ADOLESCENT MENTAL HEALTH

Mapping actions of nongovernmental organizations and other international development organizations

World Health Organization

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Abbreviations and acronyms

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

Background

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

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

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

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

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

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

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

as streamlining mental health interventions within primary health care, community and school-based programmes *(9–15)*.
Nevertheless, their implementation seems far from adequate in most low-resource countries, and international data on effectiveness and coverage of adolescent mental health interventions are scant *(16)*.

Project aims

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

The specific objectives were as follows:

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

Methods

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

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

(a) Desk review

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

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

(b) Key informants survey

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

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

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

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

Topics investigated included: i) programmes and interventions implemented in the period 2000–2010 that address adolescents' mental health and psychosocial well-

being in diverse settings (including school, community and primary health care); ii) strategic documents, guidelines, advocacy materials and training tools relevant for adolescent mental health; iii) partnerships in the field of adolescent mental health; iv) perceived challenges, opportunities and priorities for future actions.
In addition, respondents were asked to provide any additional relevant documents or other materials produced or used by the organization.
The questionnaire was pilot-tested with three respondents and revised according to their responses and comments.
A number of strategies were used to maximize the response rate and improve the quality and comprehensiveness of data provided. Electronic reminders were sent and opportunities for telephone interviews were provided before considering the respondent as a refusal. In addition, examples were included in each session of the questionnaire and they were customized on the basis of the specific range of actions and specific mandate of the target organizations, according to information available on the organizations' websites.

Information collected through the desk review and key informants' survey was compiled in summary tables and analysed according to the following thematic areas:

a) Adolescent mental health (AMH) actions, programmes and interventions at all levels (global, regional and country levels)

- Aim, objectives and rational of the actions/interventions;
- Beneficiaries and setting of implementation;
- Brief description of strategic approaches adopted;
- Place, scale/coverage and time frame;
- Implementing and collaborating agencies/organizations;
- Evaluation findings: achievements, challenges, lessons learnt, and recommendations.

b) Technical/normative tools contributing to adolescent mental health and psychosocial well-being (including advocacy tools, planning tools, policies/strategies, guidelines, capacity building materials, and health promotion tools).

- Main objectives;
- Target audience/target users;
- Organizations responsible and involved in the development of the tool;
- Main topics/components;
- Organizations/agencies who adopted/utilized the tool (where and when);
- Challenges in utilization/adoption of tools.

c) Operational researches/situation analysis/needs assessments on issues related to adolescent mental health and psychosocial well-being.

- Topics explored/ research questions;
- Methods adopted;
- Organizations being involved in the process;
- Main findings;
- Utilization of findings.

d) Partnerships relevant to adolescent mental health

- Existing international working groups/networks relevant to adolescent mental health and participant organizations;
- Scope of the working groups/networks;
- Any relevant future plan.

The information obtained was analysed with both quantitative and qualitative methods (i.e. framework analysis).
Upon completion of the data analysis, compiled data were shared with key informants in order for them to validate the information related to their respective organizations.
Data obtained from the key informant interviews and desk review largely complement one other, and are presented as combined findings.

Study limitations

Using key informants creates a potential of lack of uniformity and reliability.
Adolescent mental health and psychosocial well-being are broad areas and some of the questionnaire responses required reference to various programmes within the relevant organization.
The fact that different channels for data collection were used (phone interviews and emails) may have increased the variability in depth and comprehensiveness of information provided. However, several strategies were used to minimize this, including use of a glossary of terms, providing examples specific for the target organizations and cross-checking the information obtained from key informants with information available on the website and in the grey literature. In addition, compiled data and preliminary findings were submitted to key informants for re-validation.
Due to time constraints, the study included only a small proportion of the NGOs and other international organizations active in this field, and in most cases only headquarters and regional offices were reached. The mapping exercise targeted actions undertaken by international NGOs and organizations and therefore does not provide a horizontal comprehensive overview of initiatives at the country level.

Activities implemented by governments, national NGOs, local associations and academic institutions were not included.
Finally, most of the actions reported refer to low- and middle-income countries, even though the study was not intended to be restricted to these countries.

Dissemination of findings

In April 2011, UNICEF, the George Washington University and WHO organized a technical consultation that provided an opportunity to share the findings of the mapping exercise with experts from academic institutions, international organization and NGOs. The information made available by the project provided a basis for further discussion and for the development of a list of priority actions to advance the field of adolescent mental health.
The aim is also to share the study report with all participating organizations and other intergovernmental organizations, NGOs and academic institutions in order to facilitate an exchange of information and enhance collaboration among key actors in the field.
The findings of the mapping exercise will be made available on the WHO website. In addition, they will be further disseminated through their publication on a scientific peer-reviewed journal.

Findings

a. Programmes and actions for adolescent mental health and psychosocial well-being

Background:
Key informants were asked to provide information on any programme or activity contributing towards the improvement of the psychosocial well-being and mental health of adolescents.

The following definitions were provided to ensure consistency of the accounts and comprehensive answers:

- Adolescents are young people between the ages of 10 and 19 years;
- Mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.
- The term 'psychosocial' denotes the inter-connection between psychological and social processes and the fact that each continually interacts with and influences the other.
- Actions for adolescent mental health and psychosocial well-being are any type of initiative that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorders.

Key results

The description of interventions and programmes emerging from respondent interviews and resulting from the review of organizational reports and websites shows that a very broad variety of actions contributing to adolescent mental health and well-being are being implemented in low- and middle-income countries.

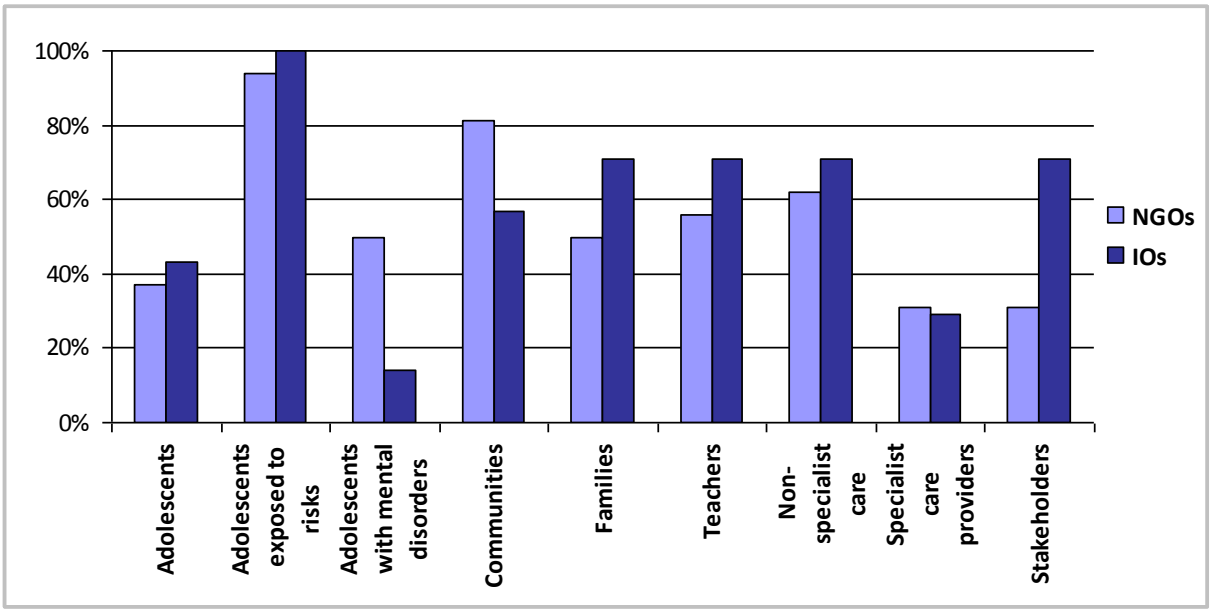
Reported interventions are carried out within a range of programmes, including school health, adolescent health, development and participation, mental health, child protection, health promotion, HIV and AIDS, gender-based violence, and community rehabilitation.

Targets of adolescent mental health actions
The interventions can be mapped according to specific target of actions.
By applying a social ecological model of health, several factors contributing to adolescents' mental health can be considered within the adolescent's environment and multiple layers of influence can be defined. Family, schools, peers, community, health services, and other institutions play important roles.

Reported interventions and programmes target the adolescents themselves, their parents and families, school staff, employers, community leaders and influential people, health care providers and the health system, and policy-makers (see Figure 1).

The vast majority (96%) of participating organizations implement actions directly targeting adolescents exposed to risks, out of school youth, refugees, young people living with HIV, adolescents exposed to gender-based violence, armed conflict or emergency circumstances, orphans and vulnerable youth, teenage parents and malnourished youths, with the beneficiaries of the interventions often being defined by the setting/location where the intervention takes place or by the specific aim of the programme.
Fewer organizations implement programmes aiming to promote the psychosocial well-being of the adolescent population in general or address the needs of adolescents with psychosocial distress/mental disorders (39% and 39% respectively).
Most of the interventions implemented by participating NGOs took place in emergency and post-emergency contexts, as psychosocial components are more often integrated in health, education and social programmes in the context of emergency programmes.

Figure 1. Targets of adolescent mental health actions undertaken by intergovernmental organizations and NGOs



Organizations support interventions targeting the communities where the adolescents live in 77% of cases, and half specifically target their families.
The shared aim of community and family interventions is triggering community resources and enhancing the capacity to provide supportive and protective environments for adolescents, in particular for adolescents exposed to risks or vulnerable youths.

In 64% of the cases, the range of interventions supported by intergovernmental organizations includes capacity-building initiatives for teachers. These interventions aim to facilitate a positive emotional and social environment in schools and build students' skills to cope with adverse circumstances and adopt healthy lifestyles.

Most of NGOs and intergovernmental organizations (62% and 71% respectively) carry out activities to improve care providers' skills and competences in providing psychological counselling to youths in a variety of settings (at community level, school, as well as primary and secondary health-care levels).

Just under a third of all programmes facilitate capacity building of specialised health-care providers.
Fewer programmes operate at stakeholders' level, with most advocacy and awareness-raising efforts for adolescent mental health being reported by UN agencies.

Setting and level of actions for ADMH activities

Figure 2 shows actions contributing to adolescent mental health undertaken according to organizational type and setting.
Most of the IOs and NGOs participating in the survey reported implementing simultaneous interventions in different settings in the same countries. In line with above mentioned data on programs' targets, the analysis by setting highlights that most NGOs (87%) conduct activities at community level, while 62% and 56% are also supporting activities at school and health care levels respectively.

Figure 2. Settings where ADMH actions take place, by organizational type

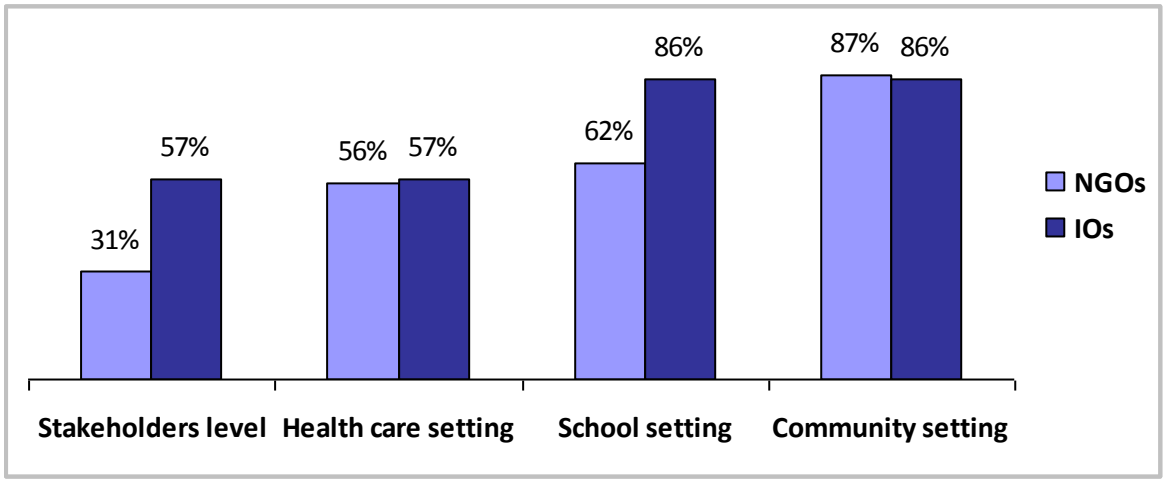
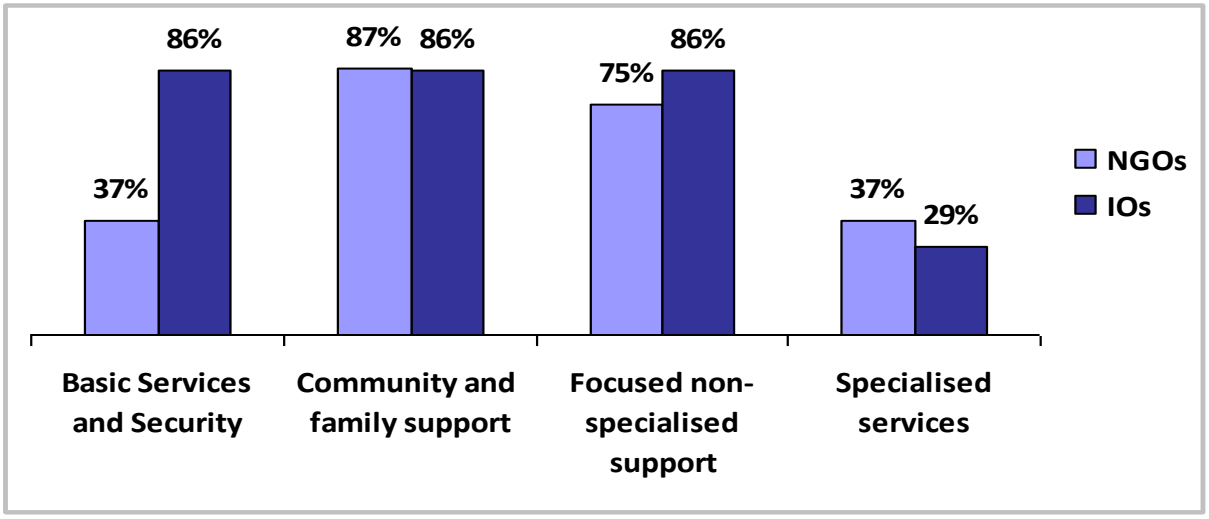


Figure 3 refers to the level of psychosocial support as defined by the United Nations (UN) Inter-Agency Standing Committee (IASC) *Guidelines on Mental Health and Psychosocial Support in Emergency Settings*.

Most organizations (87%) support programmes aiming to increase awareness about adolescent mental health needs, activate social networks and enhance capacities to provide a supportive and protective environment for adolescents' development and psychosocial well-being at the community and family levels. About three quarters of the organizations (78%) provide individual, family or group interventions for adolescents who require additional psychosocial support and care delivered by non-specialist care providers ('Focused, non-specialised support'). This includes mental health care by non-specialist health workers.

Figure 3. Levels of psychosocial support provided, by organizational type



Apparent shortcomings in the way adolescent mental health is being addressed

The survey revealed the following shortcomings in the way adolescent mental health is being addressed:

- According to key informants, actions undertaken by international actors in this field are not well coordinated and are implemented in a fragmented way. This prevents synergies in the utilization of resources at a country level and establishing effective referral mechanism among programmes being implemented in the same sites.
- Many of the psychosocial interventions being implemented by intergovernmental organizations fail to reach adolescents. For instance, psychosocial interventions within the framework of child protection mainly target younger children, while most of the reported mental health programmes use training materials and strategies developed for the adult population.
- Interventions implemented by NGOs and intergovernmental organizations often have a very limited coverage, with the exception of school-based interventions (e.g. life skills education) which have been scaled up in many low- and middle-income countries.
- There is very limited scientific evidence on effective interventions in this field that can guide planning by international organizations. The extreme variability of approaches and the development of organizations' specific strategies and tools hinder the possibility to use findings from project evaluations beyond the specific setting.
- Most interventions that contribute to psychosocial well-being of adolescents have narrowly focused, project-specific objectives, which are influenced by the specific theoretical context of the programme and by the individual organizations' mandate.
- Interventions are often not planned according to the mental health needs of the adolescent population, and do not include a careful evaluation of psychosocial components. This is due to the fact that improved adolescent mental health is often not the main expected outcome of the interventions, but rather a marginal output of broader health, social or education programmes. Programmes addressing adolescent mental health may be planned and implemented using a range of different conceptual

frames, including child protection, human rights approach, gender, adolescent health, mental health, education, child labour, humanitarian action, etc. The selection of the strategic approaches and modalities for programme implementation are often driven by the capacities or mandates of the implementing organization.

Most respondents commented that it is difficult to analyse and review current efforts with an 'adolescent mental health lens because many projects and actions do contribute to improved psychosocial well-being among youth, but within the scope of wider programmes. The absence of an overarching framework for adolescent mental health hinders systematic programming, effective coordination at all levels, and meeting the psychosocial needs of the adolescents, including hard-to-reach segments of the population.

The adoption of a systematic approach to adolescent mental health would allow the accommodation of diverse perspectives and creativity within a rigorous analytical framework that also promotes accountability.

As a respondent from an international NGO said: “We have been marginally contributing to adolescent mental health so far, it would be nice to have instruments and opportunities to consider adolescent mental health holistically as target of coordinated actions.”

Key conclusions:

- A variety of actions contributing to the mental health and well-being of adolescents are being carried out by NGOs and other international organizations, including UN agencies, in low- and middle-income countries. However, they are often implemented in a fragmented way and in on a small scale. Actions are often not informed by evidence as there is limited knowledge about effective interventions in this field.
- Improved adolescent mental health is often a marginal outcome of programmes that have a much broader scope. Adolescent mental health is rarely included in the assessment of needs prior to programme implementation and evaluation.
- The majority of international development organizations implement programmes aiming to enhance community and family support to vulnerable adolescents. Fewer international development players support the provision of specialized support to adolescents with mental disorders.
- Many other psychosocial interventions and programmes potentially relevant to adolescents do not specifically target this age group.

Key recommendations to international development organizations:

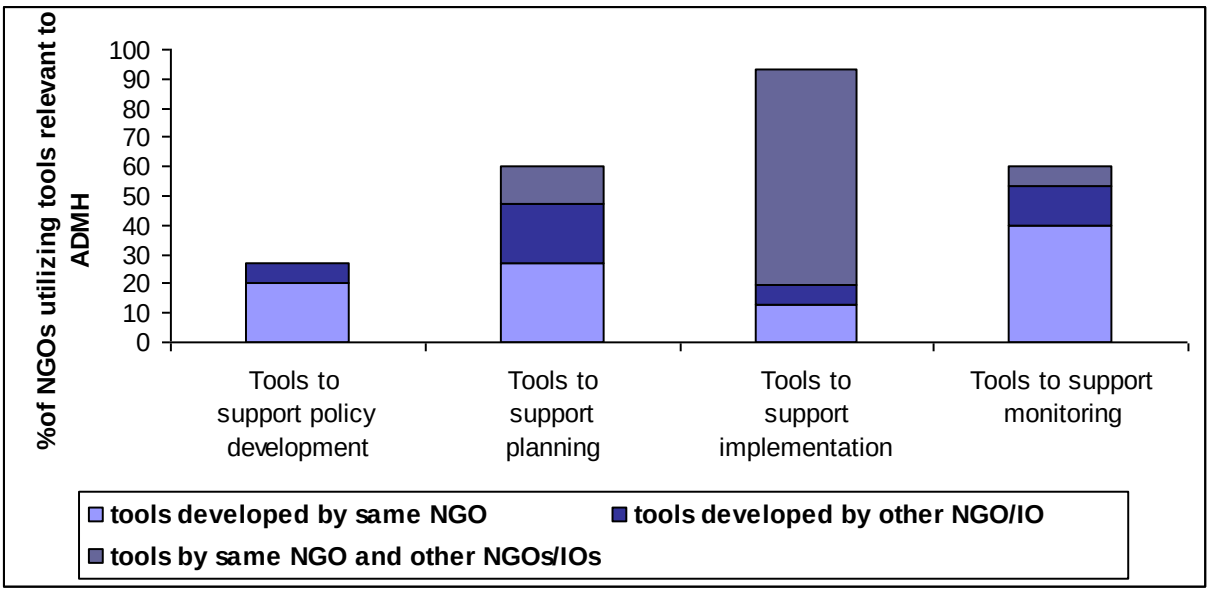
- Support coordinated and integrated programming for adolescent mental health promotion and care at all levels.
- Advocate for mainstreaming of adolescent mental health within other programmes (including adolescent health, school health, and mental health) and ensure that improved adolescent mental health/psychosocial well-being (and/or other related outcomes) are among the expected results of those programmes.
- Support the documentation and dissemination of best practices for programmes that explicitly address adolescent mental health needs by provision of multidisciplinary and intersectoral interventions.

b. Technical materials for adolescent mental health and psychosocial well-being

Background:
Key informants were asked to provide information about any technical material developed or used in programmes contributing to adolescents' mental health, including advocacy tools, guidelines, policies, strategies and standards, capacity building, orientation, behavioural change communication and awareness-raising materials, and monitoring and evaluation tools.

Key results:
Figure 4 shows a summary of answers provided by representatives of NGOs. Data on technical materials developed or being used by participating organizations are also reported in Table 4.

Figure 4. Use of adolescent mental health materials by NGOs



It appears that a variety of training materials and capacity-building packages are being used and developed by NGOs, within the framework of different programmes. The majority (86%) of NGOs developed their own training packages suitable for the specific scope of action and local context. 88% of them used both training materials produced by the same NGO and training tools made available by UN agencies and/or other NGOs.
Technical materials that were reported to be used more frequently included *Life skills education* (by UNICEF, the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the Joint United nations Programme on HIV/AIDS (UNAIDS)), *Child-friendly safe spaces* (UNICEF), the WHO Mental Health Gap Action Programme (mhGAP) *Intervention guide*, and the *Tree of life* training package by the Regional Psychosocial Support Initiative (REPSSI).
Up to 40% of NGOs do not use programmatic documents nor refer to strategies and guidelines for planning interventions.
Documents that support and inform programme planning are either guidelines for psychosocial programming in humanitarian settings (which do not take into consideration the specific needs of adolescents), or else programmatic guidelines for the implementation of specific narrowly-focused psychosocial interventions.

Integrating the psychosocial dimension in women's empowerment programming: A guide for CARE country offices is an interesting example of a tool for mainstreaming adolescent psychosocial programming within other programmes.
Most NGOs and intergovernmental organizations referred to the IASC *Guidelines on Mental Health and Psychosocial Support in Emergency Settings* as a useful framework for coordination of actions. Key informants noted that there is no similar tool to facilitate coordinated and integrated planning of psychosocial and mental health actions by different agencies and stakeholders in non-emergency circumstances.

Less than a third (27%) of NGOs report using advocacy materials to increase public awareness about adolescent mental health, and 40% do not adopt a set of indicators (or monitoring and evaluation (M&E) frameworks) for monitoring psychosocial interventions targeting adolescents.
When M&E tools are being used by NGOs to assess psychosocial interventions, they make reference to three psychosocial domains suggested by UNICEF: knowledge and skills, emotional well-being and social well-being.
Other specific indicators have been used to assess interventions in health care settings, including care provider skills and youth satisfaction.
It is worth noting that interagency guidelines for monitoring psychosocial programming have been recently produced by UNICEF and endorsed by a number of NGOs *(17)*. The document provides comprehensive practical guidance for M&E programming of psychosocial interventions. However it is specifically targeting humanitarian contexts and it does not include specific consideration for the adolescence age group.

Key conclusions:

- A variety of training materials aiming to improve competencies for the promotion of adolescent psychosocial well-being, or detection and management of mental disorders, have been developed and used by NGOs and other international organizations, including UN agencies. They often target vulnerable adolescents, their peers, teachers, families and communities.
- Two main gaps have been identified in available technical materials:

Lack of international guidelines/programmatic documents to coordinate and inform planning of actions on adolescent mental health in non-emergency contexts;
Lack of recommended set of indicators for monitoring adolescent mental health outcomes.

Key recommendations to international development organizations:

- Provide technical guidance to plan and coordinate actions on adolescent mental health in non-emergency contexts.
- Make available a set of indicators to facilitate M&E of programmes contributing to the psychosocial well-being and mental health of adolescents.

c. Partnerships

Background:
Key informants from intergovernmental organizations and NGOs were asked whether their organization was part of any partnerships, both formal and informal, which dealt with adolescent mental health either as the main issue on the partnership's agenda or as a component within a broader focus of action.

Key results:
Almost half (47%) of respondents reported not having established any partnership for collaborative actions in the field of adolescent mental health. However, 35% of the organizations are collaborating – or have been collaborating in the past ten years – with other NGOs and UN agencies for the development of technical materials or the implementation of programmes related to adolescent mental health, but within the framework of wider programmes (i.e. child protection, violence prevention, HIV/AIDS).

Nearly one third (31%) of the international organization informants referred to being active members or observers of the IASC, which provides a mechanism for inter-agency coordination of humanitarian assistance and involves both UN and non-UN humanitarian partners.
Inter-agency partnerships among UN organizations that are established to facilitate coordination of specific programmes (e.g. HIV/AIDS or elimination of child labour) also marginally address the psychosocial needs of vulnerable youth and provide forums for discussing strategies to address them and mainstream psychosocial interventions within other programmes.

The Child Protection Working Group (CPWG)[1] is the global level forum for coordination and collaboration on child protection in humanitarian settings. The group brings together NGOs, UN agencies, academics and others, and seeks to support cohesive, interagency child protection responses in emergencies at the field level through global level advocacy, standards and policy setting, capacity building and tool development.
The Child Protection Monitoring and Evaluation Reference Group (MERG)[2] is a global inter-agency advisory and coordination body co-chaired by Save the Children and UNICEF. It aims to ensure that child protection receives sufficient recognition as an integral component of child well-being, and is committed to strengthen the quality of M&E, research, and data collection for child protection.
Both partnerships do not set specific age limits for the focus of their initiatives; however adolescents appear not to be the main target age group and adolescents' specific needs do not seem to be fully taken into consideration.

Collaborations with universities and research institutions were mentioned by 35% of NGOs and intergovernmental organizations and appear to be increasingly common; they are established with the aim of assessing the population's needs, documenting the projects' outputs and generating scientific evidence on effective strategic approaches to deliver interventions to underserved populations.
Two of the NGOs included in the survey are institutional partners of the Movement for Global Mental Health,[3] an international network of individuals and institutions that are committed to improve services for people with mental disorders worldwide.

At the country level, most NGOs mention having significant partnerships with local stakeholders and governments, although few refer to having established solid

[1] Child Protection Working Group: http://www.cpwg.net
[2] Child Protection Monitoring and Evaluation Reference Group: http://www.cpmerg.org
[3] Movement for Global Mental Health: http://www.globalmentalhealth.org

collaborations with other NGOs and intergovernmental organizations. It was noted that the WHO Country Cooperation Strategy (which illustrates the priority areas for collaboration between governments and WHO) often does not include actions on mental health of adolescents and that this hinders advancing the adolescent mental health in the respective national agendas.

Key conclusions:

- Half of the international development organizations have not established any partnership for collaborative actions in the field of adolescent mental health. Adolescent mental health is often not addressed in country-level plans for interagency collaboration on health.
- Most partnerships relevant to adolescent mental health are established with the aim of jointly developing technical materials or coordinating the implementation of programmes at the country level.
- Adolescent mental health is addressed as secondary topic in the agenda of a number of existing interagency collaborations (i.e. child protection, elimination of child labour, HIV/AIDS, IASC).

Key recommendations for international development organizations:

- Increase opportunities for collaborative work among international players in the field, at all levels (e.g. by funding collaborative projects and activities) .

d. Challenges in implementation of actions for adolescent mental health

Background:
Key informants were asked to share their main concerns and main challenges their organization faced in implementing programmes and interventions contributing to adolescent mental health.

Key results:

"Adolescent mental health is everybody's business and nobody's responsibility."

Addressing the mental heath needs of adolescents is a shared responsibility among many agencies and implementing organizations at headquarters level and at a country level, as well as among various government sectors and programmes.

Adolescent mental health is partly addressed through vertical initiatives (e.g. HIV/AIDS programmes or reproductive health programmes, or those supporting orphans and vulnerable youth, etc.). There is no consistency in the terminology used to refer to psychosocial interventions and mental health by international agencies across different programmes and sectors.
Limited coordination and integration among initiatives sometimes result in a variety of messages being delivered to policy-makers and many stand alone tools being used at the country level.

One NGO informant urged agencies to “stop defining boundaries and look for and build on synergies” among programmes.

Adolescent mental health is not being systematically mainstreamed in relevant programmes, strategies and policies, including those on adolescent health and development and mental health. National standards and capacity-building tools for youth-friendly services often do not include mental health.

“Evidence-based models and technical materials on adolescent mental health are needed.”

Inadequate technical guidance is being provided to policy-makers and international development actors on effective strategic approaches to reach adolescents and deliver interventions for mental health promotion and care. Evidence-based and cost-effective models for scaling up interventions for adolescent mental health are also not available.

There are very limited evidence-based technical materials for capacity building and delivery of services in the field of adolescent mental health. Most available instruments have been developed for the adult or child population.

The knowledge on specific mental health needs of adolescents is perceived to be inadequate, according to key informants from NGOs and UN agencies. There is no consensus on needs assessment instruments and programming tools to be adopted for adolescent mental health and psychosocial well-being in non-emergency circumstances. There are no consolidated indicators or monitoring and evaluation frameworks that target the adolescent population and can be used to monitor both mental health promotion and care actions. This hinders the capacity of implementing organizations to meet the requirements by donors.

“Financial and human resources for adolescent mental health are scant.”

Mobilizing resources for programme implementation and research is increasingly challenging. There is low political commitment and inadequate awareness on the importance of addressing both mental health and specifically the related needs of adolescents in low-resource settings.

There are limited technical capacity and dedicated human resources at all levels.

Delivering mental health care services is particularly challenging in low- and middle-income countries. This is partly attributable to mental health care often not being among the main perceived responsibilities of care providers at the primary and secondary levels of care. Training care providers on management of mental disorders of adolescents is understood to be very time and resource intensive. In addition, mental health care systems in low-resource settings have not benefited from large investments in the past and are often very weak.

There is a diversity of sociocultural assumptions concerning adolescence and their social roles. As a result, programmes for adolescent mental health and psychosocial well-being require extensive – and resource-consuming – adaptations to the local context.

Key conclusions:[4]

Main challenges experienced by international development organizations in the implementation of programmes contributing to adolescent mental health include:

- Low awareness of the mental health needs of adolescents. This results in inadequate political and financial commitment from governments and development agencies, and inadequate related human resources.
- Lack of evidence-based strategies for implementation and scale up of interventions for adolescent mental health promotion and care.
- Paucity of evidence-based training materials and guidelines on adolescent mental health.
- Few national action plans for adolescent mental health, as part of either adolescent health plans or national mental health strategies.
- Lack of coordination mechanisms at the country level.

Key recommendations for international development organizations:

Advocate at local and global levels for the integration of adolescent mental health into national and regional policies and strategies, and for the allocation of adequate resources, by making use of international data on determinants of mental health and prevalence of mental disorders in adolescents.

e. Priorities to further advance the field of adolescent mental health

Key informants made specific suggestions in relation to priority actions that would be instrumental to advancing the agenda for adolescent mental health promotion and care, including:

Improve government and international organization commitment to scale up actions for adolescent mental health:

1. Make tools to support advocacy and resource mobilization available.
2. Advocate for mainstreaming of adolescent mental health within national health, education and social welfare policies and plans at the country level.

Provide technical guidance for the promotion of adolescents' psychosocial well-being and the delivery of mental health care to adolescents in need:

1. Generate scientific evidence on effective interventions in the field of adolescent mental health in low-resource settings and promote the dissemination of best practices.
2. Provide technical guidance for mainstreaming adolescent mental health promotion and care within existing strategies, programmes and services (e.g. adolescent health,

[4] Where key conclusions are also reflective of those previous mentioned in preceding sections, corresponding 'Key recommendations' are not repeated.

development and participation programmes, mental health programmes, education and school health programmes, HIV/AIDS and reproductive health programmes).
3. Develop community-based intervention models based on evidence for the promotion of adolescent psychosocial well-being, prevention of substance use and adolescent mental health care.
4. Provide technical guidance for the assessment of local needs for adolescent mental health programming.
5. Reach consensus on a set of indicators for monitoring and evaluation of adolescent mental health promotion and care interventions, and promote their routine use at country levels.

Improve inter-agency collaboration on adolescent mental health:
1. Develop inter-agency technical guidelines to support coordinated programmatic actions for adolescent mental health in non-emergency contexts.
2. Strengthen collaboration across organizations and establish partnerships for improved adolescent mental health tools and actions.

Based on their knowledge and own experience, informants recommended the following strategic approaches and modalities for future actions in the field:

1. Facilitate **active participation of adolescents** in programme development and evaluation and promote the capitalization of youth resources by stakeholders and care providers.

2. Support the adoption of a **holistic approach** to the assessment and promotion of adolescent psychosocial well-being, and facilitate comprehensive integrated strategies to address adolescent psychosocial and mental health needs.

3. Many protective and risk factors affecting adolescent mental health and well-being operate at the family and community levels. Hence, programmes for adolescent mental health should **target adolescents within their context** and plan for a package of integrated actions that target not only youths, but also their parents and broader social environment.

4. Facilitate programme **contextualization** at the country level to ensure relevant and culturally appropriate interventions. Adopt **gender-based and human rights-based approaches** to adolescent mental health programming.

5. Promote systematic efforts to identify the needs of the most vulnerable, hard-to-reach and underserved segments of the adolescent population and foster adoption of creative and complementary **modalities to reach out** and meet their needs.

6. Explore the potential **role of communication technology** for the delivery of mental health promotion interventions and to increase service utilization by adolescents.

CONCLUSIONS

Programmes and actions for adolescent mental health

Adolescent mental health appears to be inadequately addressed by international development organizations.
A variety of actions contributing to the psychosocial well-being of adolescents are, nevertheless, undertaken in low-resource countries within the framework of broader programmes. They are mainly implemented in community and school settings and specifically target adolescents exposed to risks and their social environment, with the aim of enhancing their coping and life skills and promoting protective and supportive environments.
However, the psychosocial components built into these interventions often have narrowly-focused, project-specific objectives. Actions for adolescent mental health at country level appear to be fragmented.
Moreover, opportunities to mainstream adolescent mental health in a number of health, education and child protection programmes are still untapped and the specific developmental needs of the youth population are not systematically assessed and considered in planning of psychosocial programmes. Adolescent mental health is rarely addressed in national and regional policies and strategies.
Mechanisms to facilitate systematic and integrated programming to address adolescent mental health needs across sectors and programmes need to be improved at the country level.

Technical materials for adolescent mental health

A variety of training materials aiming to improve competencies for the promotion of youth psychosocial well-being and provision of care have been developed and used by NGOs and UN agencies. They often target vulnerable adolescents, their peers, teachers, families and communities.
Two main gaps are identified in available technical materials:
- Lack of international guidelines/programmatic documents to coordinate and inform planning of actions on adolescent mental health in non-emergency contexts.
- Need for recommended set of indicators to monitor and assess adolescent mental health outcomes.
- Absence of consolidated set of indicators and M&E tools for assessing and monitoring adolescent mental health outcomes. This hampers implementation of project evaluations, the dissemination of best practices and generation of new scientific evidence in the field.

Partnerships

There is a lack of interagency collaboration on adolescent mental health, both at headquarters and country levels.
Implementing and scaling up interventions with the aim of improving adolescent psychosocial well-being are perceived to be very challenging due to the following:

- Low awareness of the mental health needs of adolescents and inadequate allocation of financial resources by donors and governments.
- Limited technical capacity and dedicated human resources at all levels.
- Inadequate scientific evidence on effective strategies for adolescent mental health promotion and care and on scale-up models. This in turn undermines advocacy efforts towards mainstreaming of adolescent mental health interventions within other programmes and strategies, and increased allocation of resources.

THE WAY FORWARD

The study identifies the following needs and related key priority actions for international development organizations:

a. Advocate at global, national and local levels for the integration of adolescent mental health into national and regional policies, strategies and programmes.

b. Advocate at global and local levels for the allocation of adequate financial and human resources to adolescent mental health, by using quality data on determinants of mental health and prevalence of mental disorders in adolescents.

c. Provide technical guidance to foster mainstreaming of adolescent mental health within other programmes and facilitate coordinated and integrated programming for adolescent mental health promotion and care.

d. Provide technical guidance for the implementation and scale up of evidence-based programmes that explicitly address adolescent mental health needs by provision of multidisciplinary and intersectoral interventions.

e. Develop and reach consensus on a set of indicators to facilitate monitoring and evaluation of programmes that aim to contribute to the psychosocial well-being and mental health of adolescents.

f. Support the documentation and dissemination of best practices for adolescent mental health interventions.

g. Increase opportunities for collaborative work among international players in the field.

Annex 1. Summary tables of mapping findings

Table 1. Reported targets of ADMH actions

Organization	Adolescents	Adolescents exposed to risks	Adolescents with psycho-logical distress/ mental disorders	Communities	Families	Teachers	Non-specialist care providers	Specialist care providers	Stakeholders
Action Contre la Faim (ACF)		×		×	×				
Basic Needs		×		×		×	×		×
CARE		×		×					
CBM	×	×	×	×	×	×	×	×	×
Global Psycho-Social Initiatives		×	×	×	×	×	×	×	
HealthNET TPO		×	×	×	×	×	×		
International Center for Research on Women (ICRW)	×	×		×	×	×	×		×
International Medical Corps (IMC)		×	×	×	×	×	×		
Médecins Sans Frontières (MSF) – France			×				×	×	
MSF – Operational Center Amsterdam (OCA)	×	×	×	×		×			
MSF – Operational Centre Barcelona-Athens (OBCA)	×	×	×	×			×	×	
MSF Switzerland		×							
Save the Children		×							
Terre des hommes (TDH)	×	×		×	×		×		

Organization	Adolescents	Adolescents exposed to risks	Adolescents with psycho-logical distress/ mental disorders	Communities	Families	Teachers	Non-specialist care providers	Specialist care providers	Stakeholders
War Child International	×	×		×	×	×			×
World Vision		×	×	×		×	×	×	×
International Labour Organization (ILO)		×		×		×			×
International Organization for Migration (IOM)		×	×	×	×	×	×	×	×
Joint UN Programme on HIV/AIDS (UNAIDS)	×	×			×		×		
UN Educational, Scientific and Cultural Organization (UNESCO)		×		×		×			×
UN High Commissioner for Refugees (UNHCR)		×			×		×		
UNICEF	×	×		×	×	×	×		×
WHO	×	×			×	×	×	×	×

Table 2. Settings where ADMH actions take place

Organization	Stakeholders level	Health care setting	School setting	Community setting
ACF		×		×
Basic Needs	×	×	×	×
CARE			×	×
CBM	×	×	×	×
GPSI			×	×
HealthNET TPO			×	×
ICRW	×		×	×
IMC		×	×	×
MSF-F		×		
MSF OCA		×	×	×
MSF-OCBA		×		×
MSF Switzerland		×		
Save the Children				×
TDH	×			×
War Child International	×		×	×
World Vision		×	×	×
ILO	×		×	×
IOM	×	×	×	×
UNAIDS		×	×	×
UNESCO			×	×
UNHCR		×		×
UNICEF	×		×	×
WHO	×	×	×	

Table 3. Reported levels of psychosocial intervention

Organization	Basic services and security	Community and family support	Focused non-specialised support	Specialised services
ACF	×	×	×	
Basic Needs		×	×	
CARE	×	×		
CBM		×	×	×
GPSI	×	×	×	×
HealthNET TPO		×	×	
ICRW		×		
IMC	×	×	×	×
MSF-F				×
MSF OCA		×	×	×
MSF-OCBA		×	×	
MSF Switzerland			×	×
Save the Children	×	×		
TDH		×	×	
War Child International		×	×	
World Vision	×	×	×	
ILO	×	×		
IOM	×		×	×
UNAIDS		×	×	
UNESCO	×	×	×	
UNHCR	×	×	×	
UNICEF	×	×	×	
WHO	×	×	×	×

Table 4. Technical materials used for adolescent mental health and psychosocial well-being

Organization	Technical materials developed by the organization				Technical materials developed by others			
	Tools to support policy development	Tools to support planning	Tools to support implementation	Tools to support monitoring	Tools to support policy development	Tools to support planning	Tools to support implementation	Tools to support monitoring
ACF							×	
Basic Needs	×	×	×	×				
CARE	×	×						
CBM			×	×			×	
GPSI			×			×	×	×
HealthNET TPO			×				×	
ICRW			×	×			×	×
IMC			×			×	×	×
MSF OCA	×	×	×					
MSF-OCBA			×		×		×	
MSF Switzerland			×				×	
STC US		×	×	×		×		
TDH		×	×	×		×	×	
War Child International		×	×	×			×	
World Vision			×	×		×	×	
ILO		×	×					
IOM			×					
UNAIDS		×	×				×	×
UNESCO	×	×		×		×	×	
UNHCR			×					
UNICEF	×	×	×	×				
WHO	×	×	×	×				

Annex 2. Questionnaire

Mapping actions for adolescent mental health and psychosocial well-being: the role of intergovernmental organizations and NGOs.

This questionnaire has been developed with the aim of mapping actions on adolescent psychosocial well-being, mental health, and substance use undertaken by intergovernmental organizations and NGOs in the period 2000–2010.
This is a joint initiative of the WHO Departments of Mental Health and Substance Abuse/Child and Adolescent Health and Development and the Adolescent Development and Participation Unit of UNICEF.

Data are being collected through interviews with key informants and through desk review of relevant documents.

We hope to be able to:

- Promote an exchange of knowledge among intergovernmental organizations and NGOs on initiatives for adolescent psychosocial well-being, mental health and substance use prevention.
- Create an adolescent mental health resource directory with updated information on international actors, programmes, policies and interventions.
- Identify gaps in available tools and programmes, challenges in implementation and scale up of interventions, as well as opportunities and priorities for future collaborative endeavours.

Your organization has been identified among agencies active in this field. We are therefore kindly asking you to be part of this exercise and to contribute by answering to the questionnaire below.

This will be a step-wise and participatory process and we will need to ask again your feedback after the assessment's findings will be available. Compiled data will be presented and discussed during an inter-agency meeting planned for May 2011.

We thank you in advance for your time and cooperation.

For any further information, please contact:

Chiara Servili, Department of Mental Health and Substance Abuse, WHO
servilic@who.int
Taghi Yasami, Department of Mental Health and Substance Abuse, WHO
yasamym@who.int

Information on respondent

Name of international organization/NGO: _____

Date of Completion: Month [ ] Year [ ]

Contact details of person/persons responsible for answering the questionnaire:

Name: _____

Title/ Position: _____

Mailing Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Name: _____

Title/ Position: _____

Mailing Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Adolescent Mental Health, Psychosocial Wellbeing and Substance Abuse- Defining the topic:

- Adolescents are young people between the ages of 10 and 19 years.
- Mental health is a state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.
- The term 'psychosocial' denotes the inter-connection between psychological and social processes and the fact that each continually interacts with and influences the other.
- In this questionnaire, the composite term mental health, and psychosocial wellbeing actions is used to describe any type of initiative that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder.
- Substance use refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs.

1. Normative (written) materials

A variety of tools may contribute to addressing mental health needs of adolescents. Here below few examples.
Tools to support policy development: advocacy tools to foster adoption of child and adolescent protection policies, advocacy tools for improved quality of care and welfare system for vulnerable adolescents, etc.
Tools to support planning: strategies for adolescent-friendly schools, for adolescent-friendly health services (i.e. mental health services), for child and adolescent mental health, etc.
Tools to support implementation: training materials for psychologists, social workers, parents, and school counsellors on promotion of youths' emotional and psychosocial wellbeing; training materials for teachers, peers and community workers to address adolescents' psychological needs, including the specific needs of youths in emergency circumstances and HIV-positive youths; life-skills training materials; sensitization and health promotion materials to promote youths' mental health and prevent alcohol and substance abuse; capacity building tools for communities to provide psychosocial support to orphans and vulnerable children, and improve their access to mental health services; training materials for health care providers on psychosocial counselling to adolescents at risks (e.g. youths affected by HIV/AIDS, victims of violence, pregnant adolescents, etc), etc.
Tools to support monitoring: standards for adolescent-friendly health services, standards and indicators for psychosocial support services in emergency setting, etc.

1.1 (Name of organization) has probably both developed and utilized tools relevant for adolescent psychosocial well-being, mental health and substance use prevention as part of the organization's efforts to support actions in the field.
(Refer to examples provided above)
Please provide brief information about these tools in table 1.a

1.2 According to your experience, is there any gap in available tools for adolescents' mental health, substance abuse and psychosocial well-being?
☐ No ☐ Yes. If yes, please specify.
_____
_____

Table 1.a

Tool	Scope/aim	Reference/ link	Adopted/used by (regional, country levels)	Challenges in utilization/ adoption	Any other comment
Developed by your organization					
Developed by other organizations					

2. Interventions

We would like to know more about the initiatives supported by your organization that meet the following criteria:

- *have goals or outputs directly contributing to adolescents' psychosocial well-being, mental health and substance abuse;*
- *have been undertaken at global, regional or country levels, in any setting;*
- *have been carried out in the period 2000-2010.*

*For example, interventions carried out to improve access and utilization of mental health services, support the provision of **co**mmunity-based care services for vulnerable youth and psychosocial support services for adolescents in emergencies, build capacities of teachers, parents and communities to promote youths' emotional well-being, strengthen adolescent support systems, conduct campaigns for the improvement of emotional and psychosocial school environment and health promotion initiatives to discourage alcohol and substance use, etc.*

2.1. Kindly provide brief information on these interventions (as well as other relevant interventions which meet the following criteria and we may not be aware of) in table 2a and 2b.

Table 2.a.

Activity	**Implemented by**	**Site/sites**	**Coverage of intervention (if relevant)**	**Timeframe**
Stakeholders' level				
Health care setting				
School setting				
Community setting				
Others				

Table 2.b.

Activity	Constraining factors	Facilitating factors	Evaluation carried out (Y/N)	Any reference or link to related information (including evaluation findings)
Stakeholders' level				
Health care setting				
School setting				
Community setting				
Other setting				

3. Research

3.1. We are interested to know more about research projects supported by __(name of the organization) (including operational research projects) that you think are relevant to the field of adolescent mental health and substance use (see table here below).

Table 3.a

Research project and REFERENCE to publication (if available)	Research topic	Method	Main finding	Utilization of finding

4 Partnerships

4.1. Has your organization established any partnership for carrying out activities/initiatives relevant to adolescent mental health, psychosocial well-being and substance abuse prevention (for example, Sphere, IASC, etc)?

☐ No ☐ Yes If yes, fill table 4.a, by providing information about scope of the partnership/network, organizations involved, collaborative actions undertaken and planned in the field of adolescent psychosocial well-being/mental health.

Table 4.a

Partnership/network	**Scope**	**Participant organizations**	**Collaborative actions undertaken**	**Collaborative actions planned**

5- Challenges, opportunities, priorities and recommendations for future actions

5.1. Which challenges did you encounter in carrying out initiatives in the field of adolescent psychosocial well-being, mental health and substance use prevention?

5.1.1. At headquarters level :

☐ inadequate scientific evidence
☐ inadequate human resources
☐ competing priorities
☐ other, specify
☐ inadequate technical tools
☐ inadequate financial resources
☐ inadequate technical expertise

_____
_____
_____
_____

5.1.2. At country level:

☐ inadequate human resources
☐ inadequate financial resources
☐ unavailability of dedicated program officer within governmental offices
☐ inadequate technical expertise
☐ other, specify
☐ unavailability of policy/strategic frameworks
☐ low perceived needs by stakeholders
☐ low perceived needs by health care providers
☐ competing priorities
☐ inadequate technical tools

_____
_____
_____
_____

5.2. List the priority initiatives that, in your opinion, should be undertaken in order to significantly contribute to adolescents' psychosocial well-being, mental health and substance abuse prevention:

1._____ 3._____
2. _____4._____

5.3. According to your experience and to programme evaluations, do you have any recommendation for future actions in the field of adolescent mental health?

_____
_____
_____

6. Reference materials and key informants.

6.1. List here below the title of any publication, document, report, paper, or website link of your organization that is relevant to adolescents' psychosocial well-being, mental health and substance use prevention. We will include them in our desk review.

_____

_____
_____
_____
_____
_____

6.2. List here below the title of any other relevant publication, document, report, paper, or website link you are aware of.

_____
_____
_____
_____
_____
_____

6.3. Please be so kind to let us know of any other agency or programme officer that you think would be a useful source of information on actions in the field of adolescent psychosocial wellbeing, mental health and substance use prevention and that should be part of this survey.
Provide their name and possibly contact details here below.

_____
_____
_____
_____

Thank you very much for your time.

Annex 3. List of key informants

Name	Organization	Location
Bizouerne Cécile	Action Contre la Faim	France
Malembo Makene	Basic Needs	Tanzania
Shoba Raja	Basic Needs	India
Joyce Kingori	Basic Needs	Kenya
Tonka Eibs	CARE Austria	Austria
Martha Bragins	CARE Austria	Austria
Monika Brenes	CBM	Germany
Nancy Baron	GPSI	Egypt
Mark J.D. Jordans	HealthNET TPO	Nepal/The Netherlands
Inka Weissbecker	IMC	West Bank and Gaza Strip/United States
Frederique Drogoul	MSF France	France
Giovanni Pintaldi	MSF OCA	The Netherlands
Carmen Martinez Viciana	MSF OCBA	Spain
Pierre Bastin	MSF Switzerland	Switzerland
Brad Kerner	STC US	United States
Maria Bray	Terre des hommes	Switzerland
Baele Frédéric	Terre des hommes	Mozambique
Endry van den Berg	WarChild Holland	The Netherlands
Alison Schafer	World Vision Australia	Australia
Yoshie Noguchi	International Labour Organization	Switzerland
Jane Colombini	International Labour Organization	Switzerland
Hans van de Glind	International Labour Organization	Switzerland
Guglielmo Schinina	International Organization for Migration	Switzerland
Bartos Michael	Joint UN Programme on HIV/AIDS	Switzerland
Golda EL-KHOURY	UN Educational, Scientific and Cultural Organization (UNESCO)	France
Carolina Cano	UN Educational, Scientific and Cultural Organization (UNESCO)	France
Marian Schilperoord	UN High Commissioner for Refugees (UNHCR)	Switzerland

Name	Organization	Location
Paul Nary	UNICEF Regional Office for CEECIS	Switzerland
Mohamad Kanawati	UNICEF Syria	Syria
Juan Enrique Quiñónez Schwank	UNICEF Guatemala	Guatemala
Margaret Sheehan	UNICEF Asia-Pacific Shared Services Centre	Thailand
Claudine Eersteling-Hammen	UNICEF Suriname	Suriname
Marta Obando	UNICEF Honduras	Honduras
Rita Azar	UNICEF Costa Rica	Costa Rica
Trang Ho	UNICEF- The Americas and Caribbean Regional Office	Republica de Panamá
Jose Ramon Espinoza Gonzalez	UNICEF Nicaragua	Nicaragua
Sara Menéndez	UNICEF Santo Domingo	Santo Domingo
Frank Roni	UNICEF West Bank and Gaza Strip	West Bank and Gaza Strip
Amanda Melville	UNICEF Jordan	Jordan
Maristela G. Monteiro	WHO Regional Office for the Americas	United States
Nina Rehn-Mendoza	WHO Regional Office for the Western Pacific	The Philippines
Khaled Said	WHO Regional Office for the Eastern Mediterranean	Egypt
Matthijs Muijen	WHO Regional Office for Europe	Denmark
Vijay Chandra	WHO South-East Asia Regional Office	India
Sebastiana Da Gama Nkomo	WHO Regional Office for Africa	Republic of Congo
Alexandra Fleischmann	WHO Headquarters	Switzerland
Nicolas Clark	WHO Headquarters	Switzerland
Daniela Fuhr	WHO Headquarters	Switzerland
Christopher Mikton	WHO Headquarters	Switzerland
Neena Raina	WHO South-East Asia Regional Office	India
Valentine Baltag	WHO Regional Office for Europe	Denmark
Robert Alexander Butchart	WHO Headquarters	Switzerland
Natalie Jessup	WHO Headquarters	Switzerland
Tang Kwok-Cho	WHO Headquarters	Switzerland

Annex 4. List of documents reviewed.

The following websites were reviewed for relevant information:

http://www.actioncontrelafaim.org

www.basicneeds.org

http://www.care.at

http://www.cbm.org/In-Action-250903.php

http://www.healthnettpo.org

http://www.icrw.org

http://www.ilo.org

http://www.iom.int/jahia/jsp/index.jsp

http://internationalmedicalcorps.org

http://www.msf.ch

http://www.msf.es

http://www.msf.fr

http://www.msf.org

http://www.psychosocialcarechildren.org

http://www.repssi.org/

http://www.savethechildren.org/site/c.8rKLIXMGIpI4E/b.6115947/k.8D6E/Official_Site.htm

http://www.steppingstonesfeedback.org

http://www.terredeshommes.org

www.warchildlearning.org

http://www.unaids.org

http://www.unesco.org

http://www.unicef.org

http://www.who.int

http://www.wvi.org

In addition, the following documents were specifically suggested/provided by key informants from UN agencies and NGOS and were also included in the desk review:

Adolescence. A time that matters. New York, United Nations Children's Fund, 2002.

Adolescent and Youth Regional Strategy and Plan of Action. Washington, D.C., Pan American Health Organization, 2010.

Adolescent Job Aid: A handy desk reference tool for primary level health workers. Geneva, World Health Organization, 2010.

Ager A, Ager W, Stavrou, V and Boothby, N. *Inter-Agency Guide to the Evaluation of Psychosocial Programming in Emergencies*. New York, United Nations Children's Fund, 2010.

An introduction to mental health Facilitator's Manual for Training Community Health Workers in India. Leamington Spa, Basic Needs (and The Nossal Institute for Global Health), 2009.

Arntson L. *Review of the Former Soviet Embassy Compound IDP Camp Psychosocial Support Activities*. Kabul, United Nations Children's Fund and Save the Children, 2001.

A Study on Children and Adolescents with Disabilities in Zimbabwe. New York, United Nations Children's Fund, 2001.

Baingana F and Bannon I. *Integrating Mental Health and Psychosocial Interventions into World Bank Lending for Conflict-Affected Populations: A Toolkit*. New York, World Bank, NIMH and CMHS, 2004.

Barenbaum J, Ruchkin V and Schwab-Stone M. The psychosocial aspects of children exposed to war: practice and policy initiatives. *Journal of Child Psychology and Psychiatry*, 2004, 45: 1.

Barker R, Cano and Kitsiona M. *The role of Education in Marginalized Populations Affected by Drug Use. A discussion paper*. Paris, United Nations Educational, Scientific and Cultural Organization, 2010.

Bertolote JM and Fleischmann A. Suicide by self-poisoning with pesticides: the need for action. *Suicidologi*, 2008, 13: 1.

Bertolote JM et al. Deaths from pesticide poisoning: a global response. *British Journal of Psychiatry*, 2006, 189.

Book of best practices: trauma and the role of mental health in post-conflict recovery. Rome, World Bank, Harvard Program in Refugee Trauma, Fullbright Program, Istituto Superiore di Sanità, Caritas Diocesana di Roma, Istituto Studi Superiori Assunzione, 2004.

Brief Mental Health Guidelines for emergency response. International Medical Corps. (http://www.internationalmedicalcorps.org.uk/content.asp?pageid=205).

Caring for children and adolescents with mental disorders: setting WHO directions – Meeting Report. Geneva, World Health Organization, 2002.

Children in crisis: Good practices in evaluating psychosocial programming. The International Psychosocial Evaluation Committee and Save the Children Federation 2004.

Children's well-being in small island developing states and territories. New York, United Nations Children's Fund, 2004.

Community-based rehabilitation: CBR guidelines. Geneva, World Health Organization, Geneva, 2010.

DADDs (Do, Assure, Don't Do) (unpublished working document). World Vision, 2011.

Duncan J and Arntson L. *Children in crisis: good practices in evaluating psychosocial programming*. Save the Children Federation, 2004.

Duvall SW. *External Evaluation of the Youth Empowerment Program (YEP) for Vulnerable Iraqi and Jordanian Adolescents*. Santa Monica, for the International Medical Corps, 2010.

Earls F, Raviola GJ and Carlson M. Promoting child and adolescent mental health in the context of the HIV/AIDS pandemic with a focus on sub-Saharan Africa. *Journal of Child Psychology and Psychiatry*, 2008, 49(3):295.

Essential Skills for Mental Health Care. Leamington Spa, Basic Needs, 2007.

Evaluation of Program Efficacy, UNICEF School-Based Psychosocial Program for War-Exposed Adolescents as Implemented During the 1999-2000 School Year. New York, United Nations Children's Fund, 2000.

Evaluation of the UNICEF School-Based Psychosocial Program for War-Exposed Adolescents as Implemented During the 2000-2001 School Year. New York, United Nations Children's Fund, 2002.

Expert consultation on adolescents and substance use in the Western Pacific Region. Manila, World Health Organization Regional Office for the Western Pacific, 2011.

Fiona MG et al. Global burden of disease in young people aged 10–24 years: a systematic analysis. *The Lancet*, 2011; 377: 2093.

'FRESH': Focusing Resources on Effective School Health.
(http:// www.freshschools.org/Pages/Background.aspx).

GRN–UNICEF 1997-2001 Programme of Cooperation. Youth Health and Development Programme "My Future is My Choice" Life Skills Intervention Implementation Assessment, April 2002. New York, UNICEF, 2002.

Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Geneva, Inter-Agency Standing Committee (IASC), 2007.

Guide to implementing family skills training programmes for drug abuse prevention. New York, United Nations Office on Drugs and Crime, 2009.

Guide to the evaluation of psychosocial programming in emergencies. New York, United Nations Children's Fund, 2009.

Hodes M. Three Key Issues for Young Refugees' Mental Health. *Transcultural Psychiatry*, 2002, 39 (2): 196.

Howard J, Hammad A and Robins LW. *Review of Adolescent Substance Use and Responses in the WHO Western Pacific Region.* Manila, Western Pacific Regional Office of the World Health Organization, 2010.

Hunt P. *Economic, Social and Cultural Rights: The Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health* (a report of the Special Rapporteur). Geneva, UN Human Rights Council, 2004.

Integrating the Psychosocial Dimension in Women's Empowerment Programming: A Guide for CARE Country Offices. Vienna, Care Austria, 2009.

Inter-Agency Network for Education in Emergencies (INEE) Toolkit: Psychosocial protection and well-being.
(http://oneresponse.info/GlobalClusters/Education/ThematicIssues/publicdocuments/INEE-MinStand-PP.pdf).

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