

# Mental Health: A Pain that Resides in the Mind

The experiences  
of young people  
in East Asia  
and Pacific

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**YOUNG &  
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*Note: the report title “Mental Health: A Pain that Resides in the Mind” is a quote from a young Indonesian workshop participant.*

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### **Young & Resilient Research Centre**

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The Young and Resilient Research Centre is an Australian-based, international research centre that unites young people with researchers, practitioners, innovators, and policymakers to explore the role of technology in children’s and young people’s lives and how it can be used to improve individual and community resilience across generations.



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# Foreword

The COVID-19 pandemic highlighted the mental health needs of adolescents in East Asia and the Pacific. Governments in the region recognise the need to support young people following the multiple difficulties they faced during this time. Even before the pandemic, adolescents in the region were disproportionately affected by lack of access to support, by stigma, and bullying, both on and offline. Before the pandemic, UNICEF estimated that 1 in 7 adolescents aged 10-19 years lived with a diagnosed mental disorder and that suicide was among the top four causes of death amongst this age group in the region.

We know that the drivers of poor mental health are complex and specific to each context, yet still not enough is known about these drivers and their interplay, for both individuals and groups. To respond to the mental health needs of adolescents, we need to understand what prevents them from accessing support. We also need to recognise the root causes of the difficulties they experience, in order to empower them to access the skills and knowledge they need to transition safely into adulthood.

Commissioned by UNICEF, this study engaged with 582 young people, of these 352 were girls, in four countries to understand their insights, experiences, and recommendations, and explore how the resulting findings can be channeled into policy, programming, and professional practice across East Asia and Pacific. The Young and Resilient Research Centre (Y&R) at Western Sydney University collaborated with organizations in Fiji, Indonesia, Malaysia, and Thailand to ask adolescent girls and boys how they perceive mental health in their day-to-day environment; what are the face-to-face and online drivers of poor mental health; and what young people perceive as the barriers and enablers of their mental health.

What we learned is that these young people experienced stigma regarding their mental health difficulties, and that it is critical to accompany them with factual, accessible support which also encourages understanding from their families, schools, and communities. The young people reached by the study highlighted the challenges to good mental health outcomes which stem from broader socio-structural inequalities, uncertainties, and crises – including low income, lack of food, unsafe environments, violence, and climate change.

Young people are keen to access support online, and it is imperative that we work together to ensure that online spaces offer tools and resources that are youth-friendly and safe, and that provide reassurance, advice, guidance, and correct information. To continue to learn and better understand some of the social factors and conditions that contribute to, or harm, young people's mental health, an adaptable tool has been developed for researchers and practitioners.

This report calls for collective efforts to create contexts that foster young people's mental health and wellbeing, particularly for those from marginalized communities. Young people's expertise and lived experience must be included in such efforts. Young people's mental health is everybody's responsibility. Interventions that improve support and address structural inequalities can better respond to the needs of young people and mitigate the outcomes of negative mental health outcomes.



**Debora Comini**  
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# Contents

<b>Acknowledgements</b>	<b>3</b>
<b>Foreword</b>	<b>4</b>
<b>Executive Summary</b>	<b>6</b>
<b>Key Country Differences</b>	<b>10</b>
<b>Introduction</b>	<b>12</b>
<b>Literature Review</b>	<b>14</b>
Mental Health Concerns Among Young People	16
Social Understandings of Mental Health	18
Towards Digital Approaches	20
Theoretical Framework	20
Measuring Socio-Structural Influences	21
<b>Methods</b>	<b>22</b>
Qualitative Workshops	22
The Survey	26
Ethical Clearance	26
<b>Findings</b>	<b>28</b>
Understandings of Mental Health	28
Protective Factors	34
What Challenges Young People's Mental Health?	40
Help Seeking	48
Barriers to Help Seeking and Support	52
Survey Data	60
<b>Conclusions</b>	<b>70</b>
International Organisations	71
Government	71
Service Providers	72
Schools	72
Parents	73
Young People	73
<b>References</b>	<b>74</b>
<b>Appendix 1: Survey Details</b>	<b>80</b>
<b>Appendix 2: Implementation Challenges</b>	<b>92</b>
<b>Appendix 3: Local Partners</b>	<b>94</b>



# Executive Summary

Adolescence is a critical time for young people's mental health and wellbeing. Globally, nearly half of those with mental illnesses experience first onset before age 18 (Solmi et al., 2022: 285). Impacts of the COVID-19 pandemic have exacerbated mental health concerns and compound a range of long-term structural inequalities, including precarity, criminalisation, racial and gender discrimination, austerity, and the worsening effects of climate change (Moore et al., 2021: 423). Lack of services and programs similarly intensify mental health burdens, potentially affecting some populations disproportionately (e.g., young people affected by HIV, refugee and migrant communities, adolescent parents. WHO, 2020; UNICEF, 2021). But the international crisis in youth mental health is neither new nor temporary; mental health issues constitute a major burden of disease for young people aged 10 to 24 globally (WHO, 2020; UNICEF, 2021).

Youth mental health is a particularly acute concern in East Asia and Pacific (UNICEF, 2021; UNICEF & Burnet Institute, 2022) where evidence gaps about diverse individual and social drivers of youth mental health are pronounced. Building a robust knowledge base about adolescent mental health in this region is thus an urgent priority.

Accordingly, in 2022, the Young and Resilient Research Centre (Y&R) at Western Sydney University collaborated with trusted, child-facing organisations in East Asia and Pacific to explore young people's perceptions and experiences of mental health, including their ideas about barriers and enablers and the role of digital environments. Using a distributed data generation approach pioneered by Y&R (Third et al, 2021), we developed creative and participatory workshop-based consultations that were then undertaken with young people across the region, hosted by our collaborating partners. Young people from the general population (all countries), in refugee communities **(Malaysia)**, living with or at risk of HIV **(Thailand)**, living with non-biological caregivers **(Fiji)**, and adolescent parents **(Indonesia)**, took part. We also designed and a piloted a survey to explore broader socio-structural factors affecting young people's mental health.

So, what did young people in the region say about mental health?

## Meanings

Young people imagine mental health in diverse ways. They highlight emotional dimensions and acknowledge the interdependence between mental and physical health. Many ground mental health in individual predispositions and an ability to cope with adversity, but also think mental health has strong relational dimensions, affirming relationships with family, friends, and peers can foster and challenge their mental health. Young people do not always understand clinical descriptions of mental health, tending rather to recognise affective states associated with particular mental health challenges.

**What should we do?** The absence of established mental health vernaculars in some cultural contexts suggests mental health interventions should embed plain language alongside formal terminology. Policy makers, frontline professionals, and others who support young people should use descriptive language alongside clinical terms to facilitate young people's engagement and understanding. Population focussed interventions and services should use language young people can relate to, illustrated with examples anchored to young people's everyday experiences.





## Protective Factors

Young people highlight the protective value of individual self-reliance but also recognise the importance of context for mental resilience. For young people, positive mental health is highly dependent on having basic needs met, like adequate food, shelter, and clean water. As well as relationships with family and friends, young people foreground the benefits of leisure, exercise, and play; religion and spirituality; and everyday indulgences like eating foods they enjoy. They say the digital environment can support mental health as a source of information and formal and informal support.

**What should we do?** Contextually relevant education and interventions should continue building young people's knowledge and skills about individual mental resilience and wellbeing - including the value of leisure - but also nurture intergenerational awareness and capacity in fostering healthy relationships. Governments, civil society, and the private sector must work together to develop digital environments that young people trust to inform and support their mental health. Young people's identification of basic needs like food, shelter, and safe water as critical to mental health requires systemic change grounded in bold, political decision-making at regional, national, and international levels to secure the rights of every adolescent to live well.

## Challenges

The ambient conditions of young people's everyday lives (e.g., the health of the natural world; the safety of their communities; gender or racial stereotypes) profoundly shape their mental health. Concerns about their communities, the environment, climate change, and natural disasters all negatively impact experiences of mental health. Social issues, inequities, and forms of discrimination heighten mental health anxieties. Young people say that challenges to mental health are more acute for people who cannot afford basic needs, but that being able to reliably meet financial commitments protects against negative mental health.

**What should we do?** Investment should be made to ensure young people's day to day environments are safe and secure. However, many of the challenges young people say affect mental health outcomes demand attention and response at political and societal levels, meaning young people can feel they have little power or agency to enact necessary change. Consequently, initiatives to build young people's self-efficacy, agency, and participation in civic and political decision making have the potential to enhance their wellbeing, although such efforts must be sensitive to cultural context and protect young people's safety.

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## Help Seeking

Young people identify formal and informal help seeking and support opportunities for mental health. They turn to family or friends, highly valuing non-judgemental relationships where they can talk safely about mental health. They appreciate the support of trusted community actors – elders, teachers – to nurture their mental health and wellbeing. Young people recognise the value of formal mental health support from doctors, counsellors, and other mental health professionals. But many say they cannot access professional support or raise concerns about the privacy and confidentiality of services or stigma associated with their use. Young people say the anonymity of online environments is a potentially enabling factor to seeking out information and support for mental health concerns.

**What should we do?** Governments and civil society must urgently address constraints on mental health service provision so young people can access services when and where they need them. Building people's awareness and competencies to identify young people's mental health issues and equipping people with effective interpersonal and intra-relational communications skills, will strengthen informal expertise and pathways of support for young people's mental health. At the same time, families, peers, and community members would benefit from knowing when to recommend young people seek professional help. The potential of online environments can be harnessed by ensuring young people receive accurate and useful knowledge and advice, and accessible and appropriate tools and resources online, and by addressing young people's privacy and security concerns.

We hope this report will help young people, families, scholars, policy makers, mental health service providers, and other relevant sectors more broadly across the East Asia and Pacific region identify how to foster conditions that encourage young people's positive mental health. We have found that encouraging mental health literacies, ensuring young people can access quality, evidence-based mental health support, and working to create social, economic, and ecological conditions that enable communities to flourish will promote positive mental health outcomes for all young people. The task now is for governments, organisations, communities, and individuals to take up the challenges presented here so that young people in the region will thrive now and into the future.

## Barriers

Young people can find it difficult to find mental health information or support they trust or believe respects their privacy. Doubts about trustworthiness, credibility, and security may particularly inhibit their use of online services. While young people want to and often do use informal supports for mental health (e.g., family, friends), they can find them unhelpful or discouraging. Moreover, they often struggle to identify when their mental health is compromised, fearing not being taken seriously, stigma, shame, or a lack of empathy. Pragmatic factors, like cost, availability, overburdened services, and poor infrastructure (e.g., internet access) also present significant challenges for young people's help seeking.

**What should we do?** Clear information and guidance are critical for young people and adults about when to look beyond informal networks and seek professional support to address mental health issues. So too are initiatives that direct young people to trustworthy, evidence-based resources or support communities to help them understand mental health experiences and identify appropriate support. Young people will more likely access mental health support online if industry, government, and civil society collaborate to ensure the security, reliability, and trustworthiness of online information and availability of anonymous online services. Industry and mental health professionals could also work collaboratively with young people to ensure online services are effective, reliable, and resonate with young people.



# Key Country Differences

- In Fiji, Indonesia, and Thailand, young people placed greater value on professional mental health support than their counterparts in Malaysia, where relationships and online spaces were valued more highly.
- Young people in Indonesia were particularly concerned about privacy violations when disclosing mental health or seeking mental health support.
- Participants in Malaysia, Indonesia, and Thailand emphasised the value of hobbies, interests, and entertainment as coping strategies more so than in Fiji.
- Compared with other countries, young people in Malaysia placed more emphasis on how online entertainment helps to promote positive mental health.
- Adolescent parents in Indonesia expressed greater concern about the impact of increased costs of living on their mental health compared with other young Indonesian participants.
- Compared to other countries, young people in Indonesia and Thailand emphasised more strongly the importance of meeting basic needs for mental health (like having enough food, being able to manage rising expenses, living in safe and clean environments). They also tended to emphasise that material wealth enables wellbeing.
- Young people in Thailand raised concerns that discrimination faced by sexuality and gender diverse people can result in them experiencing adverse mental health effects.
- In Fiji and Indonesia, participants identified mental health concerns they believed were specific to males. Participants in Fiji explained how ideals about masculinity can hinder mental health help seeking. In Indonesia, participants created a story about a character who experienced sadness and guilt but did not seek professional help after an act of domestic violence against his wife.



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# Introduction

Mental health issues constitute a major burden of disease for young people aged 10 to 24 globally (WHO, 2020; UNICEF, 2021). Moreover, research shows that some sub-populations may be at greater risk of negative mental health outcomes, including young people affected by HIV, adolescent parents, and those in refugee and migrant communities (WHO, 2020; UNICEF, 2021). Across the globe, youth mental health issues are compounded by a lack of services and programs both to promote young people's mental health and to prevent mental illness (UNICEF, 2021: 117).

Adolescence – the period of rapid growth and transition experienced by young people between the ages of 10-19 (UNICEF, 2022) – is a critical time for young people's current and future mental health and wellbeing. As they transition to adulthood, young people experience significant physical, emotional, cognitive, and social-behavioural changes – transformations in how they sense, feel, think, and interact with the people and the world around them. Social and cultural expectations of young people, as well as their legal and administrative status, also shift significantly in the second decade of life and young people typically begin to work or build careers, marry, and are deemed legally responsible for their actions. Dealing with this range of new experiences and pressures can significantly challenge young people's sense of wellbeing and, in some cases, precipitate long-term mental health issues. Indeed, globally, nearly half of the people with mental illnesses experience first onset before age 18 (Solmi et al., 2022: 285). And, while a global issue, youth mental health is a particularly acute concern for countries in the East Asia and Pacific region (UNICEF & Burnet Institute, 2022). For example, in 2021, UNICEF found that particularly high numbers of the region's adolescents experience mental health conditions (UNICEF, 2021: 36).

Since early 2020, youth mental health issues have been exacerbated by the effects of the COVID-19 pandemic. Recent analysis by the OECD found that young people's mental health *'worsened significantly in 2020-21'*, and that the pandemic's impact on the labour market *'is disproportionately affecting young people'* (OECD, 2021: 2).

It is anticipated that the impacts of the pandemic will continue to profoundly shape the mental health of the current generation of children and young people around the world for decades to come (Sonuga-Barke & Fearon, 2021). However, while the effects of the pandemic on youth mental health across the region are top of mind for many decision makers currently, the crisis in youth mental health is by no means new or temporary. Indeed, the pandemic unfolds against and compounds a range of long-term structural inequalities, including precarity, criminalisation, racial and gender discrimination, austerity, and the worsening effects of climate change (Moore et al., 2021: 423).

It is widely acknowledged that the drivers of youth mental health are diverse, and include individual, social, and structural components (UNICEF, 2021; UNICEF & Burnet Institute, 2022). Yet still not enough is known about these drivers, and the interplay between them, both for individuals and for groups of young people. The evidence gaps are particularly pronounced across the East Asia and Pacific region (UNICEF & Burnet Institute, 2022). Building a robust knowledge base about adolescent mental health in East Asia and Pacific is thus an urgent priority.

What kind of evidence is needed? Clinical models and treatments, and research and practice based on understanding individual factors and developing personal interventions have and continue to play a crucial role in addressing young people's poor mental health. At the same time, there is growing evidence that poor mental health is often the consequence of complex drivers involving, for example, social, environmental, political, and economic conditions and stressors. It follows then, that research that helps reveal and comprehend those complex drivers and their interrelationships will add valuable insights to understandings of mental health and provide important information for strategies and interventions to support young people's mental health and wellbeing.

Understanding young people's own attitudes and perceptions of mental health constitutes one important step towards the development of targeted interventions that are culturally appropriate and effective (Brooks et al., 2022: 3). Commissioned by UNICEF, the study reported herein set out to work with young people in four countries to understand their insights, experiences, and recommendations about how to support youth mental health, and to channel these into policy, programming and professional practice across the East Asia and Pacific region.

The Young and Resilient Research Centre (Y&R) at Western Sydney University collaborated with trusted, child-facing organisations in Fiji, Indonesia, Malaysia, and Thailand to deliver creative and participatory workshops with a total of 218 young people aged 10-19. In addition to consulting young people in the general population, we worked with young people living in refugee communities (Malaysia), young people living with or at risk of HIV (Thailand), adolescent parents (Indonesia), and young people living with non-biological caregivers (Fiji). Workshops explored three key research questions:

- How do young people in East Asia and Pacific perceive and experience mental health in their day-to-day environments?
- What are the face-to-face and online drivers of adolescent mental health outcomes, including broader socio-structural factors?
- What do young people perceive as the barriers and enablers of their mental health?

The project was also interested in understanding, from young people's perspectives, how the digital environment might both impede and support young people's mental health and wellbeing. Since the onset of the pandemic, those young people who can routinely access digital technologies have been spending more time online than ever before (Fernandes et al., 2020; Pew Research Center, 2021). Public health measures stipulating lockdowns and/or physical distancing have compelled young people to rely in unprecedented ways on online systems and tools to interact with others and go about their daily lives. While the digital environment provides significant opportunities for young people's learning, entertainment, social connection, and support (Third et al., 2017; Third & Moody, 2021; Livingstone et al., 2017; Stoilova et al., 2021), it can also expose young people to social interactions, practices, and content with potential to adversely impact their mental health (Kardefelt-Winther et al., 2020).

The data collected in this project were used to develop a series of recommendations to guide youth mental health initiatives in the four participating countries and in the region more broadly. The project also initiated development and testing of a survey instrument, for adaptation and use across varying geographic and cultural contexts, to surface the socio-ecological drivers that influence young people's mental wellbeing.

It is our hope that this report will be used by young people, their peers and families, scholars, policy makers, schools, mental health service providers and the social sector more broadly across the East Asia and Pacific region to foster the mental health literacies of young people and those who support and enable them; to ensure that young people can access quality, evidence-based mental health support; and to help create the social, economic and ecological conditions that enable all young people across the region to thrive, now and into the future.

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# Literature Review

Young people develop and change significantly during adolescence, transforming physically, cognitively, and emotionally. They frequently grapple with who they are, who they want to be, and the future they want for themselves. Globally, young people transitioning to adulthood wrestle with such questions at an individual level, but they do so in different social and cultural contexts. Those diverse and complex contexts affect, shape, regulate, or enable the options and choices young people as individuals have to manage and respond to changes they experience during adolescence, and influence the future pathways available to them as they transition into adulthood. Accordingly, while young people around the world may experience similar physiological transformations during adolescence, diverse, complex, and challenging socio-cultural factors (e.g., poverty, inequality, gender-based violence) will also strongly influence their adolescent experiences, and so too their mental health and wellbeing.

The COVID-19 pandemic has had profound consequences for young people's mental health but, regardless of the ongoing pandemic, *'psychological distress and poor mental health afflict too many children'* (UNICEF, 2021: 8). Pre-existing job and housing shortages, conflict, natural disasters, uncertainties about climate change, unstable political systems, as well as the everyday vicissitudes of life, place pressure on young people's mental health and wellbeing. For example, for communities in Fiji and Cyprus, *'changes to the local ecology, their livelihoods, and their connection to the land [as a consequence of climate change] are already resulting in clear emotional distress'* (du Bray et al., 2017: 106).

The growing importance of digital technologies are also part of the wider, rapidly evolving, modern-day reality that now commonly confronts young people and that can lead to significant stressors in their day-to-day lives. Young people's engagement with new mediated environments exposes them to both risks and opportunities (Third et al., 2017; Third & Moody, 2021; Livingstone et al., 2017; Stoilova et al., 2021). For example, Thianthai (2018) argues social media can provide young people in Thailand a way to release stress and express identity and emotion, while Charoenwanit (2019), also reporting on Thailand, notes an association between online bullying and depression amongst adolescents aged 14-20.

Recent research has demonstrated that mental health and wellbeing are major concerns in East Asia, South Asia, and the Pacific, especially for young people. According to UNICEF's global data analysis, these regions *'had the highest numbers of adolescents with mental health disorders'* across the world (UNICEF, 2021: 36).

This literature review focuses on scholarship about the four countries included in this project's scope: Malaysia, Indonesia, Thailand, and Fiji<sup>1</sup>. Overall, across all four countries, existing evidence skews towards quantitative studies concerned with examining relationships between demographic variables and the prevalence of negative mental health in study samples. Of these countries, data and information on young people's mental health is most lacking in Fiji. As Hoadley et al. (2020: 27) explain, while Fiji and PNG have *'large youth populations, there is a paucity of data detailing child and adolescent mental health'*.

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1 This project drew on English language research across the sample locations.







## Mental Health Concerns Among Young People

Scholarship across Malaysia, Indonesia, Thailand, and Fiji has raised concerns about the prevalence of depression and anxiety amongst young people. A survey of 1,100 Thai students in grades 10 to 12 found high levels of stress related to education, including *'pressure from study, worry about grades, self-expectation stress, workload, and study despondency'*, accompanied by high anxiety and depression (Assana et al., 2017: 2). Assana et al. (2017: 4-5) explain that, along with *the 'high expectations of family, school, and peers,'* the Thai national university entrance exam places a significant amount of stress on students. For young people in Malaysia depression has also been associated with academic pressures. Kok and Lai (2017: 39) note how this is related to family *as 'participants felt ashamed about not being able to fulfil the expectations of their parents, which led to depression'*. Ibrahim et al. (2017: 133) associate the desire for academic success to broader global processes:

*[Like] any youth population of developing countries, Malaysian youth experience modernization and are affected by globalization... [E]ducational achievement is the best platform for the Malaysian youth to secure a job in order to improve the socioeconomic condition of their family.*

In a meta-synthesis of articles on Malaysian young people's vulnerability to mental ill-health, Kok and Low (2019) found that along with academic stress, risk factors included relationship issues, low economic status, and social changes such as coping with increasing uncertainties. A Fijian study involving secondary school students found respondents felt a lack of support for career choices, many responsibilities, divorce, poor behaviour from parents, and stress negatively impacted their feelings of wellness (Odrovakavula & Mohammadnezhad, 2021). Concerns about young people's anxiety levels have also been raised in Indonesia. In a survey of 393 university students aged 16 to 24, 95.4% reported dealing with anxiety (Kaligis et al., 2021: 7). Significantly, approximately 92% of respondents felt *they 'could not help their friends or loved ones to overcome physical and mental health problems'* (Kaligis et al., 2021: 7).

Alongside the prevalence of anxiety and depression, there are growing concerns about youth suicide. In a retrospective audit of suicides and attempted suicide in Nadi, Fiji, from 2012-2013, Lal et al. (2016: 14) found that, of the total sample, *'40% were young people between the ages of 20-29'* and *'86.6% were Fijian of Indian descent'*. A situational analysis of adolescent health in Fiji also found that young Indo-Fijian men were particularly at risk of suicide (Colquhoun et al., 2016). In Malaysia a survey of 2,789 adolescents found 6.2% had thought about suicide, with higher prevalence among females and those of Indian ancestry (Chan et al., 2018). Similarly, Maniam et al. found young Malaysians aged 16 to 24 were at a higher risk of suicide compared to the rest of the population, and people of Indian descent were again deemed to be at greater risk (Maniam et al., 2014). Along those lines, Ahmad et al. (2015) argue that mental illnesses might be more prevalent among Indian children and adolescents in Malaysia as they face greater social and economic disadvantage.

Other studies have attempted to understand the relationship between behaviours, circumstances, and identities, and their association with or impact on young people's mental health. For example, looking at the relationship between alcohol use and depression amongst high school students in Thailand, Wichaidit et al. (2019) found a positive association between depressed mood and alcohol consumption, with this association strongest for early adolescent girls. Azhar et al. (2018) found Malaysian adolescents who had experienced home break-ins and lived in lower socio-economic neighbourhoods were more likely to have lower levels of mental health.

Researchers most commonly make use of individual measures, like the Strengths and Difficulties Questionnaire (Fausiah et al., 2019; Azhar et al., 2018; Sahril et al., 2021), to ascertain psychological distress and to understand relationships between experiential and demographic factors and mental states. Research exploring what mental health means to young people across contexts and cultures is less common, but awareness of its relevance and importance for the development of mental health services and interventions is growing both globally and regionally around the Asia Pacific.



In work investigating how adolescents in Indonesia conceptualise mental health, participants saw mental health issues as something that happens *‘to “other” people’* and associated positive mental health with feelings of happiness, having personal control, and *‘the ability to socialise and interact with others’* (Willenberg et al., 2020: 3). Willenberg et al. also noted that when participants discussed mental ill-health, absent from those discussions were *‘common mental health disorders such as depression and anxiety’*; instead, participants tended to describe negative mental health *‘in terms of serious or severe mental illness’*, evident in *‘emotional, behavioural and physical disturbance’* (Willenberg et al., 2020: 5).

Signalling the association between ill-mental health and stigma, Willenberg et al.’s participants explained that a person with mental health issues could be identified from the way they looked (e.g., being malnourished or dirty). They attributed poor mental health to a variety of personal and social risks and factors, including poor self-esteem, low confidence, bullying, sexual harassment, academic pressures, excessive time on social media, and *‘the inability to cope with contemporary pressures, poor social skills, and fractured relationships’* more generally (Willenberg et al., 2020: 3). At a more macro levels, adolescents highlighted conflict or war, *‘unemployment, corruption, badly regulated governments, and failure to adapt to social change’*, could also have a negative impact on mental wellbeing (Willenberg et al., 2020: 5).

Protective factors included having a positive mindset, good physical health, healthy relationships with peers, supportive and nurturing families, which included intimacy with parents, an enjoyable school environment, and communities where people are respected and included. Participants also felt poor mental health could result from *‘failure of prayer or connection with God’*, reflecting the importance of religion in the context (Willenberg et al., 2020: 5-6), and suggesting prayer and worship were seen as potential remedies to restore wellbeing.

Similarly, Brooks et al. (2022) spoke to adolescents in Indonesia aged 11 to 15 with diagnosed mental health conditions, predominantly including anxiety and depression, and without diagnosed mental health conditions. Like Willenberg et al. (2020) they found young people who did not have mental health conditions felt mental illness was physically observable in an individual. However, this was not so for respondents who did have experience with mental illness. Evidencing the entrenched nature of mental health stigma, both groups associated mental illness with abnormality. That is, those with mental health conditions self-stigmatise, manifesting in a sense of shame, embarrassment, and feeling like a burden to others, suggesting they internalise stigma.

While respondents identified a range of reasons for mental illness such as stress and brain chemistry, the overarching perception was that *‘the ultimate cause of mental illness was as a result of individual weakness’* (Brooks et al., 2022: 8). Participants who did not have mental health difficulties were sceptical about the efficacy of professional help. However, even participants with mental health difficulties were *only ‘slightly more likely to endorse the treatability of mental health problems’* (Brooks et al., 2022: 12). Overall, respondents *‘felt it was important to control their own emotions and improve individual character traits in order to manage their mental health’*, highlighting the extent to which young people in Indonesia understand mental wellbeing as a matter of personal responsibility.

Recent global research undertaken for UNICEF’s companion to the 2021 State of the World’s Children report (JHU & UNICEF, 2022) also included Indonesian adolescents’ perceptions about ill-mental health and negative wellbeing. That work reported young people identifying more of a range of personal, social, and structural factors. Participants noted the effects of bullying, gender roles (e.g., boys are tough), familial pressures (e.g., parental expectations), culture (e.g., norms about children’s behaviour), social media (e.g., advancing harmful behaviours and standards), and pandemic effects (e.g., social isolation, economic pressures).

## Social Understandings of Mental Health

Research across Indonesia, Malaysia, Thailand, and Fiji identifies three dominant frames through which mental health is understood: pervasive stigma, supernatural and religious ideas, and clinical models.

### Stigma

Studies indicate that one dominant understanding of mental health is mental illness. This is significantly informed by generalised mental health stigma. Raaj et al. (2020: 97) write that *'stigma and lack of awareness about mental health problems remain significant barriers to improving mental healthcare'* in Malaysia. For example, Hanafiah and Van Bortel found Malaysian patients who experienced schizophrenia, bipolar disorder, and depression faced stigma from their family, friends, and in workplaces, and concluded individuals were *'disempowered, socially excluded and trapped in a vicious cycle of discrimination'* (Hanafiah & Van Bortel, 2015: 11). Shoesmith et al. (2018) highlighted that people in Malaysia often think about mental illness as related to changes in external behaviour, such as *'anger, violence against others and hearing voices'*, typical of more 'severe' conditions such as schizophrenia. Shoesmith et al. also found that when respondents described symptoms associated with *'anxiety and depression'*, these were not classified as mental illnesses, similar to Willenberg and colleague's findings in Indonesia (Willenberg et al. 2020).

People in Fiji and the Philippines who experience depression may also be *'marginalized, stigmatized, and mistreated'* by others (Ho et al., 2018: 1045). Moreover, in Fiji, *'there is a commonly held belief that trained mental health professionals only work with severe mental illness, which stigmatizes help seeking'* (Ramkumar et al., 2022: 22). In Thailand, interviews with university students revealed that many believed the *'family, Thai media, and Thai education do play an important role in contributing to the stigmatization of mental illness'* (Pitakchinnapong & Rhein, 2019: n.p.). For example, respondents explained that the Thai media exaggerates the *'symptoms and consequences'* of psychological conditions (Pitakchinnapong & Rhein, 2019: n.p.). Interestingly, when Ho et al. (2018: 1043) accounted for gender in survey data on attitudes towards mental health in Fiji, the Philippines, and Cambodia, they found being female was associated with *'more positive attitudes towards mental disorders'*, suggesting gender informs understandings and attitudes to mental health.

In the Indonesian context, the ways society views mental illness have been shaped by the practice of pasung, which involves physical restraining and confining individuals, particularly those suffering from more serious clinical issues, such as schizophrenia. While this may seem extreme, for families, especially in rural areas, pasung protects the patient and others (Laila et al., 2018). In rural areas mental health services are severely lacking and families often cannot afford costs associated with treatment (Laila et al., 2018). Additionally, stigma continues to persist in Indonesia. In a study with mental health patients and nurses, the former *'described feelings of shame and being rejected and isolated from society, which resulted in feelings of powerlessness'* (Subu et al., 2021: 8). They reported facing stigmatisation by the community broadly, their families, in employment, and by healthcare professionals. While an individual may be stigmatised, their families may also feel shame as parents are *'blamed for their offspring having a mental illness'* (Subu et al., 2021: 8).



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## Supernatural and Religious Beliefs

Alongside stigma, supernatural and religious ideas about adverse mental health also persist in Fiji, Indonesia, Malaysia, and Thailand. In Fiji both Indigenous Fijians and those of Indian descent *'often attribute mental illness to curses or possession by evil spirits'* (Ramkumar et al., 2022: 23). In a similar manner, in Indonesia, *'there is a widespread belief that mental health conditions are the result of possession by evil spirits or the devil, having sinned, displayed immoral behaviour, or lacking faith'* (Human Rights Watch, 2016: 4). Supernatural and religious beliefs also shape understandings of mental health among Malays in Malaysia. For example, individuals may believe mental health is shaped by possession by a Jinn (Genie) or black magic (Haque, 2005). In Thailand individuals believe that spirits, or karma, can influence one's mental health; ideas which are thought to be more prominent in rural locations, but not limited to them (Burnard et al., 2006). Similarly, Swami et al. (2010) found that people in rural Malaysia are more likely to refer to *'destiny', 'God'* and *'Supernatural'* causes for depression, in comparison to urban Malaysians, who refer to *'biological'* causes. Due to beliefs in these contexts about spiritual or religious associations and mental health, people may consult spiritual healers to deal with psychological issues (Haque, 2005; Human Rights Watch, 2016; Ramkumar et al., 2022). However, spiritual beliefs about mental health can and do co-exist alongside clinical approaches (Burnard et al., 2006; Shoesmith et al., 2018). For example, according to Ho et al. (2018: 1045) *'health professionals were considered to be the most trusted source of help'* amongst respondents in Fiji. And, while people in Indonesia may wish to seek clinical help, prohibitive costs may hinder them from doing so.

## Clinical Models

Stigmatised views about mental health in these countries can be tempered by a clinical model of mental illness emphasising the physiological and biochemical aspects of mental illness. Research suggests that an understanding of the clinical model of mental health may be associated with more compassion for those with mental health conditions. For example, Berry et al. (2018) found that while young people aged 16-23 in Malaysia had a limited understanding of mental health problems, they nonetheless expressed compassionate views towards people who experienced them. In a survey of university students in Indonesia, Puspitasari et al. (2020) found that while participants continue to hold negative perceptions of mental illness many expressed positive attitudes as well. For example, 98.13% of respondents felt *'mockery of mental disorders is painful'* and 62.53% agreed *'that someone with a mental illness can be a good friend'* (Puspitasari et al., 2020: 849). They found that health faculty students had a better understanding of mental health conditions, and students who had contact *'with people with mental disorders had more positive perceptions and attitudes'*. Female university students were also more likely to have positive attitudes to people with mental illnesses (Puspitasari et al., 2020: 850).

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## Towards Digital Approaches

Research has also begun to consider how digital spaces can influence understandings of mental health and the delivery of services. As an example of how online platforms are opening opportunities for young people to address mental health concerns, a youth advocate in Fiji reported how she was able to use technology to challenge mental health stigma by addressing disparaging comments about people with mental health issues (Brimacombe et al., 2018). According to Volpe (2021: 771), young women in rural Fiji use Facebook to provide safe and secure emotional support, *explaining 'it was safer to discuss issues in an online group setting to reduce the risk of parents overhearing conversations in the village'* (Volpe, 2021: 772).

In Indonesia Puspitasari et al. (2020: 853) found that 92.74% of the university students they surveyed used social media to access health information, suggesting social media should *'be considered for the promotion and prevention of mental health disorders'*. Research in Thailand shows that for young people, *'being active on social media helps ease their stress'* and *'gives them a sense of happiness'* (Thianthai, 2018: 5). Online spaces provide them with the capacity to express their identities and emotions, and access to forms of entertainment and escape. Sources of uplifting material were found on *'Facebook, Fan pages, YouTube, online games and websites like the Pantip.com web board'* (Thianthai, 2018: 5). In a Malaysian survey of 409 university students, Wong et al. (2018) found that 35% of respondents indicated they were more likely to use online over face-to-face counselling services, concluding that:

*[considering the] stigma related to mental health issues evident in many Asian societies, as well as the inconvenience and costs involved in physically seeking help, it is not surprising that many do not seek traditional face-to-face counselling (Wong et al., 2018: 3).*

In Indonesian, Arjadi et al. also found a *'majority of participants (73.7%) indicated they were open to using internet-based interventions for depression'* and that most would use internet-based treatments as a complement to or substitute for off-line treatment options (Arjadi et al., 2018: 11). Such findings suggest online spaces present fruitful opportunities for mental health education and support and offer significant potential to improve young people's mental health.

## Theoretical Framework

**Mental health is 'a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community'** (WHO, 2022: n.p.).

**Wellbeing, more broadly, can be understood as a dynamic state of social, emotional, and psychological health, promoted at different levels of society such as the individual or community, and realised through different settings** (McLeroy et al., 1988; McLeod, 2005).

Mental health, or mental wellbeing, is not just the absence of illness. Nor is it a constant state of being. Rather, wellbeing is experienced in relation to the world around us and can fluctuate over time. The social determinants of mental health framework emphasises how social forces such as economics and politics, which affect health broadly, also shape mental health (Allen et al., 2014). Alegria et al. (2018) highlight that factors such as poverty, discrimination based on race, sexuality, gender, and family relationships shape an individual's mental wellbeing.

This understanding of mental health recognises that different factors and forces operating across different spheres and times influence an individual's mental health. Ecological systems thinking (Bronfenbrenner, 1979) posits that interlocking spheres of influence shape human behaviour and experience. These spheres include the: **intrapersonal** (knowledge, skills, self-efficacy, values, perceived norms), **interpersonal** (family, peers), **community** (cultural norms and expectations, local environment, and assets), **institutional** (infrastructures, policies, laws), **societal** (social structures, inequalities, and issues of justice), and **global** (war, pandemics, natural disasters). More commonly referred to as the socio-ecological model (SEM), this framework centres *'the dynamic interrelatedness among personal and environmental factors, including the family, school, community, and mental health agencies'* (Reupert, 2017: 105). SEM has been useful for accounting for the overlapping factors that impact the experience of childhood and youth (see for instance Maternowska & Potts, 2017). Understanding such forces in contexts helps us better understand the conditions that shape young people's mental health, alongside locally specific factors, such as attitudes to mental health.

By drawing on such understandings of mental health, this project examines how young people in East Asia and Pacific conceptualise and make sense of the broad range of influences on their mental health, including the role digital technologies play in their lives. Research demonstrates that we must take the impact of digital technologies on mental health seriously given their embeddedness in young people's ecologies and the nature of this engagement as shaped by *'people's feelings, bodies, histories, sedimented habits and inclinations, as well as the material conditions in which these encounters take place'* (Lupton & Southerton, 2021: 14). Accordingly, this project explores possibilities for digital technology to better understand its potential to foster positive mental health.

## Measuring Socio-Structural Influences

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Surveys exploring the relationship between **behaviours** (e.g., people's actions), **environments** (e.g., communities), **identities** (e.g., sexualities), and **contexts** (e.g., natural disasters) and how those influence young people's mental health play an important role in highlighting the prevalence of ill mental health and shaping and directing young people to the help they may require. But such instruments are of limited use for understanding how socio-structural influences, such as inequality, climate change, or racism, affect young people's mental health. Better understanding these aspects of young people's mental health experiences will provide important direction and guidance for the broader social changes required to enhance young people's mental health and wellbeing, their everyday perceptions of mental health stigma, and help seeking practices, including avenues of digital support. Drawing on the consultations with young people and informed by current research and practice, this project developed and piloted a draft survey more finely attuned to the broader social forces that shape mental health. The survey represents the first stage design of a contextualisable quantitative tool for use and adaptation by researchers, practitioners, industry, and other stakeholders to help gather evidence about how those issues and forces affect young people's mental health.

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# Methods

This project involved two modes of data collection, one qualitative and the other quantitative. Primary qualitative data was collected using the Young and Resilient Research Centre's Distributed Data Generation (DDG) methodology (Third et al., 2021). Quantitative data was collected via the pilot of a survey developed to measure people's experiences and understandings of contextual factors influencing their perceptions of mental health. Development and piloting of the draft survey represent initial steps towards finalisation of a robust survey instrument that can be contextualised and deployed across the East Asia and Pacific region, and potentially also other geographical and cultural settings.

## Qualitative Workshops

DDG is primarily a qualitative methodology. It is a '*rights-based approach to research and consultation*' (Third et al., 2021: 174) designed to collect and channel participants' insights into outputs to inform decision-making processes for agencies and organisations engaged in planning, policy, and practice initiatives that affect participants' lives.

The DDG methodology is workshop-based. Participants are invited to complete a series of collaborative, creative exercises over a 3 to 5-hour period wherein they explore their experiences, feelings, and ideas about how issues relevant to a project's key themes affect them. DDG is designed to maximise research engagement internationally and so workshops are implemented in different countries by trusted child-facing organisations who then securely share data with the Y&R research team for analysis.

Collaborating with implementation partners in-country – typically, trusted local, national, or international NGOs who have extensive local experience and expertise working with relevant participant groups – enables the research to be delivered in ways that are contextually and culturally appropriate and meaningful. Implementation partners also inform the analysis phase of the research, sometimes participating as co-analysts. Even where co-analysis is not possible, partners contribute insights through verbal and/or written feedback that helps the Y&R team interpret and analyse data in accordance with local contexts.

## Recruitment And Participants

In this project, DDG was implemented in four countries – Fiji, Indonesia, Malaysia, and Thailand. From September to November 2022, implementation partners in each country recruited up to 60 participants, aged between 10-19 years old, to take part in a 4.5-hour long face-to-face workshop. Each country repeated the same workshop with three separate groups of young people, with approximately 20 participants in each group. 218 young people overall participated in the project. Partners in all countries were encouraged to recruit from a broad range of young people including different ages and locations and with a balance of gender identities. Additionally, a specific focus population potentially more at risk of experiencing mental health issues was identified for each country and partners also targeted recruitment from that group. Table 1 below summarises workshop participation, including breakdown by focus population.



Table 1: Participants by Country

Country	Male	Female	Transgender Male	Transgender Female	Not Specified	Total
Fiji (general)	13 (23%)	31 (55%)				44
Fiji (focus)	6 (10%)	7 (12%)				13
<b>Fiji Total</b>	<b>19 (33%)</b>	<b>38 (67%)</b>				<b>57</b>
Indonesia (general) <sup>2</sup>	31 (53%)	18 (31%)				49
Indonesia (focus)	3 (5%)	7 (12%)				10
<b>Indonesia Total</b>	<b>34 (58%)</b>	<b>25 (42%)</b>				<b>59</b>
Malaysia (general)	7 (15%)	11 (23%)				18
Malaysia (focus)	13 (28%)	16 (34%)				29
<b>Malaysia Total</b>	<b>20 (43%)</b>	<b>27 (57%)</b>				<b>47</b>
Thailand (general)	11 (20%)	29 (52%)				40
Thailand (focus)	6 (11%)	2 (4%)	1 (2%)	4 (7%)	2 (4%)	15
<b>Thailand Total</b>	<b>17 (31%)</b>	<b>31 (56%)</b>	<b>1 (2%)</b>	<b>4 (7%)</b>	<b>2 (4%)</b>	<b>55</b>
<b>Total</b>	<b>90 (41%)</b>	<b>121 (55%)</b>	<b>1 (-)</b>	<b>4 (2%)</b>	<b>2 (1%)</b>	<b>218</b>

Note: Focus populations: Fiji = adolescents living with non-biological caregivers; Indonesia = adolescent parents; Malaysia = refugee communities; Thailand = adolescents with or at risk of HIV.

<sup>2</sup> Most Indonesian participants came from low-socio-economic backgrounds, had minimal formal education, and little knowledge or experience of formal or colloquial mental health terminology, systems, or services.

## Implementation

Workshop exercises explored:

- Participants' understandings and experiences of mental health
- Participants' awareness about and access to mental health services
- Participants' perceptions of digital technologies and mental health
- Participants' views about support for young people's mental health
- Participants' thoughts about broader conditions that impact mental health

In workshops, participants collaborated in small groups (e.g., of 3-5 people) to complete a series of exercises involving discussion of key questions and brainstorming responses, character creation and storytelling, and describing and mapping community and social factors which affect mental health. Exercises were designed to allow young people to explore and discuss mental health while safeguarding their own wellbeing. For example, exercises used scenarios and characters to avoid personalising difficult issues and so mitigate potential distress to participants.

Table 2: Overview of Workshop Exercises

Name of Exercise	Objective	Reference
Comfort Animal	To create a safe environment for participants	CA
Definitions	To understand how participants think about and define mental health in their own contexts	DEF
Mental Health Perceptions	To understand how participants conceptualise negative and positive mental health	MHP
Perceptions of Stigma	To understand mental health stigma across online and offline spaces and the role stigma plays in help seeking and support behaviour	PoS
Scenarios and Maps	To understand the types of support young people think exists and can imagine accessing to support mental health	SCE
Circles of Support	To understand accessibility of mental health support in communities and online, and to surface young people's recommendations for improving accessibility	CoS
World Cafe	To understand how participants align structural factors and national and international events with mental health outcomes	Cafe
Online Bricks and Ladders	To identify digital resources that enable and constrain mental health support online	OBL



The Y&R team worked with partners in each country to train facilitators (online) in workshop methodology, lay out guidelines for participant recruitment, and provide information and materials for organisation and delivery of workshops (e.g., workshop manuals, consent forms, participant registration sheets, worksheets, facilitator feedback forms). Partners were also supported to implement workshop exercises in their local contexts. During and after facilitator training partners and facilitators had opportunities to provide feedback and suggestions about implementation – for example, identifying how exercises might be contextualised for specific participants. Facilitators were also given some license to adapt exercises during workshops themselves according to their live assessment of participant engagement and understanding – although with the understanding that such adaptation would answer key research questions or themes (see **Appendix 2**).

The workshop manual and training session provided to partners included detailed instructions about recruitment, ethical principles and processes for research and working with young people, comprehensive descriptions of workshop exercises including example scripts to describe and instruct participants, and guidelines for sharing workshop outputs with the research team for analysis.

Partner organisations adapted text from the workshop manual to advertise opportunities to take part in workshops to young people across their broader networks. We purposefully sought to recruit a diversity of young people and aimed to include participants from communities who might not ordinarily take part in this type of research. Participants from a variety of socio-economic and cultural backgrounds took part.

**It is important to note that the DDG methodology makes no claims about results and outputs being ‘representative’ of young people’s views in participating countries. Rather, the aim is to surface a range of deep and different experiences, many of which may not be captured in traditional research methodologies, that may usefully guide policy, programming, and practice.**

All workshops were conducted face-to-face, following relevant local pandemic guidance. Workshops were delivered in local languages in Indonesia and Thailand and in English in Fiji and Malaysia (language choice was determined by in-country partners and facilitators). Where required, data was translated into English by partner organisations prior to secure transfer for analysis and presentation.

## Analysis

The Y&R team used textual and visual analysis techniques to generate findings and recommendations (see Third et al., 2021 for further detail). Analysis distilled key overarching themes to capture young people’s experiences, feelings, and ideas about mental health and wellbeing and then synthesised insights to address the key research questions.

Quotes from participants illustrate findings and analyses in this report. In some instances, quotes have been lightly edited for clarity; for example, minor corrections to spelling or grammar have been made to aid readability or to correct transcription errors. Content has not otherwise been altered. Quotes are identified by country of origin and workshop exercise, using the acronyms listed in Table 2.

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## The Survey

The survey is designed to address a deficit in current quantitative instruments used to assess mental health. Current tools and surveys tend to focus on assessing the prevalence of mental health related conditions such as anxiety or depression, or factors aligned to mental wellbeing like life satisfaction. Such instruments are extremely valuable and can provide important data about mental health status and epidemiology as well as insights to facilitate diagnoses and treatments for mental illness. Moreover, many such tools have been contextualised, or are relatively easily contextualisable, for cross-cultural deployment.

However, the focus on mental health prevalence and status means our understanding of how broader social and structural forces and factors shape or influence young people's mental health and their associated actions and behaviours (e.g., help seeking, experiences and/or reactions to mental health stigma) is limited. The survey developed for this project is designed to explore the broader forces shaping mental health. Survey content and design was informed by current literature and measures, and analysis of the DDG data generated in project workshops. The survey is designed for deployment in the East Asia Pacific region in the first instance, but also as a tool suitable for wider geographic and cultural adaptation and application. See **Appendix 1** for further details.

## Ethical Clearance

The project received ethics approval from the Western Sydney University Human Research Ethics Committee (Approval No. H14906) and Komisi Etika Penelitian, Pusat Pengembangan Terapan, Lembaga Penelitian dan Pengabdian Masyarakat, Universitas Katolik Indonesia Atma Jaya, Indonesia (0007S/III/PPPE.PM.10.05/08/2022). Following standard practice, all participants provided informed consent and parental/carer consent was obtained for participants under the age of 16 (parental consent for participants aged over 16 was also obtained where required by local regulation). Participants received an honorarium for taking part to recognise their time and expertise. Honoraria amounts were determined by local partners to align with local youth sector standards.

Image: ©Empower Pacific/Fiji/2022









# Findings

## Understandings of Mental Health

What does mental health mean to young people?

Young people in four countries that participated in this study understand mental health in diverse and sophisticated ways. The following commonalities emerged across young people's understandings of mental health:

- Mental health is about feelings and emotions;
- Physical and mental health are interdependent;
- Relationships matter for mental health;
- Individual predispositions are important to mental health; and
- Mental health is medicalised for some.

We elaborate each of these themes in more detail below.

### Mental Health is About Feelings and Emotions

Across the four different national contexts, young people in this study tended to define mental health as relating to the health of one's emotions and feelings:

*'When I hear mental health, I think of something to do with the health of emotions and feelings.'* (Malaysia, DEF)

*'Mental health are things we feel.'* (Thailand, DEF)

*'[Mental health is] how a person feels.'* (Fiji, DEF)

*Some participants had a broader understanding of mental health as one's capacity to encounter the world and deal with challenges:*

*'Mental health is about the ability to process, understand and respond to our surroundings as well as our personality, behaviour and how we like to do things.'* (Fiji, DEF)

Still, others implied that mental health is about finding balance between the different activities that make up everyday life:

*'[Mental health is knowing when to] take time off; taking a break.'* (Thailand, DEF)

*The majority associate mental health with a range of positive feelings, including 'feeling happy' or 'excited', and some noted that mental health is marked by the absence of emotional turbulence:*

*'[Mental health is] a person who has a healthy mind [...] without any disturbance.'* (Indonesia, DEF)

Still, other young people suggested that mental health is both about the feelings one has, but also about the ability to express one's emotions:

*'Mental health is about expressing feelings of joy and sorrow.'* (Thailand, DEF)

Interestingly, though, participants explained that the term mental health also signals negative experiences. That is, the mental health discourse connotes the struggles that can accompany the experience of emotions:

*'[Mental health is] about emotional damage.'* (Fiji, DEF)

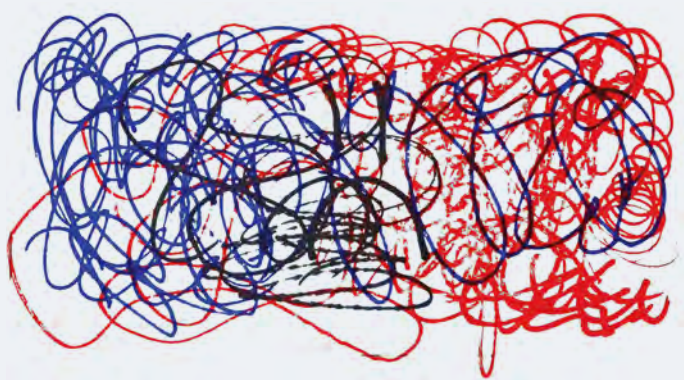
Image: ©MIRM/Malaysia/2022





Participants across the sample listed a range of negative emotions they associate with mental health as a concept. These included *'stress'*, *'being scared'*, being *'upset'*, *feeling 'angry'*, a sense of *'being hopeless,' 'loneliness,'* and having a *'dizzy mind.'*

In a visual representation exercise, participants drew, for example, clouds of entangled lines of different colours and without clear endings, which at times spilled over the borders of the page, to illustrate the negative feelings and sense of confusion they associate with mental ill health.



Malaysia, perceptions of mental health exercise

Some participants highlighted that when mental health is compromised, this affects people's day-to-day routines and everyday behaviours:

*'[Depression will cause a person] 'to sleep late and [they] won't be able to focus on the thing that they used to [be] interested in.'* (Malaysia, DEF)

*'[Mental health challenges might cause one to] not [be able to] focus on an exam.'* (Indonesia, DEF)



Indonesia, perceptions of mental health exercise

In an evocative statement, one participant in Indonesia drew a comparison with physical pain, reminding us that mental health issues can be invisible but nonetheless have powerful impacts:

*'Mental health is pain that resides in the mind.'* (Indonesia, DEF)

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## Physical and Mental Health are Interdependent

Young people had a strong sense that mental and physical health are deeply intertwined. They reported that mental health impacts their physical bodies and their movement. They frequently noted that mental health issues can result in physical symptoms, such as *feeling 'exhausted' and 'tired'*, having *'high blood pressure'* and *'feeling weak'* (Indonesia, DEF):

*'When a person is going through depression [or] stress and starts overthinking, [this] affect[s] them physically and mentally.'* (Malaysia, DEF)

*'Mental health affects the body.'* (Malaysia, DEF)

Further, young people understood there to be a symbiotic relationship between physical and mental health. They explained that while mental health impacts physical health, the state of one's physical health also can impact mental health. For example, young people in Fiji said that mental health can be protected or strengthened *'physically'* (Fiji, DEF) and through *'exercise'* (Fiji, MHP). Similarly, participants in Indonesian noted how physical ill-health can affect mental health:

*'Mental health comes from a person who is physically or mentally disturbed.'* (Indonesia, DEF)

Image: ©Empower Pacific/Fiji/2022



## Relationships Matter for Mental Health

Relationships featured significantly in how young people across the sample described mental health. It is clear that young people conceive mental health through the lens of their relationships and sociality. Participants highlighted that positive relationships with others, particularly with friends and family, can promote one's mental health (see also **Protective Factors: Relationships**):

*'Good relationships [with] friends and lovers [supports mental health].'* (Thailand, DEF)

*'[Being] with family and friends [is to be mentally well].'* (Fiji, MHP)

*'[Mental wellness is about] attachment to family.'* (Thailand, MHP)

According to participants, when people experience positive mental health, this powerfully influences their capacity to develop, nurture and sustain positive and meaningful relationships with others. Being mentally well results in people feeling they want to engage meaningfully with others:

*'[Those who are mentally well generally] want to talk and share with people.'* (Malaysia, MHP)

By contrast, young people said that when people are mentally unwell, they tend to disconnect or even isolate from others:

*'[When someone is mentally unwell], they ignore phone calls and ignore family.'* (Malaysia, MHP)

In Indonesia, young people reported that negative mental health is often characterised by 'wanting to be alone' (Indonesia, MHP).

Image: ©MIRM/Malaysia/2022





## Individual Predispositions are Important to Mental Health

In workshops, young people tended to locate the capacity for wellbeing in individual predispositions, thought patterns, personal traits, and life circumstances:

*'Mental health is about being resilient and be[ing] able to bounce back from adversity.'* (Fiji, DEF)

*'[It is] being able to face something with confidence.'* (Indonesia, DEF)

Young people highlighted that negative self-perception can lead to mental health issues:

*'[Mental ill health comes from] negative opinions and images of oneself.'* (Fiji, MHP)

So too, they identified that certain thought patterns and feelings – such as *'overthinking'* (Malaysia, DEF) and *'[feeling] insecure'* (Indonesia, DEF) – can negatively impact one's psychological wellbeing. By contrast, being mentally healthy and well entails being able to know when to surrender:

*'[Mental health is when you can] let go of something you cannot control.'* (Thailand, DEF)  
*'[It is] the capacity to control your emotions... so you... have a positive mindset and healthy lifestyle.'* (Malaysia, DEF)

Crucially, they suggested that mental health issues often originate in individuals' histories. They highlighted that repeated negative experiences can have cumulative effects on one's mental health:

*'[Negative mental health is about] being traumatised by anything related to things that have happened in the past.'* (Indonesia, DEF)  
*'[Negative mental health often traces back to] past mistakes.'* (Fiji, MHP)  
*'Trauma [causes] negative mental health.'* (Malaysia, DEF)

At times, participants linked negative mental health to individual weakness or failure. For example, participants in Fiji talked about negative mental health as having a *'weak brain'* (Fiji, DEF) or a *'weak mind'* (Fiji, DEF). While such responses suggest stigmatising attitudes towards mental ill health, participants nonetheless reported feeling a certain responsibility to care for those who are experiencing mental health challenges:

*'It is important to be kind to weak people.'* (Fiji, DEF)

*'We must be able to support [a person living with mental health difficulties] so that he is enthusiastic about living his life.'* (Indonesia, DEF)

In short, those young people who frame mental ill health as an individual weakness nonetheless express empathy for those experiencing negative mental health states.

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## Mental Health is Medicalised for Some

Some, but not all, participants drew on clinical terminology to describe mental health conditions, indicating that some disorders are becoming increasingly part of everyday vocabularies in the region.

The mental health conditions they most commonly referred to included mood disorders such as *'depression'*, *'bipolar disorder'*, *'anxiety'*, and *'social anxiety'*. In one exercise, groups were asked to identify the mental health challenges experienced by characters in fictional scenarios. Some groups used clinical terms such as *'low self-esteem'* and *'anxiety'* to correctly describe the various mental health challenges featured in the scenarios, indicating some degree of mental health literacy. Many others, however, opted for other kinds of descriptions to explain what their character was experiencing. For example, one scenario described a character who suffered from symptoms of Obsessive Compulsive Disorder (OCD), constantly checking screws used to fasten a shelf in her room. Rather than assigning a clinical label to the behaviours, Fijian participants described the behaviours:

*'[She] keeps worrying about the shelf because it may fall on her and she would get hurt.'* (Fiji, SCE)  
*'She is focusing more on the shelf.'* (Fiji, SCE)

Similarly, young people who interpreted a different scenario described symptoms of anxiety as someone who feels *'worried'* (Indonesia, SCE) or who is an *'overthinker'* who *'constantly worries'* (Fiji, SCE).

Additionally, our data indicates that young people find it easier to identify some conditions than others. In general, participants were able to more clearly identify anxiety, depression, and low self-esteem compared with OCD, suggesting that there may be greater literacy about some mental health conditions than others, for example those more common in mainstream discourses (see also Collin & Swist, 2016; Swist & Collin, 2019, about the use of plain language in information and education materials). At the same time, facilitator notes from Indonesia indicated several workshop participants had trouble understanding and defining the concept of 'mental health'. Consequently, in Indonesia, facilitators helped young people unpack the meanings of mental health by, for example, exploring how mental health issues impact everyday life.

## Key Findings: What is Mental Health?

Young people imagine mental health in diverse ways. They highlight the emotional or affective dimensions of mental health, but also acknowledge that mental health and physical health are interdependent. Many of our participants understand mental health as grounded in individual predispositions, personal traits, and individual ability to cope with adversity. At the same time, they recognise mental health has strong relational dimensions and affirm that relationships with family, friends, and peers can both foster and challenge their mental health. Young people do not always recognise and understand the clinical language used to describe different mental health conditions. They nonetheless tend to recognise the affective states associated with particular mental health challenges.

Our findings suggest that, in the absence of established mental health vernaculars in some cultural contexts, it is vital that mental health interventions and programmes embed plain language descriptions alongside formal mental health terminology. Moreover, young people's common references to emotional expressions suggest that, when talking to young people about mental health, policy makers, frontline professionals, service providers, and others who support young people should use descriptive language alongside clinical terminology to facilitate better engagement and understanding. Consequently, too, population- focussed campaigns, interventions, and services should describe mental health using terminology young people can relate to, and illustrate with examples that contextualise and anchor mental health to young people's everyday experiences.





## Protective Factors

Young people had a strong sense of the factors that support and sustain mental health. They identified a range of individual and contextual factors that bolster their wellbeing and protect them against experiencing long-term mental health challenges.

### Self-Acceptance, Self-Care, and Responsibility

As noted earlier, young people tend to understand mental health, at least to some degree, in relation to their individual predispositions and orientation to the world. It is therefore not surprising that, when asked about protective factors, their responses strongly emphasised the importance of self-acceptance, self-care and taking individual responsibility for one's mental health (often referred to as self-reliance, see Rickwood et al., 2007; Farrand et al., 2006).

Young people spoke at length about the need to keep one's emotions and thought patterns in check, suggesting that self-regulation is a key strategy to support positive mental health:

*'Be reasonable and think [in an] orderly [way].'*  
(Thailand, CoS)

*'[The persona should] take control of her thinking and mind; think positive.'* (Fiji, SCE)

Participants also asserted that sometimes it is necessary to push boundaries and confront new experiences with confidence and bravery in order to grow their capacity to deal positively with the different aspects of life:

*'Be more confident.'* (Malaysia, OBL)

*'Be brave.'* (Fiji, OBL)

They asserted the importance of positive self-perception - *'kindness to self'* (Fiji, DEF) and *'self-love'* (Thailand, DEF) - as important preventive behaviours. And, relatedly, young people felt that they should learn to be more relaxed in their approach to life and highlighted that a capacity for acceptance - of one's circumstances but also of oneself - plays an important role in ensuring positive mental health:

*'I should be more relaxed so I don't really feel stressed.'* (Indonesia, OBL)

*'Believe [that]... "What will happen, will happen" and not stress about the past but think positive.'*  
(Thailand, CoS)

*'Accept yourself.'* (Malaysia, OBL)

So too, they suggested they should be prepared for tough times by learning self-soothing techniques to ease anxiety and other negative emotions that accompany the experience of adversity:

*'[Develop skills to] calm myself when I get panic attack or anxiety attack.'* (Malaysia, OBL)

In expressing these ideas, young people conveyed that taking responsibility for their own mental health by employing strategies to self-regulate, think positively, and manage negative emotions is key to maintain their mental health and wellbeing.

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## Capacity to Meet Basic Needs

Young people across the sample highlighted that ‘stability’ (Thailand, DEF) and a sense of ‘freedom’ (Thailand, DEF) or agency are vital to their mental health and wellbeing. For many participants, these factors are grounded in having access to basic needs for food, shelter, and clean water. This was especially important to participants in Indonesia and Thailand, much more so than to those in Fiji and Malaysia.

For example, as documented in other research (see Willenberg et al., 2020) participants reported that having enough food on the table for their families is critical to their mental health and wellbeing:

*‘Having a good breakfast, lunch, dinner [supports mental health].’ (Fiji, MHP)*

*‘Food is important [to mental health].’ (Thailand, MHP)*

*‘Eat[ing] good food [supports mental health].’ (Indonesia, MHP)*

*‘Being able to eat enough and eat at the restaurant [supports mental health].’ (Indonesia, MHP)*

*‘[Not run[ning] out of food [supports mental health].’ (Indonesia, MHP)*

In this respect, having enough money for young people and/or their families to cover the necessary costs was seen as a protective factor for their mental health. Indeed, some participants went so far as to suggest that because having a stable income is critical to mental health, wealthy people do not experience mental health issues:

*‘Mental health doesn’t matter if you have money.’ (Malaysia, PoS)*

*‘[The character in our scenario] has never been through mental health problems as she has money/[is] rich.’ (Malaysia, PoS)*

## Relationships with Family and Friends

Across participating countries, young people were clear that love and friendship are vital to mental health:

*‘Love makes us happy.’ (Thailand, MHP)*

*‘Hav[ing] someone to love [creates good mental health].’ (Thailand, DEF)*

They see their attachments to and interactions with family, friends, and peers as foundational to their psychological wellbeing, indicating that young people frame mental health as a relational phenomenon.

Young people singled out the love of family members – especially of parents but also of siblings and extended family members – and their close friendships as important pillars of their mental health:

*‘Supportive parents; caring siblings; [and] loving friends [support mental health].’ (Malaysia, CoS)*

They noted that it is important to seek out the friendship of those who make you feel good about yourself and support you in good and difficult times:

*‘Find a friendship circle that can bring positive impact to your life.’ (Indonesia, OBL)*

*‘Find good friends [who will foster positive mental health].’ (Malaysia, OBL)*

Others suggested that socialising can with others can help one relax and thereby strengthen wellbeing. In Thailand, in response to a fictional scenario, participants suggested that the character in the scenario should:

*‘Go to the bar to have a drink because she is socialising person... [and] she can relax when she meets new people.’ (Thailand, MHP).*

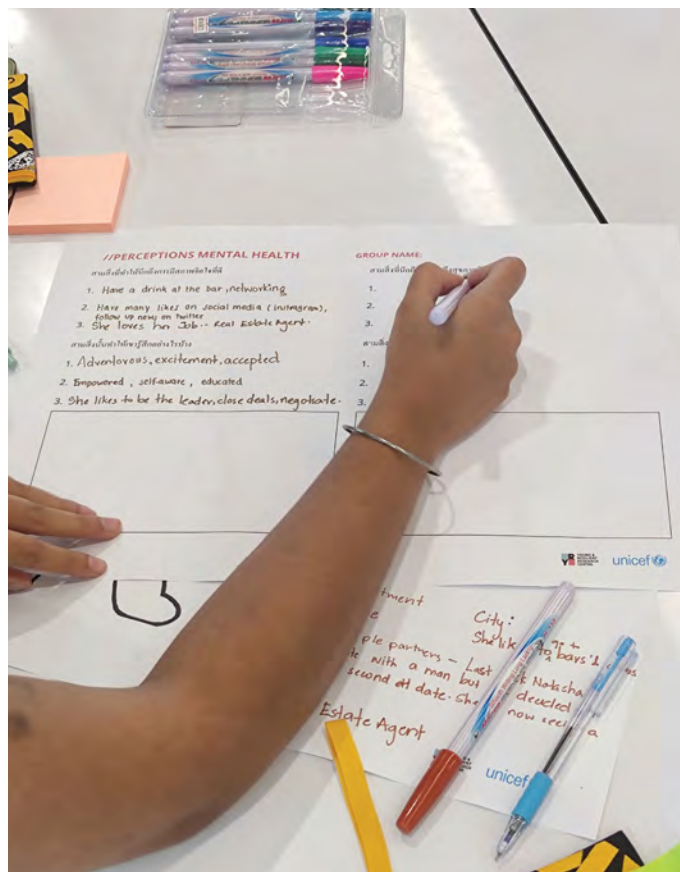
Young people reported that they are more likely to feel supported and protected against negative mental health experiences when they enjoy a strong sense of intimacy, open communication and sharing with their parents and other family members. Echoing Willenberg et al. (2020), young people feel most supported when their families enable them to freely express their feelings and concerns:

*'[Being] more honest and open to the family [supports mental health].'* (Indonesia, CoS)  
*'Sharing with parents about good and bad feelings [supports mental health].'* (Indonesia, CoS)  
*'Setting an open and free environment at home where anyone can share anything and not be shamed.'* (Fiji, CoS)

Young people also signalled strongly that their connections with family intersect with their right to leisure and play to support their mental health:

*'Playing with family [supports mental health].'* (Indonesia, DEF)  
*'Holidays with family [support mental health].'* (Indonesia, MHP)

Image: ©APCOM/Thailand/2022



## Hobbies, Leisure, and Entertainment

Young people spoke enthusiastically about the ways that play, leisure, and relaxation support and sustain their mental health. Participants told us that being able to pause and having time out for leisure activities is a critical protective factor for their mental health and wellbeing:

*'To support your mental health: 1) Try exercising to tire oneself to sleep better and think lesser; 2) reading fiction - it could take you into another world; 3) Watching sitcoms to ease the mind [will support mental health].'* (Thailand, CoS)

*'[It's important to do your] favourite hobbies.'* (Malaysia, MHP)

*'Watching movies relaxes me and [is good for my mental health].'* (Thailand, MHP)

*'Taking time off; taking a break [protects one's mental health].'* (Thailand, DEF)

*'If I was mentally unwell, I would play, eat chocolate, go on vacation, sleep and swim.'* (Indonesia, PoS)

Alongside this, young people in Malaysia, Indonesia, and Thailand, emphasised that individuals can pursue hobbies, interests, and entertainment as either protective barriers to mental health concerns or as supports when experiencing negative mental health. They said this can include:

*'Listening to music; hobbies; interests [will support mental health].'* (Malaysia, CoS)

*'Find a hobby or passion, [or] sports [to help with mental health].'* (Fiji, OBL)

*'You need entertainment [to be mentally well].'* (Indonesia, OBL)

So too, young people highlighted the important role of pets in maintaining their wellbeing:

*'Playing with cats... makes me feel extremely happy.'* (Thailand, MHP)

*'I talk to the parrot [to support my wellbeing].'* (Malaysia, PoS)

Image: ©Empower Pacific/Fiji/2022



Young people told us that online spaces provide them with significant opportunities for relaxation and downtime, as well as ways to consume fun and enjoyable content (see also Thianthai, 2018), and that this supports and sustains their mental health. This was particularly so for participants in Malaysia:

*'I watch YouTube videos that makes me happy.'* (Malaysia, CoS)

*'[I] listen to music that calms me.'* (Malaysia, CoS)

*'I enjoy jokes and memes [online].'* (Malaysia, CoS)

*'I play games [online].'* (Malaysia, CoS) (Malaysia, CoS)

*'[I follow] positive quotes pages [to improve my mental health].'* (Malaysia, CoS)

## Pleasurable Consumption

Across the sample, young people highlighted how, to bolster their mental health, they seek a sense of joy and pleasure through their consumption practices. This was particularly evident in young people's discussions of their food consumption. Participants noted that being able to meet the basic need to eat regularly is vital to mental health. They also recognised that eating healthy foods can support one's mental health and wellbeing. However, participants in Indonesia and Thailand also described food as a pleasure that sustains wellbeing. According to facilitators in Indonesia, young people like to have plenty of delicious side dishes every day. In other words, for our participants, food brings pleasure and positive affect:

*'I'm happy because I ate ice cream.'* (Thailand, DEF)

*'I'm happy to eat.'* (Thailand, DEF)

Young people also related pleasure to their capacity to access disposable income and to consume material goods, particularly so in Thailand and Indonesia:

*'I am very happy because I will get Louis Vuitton shoes in white as a birthday present.'* (Thailand, DEF).

*'Happiness is when dad buys me toys; mom gives me money.'* (Thailand, DEF).

*'Being given a lot of money [makes me happy].'* (Indonesia, MHP)

*'Being given more pocket money [makes me happy].'* (Indonesia, MHP)

Such examples suggest that young people connect psychological wellbeing with consumption and material wealth. However, being able to make decisions about what to consume, and having access to some money to realise their desires, could help to build self-efficacy (the ability to achieve a goal), which is important to promote positive mental health (Bandura, 1997).

## Religion and Spirituality

Participants recounted that religion or spirituality can promote positive mental health and act as a protective factor against negative mental health:

*'At times it may feel like the whole world is working against you. But the solution is to always TURN TO GOD'* (Fiji, DEF).

*'Church... and pray[ing] together [supports mental health].'* (Malaysia, CoS)

Young people reported that religion or spirituality gives them the strength to deal with difficult situations. Connection with churches and other places of worship also enable young people to participate in communal gatherings and find solidarity and support.

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## Online Spaces can be Protective

Interestingly, young people told us that the digital environment can play a significant role in supporting their mental health and wellbeing. In particular, they highlighted that the internet offers diverse information about mental health issues and how to respond, thereby nurturing their mental health literacies, especially in contexts where young people find it difficult to otherwise learn about mental health due to stigma:

***'[People can look for] information about mental health issues on social media (Instagram, YouTube, TikTok)' (Indonesia, Cos)***

*'People can search for free mental health information.'* (Indonesia, CoS)

As we detail further below, however, young people are calling for more support to help them identify which sources provide the best quality information.

Participants also highlighted that they find solace and support in online spaces. They drew attention in particular to the plethora of support communities available to diverse young people online. Young people in Malaysia and Indonesia also highlighted the numerous mental health apps that are available.

Lastly, young people reported that they often use online spaces to connect with others and to relax and unwind. They noted the enormous benefits for their mental health of the friendships and fun they find online, whether through social media, gaming platforms or the many other digital spaces they explore and take part in.

## Key Findings: Protective Factors

Participants identified a broad range of mental health protective factors. Not surprisingly, given they frequently understand mental health as dependent on individual predispositions, our analysis detected a strong theme concerning the protective value of self-reliance.

At the same time, young people also surfaced a range of broader protective factors, demonstrating they recognise the importance of context for mental resilience. Participants highlighted that mental health is highly dependent on meeting their basic needs for food, shelter, clean water and so on. They also foregrounded the protective benefits they derive from relationships with family and friends; their right to leisure, exercise, relaxation, and play; practising religion and spirituality; and indulging in everyday hedonistic pleasures, such as eating foods they enjoy. Our young workshop participants also acknowledge the protective value of the digital environment for their mental health, saying it is a vital source of information about mental health, as well as an avenue by which to access both formal and informal support.

These findings suggest that education and interventions might usefully focus on enhancing young people's capacity to nurture both personal and social protections – potentially simultaneously. There may be value, for example, in building knowledge and skills about individual mental resilience and wellbeing – including the beneficial role of leisure and play – but also reiterating how necessary safe and supportive relationships are to enable individual wellbeing. Along those lines, building intergenerational knowledge and skills about how to foster healthy relationships might also be fruitful. Digital environments could offer a trustworthy and accessible medium for achieving this. Equally important, though, is ensuring that interventions are presented in engaging and accessible ways that authentically speak to young people in ways that reflect their own lives and everyday experiences.

Our findings also raised the influence of systemic or structural issues on mental health. Access to food, shelter, and safe water are fundamental not only to mental health but are basic cornerstones of healthy life. While our participants discussed such issues through the lens of mental health, ensuring people have access to these and other basic needs requires deeper, systemic intervention and change. This in turn requires bold, political decision-making at regional, national, or even international levels.





## What Challenges Young People's Mental Health?

As noted above, young people generally believe that individual predisposition plays a key role in whether or not a person experiences good mental health. However, they also signalled that the circumstances in which young people live and grow profoundly influence their capacity to experience positive mental health and wellbeing.

Young people believe their mental health is shaped by phenomena or events taking place in their immediate life worlds, as well as those that unfold beyond their direct experience or control. One of the workshop exercises asked participants to identify the various factors influencing mental health at the local, regional, and national level. They allocated many of the factors to all three domains, suggesting they see significant events as cross-cutting.<sup>3</sup>

Notably, young people indicated that some of the most significant challenges to their mental health are those over which they perceive they have little control. On the one hand, they expressed how their lack of agency to respond to everyday or routine stresses and anxieties can negatively influence their mental health. These include having multiple competing demands or responsibilities they must fulfil; others imposing elevated or conflicting expectations on them; and constraints on their capacity to move around the city to do the things they need to do:

*'[One can feel] depressed because of very piled up tasks.'* (Indonesia, DEF).

*'Lack of transportation access [negatively impacts people's mental health].'* (Indonesia, Café)

On the other hand, collectively, young people reported that they navigate high levels of uncertainty in their everyday lives, identifying a series of themes or 'crises' that impact their mental health, which we discuss below.

Image: ©Empower Pacific/Fiji/2022



### Poverty and Income Pressure

Young people in this study came from a variety of backgrounds, including those characterised by low socio-economic circumstances, displacement, lack of safety and/or security, and intergenerational poverty.<sup>4</sup> Their contributions highlighted the serious impacts of structural drivers on young people's experiences of mental health. In particular, they underscored how financial stress of both a temporary and a sustained nature negatively impacts their mental health.

Some participants described being routinely concerned about whether they or their families could meet their basic needs. They emphasised that the high costs of housing, food and transport exert considerable pressure on them and their families with negative consequences for their mental health:

*'The price of renting a place to live is so expensive.'* (Indonesia, MHP)

*'Goods' prices are increasing.'* (Thailand, Café)

*'Increases in food prices [cause stress].'* (Indonesia, MHP)

*'Expensive bus fare.'* (Thailand, Café)

*'Fuel price rising up [causes] more stress.'* (Thailand, Café).

Young people reported that these stressors have intensified since the COVID-19 pandemic:

*'Loss of jobs cause[d] stress & anxiety about how breadwinners were supposed to provide for their family.'* (Fiji, Café)

*'There is a lack of food in the house [due to the pandemic].'* (Fiji, Café)

*'[There are] rising fuel prices [since the pandemic].'* (Indonesia, Café)

<sup>3</sup> In Malaysia, facilitators chose not to separate domains and in Fiji facilitators focused predominantly on the COVID-19 pandemic and its impact on different levels of society. Both facilitation decisions affected how participants in those countries completed this exercise.

<sup>4</sup> Our sample included young people living in refugee communities (Malaysia), young people living with or at risk of HIV (Thailand), adolescent parents (Indonesia), and young people living with non-biological caregivers (Fiji). See **Methods**.

General uncertainty in financial markets, combined with stressors such as job losses, are exacerbating the financial pressures experienced by young people and their families:

*'Markets are unstable right now... [We are] worried, stressed [due to] losses of income.'* (Thailand, Café)

Not surprisingly, those populations who were already experiencing poverty are among those most deeply affected by the pandemic, with serious implications for their mental health. For example, facilitators in Indonesia and Thailand reported that participants confront major challenges meeting their basic needs in a climate of accentuated unemployment and job insecurity, and do not have the safety net of government support:

*'[Mental health is impacted by a] lack of assistance provided by the government for people who are below the poverty line. The difficulty of finding work in the city; the number of unemployed; the unequal distribution of basic assistance; and [limited] education from the government [have an impact on mental health].'* (Indonesia facilitators)

*'Street people have debts in general because they have no degree so they can't work in a place that has a stable income. Debts out of the bank system mean they get abused physically if they can't pay back on time. No daily money also means no place to sleep. That means they can hardly [meet] their basic human needs in a routine way.'* (Thailand facilitators)

Thai facilitators also pointed to the challenges young people face in escaping the cycle of poverty. For example, in Thailand, young people have access to free education, which theoretically supports them to secure employment and a stable income. However, financially vulnerable young people find it difficult to prioritise education over other activities that enable them to earn money. Furthermore, they cannot afford to pay for study related costs, such as purchase of uniforms and textbooks, and travel to and from educational institutions. It is difficult for young people to maintain their mental health in the context such a cycle of poverty. By contrast, having a stable income is seen by young people as a buffer or variable that mitigates some of the risk impacting an individual's mental health.

In short, across the region, young people – especially those who experience entrenched economic inequality – report that poverty and income pressure are significant constraints on their capacity to maintain their mental health and wellbeing.

## Case Study 1: Parenting and Working in Indonesia

In Indonesia, adolescent parents aged 17–19 were particularly vocal about the impacts of rising costs of living on mental health:

***'It is hard to find money or livelihood [and this affects my wellbeing].'*** (Indonesia, OBL)

These participants reported that their responsibilities to support at least one dependent, as well as themselves, dramatically shape their mental health. Indeed, some highlighted that the challenges of parenting can become overwhelming:

***'Having a child who is difficult to control... makes [our] emotions unstable.'*** (Indonesia, OBL)

Another group explained that financial pressures add to the strains of parenting and exert significant influence over their mental health:

***'The child is sick but [I] can't do anything because of financial problems.'*** (Indonesia, OBL)

Participants also explained that in addition to demands of parenting, work demands also contribute to negative mental health:

***'Many problems at work' can impact on 'thoughts and feelings'*** (Indonesia, DEF).

The evidence shared by adolescent parents in Indonesia suggests that mental health strategies need to identify and provide targeted support to those young people who experience entrenched inequality.

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## Conflict and Violence

Young people reported that diverse forms of conflict and violence profoundly shape their mental health (See also, Third et al., 2020):

*'Violence is one of the causes of mental disorders.'*  
(Indonesia, DEF)

Participants noted that they experience some forms of violence directly, and others indirectly – and both can impact their sense of resilience and wellbeing. Young people emphasised that experiences of violence do not need to be immediate or proximal for them to significantly impact their mental health.

Many participants highlighted forms of interpersonal violence as drivers of negative mental health experiences. Indeed, while strong relationships can protect and support young people's mental health, interactions with those close to them can also be a source of mental health stress.

For example, participants frequently noted that family can be an enormously positive influence on their mental health. At the same time, they highlighted that conflict within their families can dramatically undermine their mental health. In particular, participants cited family trauma and ruptures in family units as causes of mental health challenges:

*'Family problems.'* (Fiji, MHP)  
*'Broken home.'* (Indonesia, DEF)  
*'Family burden.'* (Indonesia, DEF)  
*'Anxiety from family [can lead to adverse mental health].'* (Thailand, DEF)  
*'I am sad because mom and dad had a fight.'*  
(Thailand, DEF)

Some participants discussed how restrictive parenting styles unfairly constrain their agency. Alternatively, some parents use corporal punishment to discipline young people, which young people report adversely affects their mental health:

*'I'm sad when my mom hit me.'* (Thailand, DEF)  
*'I don't like it when mom doesn't let me leave the house.'* (Thailand, DEF)

As we discuss further below (see **Bullying, Discrimination, and Harassment**), young people also highlighted how conflict with friends and peer groups in the form of bullying or discrimination also compromises their mental health:

*'I am angry because my friend teases me.'* (Thailand, DEF)

These examples highlight how relationships with family and friends can create hostile environments that compromise young people's mental health, emphasising the need for young people to have multiple support options in place to protect and support their mental health.

Importantly, though, young people also cited violent events unfolding at the edge of their experiences – in their communities, nations, or internationally – as an important context for and influence on their mental health. For example, they pointed to a range of national and international wars that impact their sense of safety and wellbeing and, therefore, undermine their mental health:

*'War between Russia and Ukraine.'* (Fiji, Café)  
*'Myanmar military coup.'* (Thailand, Café)  
*'Palestine – Israel conflict.'* (Malaysia, Café)  
*'Wars.'* (Indonesia, Café)

So too, young people expressed concern about the level of generalised violence in their communities, citing these as undermining their sense of safety and security and, therefore, compromising their mental health. They pointed to numerous forms of violence prevalent in their communities, ranging from fighting and bomb threats to murders and car accidents:

*'[We are impacted by] local fights, gang fight[s], bombings and brawl[s].'* (Indonesia, Café)  
*'Car crashes cause deaths.'* (Thailand, Café)

In Thailand, facilitators also noted that both traffic jams and drunken people in the area cause fighting on the roads, negatively impacting young people's sense of safety and, thereby, mental health. In Malaysia, young people from refugee families drew attention to the ways personal experiences of international conflict shape their wellbeing. They described how they have ongoing concerns about their personal safety, which compromise their ability to routinely experience mental health:

*'Being threatened by [my] country of origin [affects my mental health].'* (Malaysia, Café)

These insights suggest that working to reduce both extreme and routinised forms of violence in the communities in which young people live would boost their sense of mental health and wellbeing.

## Crime

Evidencing how contextual factors impact young people's mental health, participants highlighted how their knowledge and experiences of crime in their communities undermine their sense of safety and compromise their mental health. They identified a range of crimes that infiltrate their everyday experience, whether they might encounter or learn about them online or in their face-to-face communities. Crimes they listed ranged from those that threaten physical safety, through to those that are less visible but nonetheless take place:

*'Theft, kidnapping, and murder.'* (Indonesia, Café)  
*'Sharp weapons and illegal drugs.'* (Indonesia, Café)  
*'Crime rates and violence.'* (Thailand, Café)  
*'Corruption.'* (Indonesia, Café)  
*'Human trafficking.'* (Indonesia, Café)  
*'Animal cruelty posts.'* (Thailand, DEF)

While young people didn't always have direct experience of these phenomena, knowing that they occur around them makes them feel unsafe and fearful and, they said, can destabilise their mental health.

Furthermore, participants signalled they understand that they themselves are not immune to becoming a victim of crime, highlighting a series of crimes and other threats that target children and young people, including murder, rape, and gun shootings, such as the mass shooting at a Thai childcare centre in 2022:

*'Child murder.'* (Thailand, Café)  
*'School violence (gun attacks in Thai school).'* (Thailand, Café)  
*'Child rape.'* (Thailand, Café).  
*'Child labour.'* (Malaysia, Café)  
*'Child marriage.'* (Malaysia, Café)

Facilitators in Indonesia noted that workshop participants referred to drunk people, fighting and thieves in their local area as having a negative impact on how they feel. Indeed, participants' responses suggest that crime is a kind of 'background radiation' that permeates many young people's everyday lives, demanding constant vigilance and, ultimately, compromising their mental health.

## Unsafe Environments, Disease, Natural Disasters

Across participating countries, young people highlighted that unsanitary or unsafe physical environments negatively impact their mental states and compound any mental health issues they experience. For example, participants in Indonesia reported routinely contending with contaminated environments characterised by pollution in the air and waterways:

*'Dirty environment.'* (Indonesia, Café)  
*'Pollution.'* (Indonesia, Café)  
*'Factory smoke.'* (Indonesia, Café)  
*'Air pollution.'* (Indonesia, Café)  
*'Dirty rivers.'* (Indonesia, Café)  
*'Dirty tap water.'* (Indonesia, Café)

Young people highlighted that key infrastructure in their communities is ill-maintained, heightening their sense of living in unsafe environments and adversely affecting their mental health. Waste was a key concern for them. They noted that garbage and plastic waste is not adequately addressed in their local areas:

*'Unmaintained environment.'* (Indonesia, Café)  
*'A lot of puddles due to damaged roads.'* (Indonesia, Café)  
*'Piled up trash.'* (Indonesia, Café)  
*'Littering/plastic waste.'* (Malaysia, Café)

Furthermore, they noted that conditions in their communities made them vulnerable to accidents, such as fires, chemical leaks, and landslides. Young people noted that such disasters can have much more devastating and sometimes traumatic effects in densely populated communities:

*'Floods and landslides.'* (Indonesia, Café)  
*'Chemical leakage. Classes were cancelled [and] make up classes are online [which makes it] harder to focus.'* (Thailand, Café)  
*'Fire in my neighbour's house.'* (Malaysia, Café)  
*'Fires in densely populated settlements.'* (Indonesia, Café)



Young people's sense of their physical and material vulnerability is exacerbated by mainstream concerns about illnesses and disease. Young people reported being nervous about being exposed to viruses that might impact their physical health. So too, with the memory of the pandemic fresh in their minds, young people worried that the spread of new diseases might result in lockdowns and other public health restrictions that may have detrimental impacts on their mental health:

*'Closure of schools [due to COVID-19]... caused students to be anxious about their future.'* (Fiji, Café)

*'Dengue Fever.'* (Indonesia, Café)

*'New diseases like monkey pox.'* (Thailand, Café)

Here, the challenge to young people's mental health is both grounded in lived experience and anticipatory in nature, in that it stems from worrying about potentialities. This suggests that young people would benefit greatly from a more moderate public discourse as well as strategies to better enable them to contextualise threats of disease; assess the likelihood that they will occur; and respond in ways that protect their safety and their mental wellbeing.

The negative impacts on young people's mental health of dirty and unsafe environments, violence, conflict, and crime unfold against the backdrop of another future potentiality that young people reported is already negatively impacting their communities.

Image: ©Empower Pacific/Fiji/2022



## Environmental Degradation and Climate Change

Young people cited myriad natural disasters that have threatened their communities in recent years:

*'Floods/natural disasters.'* (Malaysia, Café)

*'Tsunamis.'* (Malaysia, Café)

*'Forest fires.'* (Indonesia, Café)

*'Earthquakes.'* (Indonesia, Café)

*'Tornados.'* (Indonesia, Café)

*'Volcanic eruptions.'* (Indonesia, Café)

*'Flooding.'* (Thailand, Café)

Young people's concerns about natural disasters are complex. On the one hand, they worry about the capacity of their homes and local communities to withstand natural disasters, such as flooding, forest fires and earthquakes. Other research suggests such concerns have two trajectories: 1/ concern about the devastation such disasters wreak on the lives of young people and their families in their immediate aftermath; and 2/ anxiety between disaster events that such disasters will recur (Third et al., 2020). On the other hand, they tended to believe that natural disasters are becoming more regular and this is an effect of global warming. Groups in Fiji, Indonesia and Thailand all raised concerns about global warming on their communities, now and into the future:

*'Rising sea levels [means] people [are] worried about [finding a] place for survival.'* (Fiji, Café)

Again, here, the threat to young people's mental health appears to derive from the anticipation of a worsening future – and one they feel they have little agency to prevent. If the capacity to hope is a key feature of resilience (Third et al., 2019), more research is needed to investigate how large-scale, looming threats such as climate change might be transforming young people's capacity to hope.

These insights may help to illuminate why, in different places around the world, young people who have opportunity to comment are beginning to identify both mental health and the environment as two key issues with which their generation is grappling (see, for example, Tiller et al., 2021). As decision makers work with young people to consider how to best support their mental health, they must simultaneously partner with young people to address environmental issues. Young people's insights strongly suggest that action to maintain clean environments; bold steps to arrest climate change; and implementation of strategies to secure sustainable futures for the next generation will help to establish a stronger baseline for youth mental health across the region.

In an exercise in which they created fictional personas dealing with mental health challenges, young people in Thailand highlighted how gender and sexual diversity plays into mental health. For example, one group wrote about a 19-year-old character who identifies as *'anything/non-binary'*. According to participants in this group, the foundations of this problem can be traced to discriminatory attitudes towards gender and sexuality diverse young people:

Another group created a character who is 22 years old and identifies as pansexual. The group explained that *'she does not appreciate when someone questions her gender [or sexuality because it makes] her feel vulnerable, judged and not comfortable in her own skin' (Thailand, MHP)*. In turn, *'this leads to being stressed, tired, annoyed, and she feel[s] lonely' (Thailand, PoS)*, taking a toll on her mental health. This group also located the source of this challenge to mental health in societal attitudes:

These fictional stories suggest that young people perceive a need to address broader attitudes and education around gender and sexual diversity in Thailand, as these impact on the mental health of those who do not identify as heterosexual and/or cisgender.<sup>5</sup>

Young people identified diverse forms of bullying, discrimination, and harassment as key challenges to their mental health:

*'I don't like it when my friends bully me.'* (Thailand, DEF)

*'Sexual harassment.'* (Indonesia, Café)

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Young and Resilient Research Centre | UNICEF East Asia and Pacific Regional Office | 45

## Cyberbullying and Sexual Harassment in Digital Spaces

While participants said online spaces can be conducive to positive mental health, they also noted that they can be subject to cyberbullying, and sexual harassment in digital spaces:

***‘Threaten[ing] words from unknown people via direct messaging [is triggering].’ (Thailand, DEF).***

Facilitator notes from Thailand explained that young women may ‘tone down’ their social media use due to online sexual harassment, which also impacts their mental health. Some participants went so far as to suggest that harassment is commonplace online:

***‘[I am] so used to getting inappropriate DMs on social media.’ (Thailand)***

Participants deploy privacy and security settings available via digital platforms to manage their exposure to online bullying and sexual harassment. They also carefully curate their online personas and the content they consume. When necessary, they tend to seek the help of friends and family members to help them deal with online bullying and sexual harassment:

***‘Block people to avoid bullying from friends that hate us.’ (Indonesia, CoS)***

***‘Talking to [a] family member about online bullying can help deal with negative mental health.’ (Fiji, CoS)***

Such examples suggest that while young people might use online spaces to foster their positive mental health, online interactions also have the potential to affect young people negatively. Indeed, other research shows that online discrimination and harassment constitutes a key concern of young people in relation to digital spaces (Third & Moody, 2021). Moreover, our findings underscore the responsibility of technology providers to ensure their products, services, and platforms are safe and supportive of young people’s mental health. This can include better platform design, including effective user policies and moderation, and provision of resources and platform tools that help young people navigate such spaces and engage in curation strategies. It is important to mitigate negative online experiences so young people can take full advantage of the mental health benefits afforded online.

## Key Findings: What Challenges Young People’s Mental Health?

Young people identify reasons for negative mental health outcomes associated with local, national, regional, and international events and contexts, demonstrating the breadth of issues young people recognise as affecting their ability to live well. They reference violence and conflict, concerns about the environment and natural disasters, and the impacts of climate change on mental health outcomes. They are aware of social issues and inequities, and how they contribute to mental health difficulties, anxieties, and worries. They identify influences, like poverty, crime, family responsibilities, or discrimination they view as impacting on mental health and wellbeing. Young people felt social inequities were more pronounced for those who have a low socio-economic status, cannot afford or access basic needs, and/or have substantive cost of living pressures. The corollary is that participants emphasise how the ability to afford the good things in life and the joy they can bring can be a buffer against negative mental health.

Like the structural issues identified by young people in their assessments of protective factors, many of the challenges young people say affect mental health outcomes have solutions that demand attention and response at political and societal levels. Most young people, and indeed many people generally, may feel helpless to encourage or influence structural change. Nevertheless, initiatives that build knowledge and skills about young people’s potential for agency might help to grow wellbeing and encourage young people to explore ways to engage with and influence broader change. For example, developing accessible pathways and tools for young people to organise and collectively express ideas about issues may facilitate feelings of self-efficacy as well as contributions to political discourse and decision-making. Clearly, the potential for such engagement mechanisms to be safe and successful will be determined by the receptiveness of different cultures and societies. In many contexts, actions aimed at involving young people in political discourse may be discouraged or suppressed, in which case precedence must be given to ensuring young people remain safe. However, even in those contexts, there may be opportunities for young people to express some level of greater agency (e.g., neighbourhood, community) that then seeds and develops a greater role for young people in enacting social change.





## Help Seeking

Participants identified a variety of avenues of support available to them to assist when they experience mental health issues. In particular, they say they would turn to family and friends, leaders and mentors in their communities, mental health professionals, and the communities and networks with whom they connect online.

### Turning to Friends and Family for Help

Young people reported that, in times of adversity, they reach out, in particular, to friends and families for help and support. They emphasise that discussing problems in these trusted environments can help them to better understand the challenges and identify possible solutions:

*'Mum, dad; oldest sister... & brother [will provide support].'* (Fiji, CoS)

*'The family should observe [the character in the scenario] and try to talk with her and comfort her. She should trust her family.'* (Thailand, CoS)

*'Talk about problems with family [to assist with mental health].'* (Indonesia, CoS)

*'Telling friends [will help with mental health].'* (Fiji, CoS)

*'[One can] tell about the problem to friends and family [to receive support for mental health].'* (Indonesia, OBL).

Young people reported that they are more likely to seek help from family members in those families that nurture non-judgemental spaces for sharing and discussing both every day and more acute mental health challenges:

*'Families should open up for [their children], show them that you are ready to listen and understand them.'* (Thailand, CoS)

These insights point to the ways that familial and friendship support unfold alongside and, at times, are alternatives to formal support. Important here is ensuring family and friends are equipped with appropriate resources and knowledge when young people come to them for support (Hanckel et al., 2022; Worrell et al., 2022).

### Seeking Help in the Community

Young people identified a wide variety of local community members, leaders, and mentors to whom they can turn when their mental health is challenged. These trusted figures include neighbours, teachers, police, school, social welfare services, health centres, sporting teams, clubs and groups, and community services:

*'We can search social clubs/groups socially where [one] can relate to them and know [one] is not alone.'* (Thailand, CoS).

Facilitator notes from Thailand also explained that staff in community organisations can offer guidance and support for young people.

Of the four participating countries, Fijian participants identified the most diverse range of trusted figures in their communities that can provide mental health support. These included the village *head* ('*turaga ni koro*'); the '*village nurse*'; and community elders.

While young people identify a wide range of people to whom they can turn for mental health guidance and support, they encounter some significant barriers to making the best use of these (see **Barriers to Help Seeking and Support**).

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## Seeking Professional Mental Health Support

Young people – especially those in Fiji, Indonesia, and Thailand – generally valued professional mental health assistance as a form of support. However, some also expressed a sense of ambivalence about using formal support, with some participants suggesting professional support may not always be necessary.

When presented with fictional scenarios and asked whether the characters should seek professional support for their mental health, young people's responses were mixed. Participants in Fiji tended to be most confident that their persona should seek the support of a professional, such as a counsellor. Some participants in Indonesia, Thailand and Malaysia also affirmed the value of seeking professional support of mental health professionals:

*'[They] feel stressed and don't know what to do [so professional support would help].'* (Indonesia, PoS)

*'Seeking professional support would help her life immensely.'* (Thailand, PoS)

However, participants in these countries tended to believe that discussing their feelings with family and friends was adequate, and that there was little need to pursue formal mental health support (see **Barriers to Help Seeking and Support**).

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## Seeking Mental Health Support in Online Spaces

Young people in all four participating countries reported that digital spaces provide important communities of support for those who are experiencing mental health challenges. They told us that online spaces connect them with friends – both those they know face-to-face and those they only know online – that can give them the help they need:

***‘[You] get advice from online friends.’ (Malaysia, CoS)***

***‘[You can] get support from friends in online games.’ (Indonesia, CoS)***

***‘[You can] find a support group online to rely on them and [find] comfort. [People can seek help] on many social media.’ (Thailand, CoS)***

***‘There are the support groups and the online communities that face the similar problem or have knowledge about this [mental health] problems that could help... seek... the solution.’ (Thailand, CoS)***

***‘Looking for positive friendship on Facebook [supports mental health].’ (Indonesia, CoS)***

They reported that it can be easier to talk about mental health difficulties online. Here, they identify anonymity as a particular affordance of online spaces that supports them find ways to express how they are feeling. Indeed, some participants said that it is easier to express how you’re feeling online because you don’t have to worry that the person who is listening will take what you’re saying personally. In other words, sharing mental health problems online is decontextualised – it unfolds beyond routinised the everyday interactions, personal histories, and predictable narratives in which young people are embedded and, therefore, young people experience more freedom to express who they are and what they are going through and to find the validation and support they need:

***‘There are online, anonymous pages where you can share about your thoughts with someone without any body knowing who you are. Example: Thai App “Sati”.’ (Thailand, CoS)***

***‘[It can help] to post what you are facing without projecting hate onto others.’ (Fiji, CoS)***

These insights confirm that young people connect online with others who can provide support and knowledge about issues they are experiencing (see, for example, Hanckel et al., 2019; Hanckel & Chandra, 2021) and that sharing anonymously online can, for some young people, be an important part of supporting their mental health.

Lastly, online spaces also present pathways to professional mental health support. Participants noted that one can both search for and connect with relevant mental health support services:

***‘[People can] search for professional help [online].’ (Fiji, CoS)***

***‘Looking for psychological help through Google [...] and online games [can be helpful].’ (Indonesia, CoS)***

***‘[You] take... advice from (online) psychologist.’ (Thailand, CoS)***

***‘Consulting online with a psychologist [will provide support].’ (Indonesia, CoS)***

For some participants, the anonymity associated with searching and accessing services online meant they were more likely to seek help:

***‘Anonymous [online] support groups [make it easier to seek help].’ (Thailand, OBL)***

In these ways, online spaces are already playing an important role in the provision of mental health support for young people across the region and that there is scope to build on these practices to strengthen the support that is available online.

## Key Findings: Help Seeking

Our young participants identified a range of help seeking and support opportunities for mental health, including both formal and informal channels. Participants noted that having open, non-judgemental relationships with family and friends enables them to talk safely about mental health issues. They value trusted community actors – like neighbours, elders, teachers, and community groups – to support their health and wellbeing. Participants also recognised – albeit with some ambivalence – that professional mental health support is important. Young people highlighted online settings, and the anonymity they can offer, as potentially valuable forums through which to seek out information and support about mental health challenges and support.

While participants were able to identify a variety of avenues for mental health support, our data also highlights areas where knowledge about and access to support could be strengthened. Given the importance that family and peer relationships play in young people's lives, and the potential role of community actors in supporting mental health, ensuring families and communities are aware of and have access to education and skills about mental health is crucial. Building parents/carers' and peers' awareness and skills about effective interpersonal and intra-relational communications may also provide young people with the community support for mental health that they seek. Participants recognised the value of professional support (such as doctors, counsellors, dedicated mental health organisations) but expressed mixed views about using such support. This suggests that, as important as family and community supports are, there is also value in raising awareness about the limits of such support and educating people to recognise when and how to recommend and access professional support. At the same time, it will be important to address constraints on the availability of professional support in some contexts.

Aligned to this are the potential opportunities that digital technologies offer for enabling safe communications about and provision of formal support for mental health. Both informal and professional online settings offer possibilities to support young people as they work through concerns about their own mental health. Critical here is ensuring online spaces and supporters are offering accurate and useful mental health knowledge and advice, and that online spaces provide accessible, appropriate tools and resources that can support young people when they need it.





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## Barriers to Help Seeking and Support

While young people could generally readily identify people to whom they would turn for support, or places they would go in times of need, they nonetheless pointed to significant barriers to their capacity to seek mental health support – whether from friends, from family, or from professional mental health services, both online and offline. These barriers are knowledge-based, financial, infrastructural, cultural, and attitudinal.

### Identifying Issues, and When and How to Seek Help

Across participating countries, young people highlighted that they face significant challenges identifying and articulating mental health issues. They said that they have trouble finding the right words to describe what they are going through, indicating that young people across the region might benefit from resources, campaigns and other initiatives that are designed to enhance mental health literacies and increase awareness about mental health issues and reduce stigma:

*'I don't how to describe the problem.' (Malaysia, OBL)*

*'Some people might have no idea about mental disorders.' (Thailand, OBL)*

They indicated, in particular, that they have trouble identifying when it is appropriate or important to seek help; what kind of help to seek; and where to find that help. Many reported that they find it hard to make sense of, interpret, or explain mental health experiences. They expressed concerns, on the one hand, that their feelings and responses might be disproportionate to the circumstances or, on the other, that they may not reach out about mental health issues until it is too late:

*'They are scared of being taken seriously. They sometimes are shy to express their problem. The sometimes think the professionals might think their problem is useless and might not take it seriously.' (Malaysia, OBL)*

*'Some people don't know where to start.' (Fiji, OBL)*

Friends and family are often the first touchpoint for young people when they are seeking mental health support. Young people across the participating countries generally expressed the view that the support of friends and family mitigates the need to access professional mental health services:

*'[They don't need professional help because] they... happily share thoughts and emotions with their family.' (Malaysia, PoS)*

*'Talk[ing] to... friends is [often] enough.' (Thailand, PoS)*

At the same time, some young people – notably, those in Indonesia – reported that their parents are not available to them to provide this kind of support. They reported that their parents' work commitments prevent them from connecting with their parents for advice and support about mental health issues:

*'My parents are busy.' (Indonesia, OBL)*

*'My family is not at home.' (Indonesia, OBL)*

*'My parents are working, so I don't have a chance to tell them.' (Indonesia, OBL)*

Our findings reflect research conducted in other settings which indicates that friendships offer important informal support for those who are experiencing a tough time (Michelmores & Hindley, 2012; Hanckel et al., 2022). But how well-prepared are young people to support each other through mental health difficulties?

Some participants felt uncertain about their capacity to accurately identify a friend in need and to support them appropriately:

*'I don't know how to identify the problem.' (Malaysia, OBL)*

*'Not knowing what to say [is a problem]!' (Malaysia, OBL)*

Participants also pointed to a general lack of information and education about mental health; how to identify and support someone who is experiencing mental health difficulties; and where to seek mental health resources and support:

*'[There is] a lack of information [about mental health].'* (Thailand, OBL)

*'[We are] not getting lessons on mental health at school.'* (Indonesia, OBL)

These findings foreground the need to 1/ equip young people with the skills and knowledge to feel confident to support a friend and know when they should turn to a trusted adult; and 2/ provide clear advice to young people about the stage at which they or their friends might need to reach beyond friendship and familial networks to seek professional support to address mental health issues.

Lastly, social isolation also represents a barrier to young people's help seeking. In contexts where help seeking occurs most often via friendship and familial networks, young people who are more socially isolated than others face particular in reaching out to talk about their mental health problems:

*'I don't get help because I don't have friends.'* (Indonesia, OBL)

These findings suggest that, while young people recognise and value the support afforded by their peer connections, there are limits on who can access this kind of support. Clearly, those young people who do not benefit from trusted relationships with peers are more at risk of not finding the support they need.

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## Access and Affordability of Mental Health Services

Young people cite accessibility and affordability as key challenges preventing their access to mental health services or other professional support in a timely and consistent manner.

Young people identified prohibitive costs as chief among the obstacles they face to accessing mental health services. Simply put, the costs of mental health services render them inaccessible to young people, many of whom are not financially independent or struggle to make ends meet:

*'[There is] no money to seek support.'* (Fiji, OBL)

*'Capitalism [makes it difficult to get help].'* (Thailand, OBL)

Participants also reported that mental health services are not available in their area; are poorly serviced by transport options; or that the distances they have to travel to seek professional care militate against them receiving regular care:

*'The area you live in does not have resources to seek for help.'* (Thailand, OBL)

*'The distance between the house and the psychologist is very far.'* (Indonesia, OBL)

*'No transport [makes it difficult to get help]'* (Fiji, OBL)

Image: ©Empower Pacific/Fiji/2022





In Thailand, participants highlighted that they are too young to travel to attend mental health services without a chaperone, and this means that they do not feel comfortable seeking professional support. They also explained that some parents impose rules that limit their mobility or the people with whom they may interact, and this impacts their ability to seek both informal and professional mental health support:

*'Strict parents at home [make it difficult to get help].' (Thailand, OBL)*

So too, in Fiji, one group also explained that having a disability that impacts one's mobility can also make it difficult to seek help. Young people suggested that:

*'Transport [and] fares [for] bus/taxi [would make it easier to access mental health support].' (Fiji, CoS)*

Additionally, young people told us that available services are overburdened and find it difficult to meet demand, citing, for example, long waiting periods:

*'[There are] long wait times on hotlines.' (Thailand, OBL)*

Some suggested that a solution to these challenges would be to establish roving services that take free mental health services out to areas that do not have permanent services available to residents:

*'[Our suggestion is to] set up monthly temporary centres in the community to allow people get free counselling.' (Fiji, CoS)*

Lastly, a lack of awareness of service provision in their area also inhibited young people's access to mental health care. For example, facilitator notes from workshops with adolescent parents in Indonesia recorded that certain participants did not consider accessing free psychologists and psychiatrists at the local community health centre as they were unaware of the available support. This indicates there is scope to raise awareness of mental health services available, particularly for groups of young people who live with additional pressures on their mental health.

Image: ©SEJIWA/Indonesia/2022



## Stigma, Shame, Fear, and Judgement

Echoing research across the region (Ho et al., 2018; Raaj et al., 2020; Subu et al., 2021), young people were clear that mental health often has negative connotations in their communities:

*"Mental health" is a topic not many people are familiar with... People regard mental health as being mad, crazy and so on.' (Fiji, PoS)*

Young people are attuned to the stigma associated with mental health in their communities and this plays a strong role in their decision making about whether, when and how they seek support from others for their mental health.

Participants spoke about their reluctance to access mental health support in emotive terms, reporting that they feel 'afraid', 'scared', 'nervous', 'ashamed', and 'shy'. They reported that they worry about others thinking they are lacking in fortitude. They also said they feel shame about or lack the confidence to reach out to others for help:

*'[I] don't want to seem weak.' (Thailand, OBL)*  
*'I would be embarrassed/ashamed.' (Thailand, OBL)*  
*'I lack confidence to ask for help.' (Fiji, OBL)*  
*'I am shy, have no confidence.' (Thailand, OBL)*

Young people are hesitant about seeking help because they are afraid of being unfairly judged by others:

*'Fear of judgement can affect our desire to seek help.' (Thailand, OBL)*  
*'[I am] scared of being judged by others.' (Malaysia, PoS)*  
*'People will question our personality.' (Thailand, OBL)*

And some fear they will not receive the help they need because they will be misunderstood:

*'I worry I would not be heard properly.' (Malaysia, OBL)*  
*'He'd be hesitant since he's afraid of the reaction of the person he's asking help from.' (Malaysia, PoS)*

## Trust and Privacy

Young people's decisions about seeking mental health support – whether from friends and family or from mental health services or professionals – are profoundly shaped by dynamics of trust:

*'Trust issues can be a barrier [to help seeking].' (Fiji, OBL)*

Young people reported that they don't always trust available mental health services, and this is a barrier to their formal help seeking in the four countries that participated in this study. This is, in part, connected to stigma. For example, they worry whether such services are confidential and able to protect their stories and their personal details.

Class issues also play into young people's lack of trust in mental health services. For example, facilitator notes from Thailand explained that young people from lower socio-economic backgrounds often do not trust doctors because it is commonly thought they prioritise people who are wealthy over people like them.

Facilitators in Indonesia explained that while seeking professional mental health support is expensive, even if there were free counselling services, participants would not use them, and prefer to keep problems to themselves, or to tell friends, reflecting similar findings from another study in Indonesia (Brooks et al., 2022). This suggests 1/ key professional gatekeepers (e.g., GPs) should be better trained in how to support young people, and 2/ efforts need to be made to instil greater trust in professional services to highlight their value to young people.

Although they say they rely strongly on friends to support them through times when their mental health is challenged, participants also suggested that they are careful about who they trust with information about their mental health. Their wariness is driven, to no small degree, by the stigma around mental health they experience in their communities. They are concerned that confidantes will breach their trust and their stories will circulate more widely than they wish them to. Young people are particularly concerned about being subject to gossip and the harsh judgement of friends and peers. Some also worry that sharing their mental health concerns with friends may expose them to victimisation, which will exacerbate their mental health challenges:

*'I would... be scared that my friends would judge me.' (Malaysia, OBL)*

*'[I worry] I would become [a] topic of conversation [amongst] friends.' (Indonesia, OBL)*

*'When we [told] our friends about the good and bad feelings we feel, the friend actually bullied us verbally. They said... we are weak, we are useless. (Indonesia, OBL)*

This indicates that, while young people recognise and value the mental health support afforded by their friendships, they are judicious about which friends they trust to respond to their experiences with compassion:

*'[Getting help can be difficult] due to the attitude of friends who cannot keep secrets and are sensitive.' (Indonesia, OBL)*

*'[You have to] choose a friend who can be trusted [with your problems] and can maintain [your] privacy.' (Indonesia, OBL)*

The pool of friends with whom they share is thus often limited because they shy away from sharing with those they do not fully trust.

In the same kinds of ways, young people reported that trust is key to their calculations about whether or not to rely on their parents for mental health support. However, this trust dynamics are different to those they experience in relation to sharing their mental health challenges with friends. Some participants reported that they cannot always trust their parents to take their problems seriously, as they are often dismissive of the challenges young people face. This makes some sceptical of the guidance parents provide:

*'My parents think my problem is a trivial thing.' (Indonesia, OBL)*

Alternatively, young people find it difficult to trust parents with their problems when they respond in overly judgemental or punitive ways to young people's experiences of mental health issues:

*'Parents do not support but instead judge when children tell stories [which makes it hard to get help].' (Indonesia, OBL)*

*'Parents will scold.' (Malaysia, OBL)*

*'For me, the challenges are [...] my family judging me... [It] is kind of like stereotyping.' (Malaysia, OBL)*

These fears and experiences of being judged, bullied, not being taken seriously, or getting in trouble mean that young people sometimes struggle to trust friends and family to treat their mental health experiences respectfully. This in turn can undermine their capacity to enjoy the support of those who are closest to them.

## Barriers to Seeking Help Online

Online help seeking potentially offers unprecedented opportunities for young people to bypass the mental health stigma they identify in their communities and to seek informal and professional support. As noted above, young people place high value on the anonymity of online mental health support.

Online mental health services also provide potential solutions to the challenges young people report around the accessibility – and potentially the affordability – of mental health services. For example, there is potential for young people to access professional online counselling from their homes via a mobile phone, mitigating the need to travel or to rely on others to support their mental health journeys.

For this potential to be realised for young people, however, there are a series of barriers to online help seeking that need to be addressed.

Some young people reported that they lack the necessary experience to locate trustworthy forms of online support for the mental health:

***‘[I] lack... experience with finding any help... online.’ (Malaysia, OBL)***

***They also reported that online counselling or psychological support can come with prohibitive costs, which represents a problem for young people who are not yet financially independent, or who come from lower socio-economic backgrounds:***

***‘[The] high cost of a psychologist online can be challenging.’ (Malaysia, OBL)***

***‘Lack of money [prevents me seeking help online].’ (Fiji, OBL)***

Cost also impacts young people’s capacity to access the internet to receive vital mental health support. Young people reported that they and their families cannot always afford the devices and connectivity that are required, reminding us that, even if services and other mental health content are made available online, this does not guarantee these resources will be accessible to the young people who need them:

***‘[There is] no wifi to seek support.’ (Fiji, OBL)***

***‘[The] costs of monthly internet [are prohibitive].’ (Malaysia, OBL)***

***‘Online constraints; there is no internet quota to watch seminars [which gets in the way].’ (Indonesia, OBL)***

Some young people also highlighted that unstable internet infrastructure compromises the viability of online help seeking. Others noted that, if they were to seek help online, they would do so via a mobile phone, reminding us that mental health services and other online mental content need to be optimised for mobile phones:

***‘Online barriers [include] lost internet network’ (Indonesia, OBL)***

***‘I have no phone.’ (Fiji, OBL)***

Young people called for solutions to technology access issues in order to make online help seeking a viable solution for **them and their peers:**

***‘Free data and wifi [can make it easier to get help online].’ (Fiji, CoS)***

***‘Having phones [and] recharge stations [would make it easier to access online mental health support].’ (Fiji, CoS)***

While young people reported that the anonymity of online mental health support is important to help seeking, the flipside of this is that they worry about the security of seeking help online. Participants – particularly those in Indonesia – were concerned about their privacy and trust being betrayed by those with whom they share:

***‘I’m afraid our chat will be caught on the screen (screenshot) and spread to others.’ (Indonesia, OBL)***



In a particularly insightful response about online help seeking, a participant in Malaysia drew attention to concerns about the limitations of online mechanisms to meet their needs for mental health support:

***‘Things stopping me from getting support online: 1/ Fear of having my feelings invalidated or categorized incorrectly. 2/ [I am] uncertain [about] whether I am exaggerating. I doubt... whether my issues are bad enough for me to... receive comfort. 3/ My unrealistic expectations on how others should treat or console me [about] my issues. I fear the help I receive would not be how I expect. (Malaysia, OBL)***

This response demonstrates that, for young people, barriers to help seeking online are multi-faceted. Their concerns include those about the potential to be misunderstood or dismissed when communicating online about mental health; not being able to reality check with others in order to know whether the issues they face are ‘real’, or to assess their seriousness; and fears that their expectations of the support they receive may not be fulfilled:

Participants also expressed that it is sometimes difficult to ascertain the credibility and reliability of online mental health content and other support:

*‘[T]hose who are in charge of [online] sources [need to] keep it credible.’ (Malaysia, OBL)*

This emphasises the importance of enabling young people to better assess trustworthiness of the information and initiatives they come across online (see for example: Hanckel, 2016).

Image: ©Empower Pacific/Fiji/2022

### Case Study 3: Mental Health Support for Young Men

Gender differences impacting their experiences of mental health and help seeking and support were generally difficult to establish in the insights young people shared. However, young men identified a range of mental health issues which they appear to think of as male specific. In Fiji, participants highlighted that it may be difficult for males to receive help, as:

***‘It is a social stereotype for [men] to be strong.’ (Fiji, OBL)***

On the other hand, in Indonesia, one group created a story about a 26-year-old character who is guilty of domestic violence. This character feels ‘sad’ because he experiences ‘regret and feel[s] guilty for what he has done to his wife’ (Indonesia, PoS). Both examples suggest that how masculinity is thought about and enacted has repercussions for men’s mental health when it comes to help seeking and the type of support required. This aligns with other research (Rochelle, 2019), and needs to be taken into consideration in the development of resources.



## Young People Want Mental Health Education

Across participating countries, young people repeatedly emphasised the importance of educating society about mental health:

***‘[We need to] do more activities within the communities relating to mental health, illness, depression, anxiety etc.’ (Fiji, SCE)***

***‘EDUCATE PEOPLE! [about] what is mental health [and explain] it is important health!’ (Thailand, OBL)***

***‘Mental health stigma could affect others that are close to them [persona]. It increases suicide rates and even depression rates too. We should educate the people.’ (Malaysia, PoS)***

Young people saw great potential to use social media to raise awareness about mental health issues and provide access to information, educational resources and pathways to support:

***‘Social media platforms [have] great advantages [for] displaying mental health information so it can get across readers to gain a better understanding on the topic of “mental health”’ (Fiji, PoS)***

***‘Video clip[s] in social media [can be used] to raise awareness.’ (Thailand, OBL)***

They also saw a role for other media, as well as the potential to harness peer and family relationships, to nurture public education:

***‘The local newspaper and TV can advertise about it [mental health].’ (Fiji, OBL)***

***‘The village nurse and headman can “inform people in the community.” (Fiji, OBL)***

***‘Older siblings and parents can talk about it in the family.’ (Fiji, OBL).***

***‘Media, schools, government, psychologists, mental health organisations, and social media [can all play roles in improving mental health].’ (Thailand, OBL)***

***‘Parents can be trained about mental health.’ (Thailand, OBL)***

It is important that young people are part of, and potentially lead, initiatives to enhance the effectiveness of educational efforts about mental health, especially when it comes to informing other young people.

## Key Findings: Barriers to Help Seeking

Limitations in knowledge about mental health and how to find support for mental health act as barriers to receiving timely and appropriate support. Participants said they often struggled with knowing how to understand and articulate mental health issues and feared not being taken seriously or encountering judgemental responses. They noted stigma in the form of shame and lack of empathy from parents and peers limit young people’s help seeking capacities. Such concerns exist alongside fears that trust and privacy may be betrayed. A range of practical barriers also limited young people’s ability to seek help. Cost, availability, and overburdened services (where they are available), and poor infrastructure (e.g., internet access) presented significant challenges for young people. Doubts about the trustworthiness, credibility, and security of, particularly, online services can also inhibit young people’s access.

Our data again foregrounds both the role and limits of informal familial, peer, and community-based support. While young people want to and often do use those relational supports, they can also find them unhelpful or discouraging. This underscores the importance of providing clear information and guidance to young people, their families, and their communities about when to look beyond friendship and familial networks to seek professional support to address mental health issues. Along similar lines, young people would benefit from campaigns and education that direct them to trustworthy, evidence-based resources or communities of support that can help them understand their mental health experiences and determine appropriate support beyond their immediate social contexts. Key to that is helping people of all ages to recognise when mental health issues warrant professional support. Solutions to many of the practical barriers raised by young people parallel broader systemic themes we have discussed above (e.g., about poverty, infrastructure availability and funding, socio-political contexts). However, considering the potential our young workshop participants see for online technologies to enable and facilitate individual and community awareness and education about mental health, there are useful actions that industry might take to strengthen mental health support. In particular, industry can usefully focus on ensuring that they have mechanisms in place to ensure the security, reliability, and trustworthiness of mental health information, and to ensure that young people can access secure and anonymous online mental health services. Industry, young people, and mental health support providers could also work collaboratively to make identification of effective and reliable online services easier, and to ensure that online mental health support is communicated in ways that reflects, resonates, and engages with young people.







## Survey Data

We collected and analysed data from young participants in Fiji and Malaysia for our pilot of the survey prototype. The data we collected during pilot research is intended specifically for survey development and so should be viewed as preliminary only. We discuss the reasoning, method, and results of our survey pilot in Appendix 1. While the data is exploratory, the analysis we undertook as part of our piloting methodology revealed patterns and alignments relevant to the broader focus of our project. The following analyses of selected pilot survey data shows some of our findings. As we discuss in Appendix 1, our work supports the utility of the survey prototype as a useful tool for further development.

**The analysis presented here demonstrates some of the potential for the survey, however we recommend caution in generalising or extrapolating these findings more broadly.**

Table 3: Survey Participant Snapshot<sup>6</sup>

Fiji (general)	
Number: 178	Age Range: 16-19
Household: 51% 2-parent, 31% 1-parent	Sex: 49% male, 49% female
Family Income: 22% low-income, 53% middle-income, 7% high-income	Residential Area: 76% urban
Occupation: 80% full time student	Disability Status: 3% identify as having a disability
Malaysia (general)	
Number: 155	Age Range: 16-19
Household: 76% 2-parent, 15% 1-parent	Sex: 18% male, 80% female
Family Income: 8% low-income, 75% middle-income, 15% high-income	Residential Area: 95% urban
Occupation: 90% full time student	Disability Status: 14% identify as having a disability
Malaysia (refugee community)	
Number: 31	Age Range: 15-19
Household: 58% 2-parent, 23% 1-parent	Sex: 39% male, 61% female
Family Income: 51% low-income, 42% middle-income	Residential Area: 93% urban
Occupation: 48% full time student	Disability Status: 23% identify as having a disability

<sup>6</sup> Participation figures do not equal 100% as categories with low numbers of participants are not listed. In Malaysia, female participants significantly outnumbered males. Initial plans for recruitment intended to achieve a close to equal gender split, however, this was not realised during implementation in the field. Future testing and implementation could deploy stricter randomised and stratified sampling, and include larger sample sizes, to address this disparity. Achieving representative and generalisable samples is the gold standard for quantitative work, but practical considerations – available time, funding, etc. – will ultimately determine the extent to which those standards can be met. While future implementations should aim for representative participation, that should be balanced with careful consideration during research design of project goals (e.g., what population is the research seeking to investigate, what can be realistically achieved). Moreover, even where samples may not be representative, data and analysis can still achieve important insights. In those cases, however, it is incumbent on researchers to be clear about the strengths and limitations of their work and their findings.

### Mental Health Influences

We asked participants to identify, from a list of events, groups and other items, the top five things that had negatively affected their own mental health in the past 6-months (participants could also add to the list). Participants in both countries identified a range of negative effects, but there was some commonality between countries. Figures 1 and 2 show the top five overall rankings made by participants. Schools, colleges, and other places of education featured most often in participants’ rankings in both countries. Levels of identification differed between countries though. For example, while Schools were the most commonly ranked in both countries, in Fiji around 51% of participants ranked Schools somewhere in their top five while around 79% of Malaysian participants did so. Moreover, in Fiji, only around 8% said schools had the most negative effect (Rank 1) while over 20% in Malaysia ranked schools as having the most negative effect. Families, Friends, and individual Personality were also commonly identified by participants in both countries. Placement of Body Image and COVID-19 differed between countries, however, with COVID-19 ranking in the top five in Fiji but not Malaysia and Body Image ranking in the top five in Malaysia but not Fiji<sup>7</sup>.

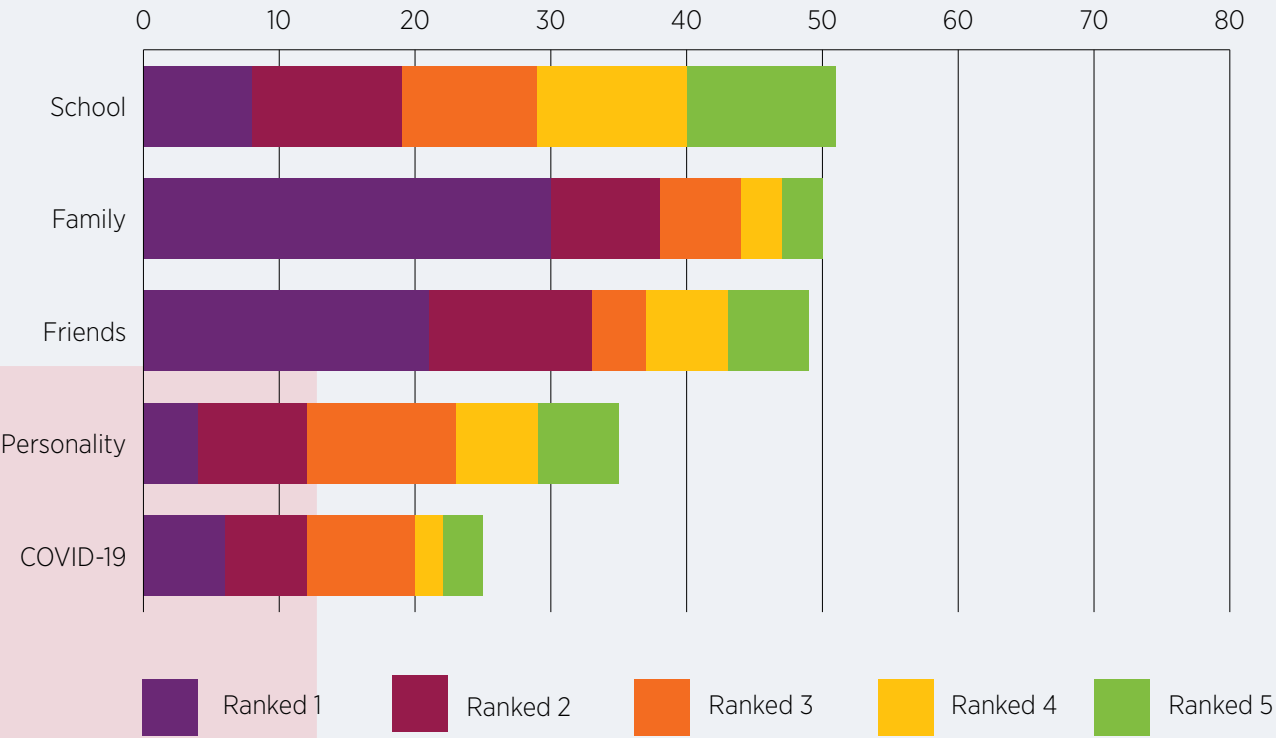


Figure 1: Negative Effects on Mental Health (Fiji)

7 COVID-19 appeared in the top five rankings of refugee participants in Malaysia, and both Body Image (Fiji) and COVID-19 (Malaysia General) did appear relatively close to the top five rankings in those countries.

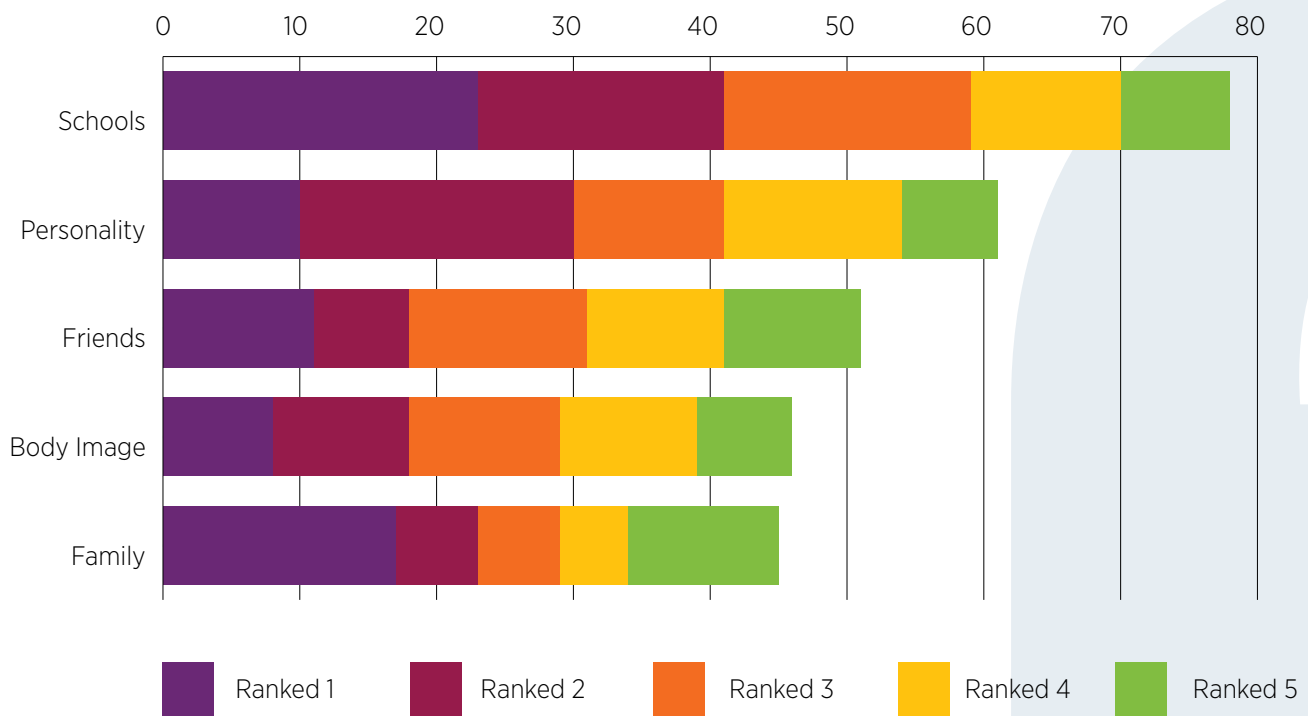


Figure 2: Negative Effects on Mental Health (Malaysia General)

We also asked participants to rank their top five sources of help for mental health issues. As with their rankings of negative influences, participants in both countries identified similar sources of support. Family, Friends, and Schools again featured prominently in both rankings highlighting how those entities can act concurrently as both causes of and supports for ill mental health. In contrast to their ranking of negative effects, and in common with their Malaysian counterparts, around 70-80% of participants in Fiji assigned Family and Friends a top five ranking, potentially suggesting more clarity or confidence about the role Family/Friends as sources of support rather than causes of ill mental health. While Social Media was also commonly identified by both sets of participants, almost none in either country assigned it a rank of 1.



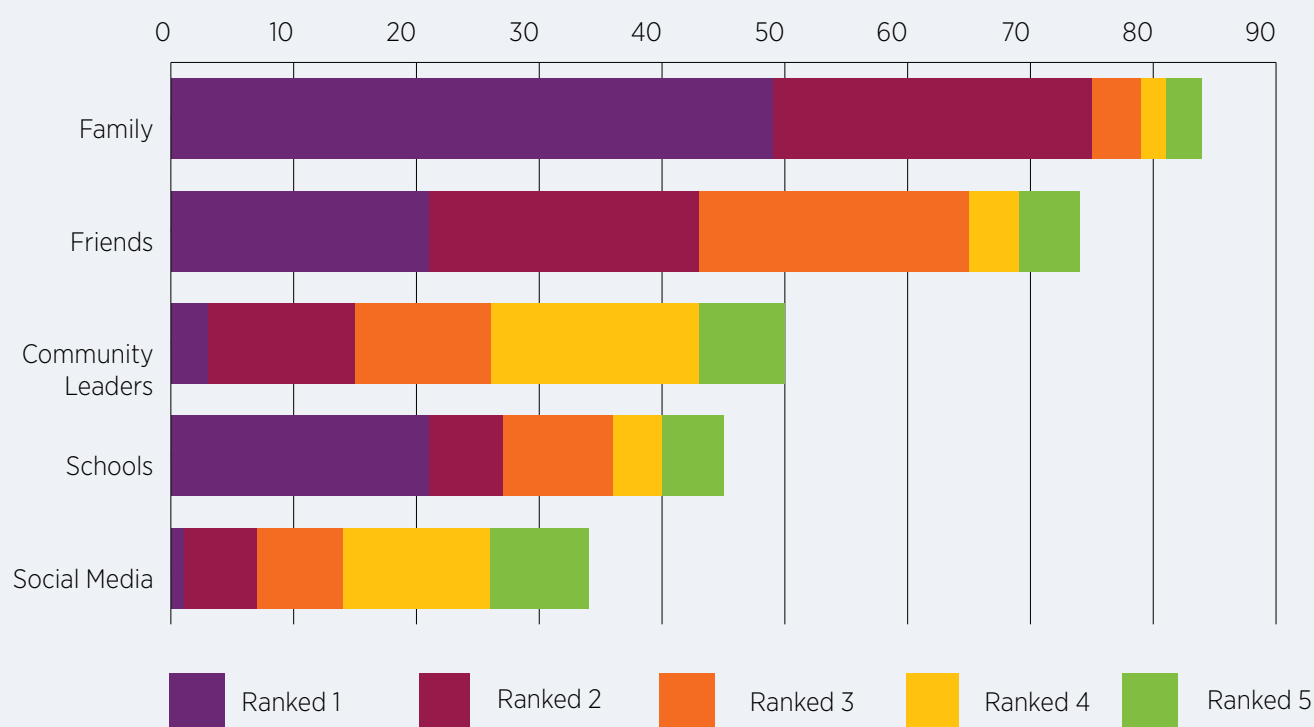


Figure 3: Sources of Help for Mental Health (Fiji)

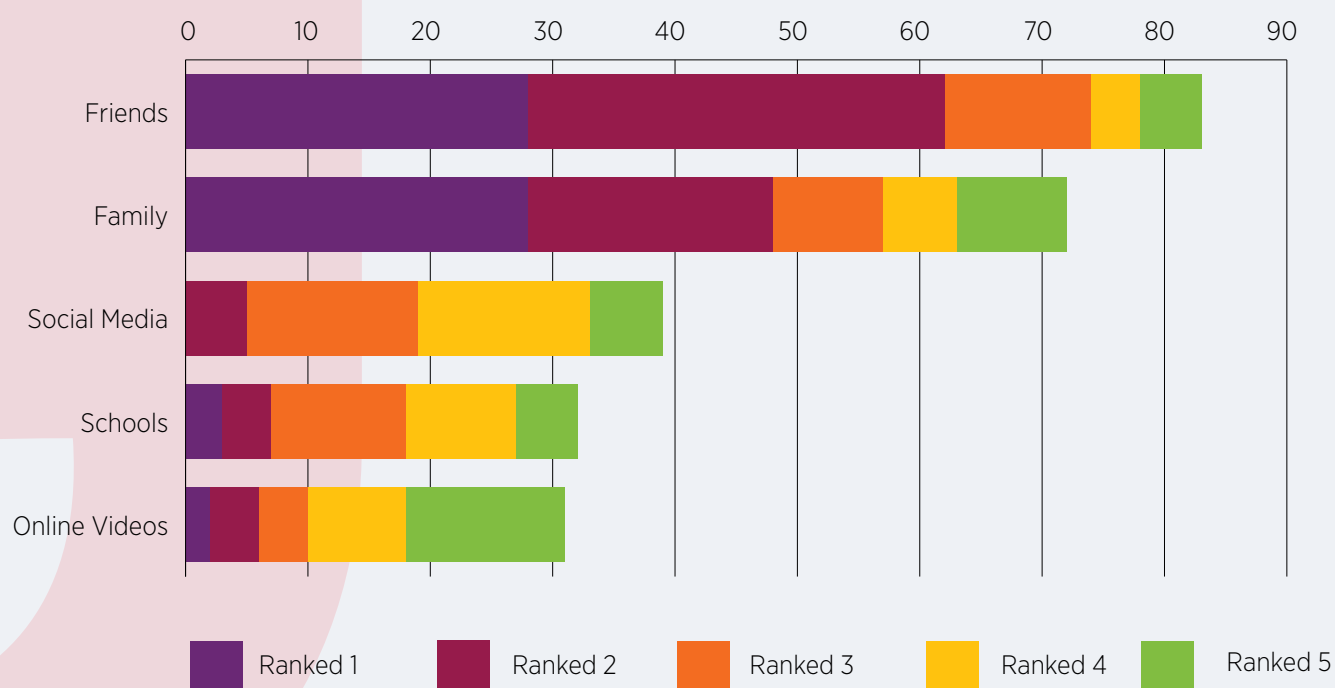


Figure 4: Sources of Help for Mental Health (Malaysia General)

Barriers

We asked participants about challenges or barriers that made it difficult for young people to get support for mental health problems. While we found variations between participant groups in the levels they assessed barriers to be relevant, there were again also some similarities between groups. For example, the data suggests all groups believe that mental health services are relatively available. At the same time, fear about the opinions of others appears to be an important factor that may impede young people accessing mental health services. Cost was identified as an issue, and potentially also location of services, reinforcing the role everyday pragmatic factors play in enabling or deterring mental health-related behaviours. Participants were also asked if having to tell their carers before getting mental health support was a deterrent to seeking support. The data here hints at the idea young people do view having to consult with carers before seeking mental health support as a barrier ('Permission' category, Figure 5 below)<sup>8</sup>.



Figure 5: Barriers to Mental Health Support

<sup>8</sup> This data does not address reasons why young people must tell carers before seeking metal health support, e.g., if this is a support provider requirement, local regulation, or law, etc.

Going Online

When asked about their perceptions of how technology use might support their mental health, participants identified that social media can be a useful source of mental health support (Figures 3 & 4 above). This reiterates a key finding of the qualitative research component of this project, which showed that young people believe technology has some advantages for and plays a protective role in their mental health (see **Protective Factors: Online Spaces can be Protective** above).

However, participants also raised some important limitations shaping their capacity to harness technology for wellbeing. For example, most participants reported that they never or do not usually feel safe on the internet. One potential interpretation of this data is that, because they feel unsafe or, at best, ambivalent about their safety during their day-to-day online activities, young people may be hyper-alert to the potential online dangers and harms, undermining their sense that engagement with digital technology can facilitate positive thoughts or emotions or support their mental health in other ways.

Moreover, only 30-40% of participants indicated they are confident they could find online communities to support them if they were worried about things in their life. This suggests that participants encounter barriers to finding mental health support online even when they actively seek such support.

Survey findings showing that participants had mixed perceptions about the impact of technology use on their mental health, and about their ability to use online spaces to help support mental health, contrast with mainstream discourses about the confidence and ability of young people to navigate and use online platforms. These findings remind us that young people may seek and benefit from more guidance and assistance to maximise their online experiences and safeguard their mental health and wellbeing. Further, not all young people are ‘expert’ users of technology, and it is important to design online mental health support that can cater to young people’s diverse experiences, skills, and circumstances.

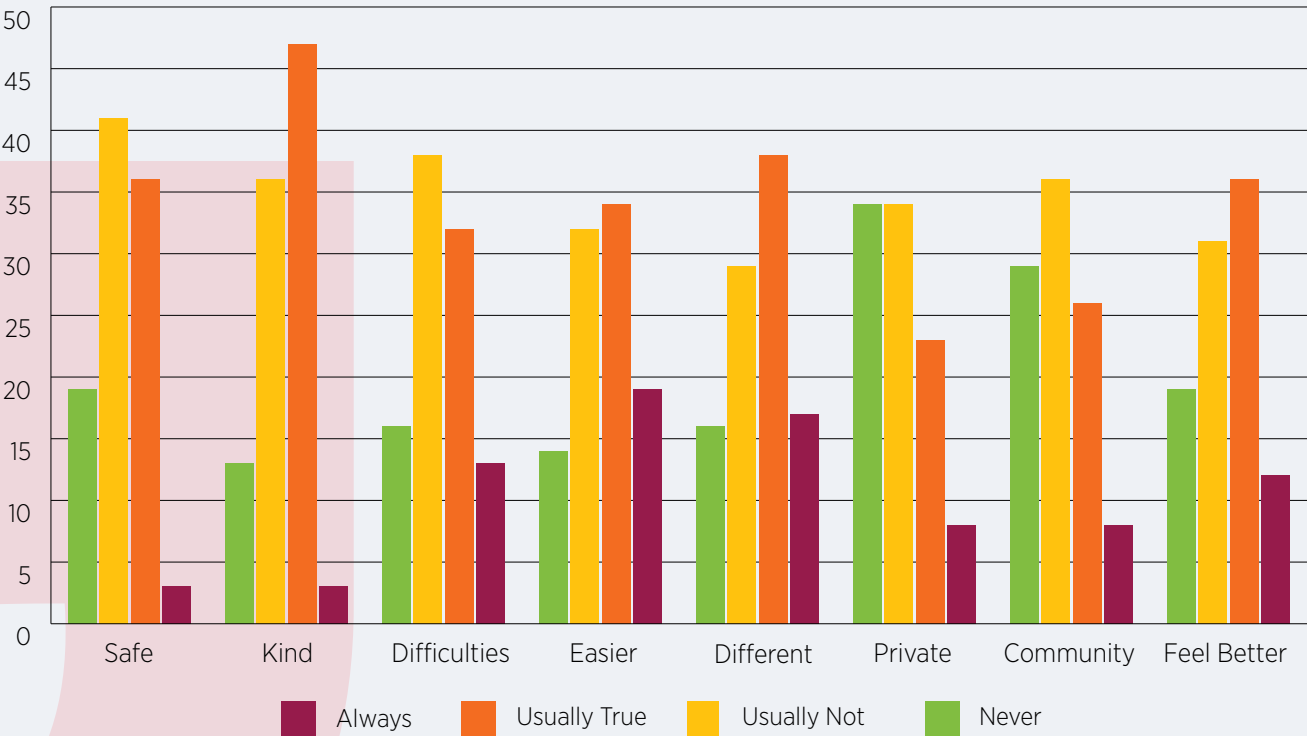


Figure 6: Online Experiences (Malaysia General)



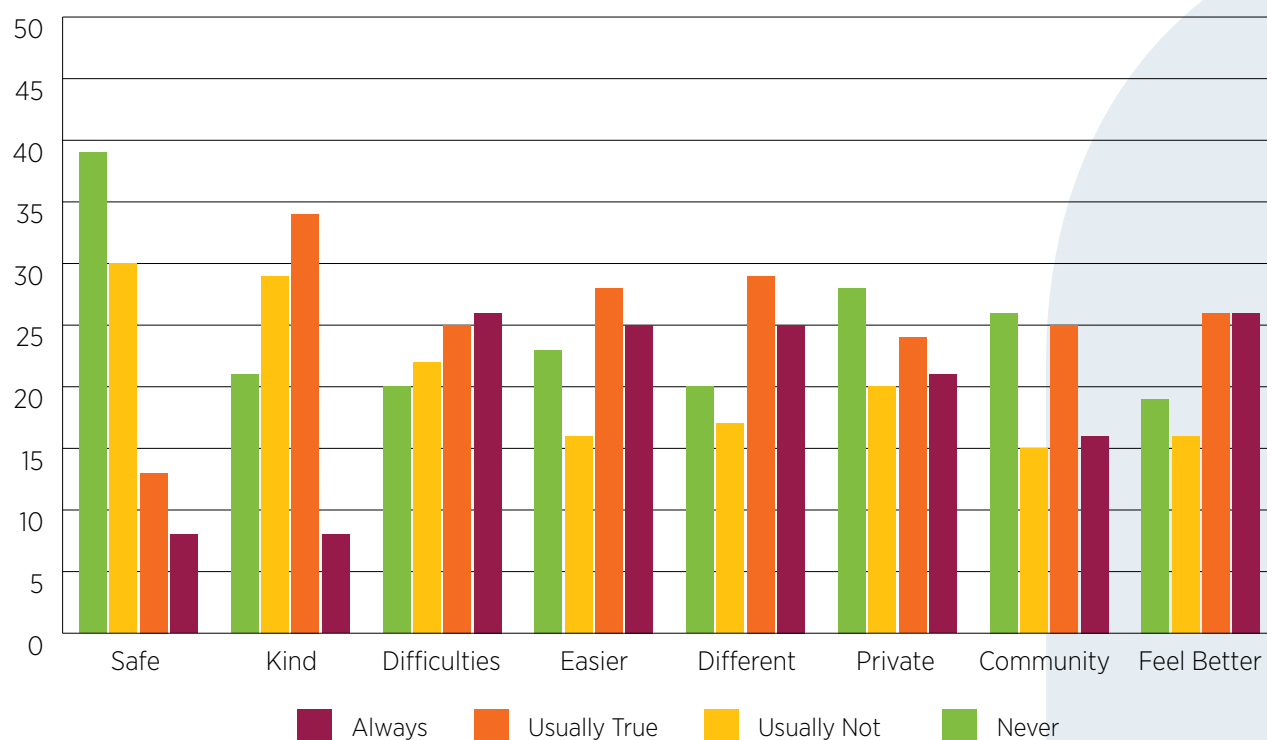


Figure 7: Online Experiences (Fiji)

Key	
Safe	I feel safe on the internet
Kind	I find other people are kind and helpful on the internet
Difficulties	I go online less often when I am going through a difficult time
Easier	I find it easier to be myself online than when I am with people face-to-face
Different	I talk about different things online than I do when speaking to people face-to-face
Private	I talk about private things online that I do not talk about with people face-to-face
Community	I can find a community online to support me when I'm worried about things in my life
Feel Better	Going online makes me feel better when I am having a difficult time

## Negative and Positive Effects

In an open-ended question, participants were asked to list the top three things that they believe have negative and positive effects on young people's mental health in their country. As with most other questions, there was a high level of commonality between responses between participant groups.

Negative effects include lack of basic needs (e.g., food, money, safe housing), peer pressure, substance abuse, bullying, internet/technology, and body image concerns. Positive effects mirrored negative effects to some extent. For example, having basic needs met was identified by some participants as having a positive effect on mental health, and participants also said online technologies could have positive and negative effects.

Image: ©Empower Pacific/Fiji/2022



Some differences in gender were evident. Table 4 shows a selection of themes where the most gender differences were surfaced. For example, Table 4 shows that both female and male participants in Fiji identified factors related to home/family that negatively affected young people's mental health (e.g., family conflict, lack of parental support, 'bossy' parents), but that female participants tended to identify negative family effects more than males. Of the total effects identified by female participants, 16% were related to home/family. For males, 10% of their responses were related to home/family. On the other hand, male participant listed substance abuse (e.g., smoking, drinking, drugs) marginally more (23%) than their female counterparts (16%). Both groups also identified positive home/family factors for mental health (e.g., supportive siblings, family time, chatting with relatives).

Differences in gender responses were most evident in the general population sample in Malaysia where males (16%) identified society-level negative effects (e.g., discrimination, politics, religious conflicts) appreciably more so than their female counterparts (5%). Conversely, female participants noted the positive effects of relationships as well as personal-level factors (e.g., self-confidence, creativity, risk-taking) more than male participants.

Due to the small sample size, gender differences were not disaggregated for the refugee group in Malaysia. Notably however, participants' ideas coalesced around two themes each for negative and positive effects. Participants from the refugee community overwhelmingly mentioned specific mental health issues (e.g., depression, anxiety, suicide, stress) as key negative effects, followed by personal issues (e.g., lack of confidence, insecurity, having a 'dirty mind'<sup>9\*</sup>). In contrast, personal factors were clearly identified by the refugee group as having positive effects on mental health (e.g., being happy, positive thinking, pride, calmness, emotion control).

Table 4: Negative/Positive Effects

Fiji		Female	Male	Difference
Negative	Home/Family	16%	10%	6%
Negative	Substance Abuse	15%	23%	8%
Positive	Personal	16%	23%	7%
Malaysia (general)		Female	Male	Difference
Negative	Home/Family	14%	6%	8%
Negative	Online	8%	13%	5%
Negative	Society	5%	16%	11%
Positive	Basic needs	11%	17%	6%
Positive	Relationships	26%	17%	9%
Positive	Personal	20%	8%	12%
Malaysia (refugee)		Mixed		
Negative	Mental Health	48%		
Negative	Personal	12%		
Positive	Basic needs	11%		
Positive	Personal	61%		

9 \* Note: 'dirty mind' was not further defined by the participant. During analysis we interpreted this as a reference to a personal mindset or disposition.



The selection of data and analyses from the survey pilot presented here offers a glimpse of the potential for the survey to be a useful tool to better understand and build the evidence base around the broader influences and factors that contribute to negative and positive mental health of young people in the East Asia Pacific region. These analyses augment the rich qualitative data generated in the workshops with young people, both supporting themes and conclusions from that component of the research and surfacing new insights and potential areas of inquiry.

Image: ©SEJIWA/Indonesia/2022





# Conclusions

Focusing in on young people's everyday experiences of mental health and wellbeing, the findings documented in this report paint a complex picture of youth mental health in the East Asia and Pacific region, in the context of nations, communities, and individuals coming to terms with the COVID-19 pandemic and its aftermath.

Project findings indicate that young people in Fiji, Indonesia, Malaysia, and Thailand generally understand mental health as interconnected with other dimensions of their wellbeing, such as physical health and their relationships with peers and loved ones. While they tend to conceptualise mental health as an individual capacity, they also recognise that their mental health is powerfully shaped by social and material inequalities, uncertainties, and crises. Indeed, across the project, young people highlighted how socio-structural dynamics – including low income, lack of food, unsafe environments, violence, and climate change – directly affect and exacerbate their mental health difficulties and have far-reaching consequences for their overall wellbeing.

For many young people, their capacity to experience mental health is dependent on the love, friendship, validation, and support they derive from their relationships with their families, friendship groups, communities, and broader networks, both on an everyday basis and in times of need. However, interactions with family and peers can also exert pressure on their mental health, illustrating the challenges involved in clearly delineating mental health risk factors from mental health supports.

Young people have very real concerns about how to identify and manage their mental health. They are concerned they don't always have the mental health literacy to identify when they or their friends should seek help. They also report that mental health stigma in their communities, financial constraints, and limited opportunities to access confidential, trustworthy, and evidence-based mental health services prevent them from seeking and receiving help when they need it.

Young people's perspectives direct our attention to what can be done to better promote positive mental health and prevent or address the mental health difficulties of young people in the region. Across the region, there is a clear mandate to strengthen the provision of mental health services to young people. Young people also point to the need for better quality mental health information and education to equip young people, teachers, and families with the skills to identify mental health issues, to provide informal support, and to facilitate access to professional mental health services.

There is opportunity to explore how online mental health information, support and services might usefully augment the support available to young people, particularly for young people living in rural or remote communities. At the same time, for such solutions to be successful, young people need routine and reliable access to digital devices and the internet, as well as physical spaces in which they can use technology in private, and reassurance that online services are confidential and secure.

The challenges young people identify may be effectively addressed through localised advocacy and interventions designed to raise awareness, educate, improve support, provide access to quality mental health services, and strengthen the skills of young people and their communities to support youth mental health. However, so too, interventions that address structural inequalities are required to address young people's needs and mitigate negative mental health outcomes. Ideally, localised action will be complemented and augmented by coordinated action, backed by political will, at the national and regional level.

Ultimately, the findings of this project suggest that young people's mental health is a collective responsibility and coordinated efforts – involving young people, families, schools, governments, international agencies, industries, as well as digital platforms – are needed to create contexts that foster their mental health and wellbeing. Crucially, young people's expertise and lived experience must drive youth mental health interventions, education, information, resources, and the provision of support into the future.

This project has culminated in a series of recommendations for international organisations, governments, service providers, schools, families, and young people, as well as a prototype survey instrument to enable researchers and practitioners to better understand some of the significant social factors and conditions that contribute to young people's positive and negative mental health. The findings, presented in this report, contribute to the much-needed evidence base that is required to guide action on youth mental health in the region. Now the task remaining is for governments, international organisations, service providers, educators, parents and carers, and young people themselves to activate young people's insights in policy, programming, practice, and decision making designed to positively impact youth mental health.



# Stakeholder Specific Recommendations

## International Organisations

- Work with young people to support routine **research and data gathering** efforts in the East Asia and Pacific region to document young people's experiences of mental health, including the challenges to their mental health, barriers to help seeking, and supports for their mental health.
- Facilitate **knowledge sharing** between governments, civil society, and private enterprise to enhance evidence-based youth mental health policy and best practice across the region.
- Support effective **cultural adaptation** to ensure that international collaborations and initiatives targeting youth mental health in the region respond sensitively to local contexts, framings, and language.
- Build capacity across the region to **engage young people** in research, development, implementation, and evaluation of youth mental health products, resources, education, and services.
- Undertake **advocacy** with governments in the region to encourage their prioritisation of investment in and support for comprehensive youth mental health education and support services.
- Work with governments, mental health services, technology platforms and young people to provide relatable, evidence-based, and impactful mental health **education** for young people and their families in the region. Such education should **enhance understanding** of mental health issues, **reduce stigma**, and **promote awareness** of available mental health support.
- Collaborate with relevant government ministries and mental health service providers to improve the availability of quality mental health **information** and strengthen existing mental health service provision, ensuring it is evidence-based, accessible, affordable, and available to young people in both **urban and rural** locations.
- Collaborate with technology platforms, governments, reputable mental health service providers, and young people to ensure young people in both urban and rural locations can access high-quality **online mental health information** and evidence-based **online mental health support**.
- Work with governments to enhance young people's routine and reliable **access to digital devices and the internet**, especially in rural locations, to ensure they can take advantage of high quality online mental health information and support.
- Step up efforts to advocate for children's rights and to address the **structural determinants of young people's mental health**, such as poverty, climate change and discrimination, to ensure that all young people can live and grow in environments that are safe, sustainable, and supportive of their mental

## Government

- Routinely generate, share, and promote nationwide qualitative and quantitative **data and analysis** to drive evidence-based youth mental health policy and best practice solutions.
- Build expertise and develop mechanisms to routinely **engage young people** in research, development, implementation, and evaluation of youth mental health products, resources, education, and services.
- Prioritise investment in and generate political support for **comprehensive, nationwide youth mental health education and support services**.
- Promote **collaboration across agencies and sectors** to ensure all young people receive relatable, evidence-based, and impactful mental health education and resources that enhance their understanding of mental health issues, reduce stigma, and supports them to identify when, where, and how to seek professional help.
- Provide parents/carers, educators, and other adults who support young people with **education and resources** about how to identify youth mental health issues; provide non-judgmental support; and direct young people to high-quality, evidence-based resources and support services.
- Ensure mental health education and resources use **youth-friendly language** and **relatable examples** and be broadly accessible to young people in urban and rural settings.
- Strengthen existing initiatives, such as **parenting programmes**, that can assist in supporting parents/carers to respond to young people's mental health challenges.
- Collaborate with mental health service providers to enhance the availability of quality youth mental health **information** and to strengthen existing youth mental health **service provision**, ensuring it is evidence-based, accessible, affordable, and available to young people in both **urban and rural** locations.
- Amend **legislation** to enable young people to seek support from professional mental health services without parental/carer consent.
- In partnership with reputable mental health services and technology providers, enhance the provision of high-quality, **online mental health information** and evidence-based, **online mental health support** to young people in both urban and rural locations.
- Enhance young people's routine and reliable **access to digital devices and the internet**, especially in rural locations, to ensure that they can take advantage of high quality online mental health information and support.
- Accelerate efforts to address the **structural determinants of young people's mental health**, such as poverty, climate change, and discrimination, to ensure that all young people can live and grow in environments that are safe, sustainable, and supportive of their mental health.



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## Service Providers

- Provide accessible, affordable, confidential, and evidence-based **mental health services** to young people living in urban and rural communities.
- Work with young people in both **urban and rural** locations to explore how to better **promote the availability of services** to them and their communities.
- Routinely **evaluate services** to ensure they are best practice and address the needs of specific populations, such as sexuality and gender diverse communities, young men, and adolescent parents/carers.
- Provide young people with access to **mental health education** and accompanying **resources** through schools, primary healthcare settings, and online.
- **Educate parents and carers, teachers, and other adults** who support young people to identify and support those who experience mental health issues, including when and how to refer young people to professional support services.
- Work with young people to ensure that **mental health education** and accompanying **resources** are accessible, and use simple language and relatable examples.
- Work alongside governments to address **mental health stigma** within communities, including outreach work for groups that are socially and geographically hard to reach.
- Protect the **confidentiality and privacy** of young people seeking help so they can trust services and receive the support they require.

## Schools

- Work with young people, government, and reputable mental health service providers to ensure young people in urban and rural areas have **access to mental health education across their school careers**.
- Explore how to embed mental health literacy education into the **national school curriculum**. Mental health education should include how to identify youth mental health issues; how to support someone experiencing a mental health issue; and when, where, and how to seek help for youth mental health issues.
- Implement **wellbeing and civic engagement programs** to support young people's mental health.
- Support teachers and other school staff to undertake **professional development** that enables them to identify when young people are experiencing mental health issues; to provide effective support; and raise awareness of when and where to seek professional help.
- **Engage with families** to reduce stigma and enhance understandings of mental health in home environments, so that parents and carers can more effectively support their children.
- Explore opportunities to provide **confidential mental health support or peer support in schools** (e.g., via onsite counsellors or peer support programs).

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## Parents

- Create **supportive, non-judgemental home environments and family relationships** that encourage young people to share their mental health concerns and seek guidance and support.
- Know how to **identify youth mental health issues**, how to **support young people**, and when and where to find professional help if needed.
- **Support young people to identify and connect** with reputable professional online or offline mental health support if they require it.
- **Care for their own needs** so they can provide their children with sustainable emotional care and support.

## Young People

- **Contribute to creating safe online or face-to-face environments** where those young people who need support can reach out and find it.
- Learn to **identify the signs of mental health difficulties** and when, where, and how to find support.
- Learn about the things that **support one's own mental health**, commit to implementing them, and support others to do the same.
- Consider **engaging with government and service providers** in the design, development, and evaluation of youth mental health resources and services for their peer groups.



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# Appendix 1: Survey Details

## Background

Previous work on young people's mental health in Thailand, Vietnam, Indonesia, and Fiji has been largely quantitative (although not exclusively so; see for example, JHU & UNICEF, 2022; UNICEF, 2021; UNICEF, 2022). Scholarship has examined the influences of multiple demographic and socio-cultural factors on the prevalence of negative mental health, in particular. For example, researchers have investigated factors like as sex, age, and gender (Ahmad et al., 2015; Sahril et al., 2021), conflict (Fausiah et al., 2019; Jayuphan et al., 2020), bullying and cyberbullying (Boonchooduang et al., 2019; Charoenwanit, 2019), minority sexualities (Boonchooduang et al., 2019; Ojanen et al., 2020; Sopitarchasak et al., 2017; Thitasan et al., 2019), the influence of relationships (Lucktong et al., 2018; Penboon et al., 2019), and trafficking (Nodzinski et al., 2020). Studies of mental health have also used surveys, some contextualised for particular countries, to determine the prevalence of conditions such as anxiety and depression or young people's overall satisfaction with life, and their relationship to socio-cultural factors, or drawn on those surveys to design new quantitative instruments.

Survey instruments used across the East Asia and Pacific region include, but are not limited to:

The Affective Lability Scale-Short Form (ALS-SF) (Angsukiattitavorn et al., 2020)

The Achenbach System of Empirically Based Assessment: Youth Self Report (ASEBA-YSR) (Boonchooduang et al., 2019)

The Brief Symptom Inventory-18 (BSI-18) (Juth et al., 2015)

The Achenbach Child Behavior Checklist (CBCL) (Annan et al., 2017)

The Children's Depression Inventory (CDI) (Aurpibul et al., 2021; Lee et al., 2011)

The Depression Anxiety and Stress Scale (DASS) (Abdul Aziz et al., 2019; Kaur et al., 2014; Wong et al., 2021)

The General Health Questionnaire (GHQ-28) (Charoenwanit, 2019)

The Global School-based Students Health Survey (GSHS) (Putra et al., 2019)

The Hopkins Symptoms Checklist (HSCL-25) (Nodzinski et al., 2020)

The Patient Health Questionnaire for Adolescents (PHQ-A and PHQ-9) (Chantaratin et al., 2022)

The Rosenberg Self-Esteem Scale (RSES) (Fausiah et al., 2019)

The Screen for Child Anxiety Related Disorders (SCARED) (Chantaratin et al., 2022)

The Strengths and Difficulties Questionnaire (SDQ) (Izuan et al., 2018; Sharil et al., 2021)

The Suicidal Ideation Scale (SIS) (Ibrahim et al., 2019; Ibrahim et al., 2017)

The Self Reporting Questionnaire 20-Item (SRQ-20) (Ford et al., 2018; Penboon et al., 2019)

The World Health Organization Quality of Life Assessment (WHOQOL) (Assana et al., 2017; Rongkavilit et al., 2010)

The Youth Risk Behavior Surveillance System (YRBSS) (Boonchooduang et al., 2019)

Measures like the Strengths and Difficulties Questionnaire (Sharil et al., 2021; Azhar et al., 2018) and the Depression Anxiety and Stress Scale (Abdul Aziz et al., 2019; Wong et al., 2021) typify the approach that characterises much of this research. They focus on how individuals feel to determine mental health status. These tools play an important role capturing evidence about the prevalence of negative mental health, and diagnosis based on that evidence helps the design and targeting of interventions and developments directing young people to the help they may require. But such instruments are not designed to grow our understanding of how broader social influences (e.g., inequality, discrimination) affect young people's mental wellbeing and associated behaviours and practices like everyday perceptions of mental health stigma, or offline and online help seeking. The prototype survey developed and piloted in this project is intended to address that gap.



## Measures

We included and adapted items from the Stigma-9 questionnaire (STIG-9, Gierk et al., 2018) about perceived mental health-related stigma into the survey. There are a range of different tools designed to measure stigma associated with mental health. We chose to base our questions addressing mental health-related stigma on the STIG-9 questionnaire as it offers a relatively brief, tested instrument that lends itself to refinement and adaptation for international and cross-cultural deployment. Our adaptations to STIG-9 included modifying phrasing of items and introducing new items that we judged relevant to the contexts for our international pilot.

We also considered inclusion of the Shortened Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS; University of Warwick and University of Edinburgh, 2008) and tested that in an earlier version of the survey. Our reasoning for considering wellbeing rather than mental health items was because mental wellbeing 1/ better captures the ideas surfaced by our young workshop participants; 2/ can encompass life satisfaction and positive psychological functioning, broadly defined; and 3/ is a generally understandable concept that effectively captures the states of thought, emotion, and behaviour of most interest to us in this project. After initial testing, we decided to exclude the SWEMWBS from our current survey pilot because it is designed to be deployed in a specific format that was, ultimately, not compatible with our survey design. Further, although we believe it is well suited for single deployment, as specified by its developers, it is intended to evaluate wellbeing change over time (i.e., for repeat completion by participants) which we were not able to achieve in this pilot. Excluding a measure of wellbeing did not affect the ability to collect other data nor the value of that data; the pilot still provided an informative test of the survey as an instrument to explore key themes. Nevertheless, as additional development and refinement is undertaken, further consideration should be given to the utility and practicality of including wellbeing and/or mental health items.

The survey is closely informed by our analysis of qualitative workshop data to ensure structure, phrasing, and content reflects and aligns with young people's experiences in the region. We were further informed by and drew on a variety of measures and tools used to assess young people's perceptions of a range of issues related to their everyday experiences of wellbeing, including the Mission Australia Youth survey (Leung et al., 2022), and methods deployed in the Young and Resilient Research Centre's ongoing research programmes (e.g., Young and Well Cooperative Research Centre, 2013; Young and Resilient Research Centre, 2023). Our team reviewed those and other tools and selected and adapted specific items appropriate for our goals. We also incorporated novel items devised by our team based on our understanding of current literature and practise.

## Development and Testing

After initial development of items by our research team, the survey underwent two stages of testing and refinement. Feedback was captured from expert advisors after which a refined survey prototype was piloted online. An online pilot was undertaken as that was the most efficient mechanism to collect feedback from diverse international groups in a relatively short period of time. Note, however, we envisage the survey should also ultimately be made available in alternate forms (e.g., paper- and/or interview-based formats) to ensure broader accessibility.

### Stage 1: Expert Feedback

Expert feedback was sought about survey focus and content from three key groups: the project's Academic Advisory Board, the UNICEF Peer Review Group, and intergenerational advisors aligned with partners in Fiji and Malaysia (young – 15–19-year-old – and adult advisors were nominated by in-country partners based on their assessment of advisors' relevant knowledge, experience, and interest). Each member of the Academic Advisory Board received a MS Word version of the survey to comment on and return. Members of the Peer Review Group accessed a shared MS Word version of the survey where they entered joint feedback. Academic and peer group members provided important guidance about question content, phrasing, and structure to facilitate comprehension by young participants and check the survey was culturally relevant and appropriate.

An operational online version of the survey prototype, updated to incorporate advisory and peer review feedback and deployed via the Western Sydney University Qualtrics platform, was shared with in-country advisors who stepped through and/or completed the survey and then entered feedback in a brief online form. In-country feedback was generally positive. Most respondents were able to complete the prototype survey in 6–15 minutes, which they assessed as an acceptable length of time. Respondents also generally agreed that most questions would be relatively easy for most young people to understand and complete. However, a minority of respondents in both countries said some questions were too complex and the survey too long overall for younger children (e.g., those aged from 9 years old). Based on that feedback, we decided to limit Stage 2 pilot testing to young people aged between 15 and 19 years old.

## Stage 2: Pilot Testing

The refined survey was piloted with a larger sample of young people in Fiji (N=178) and Malaysia (N=155 general population, N=31 focus population). In Fiji, Tebbutt Research, an established local research company randomly recruited participants from the general population aged between 16-19 years 'on the street' in an urban location (a lower age floor of 16 years was set for the Fiji pilot because of the logistical difficulty of obtaining parental consent for 15-year-old participants from an on the street sample). Participants were recruited face-to-face and completed the survey individually on a portable digital device. In Malaysia, the in-country partner recruited participants aged between 15-19 years old from the general population and a smaller sample from their focus population (refugee communities). Participants in Malaysia were recruited via the partners' existing networks (e.g., with youth groups, education providers). Because participants were recruited through existing networks, parental consent could be obtained where required. Participants in Malaysia took part in group environments but completed the online survey individually on separate digital devices. In both countries, approximately equal male-female participation was sought, but recruitment was not otherwise further stratified (e.g., by socio-economic level, education).

We undertook pilot testing to gather additional evidence about the accessibility, robustness, and validity of a survey. For example, piloting helps further demonstrate the utility of the survey (e.g., can participants understand and complete it?), allows assessment of the suitability of data for meaningful statistical analysis (e.g., does the data appear to be random or does it display cogency?), and indicates if the questions are capturing useful information about relevant themes (e.g., can data patterns or alignments be plausibly explained and/or offer meaningful insights?). After piloting, further refinements are still generally required to produce a robust quantitative instrument that can then be further tested and refined before adaptation for local, regional, and international implementation. We hope to undertake the additional work required to progress the pilot survey in the future. However, further stages of survey development fall outside the scope of this project and so the instrument developed and presented in this report is provisional. The survey information and materials are included here to enable and encourage other researchers, practitioners, and service providers to take up, adapt, and further test and assess our pilot instrument.

## Survey Pilot Outcomes

We analysed pilot survey data using SPSS Version 29.0.0.0 (241) and Microsoft Excel Version 16.17 for Macintosh. Pilot implementation found reasonable evidence supporting the utility of the provisional survey, however, also identified a number of areas where the survey could be improved.

Note: there were minor differences in the pilot surveys deployed in Malaysia and Fiji. In the Malaysia version, deployed before Fiji, demographic questions were located at the beginning of the survey while in Fiji participants answered demographic questions at the end. Additionally, the Malaysia version omitted "Don't know" and "Prefer not to say" responses in all but the demographic questions, whereas the Fiji version included both response options for all questions (as in the example survey below). Changes were made to the Fiji version based on further consultation about survey content that took place after deployment in Malaysia had commenced. Demographics were moved to the end to avoid commencing with questions about gender, sexual orientation, and disability. Additional "Don't know" and "Prefer not to say" responses were added to allow participants more answer choice. While not by design, these variations do provide us additional opportunities of comparison between the two deployments.

### Question Completion

Question completion rates were high (less than 2% non-completion). In general, in Fiji, few participants (less than 5%) chose "Prefer not to say" responses across the question set, suggesting participants found all questions and responses appropriate and relevant. Similarly, Fijian participants generally had low rates of "Don't know" responses, again indicating they understood questions and response items and had reasonable clarity about their answers. We assumed occasional "Don't know" response rates of around 20% or less were reasonable (i.e., that it was not unreasonable for up to 20% of participants to be occasionally unsure about specific response items). All but one response item fell under that 20% criterion in Fiji. When asked to rate how well "Fortune tellers or mediums" help young people with mental health problems, 32% of participants selected "Don't know", suggesting a high level of uncertainty. While not definitive evidence this response option is not useful or relevant, this data does suggest the option may need further exploration and/or refinement (e.g., a clearer definition of fortune teller/medium).

## Coherence (Face/Construct Validity)

The data demonstrated good coherence across all question options. That is to say, analysis suggested that participants were not responding randomly to questions, and that patterns and alignments that emerged in the data are plausible. For example, analysis of participants' rankings of positive and negative influences on their own mental health found clear groupings and alignments in both countries (e.g., participants ranked school or study problems and parental/family relationships as negatively affecting their mental health and identified parents/families and friends as vectors for help for negative mental health). Similarly, plausible patterns emerged when participants were given the opportunity to identify, freeform, the "top 3 things" that negatively and positively affect young people's mental health in general. Family again featured prominently, however, data here did not just mirror that of the earlier question where participants were asked about their own influences. Instead, in both Fiji and Malaysia, participants commonly used different terms and identified a range of different influences (both positive and negative), including using a mix of specific and general terminology. The nature and range of responses suggests participants were genuinely considering their responses and so supports both question coherence and value.

The data also tended to cohere across the survey's scale type questions, with variations in response averages supporting the idea that participants were assessing different options differently (rather than randomly selecting answers). Similar patterns were evident in the ordinal data.

## Internal Consistency

The survey included a modified version of the STIG-19 questionnaire with revised items we considered more easily understandable and relevant for young people in the East Asia Pacific region. STIG-19 poses questions in the form "I think that most people [description of stigmatising behaviour] who has been treated for a mental illness". We retained 2 items unchanged and excluded 2 items present in the original questionnaire. The excluded items were:

"hesitate to do business with someone..."

"hesitate to entrust their child with someone..."

We simplified phrasing for 6 questionnaire items. For example, we:

used "think" instead of "consider" in our items, as in: "think someone who has been treated for a mental illness is dangerous" instead of "consider someone who has been treated for a mental illness to be dangerous"

changed "do not enter into a relationship with someone..." to "would not get married to someone..."

and changed "do not even take a look at an application from someone..." to "would not give a job to someone..."

We also introduced 2 new items we thought captured potentially relevant stigmatising behaviours:

"can tell if someone has been treated for a mental illness"

"would gossip about someone who has been treated for a mental illness"

Despite our modifications to the questionnaire, internal consistency across items was high<sup>10</sup>.

<sup>10</sup> Cronbach's alpha was 0.89 in both Fiji and Malaysia samples. Analysis did reveal some new/modified items lowered the alpha score and so could be modified or excluded, further supporting the value of refining content in future testing.



## Further Development

Expert review and pilot testing of the prototype survey showed promising results overall. Intergenerational expert advisors made valuable recommendations for modifications to structure, questions, and items that we largely included for the pilot testing phase. Evidence from the pilot testing similarly supported the effectiveness of the survey as a tool to gather relevant quantitative data. Our analysis of pilot data suggested participants mainly understood and meaningfully engaged with survey questions – their responses appear relevant and considered. Completion rates, for the survey overall and for individual questions were high, supporting the idea that length and focus were acceptable. Internal consistency of our modifications to the validated stigma scale was also generally acceptable.

Review and testing did, nevertheless, surface areas for further development and improvement. Based on expert review feedback about the comprehensibility of survey questions for younger children, we limited pilot testing to participants aged over 15 years old. Future development should consider and test question and response phrasing more appropriate for younger participants. We piloted the prototype survey online to maximise our ability to test with international participants. While online deployment can have considerable advantages for both researchers and participants, alternative deployment formats should also be explored and developed in the future to ensure greater accessibility.

The pilot data suggested question/response structure and content was generally good, however, further scrutiny and refinement of content and phrasing would sharpen questions to further enhance their relevance to and comprehension by young participants. Along those lines, we piloted the prototype in 2 countries, modifying content in each deployment to be contextually relevant. Ongoing development should allow such customisability but also explore the most effective ways to balance question/response contextualisation and consistency.

Ongoing development should also continue to reflect on survey focus. For example, we ultimately decided not to include a wellbeing measure in this instantiation of the prototype, however questions/items specifically measuring mental health and/or wellbeing could be appraised for future inclusion (while also considering effects on cross-cultural relevance/comprehension, completion times, and age appropriateness).

## The Prototype Survey

The prototype survey presented here is the version deployed in Fiji. Where relevant, country specific content was modified for deployment in other countries (e.g., country identifier, support service contact, language/background demographic options).

### Page 1

Hi! Will you help us understand more about what young people in Fiji think about mental health?

We know it can sometimes be hard for people to stay mentally well and to know what to do if someone is having mental health challenges. Our team at Western Sydney University in Australia are working with UNICEF East Asia & Pacific Regional Office on a project to find out what young people around the Asia and Pacific region think about mental health.

Gathering ideas from young people like you is very important to us. Your information will help us understand young people's mental health here and in other countries and contribute to solutions that people and organisations can use to support the mental health of young people.

To help us with our work, we invite you to complete our online survey about mental health:

- The survey contains 20 questions and takes about 20 minutes to fill out.
- You will answer questions about things that affect people's mental health, where people get information and help about mental health problems, and people's attitudes towards mental health. We will also ask you a few questions about your own mental wellbeing.
- There are no right or wrong answers, we just want to know what you think.
- The survey is voluntary and anonymous. We won't ask you for your name or other details that can identify you, and we won't track you in any way. You also don't have to answer any questions you don't want to.

If you are under 18 years old, please make sure you have permission from your parent, guardian, or caregiver to complete this survey. You can show them this page so they know what the survey is about and you can find more information about our project at our more information about this project page.

If you would like to complete our survey, please read the following information, and click "I CONSENT", and then click NEXT PAGE >> to start the survey.

I will be giving information to Western Sydney University and UNICEF to help understand important issues about young people's mental health.

- My answers will be anonymous and won't be connected to me personally.
- I don't have to answer any questions I don't want to, and I can stop taking part at any time.
- My answers will be used for this project about young people's mental health and might also be used in other projects that are about the same issue.
- If I am under 18 years old, I have permission from my parent, guardian, or caregiver to complete this survey.

If you do not want to take part, please just close this window.

#### • I CONSENT

If you want to talk to someone about your mental health, you can contact the National Child Helpline by phoning 1325 (free call) or visit the child helpline Facebook page at: [www.facebook.com/ChildHelplineFiji](https://www.facebook.com/ChildHelplineFiji). The child helpline is operated by the Ministry of Women, Children and Poverty Alleviation and is available for children 24 hours a day 7 days a week.

## Page 2

How old are you?

Years, Months

Please answer the following questions about your thoughts and feelings. You don't have to take too long thinking about your answers – just answer with the first things that comes into your mind. And remember – there are no right or wrong answers, we're interested in your own ideas and experiences!

What things have had the most negative effect on your mental health in the last 6 months? Rank up to 5 things from the list below. Type 1 next to the thing that has had the most negative effect, 2 next to the thing that has had the next most negative effect, and so on up to 5 things.

- My relationships with parents, guardians, or family members
- My relationships with friends
- My romantic relationships
- Having enough money to live on
- The safety of my housing
- The politics/government in my area or country
- The COVID-19 Pandemic
- My individual personality (the way I just naturally think and feel)
- Violence or crime in my home or community
- Online technologies or platforms (like social media, the internet)
- Having enough food
- War or conflict in my region or around the world
- Climate change or natural disasters in my region or around the world
- School or study problems
- My body image (how I think about my weight or the way I look)
- My physical health
- Discrimination (for example, because of race or sex)
- Alcohol, drugs, or gambling
- Attitudes to LGBTIQ or other gender and sexual minorities
- Other (please specify)
- Nothing has had a negative effect on my mental health in the last 6-months
- Don't know
- Prefer not to say

Write down the top 3 things you think have the most negative effect on young people's mental health in your country

Negative effect 1, Negative effect 2, Negative effect 3

Write down the top 3 things you think have the most positive effect on young people's mental health in your country

Positive effect 1, Positive effect 2, Positive effect 3

If you want to talk to someone about your mental health, you can contact the National Child Helpline by phoning 1325 (free call) or visit the child helpline Facebook page at: [www.facebook.com/ChildHelplineFiji](https://www.facebook.com/ChildHelplineFiji). The child helpline is operated by the Ministry of Women, Children and Poverty Alleviation and is available for children 24 hours a day 7 days a week.

### Page 3

Now, please answer the following questions about getting help for mental health problems.

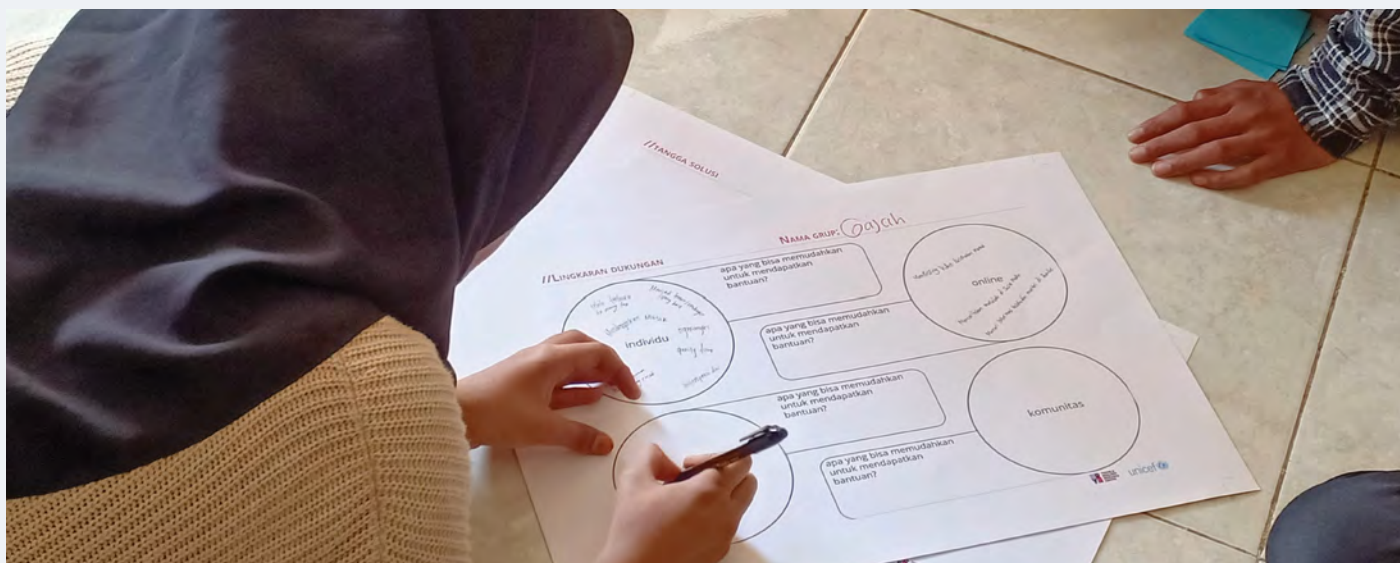
Where do **you get help** if you are concerned about your mental health? Rank up to 5 places you go to get help. Type 1 next to where you mainly get help, 2 next to where you go next for help, and so on up to 5 places.

- My school, college, university, or learning centre
- My parents, guardians, or family members
- My friends
- My boyfriend, girlfriend, or partner
- Celebrities, influencers, or sports stars
- Religious or community leaders
- Fortune tellers or mediums
- Life coaches
- Social media
- TV or radio
- Youth or community organisations
- Government departments or agencies
- Health professionals like doctors, nurses, pharmacists, psychologists, or psychiatrists
- Online mental health websites
- Online videos like YouTube
- Mental health or wellbeing apps
- Other places (please specify)
- I never have concerns about my mental health
- I don't usually get help if I'm concerned about my mental health
- Don't know
- Prefer not to say

How well do the following supports or services help young people who are having mental health problems?

	Extremely Well	Very well	Moderately well	Slightly well	Not at all	Don't know	Prefer not to say
Schools, colleges, universities, or learning centres							
Parents, guardians, or families							
Friends							
Romantic partners							
Religious or community leaders							
Fortune tellers or mediums							
Life coaches							
Social media							
Celebrities, influencers, or sports stars							
Youth or community organisation websites							
Government sources like websites or booklets							
Health professionals like doctors, nurses, pharmacists, psychologists, or psychiatrists							
Online mental health services							
Fun or relaxing online activities like listening to music or playing games							
Mental health or wellbeing apps							
Online videos like YouTube							
Other supports or services (please specify)							





How much do you agree or disagree that the following things make it hard for young people like you to get mental health support?

	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree	Don't know	Prefer not to say
Young people like me don't know how to talk about mental health							
Young people like me don't know where to go to get mental health support							
Young people like me can't get mental health support without telling their parents or guardians							
There are no mental health support services for young people like me							
Mental health support services are too far away for young people like me to use							
Mental health support services are too expensive for young people like me to use							
Parents or guardians of young people like me don't want them to get mental health support							
Young people like me have to wait too long to get mental health support							
Young people like me are afraid others will know they access mental health support							
Other things make it hard (please specify)							
Nothing, it's not hard for young people like me to get mental health support							

## Page 4

Great, only one more page after this one. We'd now like you to answer a few quick questions about your own experiences and people's attitudes to mental health.

In **the last year** how often have you or someone you are close to like a family member or friend:

	Never	1-3 times	4-6 times	More than 6 times	Don't know	Prefer not to say
Visited or talked to a mental health professional in person? This includes people like school counsellors, religious counsellors, psychologists, psychiatrists, or psychiatric nurses						
Used online mental health advice or services? This includes things like visiting websites for mental health, or chatting to mental health providers online						
Used any mental health or wellbeing apps? This includes apps that help people meditate or de-stress						
Visited or used any other resources to support mental health? Which ones?						

How much do you agree or disagree with the following statements? I think that most people:

	Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree	Don't know	Prefer not to say
can tell if someone has been treated for a mental illness							
avoid contact with someone who has been treated for a mental illness							
take someone who has been treated for a mental illness less seriously							
think someone who has been treated for a mental illness is dangerous							
think badly of someone who has been treated for a mental illness							
think mental illness is sign of personal weakness							
would not get married to someone who has been treated for a mental illness							
would not give a job to someone who has been treated for a mental illness							
would gossip about someone who has been treated for a mental illness							
feel uncomfortable when someone who has been treated for a mental illness moves into their neighbourhood							

How true are the following things for you?

	Never true for me	Usually not true for me	Usually true for me	Always true for me	Don't know	Prefer not to say
I feel safe on the internet						
I find other people are kind and helpful on the internet						
I go online less often when I am going through a difficult time						
I find it easier to be myself online than when I am with people face-to-face						
I talk about different things online than I do when speaking to people face-to-face						
I talk about private things online that I do not talk about with people face-to-face						
I can find a community online to support me when I'm worried about things in my life						
Going online makes me feel better when I am having a difficult time						

If you want to talk to someone about your mental health, you can contact the National Child Helpline by phoning 1325 (free call) or visit the child helpline Facebook page at: [www.facebook.com/ChildHelplineFiji](https://www.facebook.com/ChildHelplineFiji). The child helpline is operated by the Ministry of Women, Children and Poverty Alleviation and is available for children 24 hours a day 7 days a week.

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## Page 5

Last page, nearly done!

At birth, you were recorded as?

*Male, Female, Another term (please specify), Prefer not to say*

How do you describe your gender?

*Woman or female, Man or male, Non-Binary, I use a different term (please specify), Prefer not to say*

How do you describe your sexual orientation?

*Straight (heterosexual), Gay or lesbian, Bisexual, I use a different term (please specify), Prefer not to say*

Thinking about the home you live in most of the time, how would you describe your household or living arrangements?

*Single parent household, Two parent household, Living with caregivers who are not my biological parents, Living in an institutional setup (like a children's home or shelter), Living alone, Living with my partner, Other (please specify), Prefer not to say*

Which income group do you place your family in?

Lower income group, Middle income group, Upper income group, Prefer not to say

How do you describe the area you live in?

*Village, Town, City, Other (please specify), Prefer not to say*

Which of these best describes what you do?

*Full time student at school, college, or university, Student and work part time, Work part time, Work full time, Unemployed, Other (please specify), Prefer not to say*

Which of these best describes your family background?

Select all that apply.

*Fijian, Indian, Other Pacific Islander background, European, Chinese, Other Asian background, Other (please specify), Prefer not to say*

What language(s) do you mainly speak at home? Select all that apply.

*Fijian, Indian Dialect/Language, Other Pacific Islander language, English, Chinese, Other Asian language, Other (please specify), Prefer not to say*

Do you have any long term physical or mental health conditions or disabilities that reduce your ability to carry out day-to-day activities?

*No, Yes (please specify), Prefer not to say*

## More Information Page

### **Young People's Ideas About Mental Health**

This project is being funded and run by the UNICEF East Asia and Pacific Regional Office, in partnership with the Young and Resilient Research Centre, Western Sydney University in Australia. We trying to understand young people's views and experiences of mental health and challenges and opportunities for people and organisations that support mental health services.

As part of the project, we are inviting you to complete an online survey that will help us learn more about the ideas and experiences of young people like you.

We will use the information you share to write a report so UNICEF can help organisations make better programs and services that help children and young people stay mentally healthy.

**What will I be asked to do?** We will ask you to complete a 20-minute online survey, run by the Young and Resilient Research Centre. The survey is anonymous – you don't have to give us your name or any other information that will identify you. We'll ask you about some of your experiences, your thoughts about mental health, and about ways young people get help for mental health problems.

**How will this project benefit me or my community?** By taking part, you will help us understand more about what young people in your country think about mental health. There are many challenges to people's mental health around the world and so finding better ways to keep people mentally healthy is very important. Learning about the experiences and ideas of young people like you helps us better understand the challenges and opportunities young people face around their mental health. The information we collect in our survey will also contribute to developing solutions that can be used by people and organisations who support the mental health of young people.

**Will being part of this study make me feel uncomfortable in any way?** There is a chance that taking part might make you feel uncomfortable or upset because the survey will ask you questions about mental health. If you do feel uncomfortable or upset during the survey, there are two things you can do:

- Choose to stop taking part or leave the survey at any time
- Contact your local support service – they can help you!

If you want to talk to someone, you can get local support at the National Child Helpline by phoning 1325 (free call) or visit the child helpline Facebook page at: [www.facebook.com/ChildHelplineFiji](https://www.facebook.com/ChildHelplineFiji). The child helpline is operated by the Ministry of Women, Children and Poverty Alleviation and is available for children 24 hours a day 7 days a week.

**What are you going to do with the results?** We are going to write a report on this project, and plan to share the things we discover in other places as well, including online, on paper and in talks and presentations. We might also use the information in other projects that are about the same issues. But we promise that no one will be able to work out who you are.

**What will happen to the information I give you?** Only the research team will be able to see the things you tell us in the survey. We have to keep your answers for at least 5 years after we write our report on it, but we will make sure that no one else can see that information and after 5 years, we will get rid of it.

**Can I stop taking part?** Yes. You don't have to take part if you don't want to – it's completely up to you! If you do participate, you can stop taking part at any time before or during the survey, and you don't need to tell us why. If you want to stop in the middle of the survey, just close your browser!

**What if I want to know more?** You can contact <<research team contact name; researcher team contact email>>> if you want more information or to talk more about this project before you decide if you want to be involved.

**What if I have a complaint?** We have approval from the Ethics Committee at Western Sydney University (H14906) to conduct this research. The Ethics Committee reviews our research projects to make sure they are ethical, safe, and secure for people to take part in.

If you have any complaints or concerns about this project, you can contact the Western Sydney University Research Ethics Committee, email: <<ethics committee email>>

Anything you say will be kept private and investigated fully, and the Ethics Committee will tell you what the outcome is.

If you want a copy of this information please print this page, otherwise close this window when you're ready.



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## Appendix 2: Implementation Challenges

DDG involves a significant partnership between professional research teams and in-country partners who, while experts in their own fields and contexts, may be unfamiliar with the DDG method. Our team worked closely with project advisory bodies and in-country partners during training and in the lead up to implementation to try to ensure workshops were relevant, accessible, and could be practically implemented in local field conditions. By and large, as reflected in the largely positive feedback from facilitators, the workshop design proved to be robust and adaptable across different contexts.

Nevertheless, as often occurs in DDG partnerships addressing complex and sensitive issues, implementation challenges did arise in some contexts. While those challenges affected both the quantity and nature of the data generated in some workshops, valuable and informative data was generated and captured in all workshops, ensuring useful analysis could be undertaken and allowing generation of important insights into key issues. At the same time, acknowledging and discussing implementation challenges provides transparency for specific projects and contributes to the ongoing evolution of the DDG methodology more generally.

### Individual vs Group Responses

Facilitators in Indonesia noted that some participants frequently discussed exercises and questions with other participants in their small group and/or closely observed discussions and responses from other groups in their workshop. While the major data generation exercises were designed to be completed in small groups, facilitators felt that a few participants were relying too much on the opinions and responses of peers rather than thinking about and communicating their own ideas.

*'Some of the participants were still discussing answers that should be personal with their group friends and even cheating on answers from other groups...' (Indonesia facilitators)*

Encouraging and enabling all individuals to relay their own ideas rather than mirror or conform to others' is an inherent challenge in small-group exercises. That challenge can be exacerbated where children and young people are asked their opinions about sensitive problems and issues they may not commonly discuss. Indeed, exercises were purposefully designed to be completed in small groups and to avoid interrogation of specifically personal experiences to safeguard participants against upset or distress. A corollary of that design is a risk that individual ideas may be subsumed. On the other hand, DDG encourages discussion and communication between participants as a mechanism to help them form and sharpen ideas. The concerns of facilitators about duplication of responses between participants are relevant and important. However, overall, workshops generated a diversity of ideas, experiences, and opinions suggesting that while it is important to be aware of and acknowledge concerns about conformity, it did not have a major effect on our current data and analysis.

### Original vs Learned Thought

In Thailand, facilitators said that some participants, when faced with questions or scenarios that were unfamiliar or outside their usual knowledge, responded with ideas or opinions they had learned from parents/carers or other sources of authority. Put another way, facilitators were concerned participants were relaying responses they had heard or learned from adults rather than responses that reflected their own views.

*'[O]ne of the challenges that may arise is when a participant thinks of a situation that is beyond his or her knowledge (for example, because a parent has told them about it or because an older person has told them about it)' (Thailand facilitators)*

Generating data that legitimately reflects participants own views as opposed to repetition of information heard from authorities is influenced by at least two factors. Participants may fall back on information from authorities because questions are beyond their knowledge or experience. Alternatively, participants lack of comfort or trust in the workshop environment may prevent disclosure of genuine opinion. The first challenge (confronting issues outside their knowledge) can be addressed in two ways; participants can indicate they don't know or do not have an opinion, or they can respond with an opinion they have been taught. Either of these are legitimate responses and provide useful data. Instances where participants did not respond to specific questions may suggest a lack of opinion about an issue. Where participants may have relayed information learned from authorities, that is still a reflection of their current knowledge.



However, we acknowledge we cannot definitively identify why participants responded how they did to particular questions. For example, we cannot say if a particular response is original or learned because participants were not asked why they responded as they did. Including this type of data validation would have significantly increased the time and complexity of exercises, and as stated, responses learned from adults do constitute young people's knowledge base.

## Logistics and Infrastructure

A third significant implementation challenge resulted from difficulties with logistics and technical infrastructure. In Thailand in particular, facilitators encountered challenges with workshop timing and so refined exercises more than other countries to ensure all participants were able to fully engage. At times, exercises were also altered to suit respondents, however, facilitators attempted to keep them in line with the key research questions. The in-country partner in Thailand also experienced technical difficulties after workshops had concluded that affected their ability to transfer data to our research team for final cleaning, entry, and analysis. As a consequence, the full set of data from Thailand was not available for consideration or inclusion in this project report. The lack of a complete Thai dataset clearly impacts our possible analysis and has consequences for the extent to which meaningful comparisons with other countries can be made. On the other hand, the data we were able to receive was of sufficient quantity and quality to allow useful analysis on a range of key issues and questions in Thailand. That being so, the analysis and discussion presented in this report reflects the data from the four country partners available at the conclusion of data collection.



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## Appendix 3: Local Partners

### Fiji: Empower Pacific

(Empower Pacific, [www.empowerpacific.com](http://www.empowerpacific.com)). Empower Pacific has provided essential counselling, social work, and community services in Fiji for 29 years. Since 2019, when it rebranded to its current name, Empower Pacific has provided a diverse range of services, focussed on providing holistic support for vulnerable and marginalised communities to achieve social, emotional, physical, and financial wellbeing. Empower Pacific provides Professional Counselling and Social Work, Child Protection Counselling, Psychosocial Support in Disasters, Trauma and Gender Based Violence Counselling, as well as operating a 24/7 Counselling helpline in times of distress, natural disasters, and the COVID-19 global pandemic.

### Indonesia: SEJIWA (Semai Jiwa Amini Foundation)

(SEJIWA, [sejiwa.org](http://sejiwa.org)). Semai Jiwa Amini Foundation is a non-profit organization, located in Jakarta, focussed on the safety and protection of children in real life and in cyberspace. SEJIWA trains and helps parents and educators to create supportive and comfortable environments for children where they can build character, grow, and develop. SEJIWA is a member of the Child Rights Coalition Asia ([www.crcasia.org](http://www.crcasia.org)).

### Malaysia: Make It Right Movement

(Make It Right Movement, [www.makeitrightmovement.com](http://www.makeitrightmovement.com)). Founded in 2015 as the Corporate Social Responsibility (CSR) arm of the BAC Education Group, MIRM collaborates with government and NGOs, supporting approximately 300 CSR-related initiatives annually. MIRM transforms lives through community development initiatives in line with the UN SDGs. MIRM works with Persons with Disabilities, refugees, asylum seekers, children, and women, and collaborates on projects addressing diversity and inclusion of PWDs, B40 alleviation (the urban poor community), advancement of refugee rights, mental health support, child rights and welfare, and women's empowerment. 80% of MIRM's staff are PWDs and refugees.

### Thailand: APCOM Foundation

(APCOM, [www.apcom.org](http://www.apcom.org)). Based in Bangkok, APCOM is a not-for-profit working with a network of individuals and organisations across 35 countries in Asia and the Pacific. APCOM focuses on HIV because it is a key health issue for gay men and men who have sex with men in the region. APCOM also addresses other related health issues like sexual health, mental health, and drug use, with a focus on improving human and legal rights because discrimination, stigma, criminalisation, and exclusion impact community health outcomes.





