Youth Mental Health and Psychosocial Support: Considerations for Violence Prevention, Peace, and Security

Violence—which affects every community, in every country—is deeply connected to health and well-being. As such, preventing and reducing violence and building peaceful and secure communities is a priority for U.S. Agency for International Development (USAID) youth programming. Regardless of the form the violence takes, it impacts the mental health and well-being of those affected. While some who are confronted with violence will draw upon their internal resilience and coping skills, others will need support to deal with the resulting mental health and psychosocial impacts.

Researchers Thomas Abt and Christopher Winship have categorized six forms of violence experienced by youth: (1) bullying, (2) family/intimate partner violence (IPV), (3) community, (4) gang, (5) organized crime, and (6) state violence, including violence associated with armed conflict.[1] Experiencing or witnessing violence can contribute to adverse childhood experiences (ACEs)—potentially traumatic experiences such as exposure to disasters, neglect, and mental illness on the part of caregivers that occur during childhood and adolescence.[2] Exposure to ACEs is linked to an increased likelihood of developing chronic health problems and risks as well as mental health difficulties in adulthood.

Youth programs that included interventions aimed at reducing violent behavior used a cognitive behavioral therapy (CBT)-based curriculum and linked interventions across the youth's social ecology, targeting interventions at the individual, family, and community levels. The Inter-American Development Bank's study "Closing the Knowledge Gap" supports this social-ecological approach noting that "treatment-specific (i.e., CBT, counseling, and social skills training), family-based (i.e., behavioral parent training and home visitation), and school- or community-based (i.e., mentoring and after-school programs, as well as social capital building outside of the family)" approaches are needed.

As explored in the case studies below, mental health and psychosocial support (MHPSS) programming is part of a range of responses that can effectively support individuals and communities as they recover from adverse experiences. MHPSS interventions support individuals, families, and communities in developing and strengthening positive coping mechanisms when confronted with violence, and in turn, contribute to greater peace and security. Considerations should also be given to programming that focuses on the prevention of ACEs through stress reduction and the meeting of basic needs.

Design Resources

The Inter-Agency Standing Committee (IASC) Intervention Pyramid (Figure 1) below helps program planners effectively layer MHPSS services in violence prevention, peace, and security programming. The case studies presented in this sector pull-out provide an overview of the MHPSS components. Each case study maps the program interventions to each layer of the IASC Intervention Pyramid:

Layer 4 – specialized services

Layer 3 – focused, non-specialized supports

Layer 2 – community and family supports

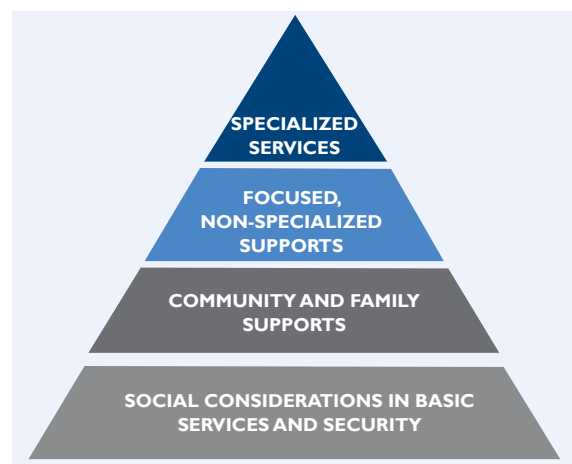Layer 1 – social considerations in basic security and services.

Figure 1: IASC Intervention Pyramid (2007)

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[1] Thomas Abt and Christopher Winship, What Works in Reducing Community Violence: A Meta-Review and Field Study for the Northern Triangle. Democracy International, 2016, https://www.usaid.gov/sites/default/files/USAID-2016-What-Works-in-Reducing-Community-Violence-Final-Report.pdf

[2] Centers for Disease Prevention and Control, "Adverse Childhood Experiences (ACES)," https://www.cdc.gov/violenceprevention/aces/index.html

The table below provides illustrative activities and how those relate to UNICEF's dimensions of well-being (individual well-being, interpersonal well-being, and skills and knowledge) and the four domains of USAID's Positive Youth Development (PYD) Framework (assets, agency, contribution, and enabling environment).[3] In addition to these frameworks, program developers may find the UN Youth, Peace, and Security[4] principles useful when developing violence-prevention programming for youth.

Table 1: Illustrative Activities and How They Relate to the Dimensions of Well-being and the PYD Domains

Dimensions of Well-Being	PYD Domain	Illustrative Activities
Skills and Knowledge	Assets	Structured activities for youth that target physical activity, interpersonal skills, and curriculum focused on developing coping skills.[5,6]
Individual and Interpersonal Well-being	Enabling Environment	Mentoring youth with weekly group and one-on-one sessions with the mentor, as well as home visits with the mentor and parents.[7]
Interpersonal Well-being	Enabling Environment	Training for teachers and school administrators on how to work with youth and how to recognize youth who need additional services and referral pathways.[8]
Individual and Interpersonal Well-being	Assets, Agency	Mentor-led structured group activities to help youth be more aware of their emotions. Structured groups included physical fitness, arts and crafts, vocational skills, leadership, academic clubs, and technical skills.[9,10]

Violence Prevention, Peace, and Security + MHPSS Case Studies

The following case studies—Waves for Change and Advancing Adolescents—present different ways that MHPSS can be integrated into youth programming focused on violence prevention, peace, and security.

Waves for Change in South Africa

Waves for Change (W4C) provides structured group activities via a weekly surf club for at-risk adolescents and youth living in unstable communities. More than 75 percent of W4C youth participants had experienced at least one adverse childhood experience over a six-month period, of which more than 20 percent had experienced four or more such experiences; nearly 40 percent

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[3] UNICEF, Mental Health and Psychosocial Technical Note, 2019, https://www.unicef.org/documents/mental-health-and-psychosocial-technical-note

[4] United Nations and Folke Bernadotte Academy, Youth, Peace and Security: A Programming Handbook, New York, 2021. https://www.youth4peace.info/system/files/2021-02/YPS%20Programming%20Handbook_0.pdf

[5] Waves for Change, 2019/20 Reflections, https://waves-for-change.org/latest-annual-report-w4c/

[6] Judith McFarlane, "Preventing Peer Violence Against Children: Methods and Baseline Data of a Cluster Randomized Controlled Trial in Pakistan," Global Health: Science and Practice, vol. 5, no.1, (March 2017):115-137.

[7] Waves for Change, 2019/20 Reflections, https://waves-for-change.org/latest-annual-report-w4c/

[8] Ibid.

[9] Catherine Panter-Brick, Rana Dajani, Mark Eggerman, Sabrina Hermosilla, Amelia Sancilio, and Alastair Ager, "Insecurity, Distress and Mental Health: Experimental and Randomized Controlled Trials of a Psychosocial Intervention for Youth Affected by the Syrian Crisis," Journal of Child Psychology and Psychiatry 59, no. 5 (May 2018): 523–41. https://doi.org/10.1111/jcpp.12832.

[10] Lelys Dinarte and Pablo Egana-delSol, "Preventing Violence in the Most Violent Contexts: Behavioral and Neurophysiological Evidence," Policy Research Working Paper 8862, World Bank, 2019, https://openknowledge.worldbank.org/handle/10986/31744
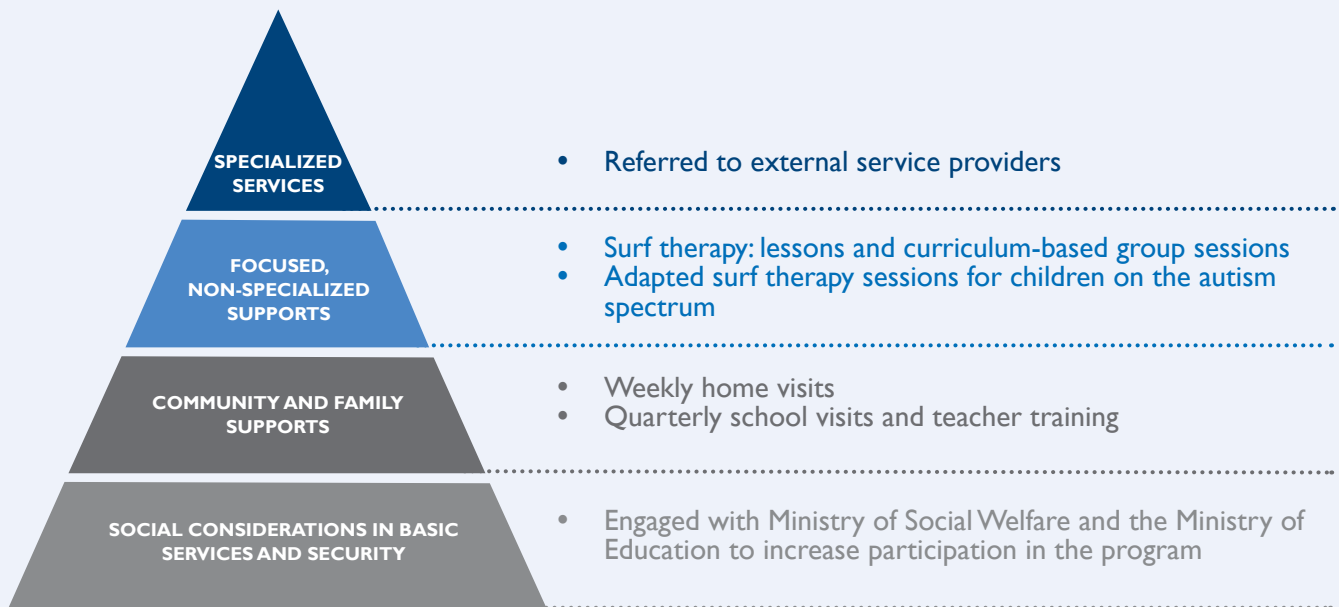
of participants had witnessed someone being stabbed, shot, or otherwise attacked; over 35 percent experienced a death in their household; more than 25 percent lacked sufficient food at home; and over 20 percent had experienced physical abuse by an adult.[11] Referrals to the program are provided through teachers (who had received outreach from W4C), as well as linkages with government entities (i.e., Departments of Education, Health, and Social Development). See Figure 2 for more details on how the program interventions map to the IASC Intervention Pyramid.

Designed based on best practices and evidence for sports therapy for youth, W4C works holistically, combining direct work with youth with supportive actions targeting their school and home lives. For 10 months, youth ages 10–16 attend weekly three-hour surf-therapy sessions that combine surfing with an evidence-based mental-health curriculum focused on coping skills. The sessions are led by youth coach-mentors ages 18–24 who have been trained as surf coaches, lifeguards, and child and youth care workers. Mentored by mental health professionals, coach-mentors visit assigned schools, conduct weekly home visits, and lead monthly parenting workshops. To provide supervision and staff care, coach-mentors receive certification in trauma counseling, attend weekly debrief sessions with mental health professionals, and have access to a registered counselor.

In 2019, W4C partnered with Laureus Global Sport for Good Foundation and The New School University to evaluate the program on an annual basis using heart-rate variability (HRV), self-reporting, and behavioral measure tasks. The evaluation found W4C outcomes included increased self-esteem, improved attention spans, a reduction in impulsive behaviors, and improved closeness to others. The program also increased resilience, established positive coping skills, decreased violent behavior, improved happiness and self-confidence, and improved engagement at home and school.[12]

The introduction of girls-only sessions in 2016 increased female attendance from 13 percent in 2015 to 28 percent in 2016 and 30 percent in 2019. In addition, W4C provides a special morning surf therapy session for children on the autism spectrum and those otherwise excluded from mainstream schooling.[13]

Figure 2: Waves for Change Intervention Pyramid

SPECIALIZED SERVICES
- Referred to external service providers

FOCUSED, NON-SPECIALIZED SUPPORTS
- Surf therapy: lessons and curriculum-based group sessions
- Adapted surf therapy sessions for children on the autism spectrum

COMMUNITY AND FAMILY SUPPORTS
- Weekly home visits
- Quarterly school visits and teacher training

SOCIAL CONSIDERATIONS IN BASIC SERVICES AND SECURITY
- Engaged with Ministry of Social Welfare and the Ministry of Education to increase participation in the program

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[11] Waves for Change, Waves for Change Learning Brief, https://www.waves-for-change.org/w4c-impact/
[12] Ibid
[13] Waves for Change, 2019/20 Reflections, https://waves-for-change.org/latest-annual-report-w4c/

COVID-19 Adaption: In 2020, W4C adapted the program to function remotely amid the global COVID-19 pandemic, using WhatsApp to train and equip coach-mentors for remote program delivery to youth, families, and schools. In addition, W4C delivered food parcels to participant homes, supporting the entire family and alleviating some of the stress caused by COVID-19 lockdowns and the resulting economic impacts.

Open-source with Conditions: W4C has made its curriculum open-source. It will share it with any interested agency, provided that they pass child-safeguarding measure/background checks and agree to attend a training session and evaluate and share their findings. Agencies interested in this program can find contact information for W4C via their website: www.waves-for-change.org/the-wave-alliance/.

Advancing Adolescents

The Advancing Adolescents Program was designed to improve the social and emotional well-being of Syrian and Jordanian youth who have lived through war, violence, and displacement.[14] The program uses intensive group sessions with participating youth of different nationalities and structured activities such as sports, music, and language sessions, all of which were designed based on the Profound Stress Attunement (PSA) framework.[15] The PSA framework helps adolescents understand the brain's reactions to certain emotions, triggers, and reactions so they are better able to control their impulsive reactions and understand that these are normal responses to situations of prolonged stress.[16] See Figure 3 for more details on how the interventions map to the IASC Intervention Pyramid.

Mercy Corps conducted a randomized controlled trial (RCT) to assess the impact of applying a PSA framework to different participant subgroups. The evaluation found that participating youth reported a greater sense of safety in their community, as well as greater access to safe spaces than youth in the control group. Before this program, many of the participating youth reported living in a constant state of stress and anxiety due to the violence they had witnessed and their limited mobility as refugees. This program created spaces where participants could gather and interact with each other safely, engage in planned activities, and share their ideas and concerns in a relaxed setting. Studies have shown that exposure to violence and high-stress situations in childhood can lead to violent conduct as adolescents. By creating these safe and stress-free spaces for participants, the Advancing Adolescents Program likely reduced the risk of future violence by the participating youth.

Participants also reported "an increase in the number of friends outside of their own community, having on average 4.8 more friends of other nationalities than the control group."[17] By bringing together youth of different nationalities and designing activities for them to engage in as a group, the program allowed participants to interact with youth they may otherwise have never interacted with. It allowed youth to get to know each other, build trust, and form relationships that otherwise would have been difficult to form. Research studies have shown that interventions that improve the levels of connectedness among peers and community members help to improve the mental health of youth that have been impacted by war and conflict.[18] Based on the evidence put forth by Mercy Corps, the Advancing Adolescents Program helped to rebuild social networks, therefore increasing social stability and reducing levels of stress in participating youth.[19]

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[14] Mercy Corps, Advancing Adolescents: Evidence of the Impact of Psychosocial Support for Syrian Refugee and Jordanian Adolescents, November 2016, https://www.mercycorps.org/sites/default/files/2019-11/Advancing_Adolescents%20Report_FINAL_ONLINE.pdf

[15] Mcjnewsblog, "Applying a Profound Stress and Attunement Approach," March 14, 2016, https://mcjnewsblog.wordpress.com/2016/03/14/applying-a-profound-stress-and-attunement-approach/#:~:text=Attunement%3A%20Attunement%20is%20%20the%20process,profound%20stress%20indicators%20through%20empathy.&text=Through%20this%20framework%20they%20%20develop,adaptive%20responses%20to%20adolescents%E2%80%99%20stressors
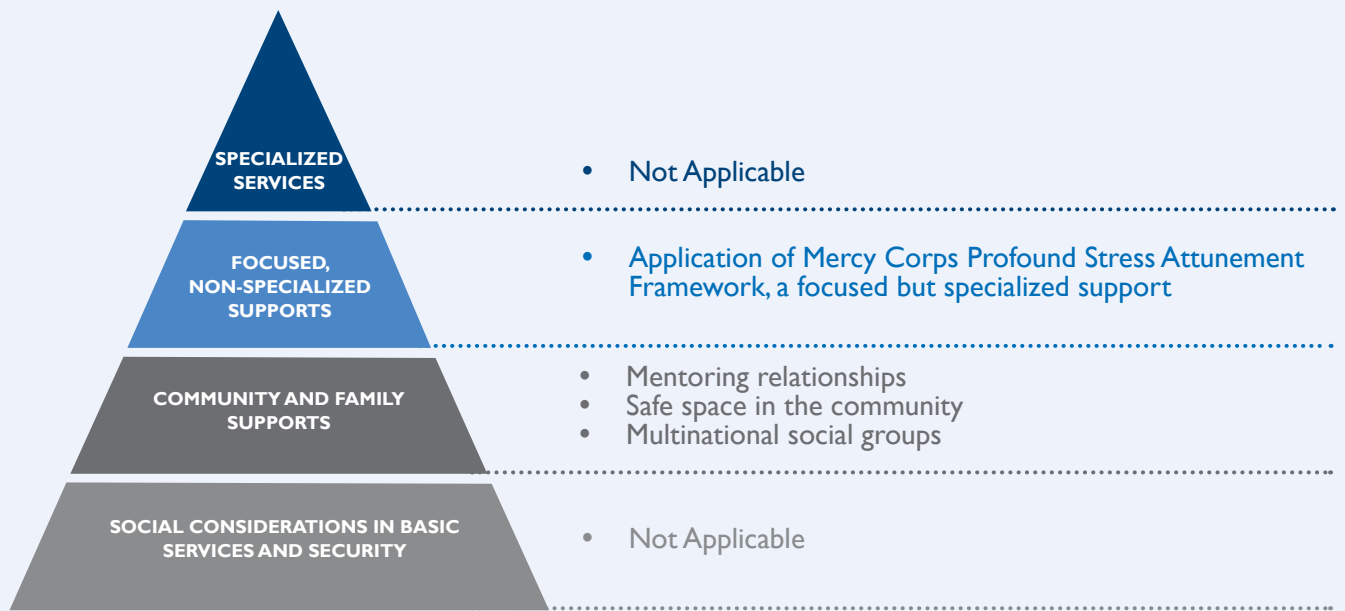
[16] Ibid

[17] Mercy Corps, Advancing Adolescents: Evidence of the Impact of Psychosocial Support for Syrian Refugee and Jordanian Adolescents, November 2016, https://www.mercycorps.org/sites/default/files/2019-11/Advancing_Adolescents%20Report_FINAL_ONLINE.pdf

[18] Theresa Stichick Betancourt, "Working Paper # 22: Connectedness, Social Support and Mental Health in Adolescents Displaced by the War in Chechnya," 2004, https://dspace.mit.edu/bitstream/handle/1721.1/97613/22_connectedness.pdf?sequence=1&isAllowed=y

[19] Mercy Corps, Seeking Stability: Evidence on Strategies for Reducing the Risk of Conflict in Northern Jordanian Communities Hosting Syrian Refugees, https://www.mercycorps.org/sites/default/files/2020-01/Seeking%20Stability%20Report_Draft%206.pdf

Figure 3: Advancing Adolescents Intervention Pyramid

Level	Supports
SPECIALIZED SERVICES	• Not Applicable
FOCUSED, NON-SPECIALIZED SUPPORTS	• Application of Mercy Corps Profound Stress Attunement Framework, a focused but specialized support
COMMUNITY AND FAMILY SUPPORTS	• Mentoring relationships • Safe space in the community • Multinational social groups
SOCIAL CONSIDERATIONS IN BASIC SERVICES AND SECURITY	• Not Applicable

Illustrative PYD or Youth-focused Indicators for MHPSS

Table 2 provides illustrative indicators for measuring the impact of MHPSS interventions integrated into violence prevention, peace, and security programming. The indicators are grouped by the measurement area and sector. The reference key identifies the source for each indicator. Indicators without a source were developed specifically for this toolkit.

Reference Key
* USAID
** UNICEF – Operational Guidelines
*** Inter-Agency Standing Committee (IASC)

Table 2: Illustrative Indicators for Integrating MHPSS into Violence Prevention, Peace, and Security Programming

Measurement Area	Sector	Indicators
Safety	Youth Violence Prevention*	Number of participants obtaining and/or maintaining employment, obtaining educational and career credentials, and experiencing improved mental and/or behavioral health (e.g., cessation of alcohol or drug use, decreased stress, increased association with prosocial peers)
	Youth Violence Prevention*	Percent change in arrests or convictions of young people enrolled in the program vs. those eligible for the program but not enrolled
	Youth Violence Prevention*	Percent change in violent criminal offenses and victimizations, including homicide, aggravated assault, rape, and robbery, in intervention areas vs. areas without the intervention
	Youth Violence Prevention*	Reduced rates of _____ (e.g., bullying, psychological distress, interpersonal violence, gender-based violence, abuse) More specific examples include: • Percent change in student self-reported frequency of (1) bullying behavior and (2) victimization before and after program implementation, disaggregated by gender • Percent change in peer-reported frequency of (1) bullying behavior and (2) victimization before and after the program, disaggregated by gender
Program Implementation and Access	MHPSS**	Number of MHPSS standard operating procedures, referral pathways, and service directories developed[20]
Function	MHPSS**	The ability to carry out essential activities for daily living, which will differ according to factors such as culture, age, and gender
	MHPSS	Ability of caregivers to cope with problems (through, for example, stress management skills, conflict management skills, problem-solving skills, parenting skills, and knowledge of where to seek help or information and resources needed to access care)

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[20] United Nations Children's Fund, Operational guidelines on community based mental health and psychosocial support in humanitarian settings: Three-tiered support for children and families (field test version), New York: UNICEF, 2018, https://www.unicef.org/media/52171/file

Measurement Area	Sector	Indicators
Mental Health and Well-being	MHPSS**	Subjective well-being improved including feeling calm, safe, strong, hopeful, capable, rested, interested, and happy; not feeling helpless, depressed, anxious, or angry[21]
	MHPSS***	Social connectedness referring to the quality and number of connections an individual has (or perceives to have) with other people in their social circles of family, friends and acquaintances (social connections may also go beyond one's immediate social circle and extend, for example, to other communities)[22]
	MHPSS***	Number of people with mental health and psychosocial problems who report receiving adequate support from family members
Care	MHPSS*	Increase in relevant skills, often tied to improved decision-making regarding care
	Youth Violence Prevention*	Percent change in youth attitudes towards violence and propensity/willingness to use violence to solve conflicts before and during implementation of the program
	Youth Violence Prevention*	Protective factors for youth, which improve their ability to avoid involvement in criminal activities
	Youth Violence Prevention*	Improved behaviors, often tied to impulse control
	Youth Violence Prevention*	Increased knowledge, often tied to building empathy for others
	Youth Violence Prevention*	Increased awareness, often tied to one's behavior impacting others

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[21] Ibid

[22] IASC Key Impact Indicator: https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/iasc-common-monitoring-and-evaluation-framework-mental-health-and-psychosocial-support-programmes