



Adolescent Mental Health
Summit 2024

UNIVERSITY of MARYLAND
BALTIMORE
CENTER FOR GLOBAL ENGAGEMENT



PRESIDENT'S GLOBAL IMPACT FUND



**Reaching and
Engaging
Adolescents and young adults for
Care continuum in
Health- **M**ental **H**ealth**

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Professor: University of Maryland, Baltimore



Outline

- Significance
- REACH-MH Process
- Lessons Learned & Next Steps



A wholistic Approach: Beyond Mental Health

YouthLED

COMPLEXITY OF ADOLESCENTS LIVES



Adolescent Mental Health

Summit 2024

Significance of the study

- ~ 70% of Urban youth use mobile phones
- Adolescents – **more candid on phone** than face to face
- Health systems - **lack comprehensive data collection tools** for adolescents
 - Sexual and reproductive health
 - Psycho-social, behavioral, socio-economic determinants are understudied
- Critical need for innovative strategies for collecting information directly from young people to **drive interventions**





Reaching and Engaging Adolescents and young adults for Care continuum in Mental Health- REACH MH

- REACH-MH : is a comprehensive survey for adolescents examining different domains administered in an app (digital) format
- Solicits multifaceted information from adolescents



REACH-MH Description



Identify key mental health factors among Adolescents and Young People (AYP) using digital technology- the REACH App



Examples of Youth Engagement :REACH-MH



THEMES

- 1. STIGMA / DISCRIMINATION / CONFIDENTIALITY IN CARE TREATMENT/ ACCESS TO THE HEALTHCARE
- 2. GOOD SUPPORT SYSTEM / ADHERENCE
- 3. TIME MANAGEMENT / LACK OF ENOUGH CAREGIVERS / SELF STIGMA
- 4. FEAR / UNPROFESSIONAL PERSONNEL
- 5. UNPROFESSIONAL DOCTORS / FEAR
- 6. STIGMA / LACK OF CONFIDENTIALITY / UNETHICAL BEHAVIOUR / UNPROFESSIONALISM
- 7. LACK OF TIME MANAGEMENT AT THE FACILITY / LACK OF ENOUGH PERSONNEL / LACK OF PATIENCE FROM THE PATIENTS / LACK OF CLIENT COOPERATION
- 8. LACK OF INFORMATION / MEN LACK PATIENCE / NOT TAKE HEALTH SERVICES

Scenario: High suicide rates among Adolescents and Young People in your region

Male 25

Identify who you are going to interview?
How are you going to do it?
Outline the questions you are going to ask?

What triggers your suicide thoughts?

have you been eating and sleeping? would you be willing to talk to someone?

3. Have you ever shared these thoughts with someone? 4. What are the reasons that caused you to have thoughts of committing suicide. 5. On a scale of 1 to 5 please pick the number that depicts your intent to commit

4. What are the reasons that caused you to have thoughts of committing suicide. 5. On a scale of 1 to 5 please pick the number that depicts your intent to commit suicide; 1. very willing, 2. willing, 3. not sure, 4. slightly willing, 5. not willing. 6.

What makes you sad?

what are your triggers? Emotional triggers?

Is there anyone you know that has committed suicide?

what are the problem that you face as man?

Who do you talk to when things are tough on your side or when you are stressed?

what do you do at your leisure/free time?

do you talk with your family often about family issues?

do you face any form of violence from your partner?

what things affect your mental wellness?

What are your daily activities?

what is/are you emotional outlet(s) ?

how much is your drugs and substance intake ? and why?

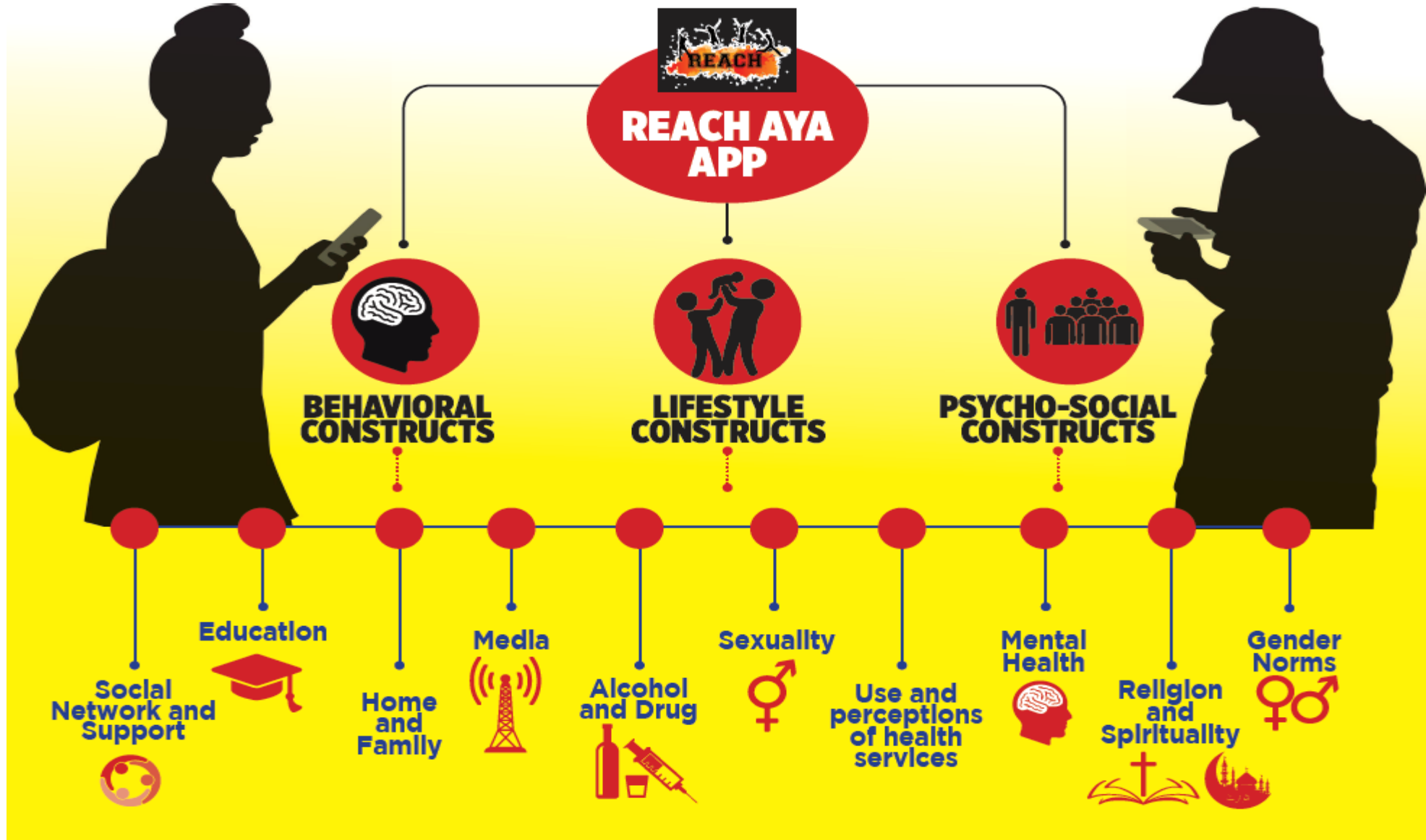
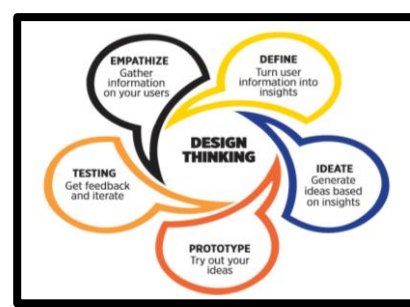
have you ever done self harm to yourself?

How often do you feel sad or lonely?

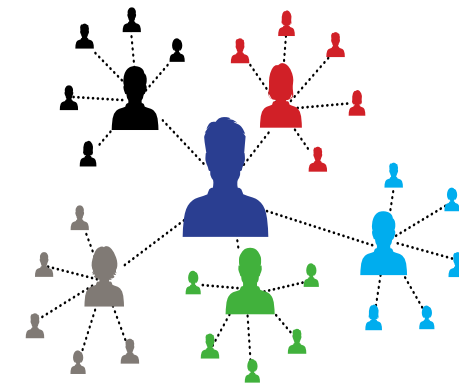
Starting with the end-user: Design Thinking for App Development

Empathize	Gather information on your users <i>(needs assessment)</i>	<ul style="list-style-type: none"> ▪ How can we innovatively engage young people in an action regarding their well-being? • Consulted with <ul style="list-style-type: none"> Young people (15-24 years) individually and through established groups Parents and Caregivers Adolescent and Youth Experts • Conducted intensive literature search
Define	Turn user information into insights <i>(cultural adaptation of instruments)</i>	<ul style="list-style-type: none"> • Assessed different survey instruments for collecting data from young people, functionality, properties and contextualization into the Sub-Saharan context • Explored different platforms on which to build the app
Ideate	Generate ideas based on insights <i>(mapping of domains)</i>	<ul style="list-style-type: none"> ▪ Mapped different domain and identified questions for each areas as follows 1) <i>Social Network and Support</i>, 2) <i>Education</i>, 3) <i>Home and Family</i>, 4) <i>Media and Internet Use</i>, 5) <i>Alcohol and Drugs</i>, 6) <i>Sexuality</i>, 7) <i>Use and Perception of Health Services</i>, 8) <i>Mental Health</i>, 9) <i>Gender and Social Norms</i>, and 10) <i>Religion and Spirituality</i>. ▪ Identified apps that are popular with adolescents ▪ Examined ideas for piloting- respondent driven sampling as a method that only enhances participation but also identifies (friendship- peer) social network patterns; innovative recruitment ▪ Inclusion of logic and skip patterns;
Prototype	Try out your ideas <i>(design development)</i>	<ul style="list-style-type: none"> ▪ The design team developed the app REACH survey ▪ This experimental survey is reviewed by the team members from the “empathize stage”
Evaluate	Get feedback and iterate <i>(small pilot test)</i>	<ul style="list-style-type: none"> ▪ Piloted among 33 Adolescents and followed up with user feedback questions ▪ Assessment of functionality, time, adaptability ▪ Iterations done for roll out

Mapping of Domains: Human Centered Design



Content: REACH-MH App



REACH MODULES

1

SOCIAL NETWORK & SUPPORT:

- Questions from:
- *Multidimensional Scale of Perceived Social Support*
- *Social Support Questionnaire*
- *Rosenberg Self Esteem Scale*

2

EDUCATION

- Questions from:
- *HEADSS Screening Tool (Home; Education and Employment; Activities; Drugs/Drinking; Sex; Self-harm, depression & Suicide; Safety)*

3

HOME AND FAMILY

- Questions from:
- *HEADSS Screening Tool*

4

MEDIA

- Questions from:
- *HEADSS Screening Tool*
- *Cyberbullying offending scale*
- *Social Media Use*
- *Social Connectedness scale*

5

ALCOHOL AND DRUGS

- Questions from:
- *CRAFFT Screening Tool for Adolescent Substance Abuse*

6

SEXUALITY

- Questions from:
- *HEADSS Screening Tool*
- *RAST: Risk Assessment Screening tool*

7

USE AND PERCEPTION

- Questions from:
- *Adapted from WHO*

8

MENTAL HEALTH

- Questions from:
- *PHQ-9*

9

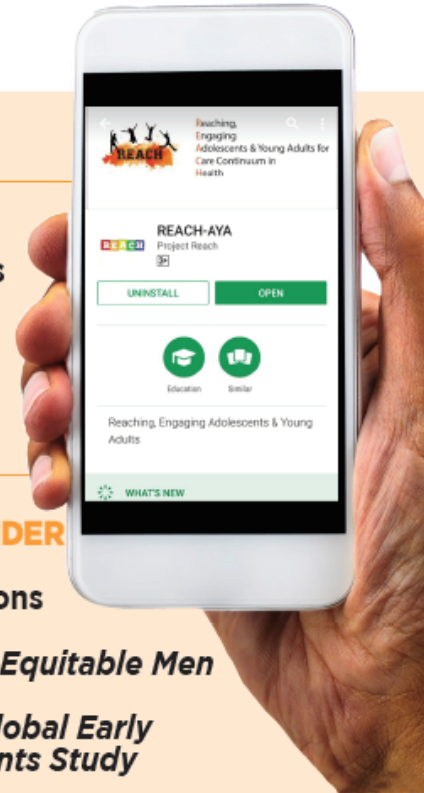
SOCIAL AND GENDER NORMS

- Questions from:
- *Gender Equitable Men Survey*
- *WHO Global Early Adolescents Study (GEAS)*

10

RELIGION AND SPIRITUALITY

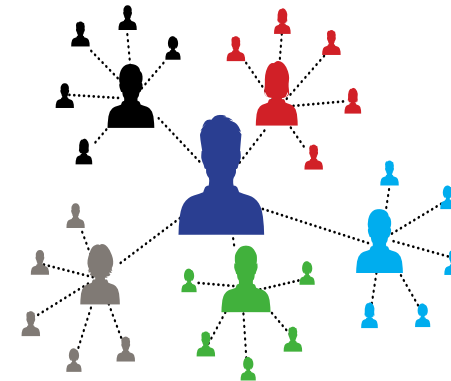
- Questions from:
- *WHOQOL Spirituality, Religiousness and Personal Beliefs (SRPB)*



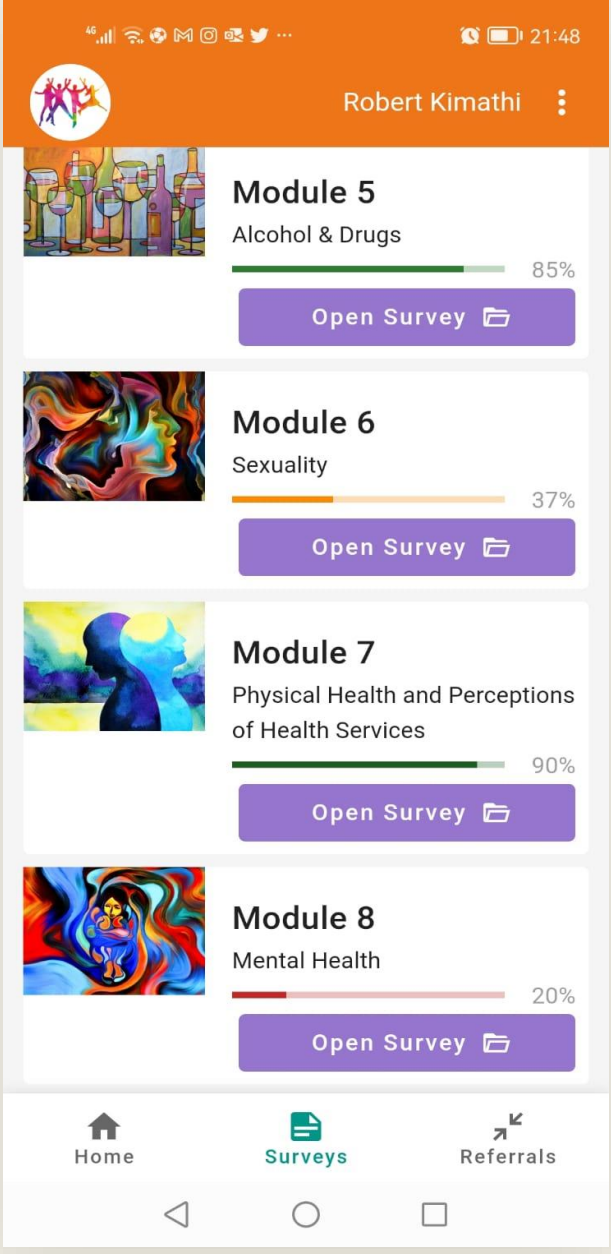
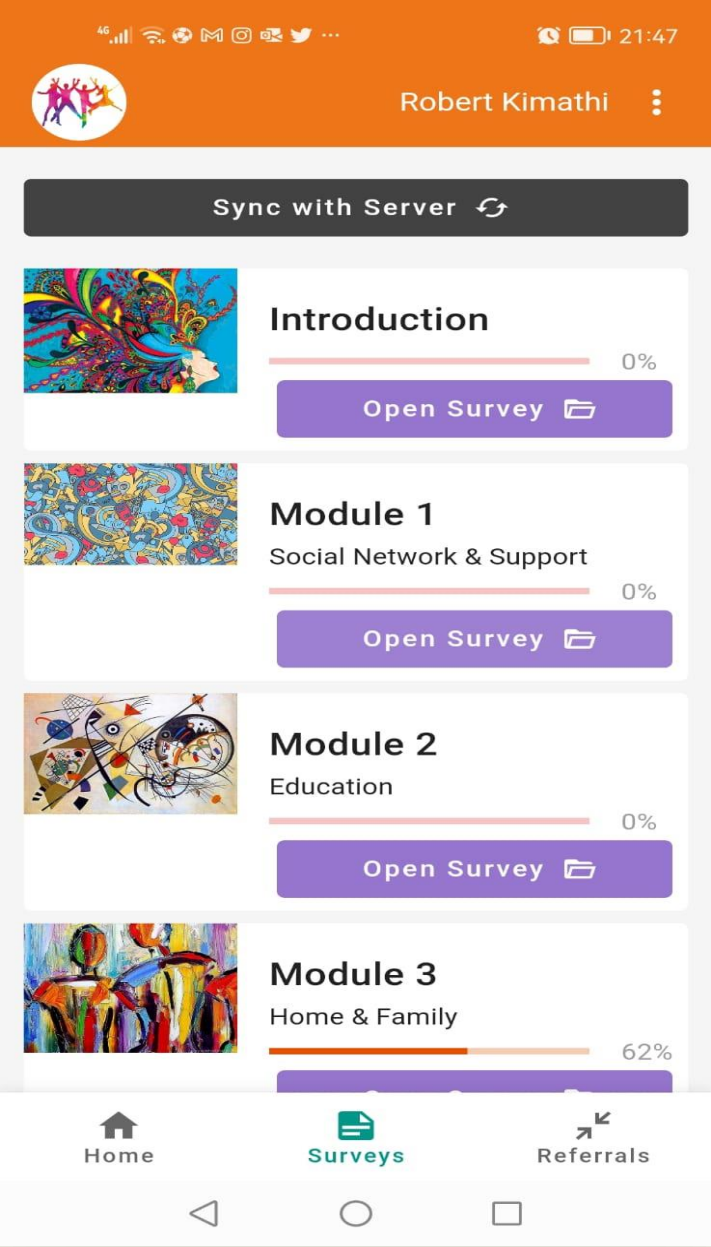
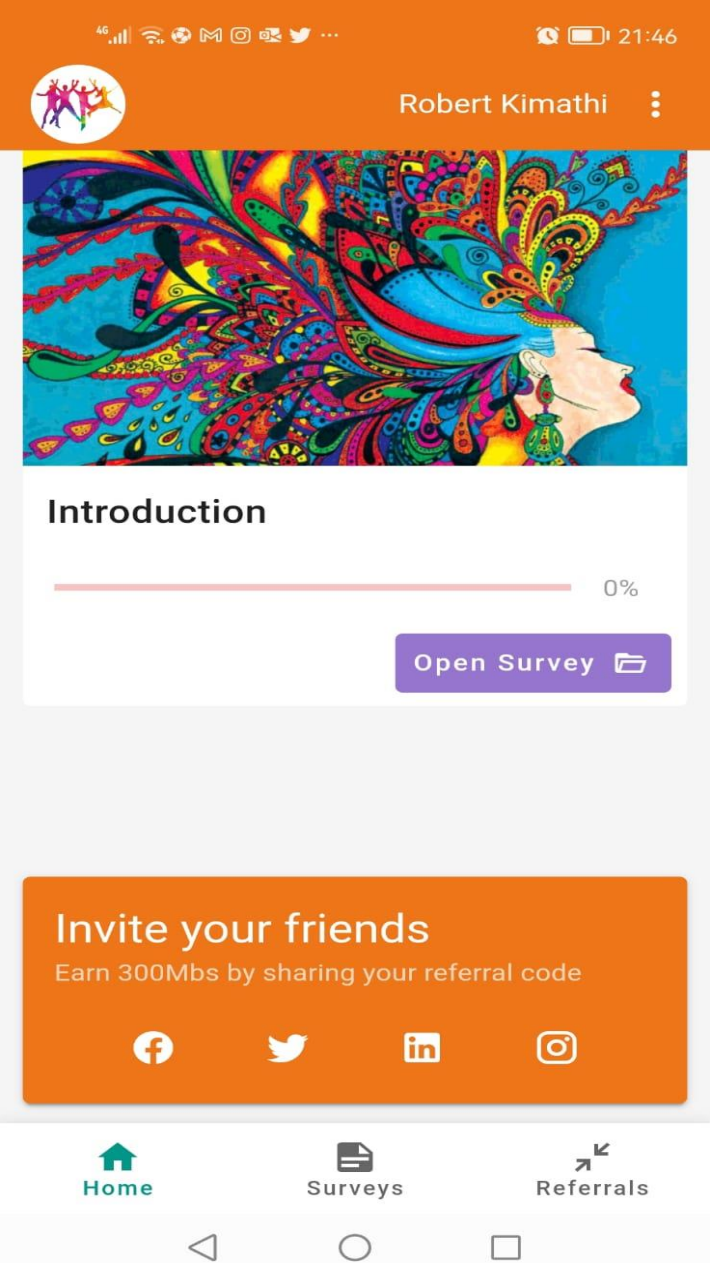
- ~ 100 Survey questions (Skip-logic)
- Initially took approximately – 15 minutes to complete

Recruitment

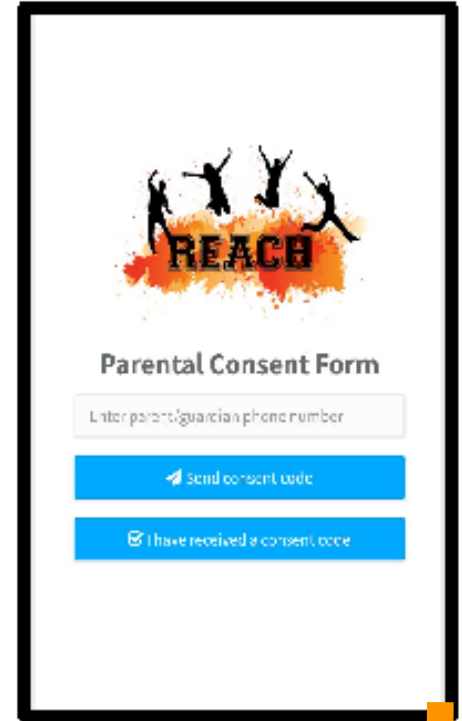
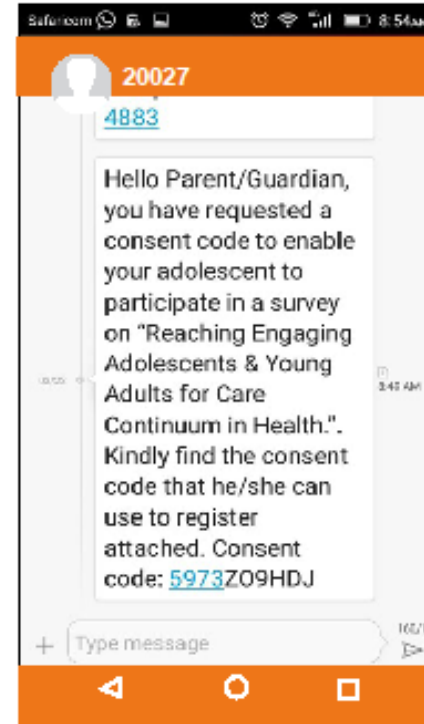
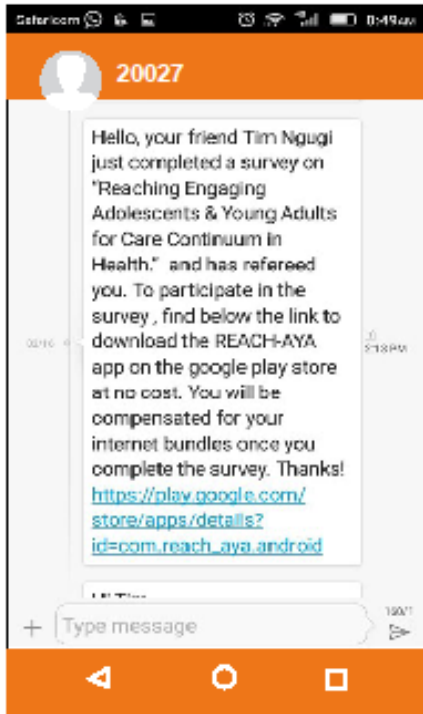
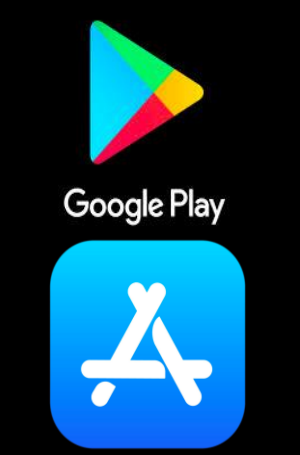
The screenshot shows a Facebook interface. At the top, there is a search bar with the text "Search Facebook". Below it, the profile header for "LVCT Kenya" is visible, featuring a logo with a red ribbon and the text "LVCT health healthy societies". The page has 14K likes and 16K followers. A "Learn more" button is present. Below the header, there are navigation tabs for "Posts", "About", "Mentions", "Reviews", "Reels", "Photos", and "More". The main content area is divided into an "Intro" section and a "Posts" section. The "Intro" section contains the text: "LVCT Health is a Kenyan nongovernmental organization dedicated to improving health care in African countries through strengthening policy and health system". The "Posts" section shows a recent post from "LVCT Kenya" posted 4 hours ago. Below this, there is a navigation bar with options like "Page", "Inbox", "Notifications", "Insights", "Publishing Tools", "Ad Center", "Settings", and "Help". The main content area is dominated by a large graphic with the word "REACH" in large, colorful, stylized letters (R in red, E in orange, A in yellow, C in green, H in blue). Below the graphic, there are interaction buttons for "Like", "Follow", "Share", and "Add a Button". A "Create" section offers options for "Live", "Event", "Offer", and "Job". A post creation area is visible with the text "Write a post..." and options for "Photo/Video", "Get Messages", and "Feeling/Activ...". At the bottom, there is a "Visitor Posts" section with a quote icon and the text "Be the first to add a post."



REACH- MH “feel”



Consent



For respondents Under 18 Years

Completion

Safaricom 9:33AM

Module 3: Home & Family

Progress 71% Questions Answered 10/14

1. Who do you live with at home (tick all that apply)

Mother

Father

Guardian

Stepmother

Stepfather

Brother

Sister

Other

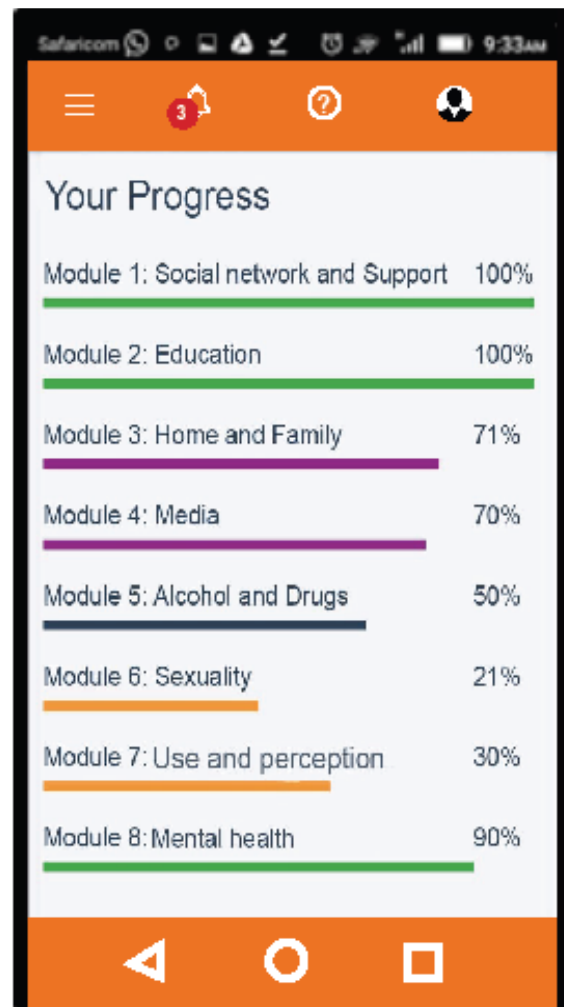
2. Do you get along with your family?

Mostly yes

Not at all

Sometimes

3. Who do you talk to at home when you have a problem?



Safaricom 9:33AM

Hotline

The hotline **#800720121** provides free information on HIV&AIDs, sexuality, sexual reproductive health and rights in a confidential and non judgemental way over the phone. You will not be charged airtime to call this hotline number.

Call Times: 8AM (morning) — 1AM (night) Kenyan time

Call now **#800720121**



The Dashboard Page



Admin ▾



Home



Take Survey



Survey Management



Module Management



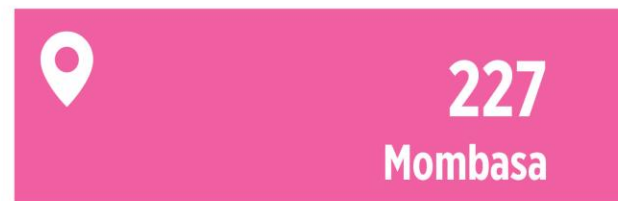
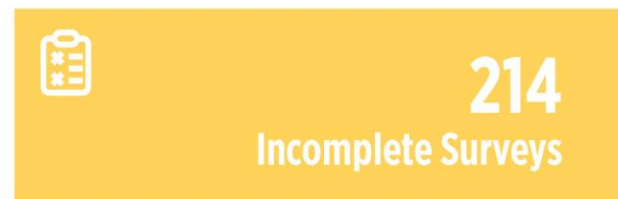
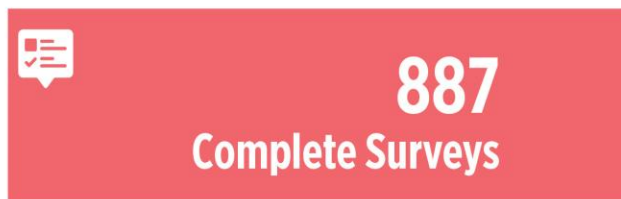
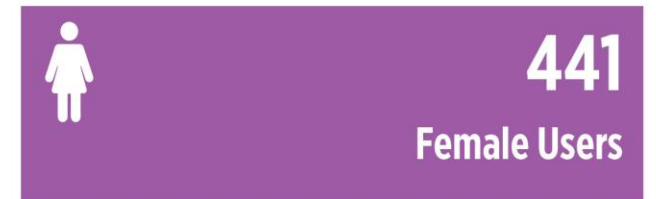
Referral Tree



User Management

Download Report

Download Report with referrals





adolescents



Article

Highlighting a Digital Platform to Assess Young People Needs: Reaching and Engaging Adolescents and Young Adults for Care Continuum in Health Project (REACH)

Peter Memiah ^{1,*} , Monica Lathan-Dye ², Yvonne Opanga ³ , Samuel Muhula ³, Nyawira Gitahi-Kamau ⁴ , Anne Kamau ⁵ and Lillian Otiso ⁶



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Voices from the Youth in Kenya Addressing Mental Health Gaps and Recommendations

by Peter Memiah ^{1,*} , Fernando A. Wagner ² , Robert Kimathi ³ , Naomi Idah Anyango ⁴ ,
Samuel Kiogora ⁴ , Stella Waruinge ⁵ , Faith Kiruthi ⁵ , Shillah Mwavua ⁵ , Celina Kithinji ⁶ ,
Jeremiah Okuto Agache ⁷ , Wincolyne Mangwana ⁸ , Niyibeshaho Marie Merci ⁸ , Leonidah Ayuma ⁸ ,
Samuel Muhula ⁹ , Yvonne Opanga ⁹  , Maureen Nyambura ⁴ , Annrita Ikahu ³  and Lillian Otiso ³ 

Lessons Learned

- Digital technology for wholistic approach and developing risk based interventions
- Participation of users in the design of products/services is paramount
- Collaboration for development, scale up and sustainability

Next Steps

- Joint deep-dive of the findings
- Implications for research- policy and practice
- On-going capacity building of young “citizen scientists” for mental health



Asante

**Youth Advisory Champions
LVET Health**

**County Teams (Nairobi, Mombasa, Kisumu)
Ministry of Health
Strathmore University
University of Maryland**



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