systems, school environments and associated academic pressure, cultural norms and stigma, and exposure to violence and bullying. At the same time, the analysis identified unique drivers in each country, underscoring the need for tailored interventions addressing specific contextual factors within each country.

Through research, investment in youth-led initiatives, and stakeholder engagement, Being endeavors to advance mental health equity by addressing the specific needs of young people and mobilizing support for their wellbeing.

From Learning to ACTION

Being seeks to catalyze transformative change by bridging the gap between practice and evidence through local solutions, ensuring that no young person is left behind in the journey towards mental health equity.

We Invite You to Join Us!

There is an urgent need for mental health and wellbeing approaches that address the social, cultural, and economic drivers of young people's wellbeing. Together, we can support enabling environments across different sectors to meet young people's needs.

If you're...

- **part of an organization seeking to address young people's mental health and wellbeing**
- **a national or global policy or decision-maker; or**
- **a mental health funder or wield resources in the priority countries…**

We encourage you to:

1.Draw on the experience and perspectives of youth, including youth with lived experience of mental health challenges, in developing or refining interventions.

2.Leverage the insights from this report to support and inform your work.

3.Join us to create a stronger ecosystem for young people's mental health and wellbeing with your knowledge, resources, or funding. We seek new partnerships to learn together and exchange best practices!

Let's work together towards a world where young people feel well and thrive!

Appendix A

Acknowledgements

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Special thanks are due to our **Youth and Lived Experience advisory groups**, whose validation and input on progress reports were instrumental in shaping the trajectory of our initiatives. We are immensely grateful for their wisdom and unwavering commitment to improving mental health outcomes for young people.

Additionally, we express our gratitude to **our Council and Partners** for their ongoing feedback, support, and collaboration, which have been integral to the success of our endeavours.

Lastly, we extend our deep appreciation to the dedicated **staff at Grand Challenges Canada**, whose efforts and passion for youth mental health have driven this work forward throughout the year. Their commitment, expertise, and coordination have been indispensable in advancing our mission.

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