PyleaMUN 2026

Committee: **World Health Organization** (**WHO**)
Topic: **Adolescent Mental Health**: A Global Crisis – Formulating youth-centred strategies for schools and online platforms to provide early support and destigmatize care.
Student Officers: **Panagiota Konstantou** (Chair), **Anna Maria Della Puppa** (Vice Chair), **Ioanna Beliou** (Vice Chair)

1. Personal Introduction

It is of great honour to serve as the Chair for the WHO Committee and look forward to meeting every delegate of this year's conference. With extensive experience through personal participation in MUNs, I have established a keen passion for diplomatic affairs and global issues, while also strengthening skills of negotiation, public speaking as well as developing critical thinking and mastering debating. I strongly encourage every delegate to review the materials of this study guide thoroughly to achieve a better comprehension of the topic and assist in your research as well. I eagerly await fruitful discussions and wish for every delegate to leave the Committee with not only refined skills but also with a sense of accomplishment.

Panagiota Konstantou, Chair

It's my honor to serve as the Vice Chair in the WHO Committee of this year's MUN conference. Through my personal experience attending MUN conferences, I have developed a huge passion for debate and diplomacy. I strongly believe that these kinds of events can be considered intriguing and worth attending as you can broaden your horizons, build strong new friendships and gain knowledge regarding several international topics. I urge everyone to go through this study guide thoroughly in order to get a more efficient understanding of the topic and I am looking forward to hosting yielding discussions and meeting all of you at the conference!

Anna Maria Della Puppa, Vice Chair

It is my great honour to serve as a Vice Chair for the WHO Committee at the 1st PyleaMUN conference. Through the experience that I have gained by participating in MUN's, I have developed a strong passion for diplomacy while also strengthening essential skills such as public speaking and research. I encourage you to read this study guide carefully but also conduct your own research in order to understand the topic deeply. I hope that you will find this conference as exciting as I do and I look forward to meeting you in person!

Ioanna Beliou, Vice chair

2. Introduction to the Topic

Adolescent Mental Health is an important, complex and sensitive issue that surely needs to be addressed. **Adolescence is the phase between childhood and adulthood, where individuals of these ages (approximately 10-19 years old) seek diversion, new experiences and strong emotions.**[1] Through extensive **research**, especially in the neuroscientific field,[2] it has been stated that the human brain goes through a phase of major, significant changes and development. Safeguarding adolescents from adversity, fostering social-emotional development and psychological well-being, and guaranteeing access to mental health care are essential to support their overall health and well-being throughout adolescence and into adulthood. These days, adolescents are exposed to a range of social **and political challenges**, including climate change, political polarization, racial inequality and the COVID-19 pandemic. Especially the pandemic, has significantly affected the mental health of children and young adults as it has increased loneliness and depression.

Globally, it is estimated that one in seven of 10–19-year-olds experience mental health conditions, yet these remain largely unrecognized and untreated. There are common mental health issues among adolescents that need to be highlighted. Specifically, anxiety disorders are the most prevalent in this age group and tend to be more common in older adolescents than in younger. Next on the list is depression that is estimated to be more common among adolescents of age 15-19. Depression and Anxiety share similar symptoms including unexpected changes of mood. Regarding behavioural disorders such as Attention-Deficit/Hyperactivity Disorder (ADHD) and several eating disorders, they are relatively frequent in younger adolescents. Furthermore, psychosis that mostly emerges in early adulthood as well as suicide and self-harm are considered to be the third leading cause of death among this age group. Lastly, risk-taking behaviours play a crucial role such as the usage of illegal substances or even sexual aggression.

As proven, there exist several types of mental disorders among adolescents that can cause pivotal concerns. Their mental health can severely affect their school attendance as well as their life in general. Concerning both schools and online platforms, the needs of adolescents' mental health issues should be addressed in order to help them or even prevent major problems. New findings in developmental psychology and neuroscience[3] reveal that it is fundamental to do anything possible to support these individuals. The consequences of failing to address adolescent mental health conditions might extend to adulthood, impairing both physical and mental health and limiting opportunities to live successful lives as adults. **Therefore, this topic is particularly relevant to the World Health Organization (WHO)**, as it is tasked to formulate youth strategies, especially from schools and online platforms to provide early support and reframed care. This study guide will explore these mental health issues, as well as prevention strategies and methods of care, with a focus on the influence of schools and online platforms.

1. Mental Health of adolescents, World Health Organization
2. APA studies, USA
3. NIMH study, COVID-19

3. Definition of key terms

Mental Health: Mental Health constitutes a state of psychological wellness that allows people to work along the stresses of life, understand their strengths and weaknesses and learn to work in a manner that contributes to the community. It is a diverse and complex spectrum, experienced differently through each individual, with

people that are exposed to adverse circumstances being at higher risk of the development of mental health conditions.[1]

Depression: Depression is an illness that can affect how adolescents feel and behave for weeks or months at a time, slowly affecting how they function in their day-to-day lives. It can range from mild to severe and is experienced differently in various age groups. While the most familiar adult symptoms may appear in young people as well (low mood, changes of sleeping and eating, loss of energy and motivation, trouble concentrating) the most obvious symptoms may appear as irritability, rebellious behaviour or frequent physical pain.[2]

Anxiety: Anxiety is a feeling of unease, like worry or fear. In young people it is described as a reaction to change or a stressful event. In some cases, it regularly affects the behaviour and thoughts on a daily basis, which later interfere with school, home and social life.[3]

Mental Health and Psychosocial Support (MHPSS): Mental Health and Psychosocial Support (MHPSS) refers to any type of local or outside support that aims to protect or promote psychosocial well-being or prevent or treat mental health conditions. MHPSS is not confined to a single sector but requires a multi-sectoral approach with involvement of partners in health, education and protection.[4]

Social and Emotional Learning (SEL): Social and Emotional Learning (SEL) is a strengths-based, developmental process that begins at birth and evolves across the lifespan. It is the process through which children, adolescents, and adults learn skills to support healthy development and relationships. Adult and student social and emotional learning competencies include self-awareness, self-management, social awareness, relationship skills, and responsible decision- making.[5]

Child-Friendly Spaces (CFS): Child-Friendly Spaces are interventions used to increase children's access to safe environments and promote their psychosocial well-being. CFS's aim is to provide a safe place for children to come play, relax, feel supported and express themselves when a humanitarian crisis arises.[6]

Scaling Up Services: Scaling Up Services refer to the deliberate efforts to increase the impact of innovations successfully tested in pilot or experimental projects so as to benefit more people and to foster policy and program development on a lasting basis.[7]

Mental Health Atlas: Mental Health Atlas is a periodic survey and report of countries' mental health policies and programmes, laws, information systems, financing, workforce and services.[8]

1. Mental Health. World Health Organization
2. Depression - Youth, Mental Health Foundation
3. Anxiety Disorders in Children, *NHS Inform*
4. Mental Health and Psychosocial Support (MHPSS), UNHCR
5. Defining Social and Emotional Learning, North Carolina Department of Public Instruction.
6. Child-Friendly Spaces, UNICEF USA
7. Scaling-up Definition, Expand Net
8. Mental Health Atlas, World Health Organization

4. Historical Background

First attempts to acknowledge Youth Mental Health as Global Crisis

Youth Mental Health was first identified as an issue and thus seeking immediate action in the 20th century, where **"Administration and Policy in Mental Health"**, an article by Friedman R.M was published. This article addressed changes in the prevalence, type, and severity of problems being presented by adolescents and the familial, social, and cultural supports and context for adolescent behaviour. It sought

to identify critical clinical and service system issues needing to be addressed and if mental health and substance abuse services were to effectively meet the needs of adolescents and their families.

In the early 2000s, an Atlas regarding **"Child and Adolescents Mental Health Resources"** was developed with mounting evidence pointing to antecedents of adult mental disorders detected in children and adolescents as well. Therefore, organizations like **WHO and The Department of Mental Health and Substance Abuse** supported the creation of an Atlas project, a project providing systematic information on country resources for mental health program development that included policy availability, professional resources and mechanisms for financing services. A **"Mental Health Action Plan" by WHO** was also active in 2013, with objectives including effective leadership and governance for mental health, the provision of comprehensive/integrated mental health and social care services in community-based settings, implementation of strategies for promotion and prevention and strengthened information systems being in the epicentre. From then and up until 2019, drastic measures were taken across the globe in order for mental health to be acknowledged as a universal issue, including **The Report of the 65th session of the WHO Regional Committee in Europe in 2015** and **WHO Special Initiative for Mental Health in 2019,** both concluding with the need of advanced policies and scale-up quality interventions/services for not only youth but people in general with mental health conditions.

In 2020 though, **new guidelines by WHO** regarding the promotion of mental health among adolescents were created in order to focus particularly on adolescents with increased risk of mental disorders or self-harm. Because mental health became a major issue for adolescents then, up to half of all mental health conditions were bound to arise before the age of 14, with suicide being the third leading cause of death among 15–19-year-olds, especially after the COVID-19 pandemic in 2022, which also triggered 25% increase in prevalence of anxiety and depression worldwide. This increase in mental health problems coincided with severe disruptions to mental health services, leaving huge gaps in the appropriate medical care. Due to no access to face-to-face interactions with specialists, many people have tried seeking support online. Finally in 2025, Youth Mental Health and Well-Being was declared by **The UN** as a global mental health crisis, with over 1 billion people estimated to be battling with mental health[1] and 1 in 7 adolescents aged 10–19 living with a mental health condition[2].

Organizations' actions and resolutions targeting Youth Mental Health and the Educational Environment

In spite of the aforementioned, the starting point was made by the **WHO Committee** with the start of their public mental health work in 1949. Reports about how mental health affects youth and later interfered with the school environment were being carried up until 1960. At that time, WHO worked continuously with partners and collaborators in order to form resolutions and strategies that manage problems in regard to the mental well-being of children, students and young people in general. In the 1950s, various conferences and seminars were held for informative and educational purposes. Conferences like **UNESCO's Conference on Education and the Mental Health of Children** and **UNESCO's Expert Committee on Psychological Services for Schools and Other Educational Institutions** in collaboration with **WHO** were being organised worldwide. **Seminars on Mental Health and Infant Development** organized by **The World Federation for Mental**

Health were also being held internationally, including Europe, Latin America, Asian and African Regions.

Factors responsible for the deterioration of Mental Health among Adolescents

After 1960 with the emergence of numerous wars and conflicts until recently though, studies have shown that children caught up in armed conflict and war zones are 3 times as likely to develop Post-Traumatic Stress Disorder (PTSD), anxiety disorders, or major depression[3]. Conflicts like **The Vietnam War** (1955-1975), **War in Afghanistan** (2001-2021), and in recent times, **The Israeli-Palestinian Conflict** (2023-Present) are shown to have major physical and psychological effects on young people. Cases of struggling with trauma often exhibit specific behaviours, including emotional withdrawal and self-imposed isolation. Adolescents may have their anxiety, fear, and elevated stress levels manifest through physical symptoms, like jumping at loud noises and nearby sounds. For younger children, chronic bed wetting can be a common sign of disrupted mental health while adolescents often display more aggressive behaviour.

Efforts and provision of practical solutions in tackling Mental Health related problems within Youth

Despite the obstacles occurring, significant efforts were made in order to address youth mental health and provide solutions meant for long-term successful mediation. **The United Nations' 1989 Convention on The Rights of the Child** was one of the first agreements among the United Nations Member States to confront mental health issues among youth and propose practical methods to properly safeguard their psychological well-being[4]. Continuing with the same approach, The UN also published the '**A World Fit for Children' Resolution** under the **UN General Assembly Special Session on Children** in the early 2000s, to further note the importance of mental health among adolescents and improve mental health services along with strengthening the care provided in the educational systems, targeting mental health. Later on, organizations including **UNICEF, UNESCO** along with **WHO** participated and established numerous programs and projects to face the Youth Mental Health Crisis and focus on interventions that are able to offer solutions through education as well. Actions like **The Special Initiative for Mental Health**, **The Mental Health and Action Programme**, **The 'Mental Health of Children and Young People' Service Guidance** in accordance with the **continuous implementation of Social and Emotional Learning (SEL)** and **Mental Health and Psychosocial Support (MPHSS)** through educational institutes pose not only as a base for solution-oriented approaches but for future development as well.

Special Resolutions regarding Youth Mental Health

Some of the resolutions regarding the topic though are particularly worth noting. **WHO** and **UNESCO** have created a set of guidelines to help schools establish a supportive environment for students. They offer schools and policymakers practical steps to enhance well-being, learning outcomes, and overall health systems. By encouraging healthy behaviours from early childhood within the school setting, they benefit not only the children but also their families, peers, and wider communities. In parallel, the **U.S. Surgeon General's Advisory** highlights that social media use among youth is nearly universal and raises nationwide concerns, emphasizing that the U.S. is facing a youth mental health crisis worsened by social isolation, school disruptions, trauma, and stress during the **COVID-19 pandemic**. Increased worries among researchers, parents, caregivers, and healthcare experts point to the significant impact of social media on young people's mental well-being. Complementing these findings, **UNESCO's Global Education Monitoring Reports** note

that **WHO** and **UNESCO** have launched the initiative **"Making Every School a Health Promoting School,"** introducing Global Standards for Health Promoting Schools. This initiative has already reached over 2.3 billion school-age children and contributed to WHO's target of achieving **"1 billion lives made healthier"** by 2023. Furthermore, recent **guidance** from **WHO, UNESCO,** and other **UN partners** strongly reinforces the principle that every school should function as a health-promoting school.

The COVID-19 Crisis

Taking into consideration the COVID-19 Adolescent Mental Health Crisis, the pandemic significantly increased rates of **major depression and anxiety** in youth, especially in girls and older adolescents in comparison with pre-pandemic surveys. Although studies varied in their details, they consistently concluded that public health policies, which restricted social interaction, were strongly associated with heightened anxiety and depression among teenagers. In addition to the effects of the pandemic, **Social Media–Driven Mental-Health harms** also represent a growing concern. While many children and teens rely on social media for entertainment, information and connection, research shows that these platforms can negatively affect emotional stability, impulse control and overall mental well-being. Finally, **School Safety and Trauma** further contribute to this mental-health burden, as many adolescents experience violence, harassment, discrimination, or other forms of bullying in their school environment. Such experiences not only damage their physical, social, emotional, and academic well-being but can also undermine school attendance and general life functioning.

1. World Health Organization Data
2. United Nations International Children Emergency Fund Data
3. The Mental Health Costs of Armed Conflicts—a Review of Systematic Reviews Conducted on Refugees, Asylum-Seekers and People Living in War Zones, International Journal of Environmental Research and Public Health
4. Article 19, Article 27, Article 29

5. Timeline of Key Events

January 1992: Administration and Policy in Mental Health	It examines the challenges in providing mental health and substance abuse services for adolescents.
1 January 2005: Atlas: Child and Adolescent mental health resources	Mental health policies for children and adolescents lag those for adults due to limited resources and awareness. The WHO's Child and Adolescent Mental Health Atlas provide data on mental health resources and policies globally.
6 January 2013: Mental health action plan 2013 - 2020	The action plan recognizes the essential role of mental health in achieving health for all people. It is based on a life-course approach, aims to achieve equity through universal health coverage and stresses the importance of prevention.
14–17 September 2015: Report of the 65th session of the WHO Regional Committee for Europe	Addresses that mental health is a growing global crisis that requires early, accessible, and youth-centred support systems. Schools and online platforms can play a key role by providing early intervention and reducing stigma around seeking care.

29 August 2018: The Lancet Commission on global mental health and sustainable development	The Commission highlights that adolescence is a critical period for mental health disorders that require youth-centred solutions in schools and social platforms.
2019: The WHO Special Initiative for Mental Health (2019-2023)	It specifically includes the adolescent population, while raising awareness and contributing to shaping policies and services.
28 September 2020: New WHO guidelines on promoting mental health among adolescents	Guidelines from WHO recommend a set of psychosocial interventions to promote mental health and prevent mental health conditions among adolescents, aged 10-19 years.
2 March 2022: Mental Health and COVID-19[2]	It raises awareness of suicidal behaviour and acknowledges the severe impact pandemic had on mental health.
2022: UNICEF and WHO Joint Program on Mental Health and Psychosocial Well-being and Development of Children and Adolescents	This partnership accelerates country-level action to deliver systemic change at scale— with focus on promoting nurturing environments and improved access to quality mental health promotion, protection and care for young people.
November 2025: Youth Mental Health and Well-being (United Nations)	Recognizes adolescents' mental health as a global crisis and focuses on youth centred strategies.

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2. Mental Health and COVID-19: Early Evidence of the Pandemic's Impact: Scientific Brief, World Health Organization

6. Current Situation

In today's world, evidence concludes that one in seven adolescents has a mental health condition. Suicide is the third leading cause of death among young people globally[1]. Without support, mental health conditions can negatively impact Children and Young People's (CYP) education, employment and relationships, limiting life trajectories. Timely care and enabling environments can improve outcomes and reduce long-term costs. Every dollar invested in adolescent mental health yields an estimated US$24 return over 80 years[2]. Young people today are navigating a world of constant change — facing economic uncertainty, climate anxiety, armed conflict, social injustice and the pressures of a hyper connected digital culture. These forces have a profound impact on how young people feel, live and thrive.

The global mental health crisis is one of the most urgent issues of our time, with over 1 billion people estimated to be living with mental health disorders[3] and 1 in 2 people developing a mental health disorder at some point in their lives[4]. In low-

income countries, there are fewer than 0.01 child mental health workers per 100,000 people, and services are often out of reach.

Schools can be places that nurture well-being, inclusion, equipping students with the knowledge, skills, competencies and lifestyles they need to thrive. School-based anti-bullying programs and socioemotional learning (SEL) are important components of a whole-school-health-promoting approach that can be delivered for all school ages improve students' well-being, academic performance and reduce risk behaviours, including self-harm and harmful substance use. Beyond schools, any intervention that successfully addresses stigma, violence and other adversity in the community can be considered promotive.

There is growing concern on the impact of engaging with social media and digital platforms on young people's mental health. In the past few years, several countries have initiated actions to regulate access to mobile phones and social media for children and adolescents, although evidence to inform a public health approach for safe and healthy engagement with social media and digital technology for children is limited. However, promising interventions include skills-building programs for adolescents and for caregivers to promote responsible and safe engagement with social media and technological tools to promote online safety, including reporting systems.

Across regions, there are encouraging examples of evidence-based interventions and good practices that have been successfully implemented and scaled including:

- **Serbia's** digital one-stop shop developed by the government provides educational resources and counselling sessions for young people in need of mental health support which has directly reached nearly 170.000 young people and is accessible to more than one million young people in the country
- **The Ministry of Health of Cote d'Ivoire** in partnership with **The Ministry of Social Affairs**' establishment of a roster of social workers trained in child mental health and deployed to emergency-affected areas in response to the Central Sahel crisis, providing services to 50.000 people living in refugee camps and host communities
- **Kenya's** stepped care model called Shamwiri, where young high school graduates were trained as peer counsellors to identify cases and deliver support in schools, or coordinate referrals to more intensive support according to mental health needs
- **Brazil's** community-based mental health service provision taking place through child psychosocial care centres (Centro de Atenção Psicossocial Infantil, CAPSi), providing multisector services to children and young people with mental health needs and their caregivers across the country.

Despite the increasing recognition of mental health across UN policy frameworks, children and youth remain largely absent from global commitments, data systems, and financing priorities. As a result, **latent gaps exist** and strengthened regarding child and youth mental health. Those include mainly the absence and lack of dedicated resolutions, as well as age specific commitments within global frameworks. Mechanisms that are responsible for shaping mental health policies are also missing youth's perspective, leading to little to zero accountability and oversight within the global policy regarding children' and young people's mental health.

1.2021 Global Burden of Disease (GBD), Seattle: Institute for Health Metrics and Evaluation
2. Children and Young People's Mental Health: The Case for Action, World Health Organization
3. WHO World Mental Health Review, 2022
4. WHO Mental Health Atlas, 2024

7. Major Parties Involved

UNICEF: UNICEF offers Mental Health and Psychosocial Support (MHPSS) to young people, especially those who were victims of a humanitarian crisis in order to protect their mental well-being and alleviate their suffering. By creating Child-Friendly Spaces (CFS) and providing psychological first aid through specially trained personnel, UNICEF aims to support long-term mental well-being for children and caregivers in communities around the globe. Collaborating with WHO, UNICEF has also published "Mental Health of Children and Young People", a Service Guidance supporting the transformation of mental health services for children and adolescents.

AUSTRALIA: Australia is committed to tackling the pressing issue affecting the mental health of young people, believing that the prevention of mental illnesses could not be achieved without first ensuring the mental health and well-being of adolescents. For this reason, the Australian Government has proceeded with the creation and funding of various Non-Governmental Organizations (NGOs).

"Headspace" is the largest national network of enhanced primary care and youth mental health centres, providing mental health and wellbeing support to adolescents and emerging adults over the phone or online. Focusing on early intervention, Headspace works with young people to provide support in their adolescent and early adult years. Headspace centres have been progressively implemented over the past 12 years and are expected to apply a consistent model of integrated youth healthcare.

"Beyond Blue" is Australia's most well-known, trusted, and visited mental health organisation. Placing the focus on tackling depression and anxiety, factors that also contribute to suicide prevention, Beyond Blue works by tracking records in identifying gaps in the mental health system that result in the development and scaling of new service models and workforces, leading to prevention and early intervention.

CANADA: Canada has made significant efforts in addressing youth mental health and investing in the creation and implementation of guidelines, integrated care models and special funds targeting the improvement of mental health services.

The Mental Health Commission of Canada (MHCC) is a federal agency that leads the development and dissemination of innovative programs and tools to support the mental health and wellness of people in Canada. Placing emphasis on the mental well-being of children, students and young adults, MHCC has created an accessible adaptation that highlights experiences of young people and works towards system change. MHCC has also taken the initiative to form "**HEADSTRONG",** a youth leadership program developed to champion mental wellness by giving youth the tools, confidence, and inspiration to overcome and lead mental health and wellness in their schools and communities.

UNESCO: UNESCO in collaboration with partners works in order to support Member States to strengthen Mental Health and Psychosocial Support (MHPSS) in and through education. UNESCO focuses on safeguarding mental health, supporting resilience, and helping all young learners thrive. By developing global guidance, producing practical tools, strengthening data and evidence and supporting policy reform, UNESCO works towards building resilient education systems that promote mental health for all learners and staff.

THE PAN-AMERICAN HEALTH ORGANIZATION (PAHO). PAHO is a specialized international health agency in America and it works with countries throughout the region to improve and protect people's health. By joining forces with "The Organization of American States" (OAS), PAHO launched the first "Inter-American Mental Health Week" involving the creation of regional workshops and

online courses that focused on providing care and stability to young people who suffer from mental health issues across the region.

8. Previous Attempts To Solve The Issue

THE UNITED NATIONS' 1989 CONVENTION ON THE RIGHTS OF THE CHILD: The United Nations' 1989 Convention on The Rights of the Child outlines the basic rights in which children are entitled. The right to mental healthcare is the focus point of the document, and the absence of policies designed to address the mental healthcare needs of children and adolescents opposes the rights established by the Convention. In spite of the Convention's approval by 193 countries, there has been no international enforcement or movement to create mental health policies, leaving most children and adolescents without adequate care.

EU COUNCIL'S CONCLUSIONS: On 20 June 2025, the Council of the European Union (EU) adopted new conclusions urging stronger action to protect the mental health of children and adolescents regarding the growing concerns over the impact of the digital environment. The initiative, conducted by Poland, recognises both the opportunities and risks posed by digitalisation and calls on EU Member States and the European Commission to create safer, healthier, and more age-appropriate digital spaces for young people. Progress has already been made with the creation of guidelines and an age verification app prototype already being developed in order to create a safe online environment for children and adolescents.

USA'S 'PROJECT AWARE': Project AWARE, which stands for "Advancing Wellness and Resilience in Education", is a school-based mental health grant program powered through the Substance Abuse and Mental Health Services Administration (SAMHSA). Project AWARE focused on supporting activities that promote youth and adolescent mental well-being in schools by identifying school-aged youth needing mental health services and increasing access to mental health treatment, all which resulted in the improvement of mental health systems and raised awareness among teachers and school personnel.

U.S'S SOCIAL AND EMOTIONAL LEARNING (SEL) PROGRAMS: Before and during the COVID-19 pandemic, U.S states have proceeded with supportive policies and conditions to promote high-quality implementation of Social and Emotional Learning, starting from the school district until it leads to the classroom. Despite the efforts, the development of curricula that focuses on addressing social and emotional competences has faced many controversies about the instructional content and instructional practices schools should use to teach students. As a result, legislators in nine states have proposed bills to prohibit or inhibit Social and Emotional Learning instruction in educational institutions.

WHO'S MENTAL HEALTH AND ACTION PROGRAMME (mhGAP): The Mental Health and Action Programme (mhGAP) supports engagement of non-specialists in mental health services in Low- and Middle-Income countries. It was launched in 2008 in order to support scaling up services by focusing on the mainstreaming of mental health inside primary health care services. Through the mhGap Intervention Guide, which was later released, it provided non-specialised personnel with clinical algorithms to support and manage the diagnosis of prioritised mental disorders within children and adolescents. Despite the growth of the programme, criticism was attracted along cultural and profession-wise lines, leading to questioning the generalisability of the diagnoses as well as arguing due to the lack

of evidence/effectiveness according to the western-based psychological and psychiatric treatments.

AFRICA'S YOUTH MENTAL HEALTH PROJECT: The Commonwealth Secretariat and the East, Central, and Southern Africa Health Community (ECSA-HC) have joined forces to form 'The ECSA-Common Wealth Youth Mental Health Project' and improve mental health support across the region, aiming to reduce the factors that prevent young people from seeking help. On the side-lines of the Best Practices Forum in Mauritius, the organisations called upon policy dialogue with youth leaders and policymakers from Eswatini, Kenya, Lesotho, Malawi, Mauritius, Tanzania, Uganda, Zambia, and Zimbabwe to challenge participants to rethink the way youth mental health is viewed, supported, prioritised, and sustained. The forum revealed gaps in today's policies, funding, and healthcare systems and resulted in a "Framework of Regional Youth Mental Health" that will be developed by the technical working group, with further consultation at the ECSA-HC Ministerial meeting in February 2026.

9. Possible Solutions

School-based trans-diagnostic promotion/prevention programmes

Since children and adolescents spend a large portion of their daily lives in educational settings, school-based mental health services have become essential for supporting their overall well-being. A wide variety of studies has proved that programmes that provide emotional support to adolescents can help by addressing certain risk factors and by promoting discussions about this topic. Specifically, schools, through this kind of programme should consider building vital emotional skills, resilience and general well-being. However, the relative effectiveness of this solution has a small to overall effect size as the relative impact of teacher-led versus psychologist-led interventions remain unclear.

Improvement of school climate

Schools and school climate are thought to influence academic outcomes as well as child and adolescent development, health and well-being. Therefore, improving school climate is crucial. This can be accomplished by cultivating experiential learning as well as adding courses to the school curriculum that reinforce interpersonal skills and relationships, such as team sports and group projects. With this method, a broad range of goals can be achieved. Strengthening, for instance, the overall environment by fostering fruitful discussions, as well as supportive relationships between teachers and students can be efficient. A comprehensive study analyzing these factors, has reached the conclusion that students who reported being in a balanced school environment are strongly associated with better social-emotional health among adolescents. Teacher–student relationships and disciplinary practices may serve as key targets for future efforts to promote children's social-emotional well-being.

Online Preventing Interventions

A meta-analysis that was based on 25 comparisons underscores the positive impact of Internet- based self-care programmes. It has been estimated that the symptoms of psychological problems and mental health among adolescents, specifically students, have been diminished, especially anxiety and stress to a certain level. With this method, the development and promotion of self-care platforms on the internet that deliver a certain type of therapy, allow young adults to have easy access to independent help, without needing face-to-face therapy. However, it is crucial to

acknowledge that the available evidence exhibits inconsistencies and limitations. Therefore, individuals should be attentive while navigating the digital space and maintain oversight of the situation and the dangers of the internet.

Digital tools for mental health promotion

The availability of digital tools aiming to promote adolescent mental health is rapidly increasing. Small, but promising, effects of digital tools, such as emails, social media platforms, messaging applications, were found with respect to promoting well-being, relieving anxiety, and enhancing protective factors. While not all digital tools were equally effective across symptom domains, several studies emphasise the reduction of risk of developing severe mental health issues that can be achieved through this kind of digital tools. Summarising, evidence suggests combining self-help with some human support improves adherence.

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