

Implementation Brief



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“My plans have been delayed,
but I won't lose hope.”

Responding to the mental health impact of COVID-19
on adolescents and young people in Eastern and Southern Africa¹

¹ The title for this report comes from Nova. “My plans have been delayed but I won't lose hope.” Girl Effect: Hear Her Voice. 2020.

"I feel despair, like for instance when mum does not get the cash to cater for our needs, I become very emotional and wonder how life is going to continue within this Corona period."

- 18-year-old mum, Kenya.²



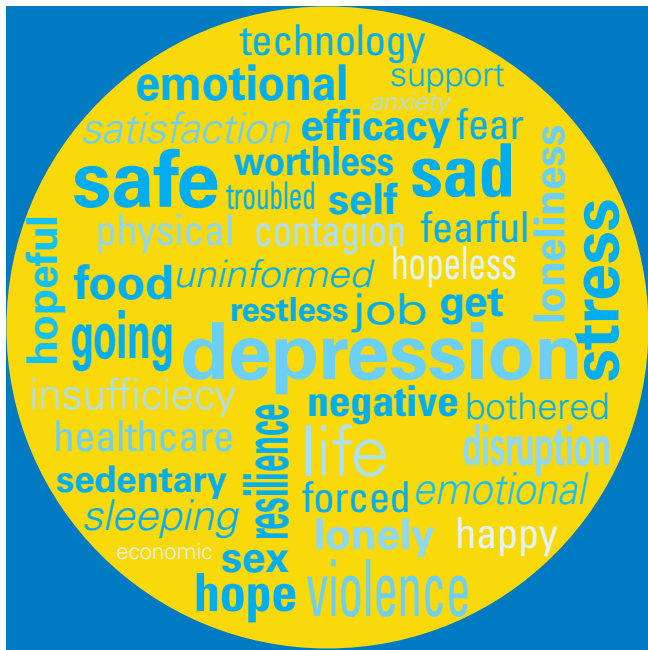
After the COVID-19 crisis first struck Eastern and Southern Africa, there was a fast acknowledgement among child protection and public health experts that there would be associated mental health and psychosocial support (MHPSS) needs among adolescents and young people. To better understand those needs, UNICEF commissioned a study synthesizing available quantitative and qualitative evidence, consultations and polls with young people and service providers. The study was conducted under 2gether 4 SRHR, a UN joint programme that advances sexual and reproductive health and rights in the region. This brief presents those findings and offers key programming considerations for implementors.

Voices from Eastern and Southern Africa

Across the region, adolescents and young people talked about experiencing depression, anxiety, trauma, loneliness, negative moods, hopelessness, and life dissatisfaction. The worst situations were among adolescents and young people facing multiple vulnerabilities, such as grief, bereavement, job loss, unintended pregnancy, early marriage, and violence. Adolescents and young people expressed that the pandemic caused new problems and exacerbated existing ones. Although the intensity and frequency of COVID-19 waves varied by country, ongoing and new social, political and environmental shocks contributed to anxiety and distress. Travel restrictions, lockdowns and disruptions in service provision limited access to services for adolescents and young people who were already experiencing mental health issues and/or violence, leaving them less safe. Similarly, adolescents living with HIV worried about infection from COVID-19 and accessing their lifesaving drugs.

Adolescents and young people described the centrality of social life, particularly socialising and interacting with others in person, as a key thread to build social worlds and a sense of self. Losing

² All other quotes in this document come from interviews with members of Teen Advisory Group. "Remote, participatory and arts-based COVID-19 research with adolescents and young people in South Africa and Kenya." UKRI GCRF Accelerating Achievement for Africa's Adolescents Hub. 2021.



"The problem of depression and lack of confidence... Maybe you know the talents of your friends, like singing and playing football. You give them courage and also encourage them, then they are able to do that which their heart desires."

those connections left them feeling lonely and depressed. New innovations in technology-based platforms improved access to services and information for some people, but not for those without access to digital technology and/or living in remote areas. The importance of a secure and stable home life was also highlighted, particularly in the context of school closures. Job loss and family stress contributed to adolescents and young people's anxiety.

Rebounding with resilience

The study also found that many programmes adapted to the challenges of COVID-19 and heightened their support for the MHPSS needs of adolescents and young people.

Strong social networks: For those with access to digital technology, social media and mobile phones provided opportunities for information and social exchange. However, while adolescents and young people were helping each other, supporting their peers, and giving advice, they also wanted to know more about how to do this well.

Building on existing infrastructure: On-going programmes for adolescents and young people enhanced their existing MHPSS activities and developed innovative approaches for delivering more community and adolescent-driven interventions.³ Strengthening economic support to families through cash grants showed promise in sustaining a stable home environment.

What Can be Done

COVID-19 sharpened the focus on adolescents and young people's MHPSS needs and highlighted the urgency to bring scale and sustainability to MHPSS programming in both emergency and non-emergency settings. Based upon the learning afforded by COVID-19, programme implementors have an opportunity to:

- Use a child rights framework and actively include adolescents and young people during the planning, implementation, and on-going monitoring of MHPSS services.
- Differentiate between levels of MHPSS need and tailor services accordingly, without losing focus on quality. For example, interventions

³ [Innovative approaches during COVID-19, UNICEF 2021](#)
[Innovative approaches during COVID-19, UNICEF 2020](#)

might range from support from peers, caregivers and community-based lay workers to more specialised care.

- Adopt a family-centered, case management approach that encourages comprehensively addressing family stressors.
 - Identify the factors that put adolescents and young people at risk and prevent adverse experiences, potentially preventing mental health problems from occurring.
 - Contribute to MHPSS at scale through integrating MHPSS programmes, led by trained and supervised non-clinicians, into schools, family networks, peer-led groups, faith-based organisations, and other places where adolescents gather.
- Integrate age- and gender-specific multi-pronged MHPSS interventions into the education, health and child protection services that adolescents and young people already use, with clear referral pathways.
 - Ensure both MHPSS interventions and research include adolescents living on the margins and at risk of discrimination in accessing services, such as those living with disabilities, engaged in transactional sex, without shelter and residing in institutions.
 - Address the digital divide by using innovative ways to reach adolescents and young people. U-Report⁴, for example, relies on feature phones, rather than smartphones, and is a toll-free way to engage in dialogue with adolescents and young people.

4 U-Report Innovation UNICEF



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For further information on the full study and this implementation brief, please contact:

Alice Armstrong, Regional HIV Specialist, aarmstrong@unicef.org
Ndeye Marie Diop, Child Protection Specialist (Emergencies), nmdiop@unicef.org
Joanne Lee, Mental Health and Psychosocial Support Consultant, sarlee@unicef.org

For additional resources, please see “The Helping Adolescents Thrive Toolkit,” developed by UNICEF and WHO, <https://www.who.int/publications/i/item/9789240025554>