GLOBAL CONSULTATIONS WITH YOUNG PEOPLE

SUMMARY REPORT

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We would sincerely like to acknowledge the contribution of young people from many countries who gave freely of their time to talk with us about their own experiences of mental health in their own country and community. We have been truly inspired by their stories, insights, perspectives in shaping mental health programs and the development of the global framework. We sincerely hope that young people continue to take the lead in shaping mental health for their own generation and those ahead of them.

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GLOBAL CONSULTATIONS WITH YOUNG PEOPLE

SUMMARY REPORT

BACKGROUND

Youth engagement has been a hallmark of many youth mental health programs established over the last 10 years. Globally we have seen a rise in the number of young people becoming advocates for improved mental health programs in their own countries or areas within which they reside. The growth of social media platforms has certainly enhanced this and has also facilitated connections between young people across many resource settings that only 10 years ago would not have been possible. One outcome of the Global Youth Mental Health Partnership project between Orygen and the World Economic Forum was the opportunity to consult with young people from around the globe about their views and perspectives on mental health. Between April and December 2019 the project team consulted with over 500 young people aged between 15 and 30-years-old from high, middle and low-resource settings.

Gaining the views and perspectives of a range of young people from as many countries and cultures was critical to shaping the global framework that was developed as part of the project. It is clear that many young people are passionate and energised about their own mental health and want to be part of creating a world in which young people thrive both mentally and physically.

The principle of co-design or co-production is a relatively new concept in relation to mental health. And while organisations will often refer to their practices of 'co-design', the reality remains that very few services in the mental health field are designed by and for young people. The project team were able to seek a wide range of perspectives from young people in 50 different countries on what was important to their own mental health, what they thought about the proposed framework and the types of supports they would like to see being delivered locally.

CONSULTATION PROCESS

Between April and December 2019 a range of workshops, focus groups, online discussions, virtual huddles and a global survey were the different methods used to gather information from young people. The project team were fortunate to work in collaboration with the Global Shapers Community, an initiative of the World Economic Forum, with a network of hubs developed and led by young people who are exceptional in their potential, their achievements and their drive to make a contribution to their communities. Many of these hubs had a focus on mental health, specifically improving the mental health of young people and their communities. In addition, the team were able to access youth networks through the many youth mental health programs highlighted in the service consultation report.

Focus groups and workshops were held in seven countries: two middle-resource settings and five high-resource settings. Small groups of young people, recruited through a local mental health service, were invited to a two-hour session to discuss the following topics:

- What does youth mental health look like in your country?
- What do you see as some of the biggest challenges for young people in your country?
- What types of services or approaches are appropriate in your country?
- What role could technology play in supporting youth mental health?

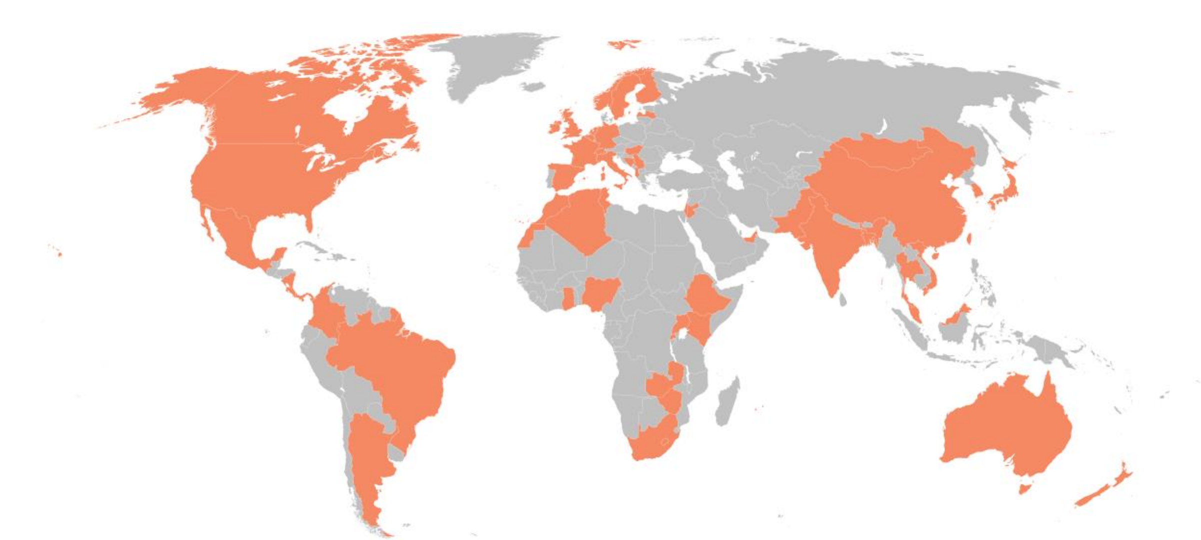
Table 1 below indicates the meetings, focus groups and consultations that were held face to face; most of which were for young people only. Some of the consultation forums were a combination of professionals and young people. The number of participants is specific to the number of young people in attendance.

Table 1. Location of focus groups and forums and number of young people involved

Location	Organisation	No. young participants
Dublin, Ireland	Jigsaw	15
Edinburgh, Scotland	The Junction	5
Birmingham, England	Forward Thinking	6
London, England (global roundtable)	Orygen hosted key stakeholders in youth mental health	5
Vancouver, Canada	Foundry	5
Amsterdam, Netherlands	@ Ease	4
Maastricht, Netherlands	@ Ease	4
Copenhagen, Denmark	headspace	4
Cape Town, South Africa (consultation)	Local NGOs	15
Cape Town, South Africa (workshop)	Global Shapers Community	10
Banja Luka Youth Group, Bosnia and Herzegovina	Perpetuum mobile (NGO)	12
Srbac, rural Bosnia and Herzegovina	Secondary school	18
Fraser High School, Hei Taniwha programme New Zealand	High school	12
Melbourne, Australia (national consultation)	Orygen	30
New York, USA Sustainable Development Impact Summit	World Economic Forum	10
Geneva, Switzerland (Global Shapers Annual Summit)	Global Shapers Community	25

As indicated, other methods used included online sessions, both one-on-one and in groups, discussions through the Global Shapers Community and a global online survey. Approximately 250 young people participated through the online sessions and discussions. An additional 300 completed the online survey.

COUNTRIES THAT PARTICIPATED IN THE SURVEY



Note: US outlying islands, Mauritius, Maldives, Barbados, Palestinian territories, American Samoa and Hong Kong also contributed to the survey, but are too small to represent on the map.

KEY FINDINGS

This next section will seek to highlight the different themes that emerged from the questions posed to young people as part of the consultation process.

WHAT DOES YOUTH MENTAL HEALTH LOOK LIKE IN YOUR COUNTRY?

Participants from high-resource settings recognised that awareness of and attitudes towards mental health had improved significantly across recent generations. They felt that compared to their parents' generation, they were more likely to talk about their problems, particularly with their peers. Despite this, there was still progress to be made: understanding of mental health and mental illness was still perceived to be low and physical health was still considered more important. Further, while they were more likely to talk about mental health generally, some young people indicated that this would not necessarily extend to disclosure of personal experiences.

The cause of significant stress which lead to mental health concerns was often academic pressure, from both parents and schools, and social media. This was a reoccurring theme across all consultations, where young people felt enormous pressure to achieve academically and often rated it as the number one issue impacting on their mental health.

Young people recognised that the system is improving and expanding, and they have more optimism and confidence than previously. Some also identified that their systems were more responsive than those of other countries. However, participants from Ireland and the UK also discussed having to battle with a poorly integrated system, creating further challenges to their mental health, and a need for more focus on early intervention.

Young people from low and middle-resource settings indicated that exposure to abuse, financial hardship and other traumatic events were common and caused significant distress. Yet, the stigma around mental health remained high.

In Bosnia, interestingly, stigma appeared lower in rural areas than in urban, and rural young people were more likely to seek help from family. Similarly, they were more likely to recognise mental health challenges in the older generations than their urban counterparts were. A gender-difference was also

observed, with strong expectations of masculinity acting as a barrier to young Bosnian men seeking help.

There was also a clear understanding that the formative childhood years were important in mental health, particularly for children who experienced abuse, pressure from living across two families with divorced parents and significant financial stress. As young people grew older, optimism for their future was very low, particularly in urban areas. For these young people there was a general pessimism with some fearing the outbreak of another war, given this had been the experience of the generations before them. As employment and educational opportunities are limited, many young people want to leave to find a better life elsewhere. This was less prominent in rural areas, where young people's main priorities were to finish school and be accepted into universities. Finally, the relationship between drugs and mental health issues were a topic of discussion for young people in Bosnia Drug use as a coping mechanism was an increasing problem for young people, which was exacerbated by strong peer pressure.

AFRICAN CONTEXT

For African young people, mental health was seen as a problem but for many African countries there are cultural reasons as why it may not be spoken about or top of mind for many communities. African young people recognised that mental health problems exist amongst themselves and their peers. They did indicate this however was not acknowledged by their parents' generation, with parents often indicating they have no words or language to describe mental health. Some African cultures referred to mental health as a 'white person problem'.

Young people talked of their familiarity of disorders like depression and anxiety but not necessarily using those terms to describe their emotions or feelings. Other challenges were that communities often identified more pressing priorities, such as getting an education, finding employment and meeting society's expectations. For some African countries mental health was something you might prioritise if these other needs had already been met. Some also felt that these other challenges were often the cause of worry and thus mental health issues; if they had those figured out, they would be less likely to have mental health issues in the first place.

In addition, taboo and stigma were high. There was often a perception that mental illness equated to weakness, and people just needed to toughen up. Older generations felt that their own problems were far worse than those of young people today, so they shouldn't be complaining.

Many African young people commented on the fact that in their country there is no language for mental health, so the need to think through a language which will make sense in the local culture is important.

In terms of what came to mind in relation to mental health, a broad number of topics arose. These included understanding how your mind works, substance use and anti-social behaviour, heartbreak, teen pregnancy, self-awareness and psychological wellbeing. In the broader community, young people felt that awareness of mental health was very limited.

FIRST NATIONS PERSPECTIVE

In New Zealand, the group of young Maori high school students strongly associated their mental health and wellbeing with their connection to their culture and understanding their history and connection to community and place. Expressions of cultural connection through song and dance played an important role in supporting good mental health and in dealing with issues and troubles when they were experiencing them. Additionally, being there for each other – community in its clearest sense – was important. This was described by one young woman as "when one of us stands up, we all stand up behind them." Participating in these forms of cultural expression with their whanau (extended family or community of related families who live together in the same area) connected them to social supports and enhanced their wellbeing, as well as contributing to the wellbeing of their

whanau.

In the Eskasoni Community in Nova Scotia, Canada the shadow cast by policies that had separated young First Nations people from their family, community and culture still played out in the community. Young people were very aware of the mental and social challenges that they faced. However, there was a strong desire on the part of many to contribute to solutions. Many young people were both clients of and volunteers/workers in their youth mental health service. A number of young people had left their communities to become qualified practitioners and then returned to continue supporting the empowerment and healthification of their community after the violence that colonialism had visited upon it.

WHAT DO YOU SEE AS THE BIGGEST CHALLENGES FOR YOUNG PEOPLE IN YOUR COUNTRY?

Without doubt, academic pressure was seen as a significant for most young people across all resource settings. Whilst young people themselves referred to this often as the single biggest issue that had impacted on their own mental health, many service providers formed a similar view. It would be reasonable to surmise that much of the low-level anxiety experienced by young people today could be attributed to the pressure upon them to perform academically, primarily from three groups: their families, teachers and their own expectations.

For regions such as the Balkans, domestic violence was indicated as a significant social ill that was pervasive through many Balkan countries including Bosnia. The notion of 'toxic masculinity' was described as part of the underlying problem of why violence inside and outside of families was so widespread. Coupled with this is the history of war which has been experienced by each generation for the last 200 years. These underlying issues make it difficult to tackle mental health for young people living in the Balkans.

Other challenges identified have been described in other sections of this report. However, it is impossible to ignore the voices of young people from different African countries where mental health for some may not be a concept that is understood locally in some communities. For those communities, young people highlighted the need for their own communities to develop culturally relevant terms that resonate locally. As one participant from Zambia commented, "people understand the brain, so as a result we talk about brain health, it may not be ideal but people seem to understand it".

Young Maori's in New Zealand said that they experienced the greatest issues with bullying, social media and with high expectations related to their educational performance. They felt these expectations from their families and other respected older members of their community such as their teachers.

Social media was highlighted by all young people as both a positive and negative influence on mental health. Positive in the sense that for young people living with a mental illness social media had been a useful platform to help them describe their experiences and feel supported by other young people. However, for many young people social media had been one of the contributing factors to their own mental health concerns either experiencing bullying from peers via social media or the expectations placed upon themselves to live up to expectations from people they follow on social media.

For young people in middle and low-resource settings there was a view that mental health was something their governments were not necessarily concerned about and therefore were not optimistic about resources being made available to support mental health programs. For young people who had little or not trust in their government they were sceptical their government would ever invest in mental health and if government were to invest, they had little faith in a government funded program being successful. Young people were generally more disposed to non-government organisations supporting the development of mental health programs in their country.

Some of the young people interviewed in Africa had indeed set up their own charity or program to support mental health initiatives locally. This was often as a result of their own personal experiences of mental ill-health or responding to local need for mental health supports.

WHAT TYPES OF SERVICES OR APPROACHES ARE APPROPRIATE IN YOUR COUNTRY?

Young people were asked a series of questions in relation to mental health service delivery, including what worked well in their current service system (if they had one); advice for new service providers; and what the ideal service might look like in their country and culture.

WHAT'S WORKING WELL?

The first two questions elicited a number of key themes: meaningful youth participation, inclusivity, accessibility, family-inclusiveness and staffing.

Meaningful youth participation

Young people identified that meaningful youth participation was critical to the success of their services. For it to be meaningful, they advised that it be properly resourced; that it should be embedded in every step of the service design and delivery; and that a range of opportunities should be provided, including youth-led initiatives.

Inclusivity and youth-friendliness

Having a service that was inclusive of all people and youth-friendly was also identified by a number of young people. Suggestions for this included ensuring the physical space was comfortable, relaxing and bright, and had a face that young people could relate to at the front door. Services should ensure that barriers to access are removed and the service is inclusive of young people from all cultural groups, sexual orientations and gender identities.

Accessibility

In order to make the service easy to access, young people suggested that community awareness and trust was critical. From there, ensuring that a service was free both meant it was accessible to all, but also reduced the pressure on young people to minimise costs for their parents.

Physical accessibility also needed to be prioritised, including provisions for young people with neurodevelopmental disorders. Finally, outreach should be provided for those who are unable to attend a centre, if it was a centre based service. This was seen as particularly important in African countries with a heavily rural population. The need to provide outreach to villages was seen as fundamental.

Family-inclusiveness

Young people valued services that educated and supported families and included them in the care of the young person. Further, as well as having youth-participation practices embedded in the service, there should also be channels for families to have a voice.

For young Maoris in New Zealand the whanau encapsulates a much broader/extended family, which includes their peers and friendship groups who live together in the same area. Within this construct young people reflected that if one member of the whanau is unwell, the whole whanau is unwell. That way there is a strong commitment and role in supporting each other.

Staffing

The importance of staff who could connect with the age group was brought up frequently. Young people felt that they needed someone who was friendly and able to create a genuine connection. Involving young people in the recruitment process was seen as an effective way to ensure that staff

will work well with young people. Further, being able to provide continuity of care, where a young person would see the same staff member every time was also important.

Both Danish and Dutch young people were very positive about the volunteer model developed in those countries. This is where primarily young people volunteer to provide supports to young people in a youth friendly setting. They were clear it was not a clinical program but rather a program that offers support to young people to assist them with whatever they may present with. They felt it had a certain authenticity that traditional mental health services could not provide. There was also a sense of connection with the volunteer given they were likely to be young themselves and could easily relate to why the young person was accessing the service and anticipate what their needs might be.

THE IDEAL SERVICE

Young people were asked what the ideal youth mental health service would look like for them.

Currently, if they needed help with their mental health, most participants from South Africa and Bosnia said that they would go for a hike, listen to music or talk to a friend. A few participants mentioned that they would speak to a social worker or psychologist, often one they could access through school. Conversely, many participants also articulated that they would not seek professional help due to prohibitive costs, location and stigma.

In these low and middle resource settings, the importance of addressing mental health literacy and stigma was clear. Young people identified that prejudice was still strong, and as such, mental health services should be accessible anonymously, through phone lines, WhatsApp messaging services or similar. Given the stigma in many of these countries, the view was that quite a bit of work was needed before communities would come on board to support youth mental health programs.

Participants suggested working with schools would be an effective avenue for psychoeducation. The groups in Bosnia also emphasised the importance of peer supports, and schools would provide a way to train other young people in supporting their friends.

The cultural lens was particularly important to young people from African countries. Most of modern psychology is based on Western culture and does not fit the African context. Instead, they needed interpretations of mental health that were 'by Africans, for Africans.'

For low and middle-resource settings there was a greater emphasis on community solutions and that whatever is established for young people should engage the local community. For example, the Waves 4 Change program outside of Cape Town, which aims to support young people in local townships through surf therapy, is very much embedded in the local community.

In the UK young people's thoughts for an ideal service were more aimed at a whole-of-system approach. They felt that services were needed across the continuum: there needed to be more prevention and early intervention activities, but also those with urgent needs required more support than was presently available. Additional suggestions included the importance of being able to self-refer, and focussing on what is working for the individual, rather than focussing on symptoms.

Young people in the UK also identified that mental health practitioners should be more supported themselves: young people recognised that it was a difficult job and they did not receive much support. They also suggested that integration with the education system, beginning in primary school, was important. The poor communication between the two sectors often led to the system failing young people, and better integration could prevent this.

WHAT ROLE COULD TECHNOLOGY PLAY IN SUPPORTING YOUTH MENTAL HEALTH?

Perhaps somewhat surprisingly a significant number of the young people consulted were not as enamoured with technology as an adjunct to support their own mental health.

While across all groups, participants identified benefits of utilising technology to support mental health, there were more negatives around technology in supporting youth mental health. Young people found that the internet was useful for accessing information about both mental health and mental health services. They were able to use it to learn more about mental health issues and enjoyed having immediate access to this information. There were some concerns, however, about the accuracy of this information, and the importance of guiding young people to online sources that could be trusted. For service websites, they found it useful if the websites had online booking systems, could give information on what to expect from their session and could provide additional supports complementary to their treatment.

In Bosnia, young people there were very sceptical of online supports. They indicated young people generally do not trust their government and would be unwilling to provide private or personal information online nor would they talk with someone online for fear of it not being a confidential conversation.

Young Maoris in New Zealand also noted the disruptive influence technology can have on their identity and connection to their whanau. They reflected that social media sites encourage participation of individuals to set up their own page, manage their own feeds and feedback and that in this digital environment young people can find themselves quite isolated from their broader social support network and their culture. In particular, young Maori women mentioned a corrosive online culture of social comparison that they felt was not healthy – they even expressed jealousy to those who grew up in an era without the internet.

For receiving care, face-to-face was by far the preferred modality. Young people felt that in-person contact provided a more genuine connection with their professional or volunteer. However, they identified that online supports could be good for young people who were not yet ready for face-to-face treatment, for example young people experiencing social anxiety. Further, for young people in South Africa, sessions via phone or WhatsApp messaging provided a level of confidentiality that would be harder to achieve with face-to-face care.

One young person sharing their own experience illustrated that because young people spend so much time online, they were far more likely to address their mental health concern offline and in-person due to the importance of developing and maintaining a relationship with the person supporting them.

Many young people could see the benefits conducting sessions via FaceTime or Skype once having established a rapport with a professional or volunteer.

In Canada, young people had significant concerns about privacy when receiving support online and cited examples of when their privacy had been breached. This group of young people also identified that not everyone has access to appropriate devices or enough data to utilise technology for this purpose.

Social media, again, had significant benefits and drawbacks. On one hand, young people felt that it could create a sense of connectedness and promote mental wellbeing. It provided an opportunity for them to connect with others who had shared experiences and allowed them to become part of a supportive community. Others shared jokes and memes and found this humour helpful. On the other hand, social media could have negative impacts, especially by encouraging you to compare yourself to others. They identified, however, that this largely depends on who you follow and speak to.

It appears that most young people interpreted ‘technology’ to mean the internet and messaging platforms. Interestingly, only the group in Canada mentioned mental health-specific apps, and were clear in their dislike towards them. They felt that they “tried too hard,” and lacked the personal and human connection they needed.

SUMMARY

Across the many countries, it is clear that perceptions of mental health are changing. The levels of awareness and attitudes still vary between high-resource and low and middle-resource settings, but young people unanimously agreed that these had improved since their parents' generation. Despite this, progress still needed to be made to further reduce stigma and encourage help-seeking.

For service providers, having a locally relevant understanding of mental health, and the challenges that young people face was critical. Interpretations of mental health issues need to be appropriate for the individual and their culture, and the Western interpretation should not act as the default. Further, the challenges facing young people varied between groups. In the low-resource settings, challenges tended to be around experiences of abuse and trauma, financial hardship and lack of access to opportunities. In the high-resource settings, challenges for young people arose more from the significant pressure they received from families and schools to perform academically.

The provision of services free-of-charge was also important amongst most groups. Not only does this increase availability to all young people regardless of socioeconomic status, but it also reduced the pressure that young people experienced when their parents were paying for a service.

The education system appears to be a key stakeholder for service planners. This setting provides an opportunity to increase mental health literacy and to encourage early help-seeking – especially if it becomes embedded in curricula from primary school onwards. It is also an opportunity to educate young people on how to best support their peers. This is particularly relevant in low and middle-resource settings where schools are seen as a key community asset which play a role in educating the community as a whole, not just young people. Finally, accessible and low-stigma services could be provided by integrating them within the school environment. This appears to be common in Bosnia and some African countries, where young people indicated that if they were to seek professional help, that is likely where they would go.

There was clear consensus on technology having both positive and negative effects on youth mental health. Young people would use the internet to seek information on mental health or available mental health services, although some mistrusted the quality of this information. Young people in middle-resource settings appeared more willing to engage in treatment via phone or messaging than those from high-resource settings. The benefits were that it provided confidentiality that could help avoid stigma and judgement from others, and that it could provide a stepping stone for young people who were not yet ready to meet a clinician face-to-face, for reasons such as social anxiety. Generally, however, participants from high-resource settings strongly believed that a face-to-face connection was more genuine and thus preferred. It also mitigated the privacy concerns of sharing personal information online.

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