ODI Report Annexes

The co-creation and implementation of an adolescent school-based mental health intervention in Tanzania

Key findings

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December 2023

How to cite: Samman, E., Kyungu, E. and Roche, J.M. et al. (2023) *The co-creation and implementation of an adolescent school-based mental health intervention in Tanzania: key findings.* ODI Report, London: ODI (https://odi.org/en/publications/adolescent-school-based-mental-health-intervention-in-tanzania).

Acknowledgements

The study team is very grateful to all the communities that participated, in particular the young people and their parents and caregivers from Morogoro and Mwanza, who shared their insights and experiences, without which this research would not have been possible. We are grateful for the collaboration and support of the school authorities, the President's Office – Regional Administration and Local Government (PORALG) and the respective local government authorities in Mwanza and Morogoro regions. The support of the Tanzanian Training Centre for International Health (TTCIH) in Ifakara is also much appreciated. We extend our gratitude to Christopher Charles, Herieth Nyange, Nemes Athuman, Mohamed Madaraka, Heka Mapunda, Pendaeli Ibrahimu and Judith Misalaba for supporting the fieldwork data collection and to Fadhila Kihwele, Swalehe Manture, Hassan Kachemela and Mary Macha for supporting the transcription and translation process. We thank Fondation Botnar and our peer reviewers Megan Cherewick for insightful comments provided on a draft version of the report. We would also like to thank Georgia Plank and her team for leading on the coding, Kathryn O'Neill for editorial support, and Lucia Rost for early contributions to the baseline survey. Finally, we are grateful to Andrew Schofield for coordinating the production of the report, to Kathryn O'Neill for proofreading, and to Garth Stewart for typeset and design. Some sections of this report draw on literature reviews commissioned for this study, available on the ODI project webpage. This study was undertaken with financial support from Fondation Botnar. The views expressed are those of the authors and do not necessarily reflect the official views or policies of Fondation Botnar.

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Cover: Traditional Tanzanian cloth. Photo credit: Steffen Foerster | Shutterstock ID: 2727816

Annex 1 Tanzania: National-level mental health policy, programme and service environment

To frame our discussion of a specific intervention that took place in two regions of the country, this annex provides a concise overview of the national policy and mental health services environment in Tanzania. This context is important for understanding the types of mental health services available to the adolescents in our study sites and the priority given to their mental health needs in policy and service provision.

The Ministry of Health (previously the Ministry of Health, Community Development, Gender, Elderly and Children) is the leading ministry, department and agency for most health policy. As the process of decentralisation continues, the President's Office Regional Administration and Local Government (PORALG) is taking a greater role in coordinating the delivery of health services. For example, regional and local authorities were responsible for delivering 45% of the total health budget for the financial year 2018/19 (UNICEF, 2020). Despite budget reductions, the health sector is one of the largest sectors in terms of the 2022/23 budget allocations (with 5.2% of the total national budget), behind economic development (21.9%) and education (13.7%) (United Republic of Tanzania, 2022).

Policies and ministries at the national level

Our baseline report outlined key policies related to mental and psychosocial well-being and provided a brief narrative of their development and content (see León-Himmelstine et al., 2021, Annex 8). The main policies, developed during the early 2000s, recognise mental health as an essential component of comprehensive healthcare (see Policy Guidelines for 2006 Mental Health Care in Tanzania). Some of these policies also define the roles and responsibilities of mental health practitioners (e.g. the 2008 Mental Health Act). The care and provision of health services to adolescents receives more priority in overall health policies (e.g. the 2019 National Health Policy or the 2015–2020 Health Sector Strategic Plan) or in policies targeting the specific health needs of adolescents (e.g. the 2018–2022 National Adolescent Health and Development Strategy, the One Plan II, or the 2007 National Youth Development Policy). However, these policies focus more on adolescents' other health needs (e.g. HIV and AIDS, sexual and reproductive health, and consumption of harmful substances) than on mental health. Policies on digital health or information and communications technology (ICT) (such as the 2019–2024 Digital Health Strategy or the 2016 ICT policy guidelines) address young people's ICT needs as a means to reduce social inequalities, but they have no clear links to mental health or psychosocial well-being.

A number of ministries/central government organisations have a remit for mental health (see León-Himmelstine et al., 2021, Annex 8, Table A8.2), including the Ministry of Health and the National Council for Mental Health. Other ministries responsible for youth affairs include the Ministry of Education, Science and Technology; Ministry of Labour, Employment, Youth and Persons with Disability; and the Ministry of Community Development, Gender, Women, Children and Special Groups.

Service environment/programming and stakeholders

The Tanzanian health sector is centrally organised, with the Ministry of Health monitoring and coordinating national health priorities and plans, and the regional and district hospitals implementing those priorities. The health sector is hierarchically organised into national, regional and district hospitals, as well as health centres and dispensaries at the village level, with 7 tertiary hospitals at the national level, 18 regional hospitals, 86 district hospitals, 541 health centres, and 4,904 dispensaries (Mwambingu et al., 2019).

Mental health care delivery/service environment – national level

Mental health specialist care is delivered in district, regional and zonal outpatient clinics, and regional and zonal inpatient units (Mbatia and Jenkins, 2010). The World Health Organization (WHO) (2017) reports a total of 278 mental health professionals in government and non-governmental organisation (NGO) facilities, and 0.52 mental health workers per 100,000 people. Psychiatrists and nurses are concentrated in the major urban centres, and a high proportion of psychiatric nurses have been redeployed to medical or surgical clinics. That means the specialist service for nearly all regions and districts is largely delivered by extremely overstretched psychiatric nurses.

The WHO (2017) also reports just 2 mental health hospitals in the country treating around 168,000 cases of severe mental health disorders, and 5 psychiatric units available in general hospitals. In practice, when national hospitals are excluded, most regions contain only 20 beds for patients with mental health needs per 1.5 million people (ibid.). Here, we list the main service providers at the national level.

Mirembe National Mental Health Hospital: This is the only Tanzanian government mental health hospital. Located in Dodoma, it has 600 beds (accounting for approximately 70% of the total national bed capacity, which is about 900). The hospital is allied to Isanga Correction Centre. This combined institution was established in 1926 as Tanzania's main centre for treating mental health patients and treats both acute and chronic mental illness. The average recovery time is 6 weeks, after which time patients are discharged back to the community. Upon discharge, the hospital is responsible for ensuring continuity of care, and provides daily outpatients clinics. The outpatient clinic is responsible for preventing relapses by providing prescription re-fills and ongoing counselling. Some patients improve significantly, but others do not. Reasons for poor improvement among some patients include long distances to access care facilities, financial constraints, and disabling side effects following the use of antipsychotic medication (Mwambingu et al., 2019).

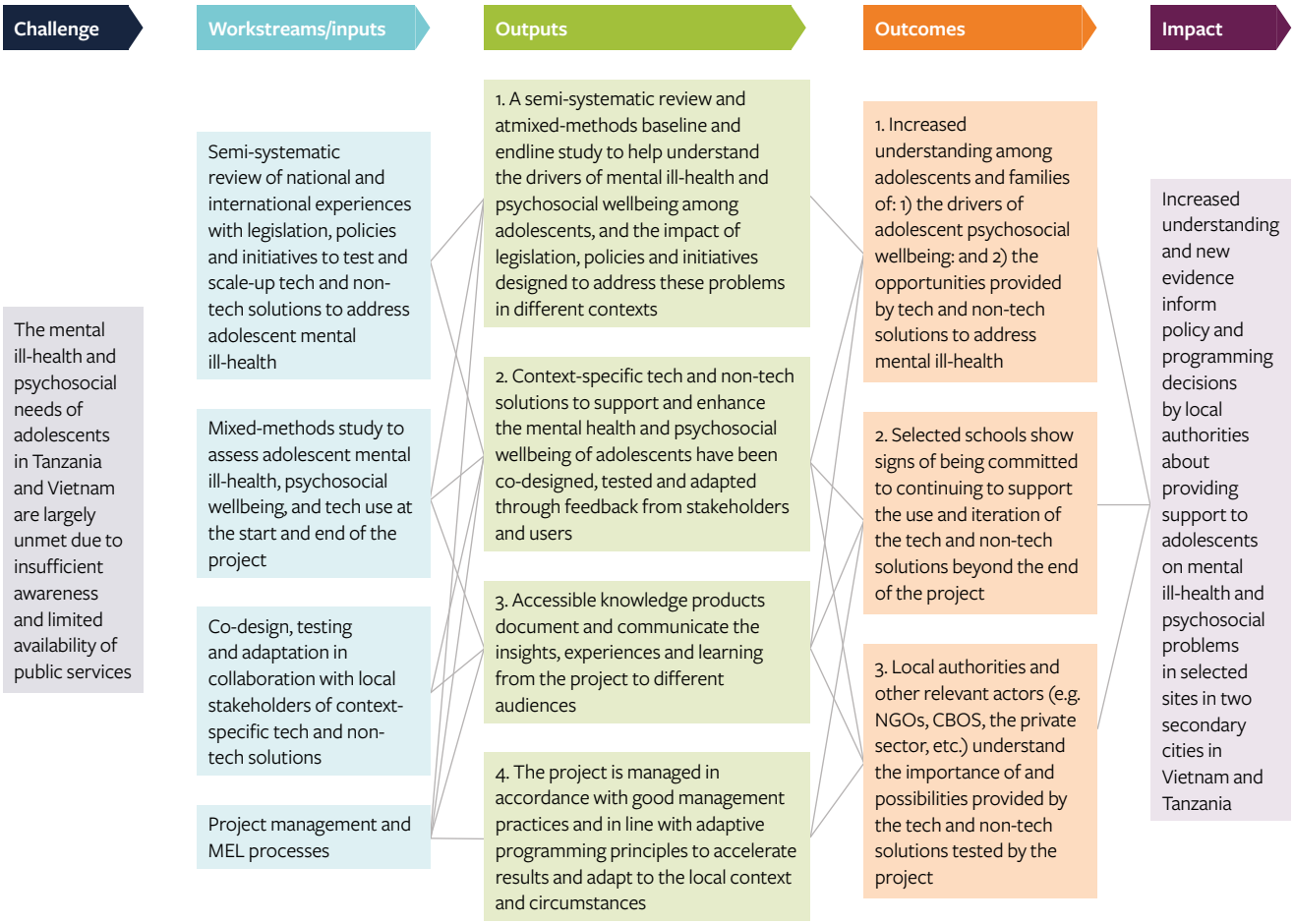
Lutindi Mental Hospital: The Lutindi Mental Hospital of the Evangelical Lutheran Church of Tanzania is the only mission mental health hospital in the country, with 100 beds and additional occupational therapy activities. A basic mental health care unit is also available in Dar es Salaam at Muhimbili National Hospital, with 100 beds (ibid.).

Health centres: Mental health primary care services are delivered through health centres (average catchment population 10,000) and dispensaries, which are staffed by general nurses and clinical officers

who have received basic training about mental disorders, diagnosis and treatment but lack in-service training or supervision for mental health care (Mbatia and Jenkins, 2010). Primary health care doctors (who do not have a university degree but are clinical officers with three years of post-secondary training in the identification and management of common medical and surgical conditions) are allowed to prescribe and/or to continue prescribing psychotherapeutic medicines (WHO, 2011). The Department of Health also authorises primary health care nurses to prescribe and/or to continue prescribing psychotherapeutic medicines, but with some restrictions. Official policy does not permit primary health care nurses to independently diagnose and treat mental disorders within the primary care system (ibid.).

Annex 2 Change hypothesis

Change hypothesis: Addressing the mental health needs of adolescents in schools, in the community and at institutional level in two secondary cities in Vietnam and Tanzania



(v. Dec 2020)

Underlying assumptions

- We assume that awareness can be created among education and school officials in project locations of the need for additional mental health-related services.
- We assume that some of the attitudes, practices, and behavioural changes by local stakeholders can be influenced by the evidence generated by the project.
- We recognise that the project operates in a multi-actor environment, that there will be various influences (including the project) behind any policy/practice change that emerges from concerted action, and that attribution may be difficult.
- We assume that despite the COVID-19 pandemic, opportunities to influence policy on adolescent mental health emerge in the project locations.
- We assume the accessible and affordable mental health service providers in the project locations.

- We assume that other factors, such as poverty and cultural attitudes, do not limit participation and engagement with the project by students.
- We assume that either the COVID-19 crisis subsides and that adolescents can return to schools or that students have access to technology during distance learning.
- We assume that during the COVID-19 crisis family members can engage with the project in person or through technology.
- We assume that in the project location the participation of families and students remains constant throughout the life of the project.
- We assume that the co-design and testing by the project produces information and communication materials that reach the wider community of families and adolescents.
- We assume that communities and family members become more confident in discussing mental health issues in a frank and open manner with the research teams.
- We assume that school authorities value mental health initiatives and engage with the project.
- We assume that head teachers are able and willing to engage with the project and that they encourage teachers to engage as well.
- We assume adolescents will have sufficient access to technology to render it possible to devise tech solutions to address mental health needs.

Annex 3 Results framework

Link to the project results framework (September 2020)
https://docs.google.com/spreadsheets/d/1Mtnrw9SzRQxZ9HkDKgJyTEZB7-SYWWxC/edit#gid=14623722

# Outcome indicators	Outcome indicator	Proposed change	Rationale	Date
1.1	20% increase among respondents who can identify signs of mental distress compared to baseline	The intervention leads to an increase of 20% compared to baseline in the average score among respondents who can identify signs of mental distress compared to baseline	Streamline wording / stating causal link between experimentation by the project and the behavioural changes between baseline and endline (while remaining open to the idea that other factors may also contribute to the change) / include suggestions by the quantitative team /	07/07/2021
1.2	20% increase in the number of adolescents who access tech and non-tech solutions compared to baseline	The intervention leads to an increase of 20% compared to baseline in the number of adolescent respondents who use tech and non-tech solutions to address mental ill-health, conditional on average levels of mental health	Streamline wording / stating causal link between experimentation by the project and the behavioural changes between baseline and endline (while remaining open to the idea that other factors may also contribute to the change) / include suggestions by the quantitative team /	07/07/2021
1.3	20% increase in the number of adolescents who use tech and non-tech solutions compared to baseline	The Intervention leads to an increase of 20% compared to the baseline in the number of adolescents respondents who use tech and non-tech solutions to address mental ill-health, conditional on average levels of mental health	Streamline wording / stating causal link between experimentation by the project and the behavioural changes between baseline and endline (while remaining open to the idea that other factors may also contribute to the change) / include suggestions by the quantitative team /	07/07/2021
1.4	Endline survey shows 20% increase in the level of confidence and aspiration among respondents compared to baseline	Endline survey shows an increase of 20% compared to baseline in the average level of confidence among adolescents' respondents in terms of their ability to address mental health problems	Streamline wording / stating causal link between experimentation by the project and the behavioural changes between baseline and endline (while remaining open to the idea that other factors may also contribute to the change) / include suggestions by the quantitative team /	07/07/2021

# Outcome indicators	Outcome indicator	Proposed change	Rationale	Date
2.1	Target indicator: 4 stories of change by 9/2022	Target indicator: A total of 4 stories of change by 9/2022	The intention is to identify signs of change that can become stories of change throughout the experimentation and local engagement phase of the project. We aim to identify and produce up 4 stories of change during 2022. The target is therefore a cumulative target.	09/07/2021
3.1	Target indicator: 2 stories of change by 1/2022 and 2 more stories of change by 9/2022 for a total of 4.	Target indicator: A total of 4 stories of change by 9/2022	The intention is to identify signs of change that can become stories of change throughout the experimentation and local engagement phase of the project. We aim to identify and produce up 4 stories of change during 2022. The target is therefore a cumulative target.	09/07/2021
1.1	Number of knowledge products synthesizing the literature review findings (cumulative)	5 publications	Added 2 publications by the end of the project for a cumulative total of 5	07/07/2021
1	Output indicator target column include heading *Baseline12/20*	Change to *Target 12/2020*	Simplifies the split between planned and achieved outputs for 12/2020 and makes clearer the cumulative target for 9/2022	07/07/2021
2	V1 of the LF has four milestones: Baseline 12/20; Target 04/21; Target 01/22; and Target 09/22	Suggest changing to three and include Baseline 8/2021; Target 04/21; and Target 09/22	The reason is to align to the latest timeline of the project and set the baseline in July 2021when the baseline report is being finalised and the co-creation workshops are being designed; have an assessment/target mid-point through the experimentation in February 2022; and have a final assessment/target by the end of the endline evaluation phase in October 2022	12/07/2021

Annex 4 MEL logs analysis

One of the elements of the MEL system designed for the project is a MEL Log set up to document ongoing information with inputs from the project team.

The MEL Log is an online Google Sheet with the following logs/tabs:
A **Knowledge Outputs Log** lists the knowledge products published by the team, such as reports, working appears, blogs, and project briefs.

- A **Webstats Log** with the data about views and downloads of the project publications
- An **Events Log** that lists the key information about workshops and sharing and learning events organised by the team.
- An **Uptake Log** where the team recorded important moments in the project implementation, such as mentions, endorsements, requests, uptake and use of knowledge, evidence, and ideas from the project.

This Annex presents the summary of the information recorded in the MEL Log. The data have been collected throughout the implementation of the project. When possible, the data are disaggregated by country.

Knowledge Outputs Log

At the time of writing (August 2023), the list of publications includes 15 titles. The list does not include this Endline Report and two milestones internal publication for Fondation Botnar: the *Inception Report* of 30/09/2020 and *The Baseline Report: Analysis of the Quantitative and Qualitative Baseline Data,* sent to Fondation Botnar on 30/07/2021.

The list of publications includes three Working Papers, two Briefing/Policy Briefs, four Case/Country Studies, two Research Reports, three Journal Articles, and one Conference Paper. We consider three papers as *Global* as they are literature reviews produced at the start of the project. Five publications include evidence and analysis from both countries. Three publications are focused solely on Tanzania, and four focus solely on Vietnam.

N.	Title	Date of publication	Type of publication
01	Digital approaches to adolescent mental health: a review of the literature (link)	09/10/2020	Working Paper
02	Non-digital interventions for adolescent mental health and psychosocial well-being: a review of the literature (link)	16/10/2020	Working Paper
03	Frameworks and tools to measure and evaluate mental health and psychosocial well-being (link)	12/11/2020	Briefing/policy brief
04	Drivers of and protective factors for mental health and psychosocial well-being among adolescents: a snapshot from Tanzania and Viet Nam (link)	14/01/2020	Briefing/policy brief
05	Impact of Covid-19 on adolescent mental health in Viet Nam and Tanzania (link)	27/01/2021	Working Paper
06	Lessons from conducting research on mental well-being of adolescents in Viet Nam and Tanzania during Covid-19 (link)	26/08/2021	Case/country studies
07	'We feel sad and bored': Covid-19 impacts on the mental health of adolescents in Viet Nam (link)	31/08/2021	Case/country studies
08	'I am not at peace': Covid-19 impacts on the mental health of adolescents in Tanzania (link)	31/08/2021	Case/country studies
09	Mental health and psychosocial well-being among adolescents in Tanzania (link)	14/12/2021	Research reports
10	'Let's learn together': co-creating mental health solutions with adolescents in Tanzania and Viet Nam (link)	04/03/2022	Case/country studies
11	Mental health and psychosocial well-being among adolescents in Viet Nam (link)	18/03/2022	Research reports
12	Co-creating mental health solutions with adolescents in schools in Tanzania and Viet Nam submitted to the Journal of Child Psychology & Psychiatry (JCPP) for a special issue entitled "Innovation in Child and Adolescent Mental Health Interventions"	15/05/2022 (submitted & accepted)	Journal article
13	Building mental health support programs in schools for high school students through a co-creative approach submitted to the VNU Journal of Science: Education Research	06/02/2023 (submitted & accepted)	Journal article
14	"Feasibility and Fit of the PsychClub- a school mental health promotion program developed through co-creation approach" for the Happy Schools Conference in April 2023 Vietnam	15/02/2023 (submitted & accepted)	Conference paper
15	Factors associated with substance use and risky behaviours among adolescents living in rural and urban Tanzania: a cross-sectional analytical study	15/06/2023 (being submitted))	Journal article

The table below, describes the intended audiences for the publications. All publications intend to reach researchers. One intends to reach government officials directly at a conference. Seven publications are intended to reach Fondation Botnar and, through Fondation Botnar, their policy and research stakeholders' network. Three publications intend to reach other funders as well.

N.	Government	Researchers	Fondation Botnar	Other funders
01		X	X	
02		X	X	
03		X	X	X
04		X	X	X
05		X	X	
06		X		
07		X		
80		X		
09		X		
10		X	X	
11		X		
12		X		
13		X		
14		X		
15	X	X	X	X

Webstats Log

The web stats for the publications published on the ODI website are summarised in the table below. The numbers refer to the total number of views and downloads from the respective publication date to the last recording on 01. August 2023.

To give some perspective to these numbers, we have enquired about average downloads and visits for papers and reports to the Communication team. They responded, "Most ODI publications receive less than 100 downloads and anywhere between 300-600 views depending on timing and interest."

With this in mind, the publications from the Fondation Botnar project have done quite well in terms of visits and downloads, considering the different times of publication.

N.	Title	Total views since first reading on 19/05/2021	Total downloads since first reading on 19/05/2021
01	Digital approaches to adolescent mental health: a review of the literature (link)	759	174
02	Non-digital interventions for adolescent mental health and psychosocial well-being: a review of the literature (link)	543	120
03	Frameworks and tools to measure and evaluate mental health and psychosocial well-being (link)	448	125
04	Drivers of and protective factors for mental health and psychosocial well-being among adolescents: a snapshot from Tanzania and Viet Nam (link)	469	97
05	Impact of Covid-19 on adolescent mental health in Viet Nam and Tanzania (link)	1.042	209
06	Lessons from conducting research on the mental well-being of adolescents in Viet Nam and Tanzania during Covid-19 (link)	11	16
07	'We feel sad and bored': Covid-19 impacts on the mental health of adolescents in Viet Nam (link)	113	19
08	'I am not at peace': Covid-19 impacts on the mental health of adolescents in Tanzania (link)	67	12
09	Mental health and psychosocial well-being among adolescents in Tanzania (link)	848	309
10	'Let's learn together': co-creating mental health solutions with adolescents in Tanzania and Viet Nam (link)	230	76
11	Mental health and psychosocial well-being among adolescents in Viet Nam (link)	524	211
	TOTALS	**5.054**	**1.368**

Events Log

The team recorded in this log the key meetings held in schools with a relatively large group of participants involving students and local stakeholders such as teachers, parents, and local authorities. These meetings took place at critical moments of the project implementation during the baseline stage, the co-design, and the digital and non-digital solutions implementation.

The country teams also held additional coordination and management meetings with specific stakeholders. These meetings have not been recorded in the Events Log because they concern the regular management of the project activities.

The country team held the following key meetings in the two countries:

Meeting	Dates	Participants Viet Nam	Participants Tanzania
Testing for quantitative baseline data collection Viet Nam	12/2020	150 / 150 youth	
Testing the qualitative baseline data collection Viet Nam	12/2020	15 / 11 youth	
Testing for quantitative baseline data collection Tanzania	01/2021		80 / 80 youth
Testing for qualitative data collection Tanzania	12/2020		11 / 11 youth
Training of the facilitators of the co-creation workshop Vietnam	11/2021	7	
Training of the facilitators of the co-creation workshop Tanzania	11/2021		10
Co-creation workshops in Vinh - Vietnam (a total of four sessions)	12/2021 – 02/2022	60 / 40 youth	
Co-creation workshops in Nha Trang - Vietnam (a total of four sessions)	01-02/2022	60 / 40 youth	
Co-creation workshops in Mwanza - Tanzania (a total of four sessions)	01-02/2022		60 / 60 youth
Co-creation workshops in Morogoro - Tanzania (a total of four sessions)	01-02/2022		56 / 56 youth
Two implementation check-ins with the schools in Vinh – Vietnam involving students and stakeholders in FGDs, KIIs, and a small survey	05-10/2022	111 / 93 youth	
Two implementation check-ins with the schools in Vinh Nha Trang Vietnam involving students and stakeholders in FGDs, KIIs, and a small survey	05-10/2022	94 / 63 youth	
Two implementation check-ins with the schools in Mwanza - Tanzania, involving students and stakeholders in FGDs, KIIs, and a small survey	05-10/2022		176 / 144 youth
Two implementation check-ins with the schools in Morogoro - Tanzania, involving students and stakeholders in FGDs, KIIs, and a small survey	05-10/2022		165 / 141 youth

The project organised two workshop meetings that we want to mention here. One is a public event, and the second is the internal mid-term review workshops.

Public events

The project organised one public event on 14. June 2021. The title of the event was ***Let's Learn Together.***

The webinar was an invite-only event to share information about the project objectives and research methodology, preliminary findings from the baseline mix method work and insights about the co-creation process of digital and non-digital solutions.

The invitations were targeted to decision-makers, policy researchers, and representatives from development partners involved in the sector internationally as well as in Vietnam and Tanzania and as a way to build relationships and connections with and between them.

The invitations were targeted to government representatives in Tanzania and Viet Nam with influence on mental health; education policy stakeholders at regional and national levels, including from the health and education sectors and I/NGOs working with adolescents/children on mental health and/or on digital approaches; academics /researchers working on mental health globally, with a specific focus on Tanzania and Viet Nam and digital responses; and representatives of development partners with interest in mental health/adolescents/digital solutions such as Fondation Botnar, FCDO, UNICEF and USAID.

The webinar was hosted by ODI and chaired by the project PI, Dr. Fiona Samuels. It included presentations by the project team by Dr. Hoang-Minh, Carmen Leon-Himmelstine, Esther Kyungu, Ho Thu Ha, Christina Myers, Dayani Mbowe, and Vu Hong Van.

Participants included:

Tanzania	3 representatives from NGO/INGO
	1 representative from development partners
	5 representatives from research organisations/academia
	6 representatives from government agencies
Viet Nam	3 representatives from NGO/INGO
	2 representatives from development partners
	8 representatives from research organisations/academia
	9 representatives from government agencies
International	2 representatives from NGO/INGO
	3 representatives from development partners
	2 representatives from philanthropic foundations
	8 representatives from research organisations/academia
	18 representatives from government agencies

Internal event

On 24-25 January 2022, the project organised a mid-term webinar for the project team and with colleagues from Fondation Botnar and Genesis, the latter being the consulting company contracted by Fondation Botnar to assist the project during the mid-term reflection activities.

The webinar aimed to apply some of the principles of portfolio sensemaking and reflect on lessons learned, generate insights, and outline implications and suggestions for the project moving forward because of the work conducted on the baselines and the co-creation of the digital and non-digital solution in the two countries.

The key insights that emerged from the two-day discussion were:

- Involve the mental health professionals whenever possible in the project design and implementation.
- There is a need to offer some incentives to support students' participation in the implementation (material, something to eat, etc.)
- The co-creation process was new and worked well.
- Students needed support at every step of the co-creation process. They needed to familiarize themselves with being empowered to make suggestions and shape design decisions.
- The project teams discussed the sequencing of quantitative and qualitative data collection, and based on the baseline experience, they suggested that for the endline, it would be better to run the qualitative data collection first and then the quantitative to help shape and contextualise the survey and questionnaires.
- The project teams felt the study aligned well with the national policy research agenda and guidelines.
- The teams felt that the project had the space and flexibility to adapt the work to local circumstances and contexts.
- The teams feel that the baseline planning went well and allowed the input of all team members.
- The project teams found daily debriefing useful during the baseline and co-design activities. It helped to address any issues and share about progress.
- The design process has shown to the teams that the study has the potential to assess and learn about the role of the internet and social networks on mental health among the students involved in the implementation.
- The country team found it important that participants could drop out of the process during the co-creation process if they wanted to.
- The authorisation process, baseline and creation helped to engage with local government agencies make them aware of the project's objectives and elicit their interest in the project results.
- The creation process helped students design and select solutions that met their demands, needs, and interests.
- In Tanzania, the Swahili booklet was an eye-opening tool for adolescents and highlighted the importance of working in the local language.
- In Tanzania, the participation of the mental health staff during the co-design was extremely helpful in responding to their questions about mental health and well-being.

Uptake Log

In this log, the team recorded important moments in the project implementation, such as mentions, endorsements, requests, and instances of use of the evidence and ideas from the project.

The team recorded at the time of writing this annexe 14 entries. There are two endorsements by researchers in youth and adolescents' mental well-being. There are three mentions of the project and some of its knowledge products in newsletters by research organisations. Five requests reached the PI and country team members to be interviewed or speak in public events about the project objectives and research methodology, as well as the insights about the Impact of COVID-19 on adolescent mental health in Vietnam and Tanzania. There are four instances of use of the ideas and digital and non-digital solutions during the implementation phase.

Date	Type	Information
21/10/2020	Endorsement	Christie Kesner, Policy Consultant with United for Global Mental Health in the United Kingdom, wrote to the project PI, Fiona Samuels, to congratulate on how informative and well done the literature review paper on non-digital mental health interventions for youth is (publication #2). She also asked whether there would be more publications from the project because the United for Global Mental Health would use these for their advocacy work.
11/11/2020	Mention	The Global Mental Health Network at UCL in London, mentioned the project in its November 2020 newsletter and included a link to the ODI project website.
10/02/2021	Mention	The Global Mental Health Network at UCL in London mentioned the project in the February 2021 newsletter with a link to publication #5, the working paper *Impact of COVID-19 on Adolescent Mental Health in Viet Nam and Tanzania*.
01/04/2021	Request	Maria Isabelle Wieser, Deputy Director with Foraus, the Swiss participatory think tank on foreign policy, wrote to the project PI, Fiona Samuels, and invited her to participate and speak at a closed workshop titled *A Future Unlived: How COVID-19 Is Impacting Youth Mental Health*. The meeting followed a Chatham House rule and involved about ten representatives from different sectors, political orientations, and backgrounds.
15/04/2021	Mention	After the event (above), the briefing on the Impact of COVID-19 and mental health in Vietnam and Tanzania (publication #5) was highlighted on the Foraus website and with a link to the project webpage on the ODI website.
07/05/2021	Request	Xu Le, Assistant Research Fellow with the Haiguo Tuzhi Research Institute in China, wrote to the project PI, Fiona Samuels, to ask if she would be interested in being interviewed for a blog on the mental health problems faced by adolescents in Viet Nam and Tanzania and the experiences and lessons that have been learned from COVID-19 on the prevention and management of mental health problems. The interview was published in Intellisia, the Global Non-traditional Security Observation.
02/08/2021	Request	Marion Felder, Professor for Inclusion and Rehabilitation with the University of Applied Sciences in Koblenz (Germany), reached out to the project PI, Fiona Samuels, and asked if she would be interested in contributing to an international academic book project edited by Jim Kaufmann and Jeanmarie Badar for Routledge. The book project was about Europe and the world and the effects of COVID-19 on the mental health needs of children and young people/ adolescents in school and community. The request and invite to Fiona Samuels were to contribute a chapter about the situation in Tanzania and Viet Nam. The request and invite show that already in mid-2021, the evidence and initial findings of the project were noted.

Date	Type	Information
31/08/2021	Use	Emma Cronwrigh, an Occupational therapist (with a special interest in mental health and education) based in Ho Chin Minh City in Viet Nam, contacted the project PI, Fiona Samuels, and the research lead in Viet Nam, Minh Dang Hoang, to say that she read and used the publication #5, the working papers on COVID-19 of 2021while compiling information for a campaign and webinars she was coordinating in Ho Chi Minh City for adolescents and parents on the impact of the pandemic on mental health and tools for coping through it.
12/10/2021	Request	Farah Sheibani, Research Assistant with the Institute for Global Health at UCL in London, invited the project PI, Fiona Samuel, to present at a Pecha Kucha, a storytelling format in which a presenter shows 20 slides for 20 seconds of commentary each. Fiona, presented the objectives and scope of the project and insights from the first publications
16/05/2022	Endorsement	Amin Abbakar, a parent of one of the children involved in the project in Nyamagana Primary School, spoke to the research lead in Tanzania, Esther Kyungu and suggested to the project team to use the research and information materials produced by the project (e.g. brochures and flyers) to use them and educate other parents on the drivers of mental ill-health and psychosocial problems and their impact on their children's mental wellbeing. As a parent, he found the material very informative and helpful.
11/07/2022	Request	Nashivai Mollel, Executive Director of Transforming Life and Edwin Swai, National Program Officer with WHO, who contacted the project lead for Tanzania, Esther Kyungu, because they heard an overview of the research projects, insight from the baseline report and about the co-creating process of the digital and non-digital solutions. They attended the dissemination event organised online by the team on 28th June 2022 and reached out to learn more.
11/11/2022	Use	Rustica Tembele, Founder & CEO of Tap Elderly Women's Wisdom for Youth, a local NGO that bridged intergenerational and mental health treatment gaps and that operates in Dar es Salaam, reached out to the project lead for Tanzania, Esther Kyungu. She requested copies (hard and electronic) of the co-designed interventions to use during their outreaches with youth and other community members.
15/2/2023	Use	Rignace Japhet Administrator & Chaplain Village of Hope, a local NGO that works with children in need (including those distressed mentally). They have launched a 'staff monthly connect' program to help create mental health awareness for their staff and youth they are sheltering and caring for. They requested hard copies of the implemented interventions to facilitate these sessions. The monthly staff meeting results from the ongoing communication and sharing about the research project team and Village Hope.
17/3/2023	Use	Faithmary Lukindo Regional Social Welfare Officer Local government authority - Mwanza region. She oversees the social welfare of the population in her catchment area. Recently, she has observed a spike in suicide cases in the region and would wish to compare the drivers with what the Fondation Botnar Project found to build a case for interventions and budget allocation.

Annex 5 Scales selected to measure key constructs in the survey

This annex discusses the scales we selected to measure key constructs in the quantitative survey. It situates them in the literature, describes the piloting and psychometric testing to establish their validity and reliability, and context-specific adaptations made to the Kidcope scale (for details of testing that took place prior to and following baseline data collection, see León-Himmelstine et al., 2021, Annex 3).

In the quantitative survey, we measure mental health through two key scales. The Strengths and Difficulties Questionnaire (SDQ) evaluates emotional and behavioural difficulties among youth.[1] The WHO-5 is 'among the most widely used questionnaires assessing subjective psychological well-being' (Topp et al., 2015: 167) in children aged nine and over; it also has adequate validity in screening for depression.[2] These two measures therefore provide complementary insights into mental ill-health. Both have been widely validated in diverse settings and among varied populations globally, including in Tanzania (for the SDQ, see Dow et al., 2016; Hermenau et al., 2011; 2015; Nyangara et al., 2009; Hoosen et al., 2018; for the WHO-5, see Nolan et al., 2018). The survey included two measures of mental health awareness: (1) the Emotional Literacy scale developed by Carnegie School of Education, Leeds Beckett University (2018), used to inform a school-based mental health intervention in Cambridge, UK;[3] and (2) the knowledge of what is important for good mental health scale developed and validated by Bjørnsen et al. (2017) among Norwegian upper secondary school students. This latter scale fills an important gap as it is the first to quantify 'knowledge of good or positive mental health' as opposed to mental health disorders, stigma or health-seeking behaviour.[4] We measure agency using the 4-item subscale on knowledge of where to seek information about mental health from the well-known Mental Health Literacy Scale (O'Connor and Casey, 2015).

Finally, we assess help-seeking behaviour by exploring student attitudes towards seeking professional help to address mental health concerns as well as informal coping mechanisms. We measure the former using the Attitudes Toward Seeking Professional Psychological Help scale-Short Form (ATSPPH-SF) (Fischer and Farina, 1995; building on the original ATSPPH scale devised by Fischer and Turner, 1970), a widely cited measure of mental health treatment attitudes. Per Elhai et al. (2008: 321), this is the only 'standardized instrument assessing mental health treatment attitudes' that 'has been both psychometrically examined and used in a sizeable number of studies'. We measure a diverse range of informal coping strategies using the Kidcope scale (Spirito et al., 1988) with contextual adaptations

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1 See https://www.sdqinfo.org/ao.html

2 See https://www.corc.uk.net/outcome-experience-measures/the-world-health-organisation-five-well-beingindex-who-5/

3 The scale is, in turn, an adaptation of the Mental Health Literacy Scale (O'Connor and Casey, 2015), which aims to assess both stigma and knowledge concerning mental health. The adaptations 'removed questions asking about specific, and often complex, mental health disorders as well as questions that were inappropriate for the age group e.g. around employment' and added questions 'asking about the participants' sense of their own resilience, strategies for stress and social media use' (Carnegie School of Education, Leeds Beckett University (2018: 8).

4 Wei et al., 2015, cited in Bjørnsen et al., 2017: 2.

based on scale piloting and research team inputs (see Table 5.1). The scale was originally designed to measure children's use of 10 behavioural and cognitive coping strategies following hospitalisation, but has subsequently been used widely to assess coping with respect to a range of stressors (Powell et al., 2019). The strategies included are distraction, social withdrawal, cognitive restructuring, self-criticism, blaming others, problem-solving, emotional regulation, wishful thinking, social support and resignation to cope with a major stressor.

The survey team conducted two rounds of pilot data collection with secondary school students in Morogoro. The first round included 100 students, the second had 80 students. The team input data from the questionnaires using tables programmed with the Open Data Kit application. On review of the scales for their psychometric properties including reliability (internal consistency),[5] criterion validity and construct validity, the team made some improvements to the questionnaire. The team re-tested the psychometric properties of each scale following baseline data collection and once again at endline (See Excel file, Tables 5.2– 5.5 tabs).

We also conducted exploratory factor analysis at baseline and endline, and for the pooled dataset. In comparing baseline and endline, we used a pooled dataset including both baseline and endline data to establish thresholds that we then applied to both rounds. For some scales, to maximise construct validity and reliability, we only retained data for scale items that were loading as expected in the exploratory factor analysis and excluded those that would increase Cronbach's alpha if the item was deleted. This enabled us to construct measures that were most attuned to the context where the survey was administered, albeit at the expense of comparability with other studies conducted in Tanzania or elsewhere. Tables 5.6 and 5.7 (Excel file) provide full results of the exploratory factor analysis conducted for the SDQ and Kidcope scales respectively, using this pooled dataset. In the case of Kidcope, we also present the eventual 15 item solution, reduced from the 22 items in our questionnaire.

Tables 5.8 and 5.9 (Excel file) provides full details of the quantitative sample at baseline and at endline, respectively.

5 Reliability was assessed using Cronbach's alpha coefficient, which measures the internal consistency of a scale or the extent to which the individual components are measuring the same underlying construct. It can range between 0 and 1, with higher values indicating greater reliability. Generally, coefficient values of 0.6 or higher are considered acceptable and values 0.7 or higher are considered 'good'.

Table 5.1 Contextual adaptations made to the 15-item Kidcope scale

Note	Coping group	Item #	Statement
*	Distraction	1	I just tried to forget it
* Ψ	Distraction	2	I did something like watch TV, listen to the radio, read a book, or played
¥	Distraction	3	I went on the internet or used social media to distract myself
*	Social Withdrawal	4	I stayed by myself
*	Social Withdrawal	5	I kept quiet about the problem
*	Cognitive restructuring	6	I tried to see the good side of things.
*	Self-criticism	7	I blamed myself for causing the problem.
*	Blaming others	8	I blamed someone else for causing the problem.
*	Problem solving	9	I tried to fix the problem by thinking of answers.
* Ψ	Problem solving	10	I tried to fix the problem by doing something about it.
¥	Problem solving	11	I tried to fix the problem by talking to someone
*	Emotional regulation	12	I yelled, screamed, or got mad.
*	Emotional regulation	13	I tried to calm myself down.
*	Wishful thinking	14	I wished the problem had never happened.
*	Wishful thinking	15	I wished I could make things different.
*	Social support	16	I tried to feel better by spending time with others like family, grownups or friend
*	Social Withdrawal	17	I didn't do anything because the problem couldn't be fixed.
¥	Emotional regulation	18	I prayed
¥	Social support	19	I went on the internet to get support
¥	Emotional regulation	20	I meditated
¥	Distraction	21	I did some kind of sport or physical activity
¥	Cognitive restructuring	22	I wrote down my thoughts (e.g. in a diary)

Notes:
* One of the 15 items that were in the original scale
Ψ Wording slightly modified after pilot testing or based on team suggestions.
¥ New items included for testing, based on a review of the literature on coping, notably items emerging in participatory work in Carnegie School of Education, Leeds Beckett University (2018: 8), and team suggestions.

Table 5.2 Reliability_baseline

	Emotional literacy	Knowledge of what is important for good mental health	Knowledge of sources of information seeking	SDQ Mental health difficulties	SDQ Prosocial behaviours	Attitudes Toward Seeking Professional Psychological Help	Well-being (WHO-5)	Use of technology	Violence by peers	Violence by parents	Kidcope Active	Kidcop expressive	Kidcope avoidant
Total	.66	.74	.69	.75	.75	.54	.77	.78	.74	.77	.58	.43	.36
Male	.71	.76	.72	.75	.77	.58	.77	.81	.74	.8	.64	.45	.38
Female	.62	.71	.64	.75	.73	.48	.76	.71	.74	.73	.5	.43	.31
Primary school	.65	.63	.62	.73	.75	.41	.78	.79	.64	.81	.43	.46	.31
Secondary school	.67	.75	.68	.69	.73	.66	.75	.8	.81	.75	.55	.31	.4
Age 10-13	.71	.62	.63	.72	.75	.36	.75	.76	.61	.52	.55	.49	.27
Age 14+	.67	.81	.74	.75	.78	.66	.78	.79	.8	.84	.6	.29	.42
Low SES	.8	.82	.69	.54	.8	.73	.78	.69	.75	.74	.59	.36	.58
Middle SES	.72	.76	.74	.79	.75	.56	.78	.76	.74	.78	.6	.51	.37
High SES	.67	.68	.61	.7	.66	.52	.63	.77	.77	.74	.43	.4	.31
Not hungry in previous year	.65	.74	.66	.74	.74	.49	.72	.76	.71	.78	.55	.42	.35
Hungry in previous year	.69	.72	.69	.76	.79	.61	.77	.79	.8	.74	.63	.48	.41

Table 5.3 Reliability weight bl

	Emotional literacy	Knowledge of what is important for good mental health	Knowledge of sources of information seeking	SDQ Mental health difficulties	SDQ Prosocial behaviours	Attitudes Toward Seeking Professional Psychological Help	Well-being (WHO-5)	Use of technology	Violence by peers	Violence by parents	Kidcope Active	Kidcop expressive	Kidcope avoidant
Total	.66	.74	.69	.75	.76	.54	.77	.54	.74	.77	.6	.44	.36
Male	.71	.77	.72	.76	.78	.58	.77	.8	.74	.79	.66	.45	.39
Female	.62	.71	.65	.75	.73	.47	.76	.71	.74	.73	.52	.43	.32
Primary school	.65	.64	.62	.73	.75	.41	.78	.79	.64	.81	.44	.46	.31
Secondary school	.66	.75	.68	.69	.73	.65	.75	.8	.82	.75	.55	.31	.4
Age 10-13	.72	.62	.63	.73	.75	.36	.75	.75	.61	.52	.58	.49	.29
Age 14+	.68	.81	.74	.75	.78	.66	.78	.79	.8	.83	.61	.29	.42
Low SES	.81	.82	.69	.54	.81	.73	.79	.7	.75	.74	.62	.3	.58
Middle SES	.72	.77	.75	.79	.75	.55	.78	.75	.74	.77	.6	.52	.37
High SES	.65	.68	.61	.71	.65	.53	.63	.76	.77	.73	.44	.4	.3
Not hungry in previous year	.65	.74	.66	.74	.74	.49	.72	.55	.7	.78	.56	.43	.35
Hungry in previous year	.7	.73	.71	.77	.8	.62	.76	.79	.8	.73	.65	.48	.42

Table 5.4 Reliability endline

	Future aspiration	Emotional literacy	Knowledge of what is important for good mental health	Knowledge of sources of information seeking	SDQ Mental health difficulties	SDQ Prosocial behaviours	Attitudes Toward Seeking Professional Psychological Help	Well-being (WHO-5)	Use of technology	Violence by peers	Violence by parents	Kidcope Active	Kidcop expressive	Kidcope avoidant
Total	.77	.72	.77	.69	.78	.69	.56	.8	.68	.79	.71	.56	.48	.39
Male	.74	.69	.76	.78	.82	.67	.57	.78	.66	.77	.66	.62	.49	.42
Female	.8	.72	.79	.72	.73	.71	.56	.81	.68	.8	.78	.48	.48	.37
Primary school	.73	.69	.79	.81	.75	.7	.59	.8	.72	.83	.78	.44	.42	.44
Secondary school	.8	.76	.75	.64	.78	.7	.53	.79	.62	.73	.62	.61	.38	.34
Age 10-13	.78	.77	.76	.55	.77	.71	.51	.76	.62	.7	.53	.61	.34	.33
Age 14+	.76	.68	.78	.77	.78	.71	.59	.82	.72	.83	.79	.48	.47	.43
Low SES	.75	.79	.74	.69	.81	.73	.6	.81	.71	.79	.74	.59	.35	.49
Middle SES	.79	.73	.77	.8	.76	.7	.57	.79	.68	.78	.64	.51	.5	.38
High SES	.7	.72	.82	.57	.8	.67	.5	.77	.2	.75	.82	.65	.5	.34
Not hungry in previous year	.77	.72	.79	.73	.79	.71	.57	.79	.68	.75	.62	.58	.49	.41
Hungry in previous year	.77	.64	.74	.77	.75	.66	.55	.8	.69	.83	.77	.5	.47	.36

Table 5.5 Reliability weight el

	Future aspiration	Emotional literacy	Knowledge of what is important for good mental health	Knowledge of sources of information seeking	SDQ Mental health difficulties	SDQ Prosocial behaviours	Attitudes Toward Seeking Professional Psychological Help	Well-being (WHO-5)	Use of technology	Violence by peers	Violence by parents	Kidcope Active	Kidcop expressive	Kidcope avoidant
Total	.78	.72	.77	.68	.78	.7	.56	.8	.68	.78	.7	.57	.48	.38
Male	.74	.7	.76	.64	.82	.67	.57	.78	.66	.76	.64	.64	.47	.4
Female	.81	.72	.79	.71	.73	.72	.55	.81	.67	.8	.78	.48	.48	.36
Primary school	.73	.69	.79	.71	.75	.7	.59	.8	.72	.83	.78	.44	.42	.44
Secondary school	.8	.76	.75	.66	.79	.7	.53	.79	.62	.73	.63	.61	.38	.33
Age 10-13	.78	.77	.76	.66	.77	.71	.52	.76	.62	.7	.52	.61	.33	.33
Age 14+	.76	.68	.77	.71	.79	.71	.59	.82	.72	.83	.8	.5	.48	.42
Low SES	.75	.79	.74	.66	.81	.74	.59	.81	.7	.79	.71	.62	.34	.49
Middle SES	.8	.73	.77	.69	.76	.7	.57	.79	.45	.78	.65	.52	.49	.36
High SES	.7	.73	.81	.62	.8	.67	.51	.76	.23	.74	.81	.64	.5	.33
Not hungry in previous year	.78	.73	.79	.66	.8	.71	.57	.78	.68	.75	.6	.59	.48	.39
Hungry in previous year	.77	.68	.74	.71	.75	.67	.53	.8	.68	.82	.77	.51	.47	.36

Table 5.6 SDQ EFA

	Factor	
	Mental health difficulties	**Prosocial behaviours**
q32_13A	0.587	
q32_24A	0.582	
q32_3A	0.343	
q32_8A	0.52	
q32_15A	0.485	
q32_6A	0.382	
q32_10A	0.471	
q32_19A	0.451	
q32_5A	0.444	
q32_22A	0.439	
q32_18A	0.433	
q32_16A	0.429	
q32_12A	0.422	
q32_2A	0.371	
q32_23A	0.351	
q32_1A		0.469
q32_4A		0.516
q32_7A		0.459
q32_9A		0.511
q32_11A		0.483
q32_14A		0.449
q32_17A		0.54
q32_20A		0.552
q32_21A		0.464
q32_25A		0.46
*removed items with loading below .3		
Cronbach Alpha (all items)	0.785	0.761
Total items included (when all items)	15	10

Table 5.7 Final factor analysis of Kidcope scale including items loading on one factor only

	Active	Expressive	Avoidant
16. I tried to feel better by spending time with others like family, grownups or friend	0.532		
9. I tried to fix the problem by thinking of answers.	0.48		
10. I tried to fix the problem by doing something about it.	0.477		
11. tried to fix the problem by talking to someone	0.441		
18. I prayed	0.425		
21. I did some kind of sport or physical activity	0.37		
6. I tried to see the good side of things.	0.336		
19. I went on the internet to get support		0.697	
3. I went on the internet or used social media to distract myself		0.411	
22. I wrote down my thoughts (e.g. in a diary)		0.328	
12. I yelled, screamed, or got mad.		0.312	
20. I meditated			0.376
5. I kept quiet about the problem			0.372
7. I blamed myself for causing the problem.			0.354
4. I stayed by myself			0.35
Cronbach Alpha (all items)	0.615	0.462	0.376
Total items included (when all items)	7	3	4

Extraction Method: Principal Axis Factoring. Rotation Method: Promax with Kaiser Normalization.
a. Rotation converged in 9 iterations.

Table 5.8 Sample details el bl

Endline

Variable	Region		Name of school				School grade		Total
	Morogoro	Mwanza	Mhovu Primary	SUA Secondary	Nyamagana Primary	Magu Secondary	Primary	Secondary	
Total	200	200	100	100	100	100	200	200	400
Gender									
Male	99(49.5)	98(49.0)	47(47.0)	52(52.0)	51(51.0)	47(47.0)	94(47.0)	103(51.5)	197(49.3)
Female	101(50.5)	102(51.0)	53(53.0)	48(48.0)	49(49.0)	53(53.0)	106(53.0)	97(48.5)	203(50.7)
Age group									
10-13	84(42.0)	81(40.5)	84(84.0)	0(0.0)	81(81.0)	0(0.0)	165(82.5)	0(0.0)	165(41.3)
14+	116(58.0)	119(59.5)	16(16.0)	100(100.0)	19(19.0)	100(100.0)	35(17.5)	200(100.0)	235(58.7)
SES Index									
Low SES	12(6.0)	49(24.5)	3(3.0)	9(9.0)	23(23.0)	26(26.0)	26(13.0)	35(17.5)	61(15.3)
Middle SES	146(73.0)	116(58.0)	78(78.0)	68(68.0)	56(56.0)	60(60.0)	134(67.0)	128(64.0)	262(65.5)
High SES	42(21.0)	35(17.0)	19(19.0)	23(23.0)	21(21.0)	14(14.0)	40(20.0)	37(18.5)	77(19.2)
Higher level of education head of household									
Some level of primary or similar	87(43.5)	61(30.5)	46(46.0)	48(48.0)	15(15.0)	39(39.0)	85(42.5)	63(31.5)	148(37.0)
Some level of secondary or similar	39(19.5)	35(17.5)	20(20.0)	20(20.0)	15(15.0)	19(19.0)	39(19.0)	35(17.5)	74(18.5)
More than secondary (Technical, University, etc)	38(19.0)	39(19.5)	15(15.0)	18(18.0)	24(24.0)	20(20.0)	35(17.5)	42(21.0)	77(19.3)
Do not know/No response	36(18.0)	65(32.5)	19(19.0)	14(14.0)	46(46.0)	22(22.0)	41(20.5)	60(30.0)	101(25.3)
Household composition									
Both mother and father	119(59.5)	119(59.5)	56(56.0)	69(69.0)	63(63.0)	50(50.0)	106(53.0)	132(66.0)	238(59.5)
Only mother	40(20.0)	36(18.0)	16(16.0)	11(11.0)	20(20.0)	29(29.0)	45(22.5)	31(15.5)	76(19.0)
Only father	10(5.0)	15(7.5)	8(8.0)	6(6.0)	7(7.0)	4(4.0)	12(6.0)	13(6.5)	25(6.3)
Other	30(15.0)	30(15.0)	20(20.0)	14(14.0)	10(10.0)	16(16.0)	36(18.0)	24(12.0)	60(15.0)
Mother and father alive									
Both alive	177(88.5)	180(90.0)	91(91.0)	93(93.0)	89(89.0)	84(84.0)	175(87.5)	182(91.0)	357(89.3)
Mother alive	17(8.5)	11(5.5)	4(4.0)	5(5.0)	7(7.0)	12(12.0)	16(8.0)	12(6.0)	28(7.0)
Father alive	3(1.5)	5(2.5)	3(3.0)	5(5.0)	2(2.0)	3(3.0)	6(3.0)	2(1.0)	8(2.0)
None of them is alive	3(1.5)	4(2.0)	2(2.0)	0(0.0)	2(2.0)	1(1.0)	3(1.5)	4(2.0)	7(1.7)
Religion									
Christian	123(61.5)	154(77.0)	95(95.0)	73(73.0)	59(59.0)	50(50.0)	145(72.5)	132(66.0)	277(69.2)
Muslim	77(38.5)	43(21.5)	5(5.0)	27(27.0)	38(38.0)	50(50.0)	55(27.5)	65(32.5)	120(30.0)
No religion	0(0.0)	3(1.5)	0(0.0)	0(0.0)	3(3.0)	0(0.0)	0(0.0)	3(1.5)	3(0.8)

Baseline

Variable	Region		Name of school				School grade		Total
	Morogoro	Mwanza	Mhovu Primary	SUA Secondary	Nyamagana Primary	Magu Secondary	Primary	Secondary	
Total	259	223	130	130	125	103	255	233	488
Gender									
Male	121(46.7)	124(55.6)	58(44.6)	63(48.5)	77(61.6)	49(47.6)	135(52.9)	112(48.1)	247(50.6)
Female	138(53.3)	99(44.4)	72(55.4)	67(51.5)	48(38.4)	54(52.4)	120(47.1)	121(51.9)	241(49.4)
Age group									
10-13	112(43.2)	104(46.6)	112(86.2)	0(0.0)	105(84.0)	1(1.0)	217(85.1)	1(0.4)	218(44.7)
14+	147(56.8)	119(53.4)	18(13.8)	130(100.0)	20(16.0)	102(99.0)	38(14.9)	232(99.6)	270(55.3)
SES Index									
Low SES	34(15.7)	33(22.4)	29(28.2)	5(4.4)	11(0.0)	23(24.5)	40(25.3)	28(13.5)	68(18.6)
Middle SES	94(43.5)	71(48.3)	41(39.8)	53(46.9)	22(40.0)	49(52.1)	63(39.9)	102(49.3)	165(45.2)
High SES	88(40.7)	43(29.3)	33(32.0)	55(48.7)	22(40.0)	22(23.4)	55(34.8)	77(37.2)	132(36.2)
Higher level of education head of household									
Some level of primary or similar	118(45.6)	105(47.1)	62(47.7)	56(43.1)	33(26.4)	73(70.9)	95(37.3)	129(55.4)	224(45.9)
Some level of secondary or similar	57(22.0)	23(10.3)	19(14.6)	38(29.2)	9(7.2)	14(13.6)	28(11.0)	52(22.3)	80(16.4)
More than secondary (Technical, University, etc)	42(16.2)	24(10.8)	22(16.9)	20(15.4)	15(12.0)	9(8.7)	37(14.5)	29(12.5)	66(13.5)
Do not know/No response	42(16.2)	71(10.8)	27(20.8)	16(12.3)	68(54.4)	7(6.8)	95(37.2)	23(9.9)	118(24.2)
Household composition									
Both mother and father	92(46.0)	93(46.5)	48(48.0)	44(44.0)	45(45.0)	48(48.0)	93(46.5)	92(46.0)	185(46.3)
Only mother	45(22.5)	66(33.0)	19(19.0)	26(26.0)	40(40.0)	26(26.0)	59(29.5)	52(26.0)	111(27.7)
Only father	23(11.5)	14(7.0)	15(15.0)	8(8.0)	5(5.0)	9(9.0)	20(10.0)	17(8.5)	37(9.3)
Other relative	40(20.0)	27(13.5)	18(18.0)	22(22.0)	10(10.0)	17(17.0)	28(14.0)	39(19.5)	67(16.7)
Mother and father alive									
Both alive	202(78.0)	176(78.9)	99(76.2)	104(80.0)	96(78.1)	83(80.6)	195(77.1)	187(80.3)	382(78.6)
Mother alive	30(11.6)	35(15.7)	15(11.5)	15(11.5)	22(17.9)	13(12.6)	37(14.6)	28(12.0)	65(13.4)
Father alive	14(5.4)	9(4.0)	7(5.4)	7(5.4)	3(2.4)	6(5.8)	10(3.9)	13(5.6)	23(4.7)
None of them is alive	12(4.6)	2(0.9)	9(6.9)	3(2.3)	1(0.8)	1(1.0)	10(3.9)	4(1.7)	14(2.9)
Don't know	1(0.4)	2(0.9)	0(0.0)	1(0.8)	1(0.8)	0(0.0)	1(0.4)	1(0.4)	2(0.4)
Religion									
Christian	161(62.2)	177(79.7)	91(70.0)	70(54.3)	87(71.3)	92(90.2)	178(70.6)	162(70.1)	340(70.4)
Muslim	98(37.8)	45(20.3)	39(30.0)	59(45.7)	35(28.7)	10(9.8)	74(29.4)	69(29.9)	143(29.6)

Annex 6 Questionnaire: Addressing the mental health needs of adolescents

Instructions

Thank you for completing this survey, which is about your mental health and things that you do that may affect your mental health. It will provide us with important information to develop better health programmes for young people like yourself. This information will be kept confidential. The answers you give must be true, based on what you really think and/or do. There is no right or wrong answer. If there is a question you don't want to answer, you can leave it blank. If you don't understand a question or need help, you can ask the fieldworker who gave you this questionnaire. Once you have completed the questionnaire, put it in an envelope and close it, this way you will be sure that the fieldworker will not read your answers. Please remember that your decision to participate is completely voluntary. This means that if you want, you can participate and fill the questionnaire, and if you don't want to, there is no problem. Likewise, if you decide to participate and at some point you don't want to continue, you can stop.

1.0 Identification information

1.Student unique identifier:	2.Name of the student:
3.School name:	4.School registration number:
5.Grade:	6.Stream:
7.Name of the interviewer	8.Interviewer code
9.Date of the interview	10.Start time of the interview: _____ (In 24 hrs)
11. End time of the interview: _____ (In 24 hours)	

1.1 Questions about you and your household

Please circle the correct answer:

1. When is your birthday	Record day, month and year |___/___/_____|	99 = I don't know |__|
2. What is your gender?	00 = Male 01 = Female	|__|
3. Have there been times in the last 12 months when you or your family have gone hungry?	01 = Yes 02 = No	99 = I don't know |__|

4. How many people live in your household? Note: These are people who normally sleep in your home and share meals with other members of your home and who have been living with the household for at least 6 months in the last year.	Record number |_____|	99 = I don't know |__|
5. Are both your mother and father alive?	1 = both alive 2 = mother alive 3 = father alive 4 = None of them is alive 99 = Don't know	|__|
6. Who are you currently living with?	01 = both mother and father 02 = only mother 03 = only father 04 = other relatives 05 = by myself 06 = with someone else [specify] |_____|	|__|
7. Who is the head of your household?	00 = Father 01 = Mother 02 = Someone else [specify] |_____|	|__|
8. What is the age of the head of your household?	Approximate age in years |_____|	98 = I don't know
9. What is the highest education attained by the head of your household?	00 = Pre-primary 01 = Primary 02 = Post-primary training 03 = Secondary 'O' level 04 = Post-secondary 'O' level training 05 = Secondary 'A' level 06 = Post-secondary 'A' level training 07 = University 99 = Don't know	|__|
10. What is the profession of the head of your household?	Indicate profession |_____|	
11. What is your religion?	01 Christian 02 Muslim 96 Other religion [specify] |_____| 97 No religion	|__|
12. How many rooms does your household have, including kitchen and living room?	Put number	|__|
13. Of these rooms in your household, how many rooms are used for sleeping?	Put number	|__|

Household asset ownership

Please indicate the correct answer.

14. Does your household have?		
[A] Television	1 = yes 0 = No 99 = Don't know	|__|
[B] Fixed phone	1 = yes 0 = No 99 = Don't know	|__|
[C] Refrigerator	1 = yes 0 = No 99 = Don't know	|__|
[D] Computer(s)	1 = yes 0 = No 99 = Don't know	|__|
[E] Bicycle	1 = yes 0 = No 99 = Don't know	|__|
[F] Motorcycle/scooter	1 = yes 0 = No 99 = Don't know	|__|
[I] Car(s) or truck	1 = yes 0 = No 99 = Don't know	|__|
[J] Bank account	1 = yes 0 = No 99 = Don't know	|__|
15. Does anyone in your household have a mobile phone?	01 = Yes 00 = No [Skip to 1.2] 99 = I don't know [Skip to 1.2]	|__|
16. If yes to 15, are all a smart phone that can access the internet?	01 = Yes, all 02 = Yes, not all 03 = None 99 = I don't know	|__|

Education

17. How often in the last 7 days did you come to class without completing your homework or preparation for lessons?	01 = Always 02 = Usually 03 = Sometimes 04 = Rarely05 = Never 06 = No homework is set	|__|
18. Now think about the other children in your class. How do you think you are doing academically compared to them?	1 = Worse 2 = About the same 3 = Better 4 = I don't know	|__|
19. Did you take the End of Term/Form II/Form IV Exam?	0 = No 1 = Yes	|__|
20. If yes in 19: What was your average score on this exam?		|_____|

Family, friends and role models, support network

21. In general, how many people can you rely on in time of need?	00 = None 01 = 1-2 people 02 = 3-5 people 03 = 6-10 people 04 = Over 10 people	|__|
22. Is there a person that you respect, follow, look up to, or want to be like? This does not need to be someone that you know personally.	0 = no 1 = yes	|__|

Future aspirations

For each of these statements, please indicate your level of agreement.	**1 = Strongly disagree**	**2 = Disagree**	**3 = Agree**	**4 = Strongly Agree**
1. I have decided on the direction I am going to follow in my life				
2. I have plans for what I am going to do in the future				
3. I think about different goals that I might pursue				
4. My plan for the future match with my true interests and values (IC)				
5. My future plans give me self -confidence (IC)				
6. I talk with other people about the future plans I already made (ED)				

Mental health scales

1.5.1 Mental health literacy

1.5.1.1 Emotional literacy

Below are some statements about mental health. Please circle the answer that best describes your understanding.	**1 = Strongly Disagree**	**2 = Disagree**	**3 = Agree**	**4 = Strongly Agree**
1. I am knowledgeable about the causes of poor mental health.				
2. I know strategies to help me to be resilient when faced with difficult situations.				
3. I recognise the signs of poor mental health.				
4. I know strategies for dealing with stress.				

Below are some statements about mental health. Please circle the answer that best describes your understanding.	1 = Strongly Disagree	2 = Disagree	3 = Agree	4 = Strongly Agree
5. I understand how social media impacts on my wellbeing.				
6. A mental illness is not a real medical illness.				
7. A mental illness is a sign of personal weakness.				
8. People with a mental illness are dangerous.				
9. I am willing to make friends with someone with a mental illness.				
10. If I had a mental illness, I would not tell anyone				
11. If I had a mental illness, I would not seek help from a mental health professional.				
12. Seeing a mental health professional means you are not strong enough to manage your own difficulties.				
13. People with a mental illness could snap out of it if they wanted.				

1.5.1.2 What is important for good mental health?

For each statement, please indicate your level of agreement.	1 = Strongly disagree	2 = Disagree	3 = Agree	4 = Strongly agree
Handling stressful situations in a good manner				
2. Believing in yourself				
3. Having good sleep routines				
4. Making decisions based on your own will				
5. Setting limits for your own actions				
6. Feeling that you belong in a community				
7. Mastering your own negative thoughts				
8. Setting limits for what is OK for you				
9. Feeling valuable regardless of your accomplishments				
10. Experiencing school mastery				

1.5.2 Knowledge of sources of information seeking

For each statement, please indicate your level of agreement.	1 = Strongly disagree	2 = Disagree	3 = Agree	4 = Strongly agree
1. I am confident that I know where to seek information about mental illness				
2. I am confident using the computer or telephone to seek information about mental illness				
3. I am confident attending face to face appointments to seek information about mental illness (e.g., seeing a health care provider)				
4. I am confident I have access to resources (e.g., general practitioner, internet, friends) that I can use to seek information about mental illness				

1.5.3 Strengths and difficulties questionnaire (sdq)

Are the statements below: Not True, Somewhat True or are Certainly True?	Not True	Somewhat True	Certainly True
1. I try and be nice to other people and I care about their feelings			
2. I am restless, I cannot stay still for long			
3. I get a lot of headaches, stomach-aches or sickness			
4. I usually share with others, for example food or when playing games			
5. I get very angry and lose my temper			
6. I would rather be alone than with other people of my age			
7. I usually do as I am told			
8. I worry a lot			
9. I am helpful if someone is hurt, upset or feeling ill			
10. I am constantly fidgeting or squirming			
11. I have one good friend or more			
12. I fight a lot; I can make other people do what I want			
13. I am often unhappy, depressed or tearful			
14. Other people my age generally like me			
15. I am easily distracted; I find it difficult to concentrate			
16. I am nervous in new situations; I easily lose confidence			
17. I am kind to younger children			
18. I am often accused of lying and cheating			
19. Other children and young people pick on me or bully me			

Are the statements below: Not True, Somewhat True or are Certainly True?	Not True	Somewhat True	Certainly True
20. I often volunteer to help others (parents, teachers, children)			
21. I think before I do things			
22. I take things that are not mine from home or from school or elsewhere			
23. I get along better with adults than children my own age			
24. I have many fears and I am easily scared			
25. I finish the work I am doing. My attention is good.			

1.5.4 (WHO-5) well-being questionnaire

Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks.

Over the last two weeks	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
1. I have felt cheerful and in good spirits						
2. I have felt calm and relaxed						
3. I have felt active and vigorous						
4. I woke up feeling fresh and rested						
5. My daily life has been filled with things that interest me						

Responding to mental health challenges

Adolescents' ways of coping with mental health challenges

We would like you to think about the last time you were feeling tense or facing a problem or difficulty. Please indicate the situation you are thinking about or you have done

|_____|

Did you do this?	Yes	No
1. I just tried to forget it		
2. I did something like watch TV, listen to the radio, read a book, or played a game to forget it.		
3. I went on the internet or used social media to distract myself		
4. I stayed by myself		
5. I kept quiet about the problem		
6. I tried to see the good side of things.		
7. I blamed myself for causing the problem.		
8. I blamed someone else for causing the problem.		

9. I tried to fix the problem by thinking of answers.
10. I tried to fix the problem by doing something about it.
11. I tried to fix the problem by talking to someone
12. I yelled, screamed, or got mad.
13. I tried to calm myself down.
14. I wished the problem had never happened.
15. I wished I could make things different.
16. I tried to feel better by spending time with others like family, grownups, or friends.
17. I didn't do anything because the problem couldn't be fixed.
18. I prayed
19. I went on the internet to get support
20. I meditated
21. I did some kind of sport or physical activity
22. I wrote down my thoughts (e.g. in a diary)
23. Other [please specify] |_____|

Attitudes toward seeking professional psychological help

For each statement, please indicate your level of agreement.	1 = Strongly disagree	2 = Disagree	3 = Agree	4 = Strongly agree	99 = I prefer not to say
1. If I thought I was having a mental breakdown; my first thought would be to get professional attention.					
2. Talking about problems with a psychologist seems to me as a poor way to get rid of emotional problems.					
3. If I were experiencing a serious emotional crisis, I would be sure that psychotherapy would be useful.					
4. I admire people who are willing to cope with their problems and fears without seeking professional help.					
5. I would want to get psychological help if I were worried or upset for a long period of time.					
6. I might want to have psychological counselling in the future.					
7. A person with an emotional problem is not likely to solve it alone; he or she is more likely to solve it with professional help.					

Use of technology

In the last 12 months, how often have you been using any of the following...	0 = Never	1 = Less than once a month	2 = Monthly	3 = Weekly	4 = Daily
1. Computer or laptop					
2. Tablet					
3. Internet					
4. Mobile phone with internet access (e.g. Smartphone)					

5. Do you have a mobile phone for your own personal use? Please circle the correct answer.	0 = No	1 = Yes
6. Are you able to access the internet or go online when you want or need to? This includes going online on any device and in any location.	0 = Never [skip to Section 1.8] 1 = sometimes	2 = often 3 = always

How often have you done these things ONLINE in the past 30 days?	1 = Almost every day	2 = Once a week or more	3 = Once a month	4 = Less often	5 = Never
7. Looked for health information for yourself or someone you know?					
8. Looked for mental health information for yourself or someone you know					

Violence

1.8.1 Violence by peers and ways of dealing with it

In the past 12 months how, many times have any peers...	1 = Never	2 = Once	3 = More than once	4 = I prefer not to say
1. Used words to hurt you, such as calling you names, making fun of you in an unpleasant way, spreading lies about you, or sharing embarrassing information about you (including in person, or not in person such as through texting or the Internet)				
2. Left you out of their games or activities, or ignored you (including in person, or not in person such as through texting or the Internet)				
3. Stole or damaged something of yours				
4. Physically hurt you (for instance, by pushing, hitting, or kicking)				

In the past 12 months how, many times have any peers...	1 = Never	2 = Once	3 = More than once	4 = I prefer not to say
5. Made you do things that you didn't want to do (for instance, things you know to be against the rules, or things that make you feel uncomfortable), (including in person, or not in person such as through texting or the Internet)				
6. Threatened you or someone close to you with harm (including in person, or not in person such as through texting or the Internet)				

7. Have you talked with anyone or shared through other means about this treatment by your peers?	0 = no SKIP TO SECTION 1.8.2	1 = yes
8. If yes in 7: With whom did you talk/share about this treatment by your peers? Circle all that apply.	1 = The peer who treated you this way 2 = Parent 3 = Other adult family member 4 = Child family member 5 = Friend 6 = Teacher or other school official	8 = Religious official 9 = A health care provider 10 = Police or Local 11 = Security 12 = Other (specify) |_____|

1.8.2 Violence by parents and ways of dealing with it

Now we'd like to ask you about things that may have happened at home

How often in the last 12 months...	1 = Never happened	2 = Happened once	3 = Happened more than once	99 = I prefer not to say
9. were you pushed, slapped, hit, beaten or otherwise physically hurt by a parent or other adult in your household?				
10. did a parent or other adult in your household yell at you or call you names?				
11. did a parent or other adult in your household treat you poorly in another way, such as withholding food from you when others in the family were fed?				
12. have you seen or heard your father/male guardian hit or beat your mother/female guardian?				
13. have you seen or heard your mother/female guardian being hit or beaten by any family member other than your father/male guardian?				

How often in the last 12 months...	1 = Never happened	2 = Happened once	3 = Happened more than once	99 = I prefer not to say
14. Have you talked with anyone about or shared with anyone through other means these things that happened at home?	0 = No SKIP TO Q. 16 1 = Yes			
15. With whom did you talk or share about these things that happened at home? Please circle the numbers of all that apply.	1 = Parent 2 = Other adult family member 3 = Child family member 4 = Friend 5 = Teacher or other school official		6 = Religious official 7 = Health care provider 8 = Police or local 0 = Other (specify) |_____|	
16. When you do something wrong, usually what do your parents do to discipline you? Please circle the MAIN discipline that parents use.	1 = Talk to me 2 = Have me sit quietly alone 3 = Yell at me 4 = Spank me/hit me 5 = Give me work / chores to do 6 = Take away one of my possessions or something that I've been looking forward		7 = Pinch me 8 = Use a cane, belt, stick, etc 9 = Thrown out of house 10 = Not allowed to eat/ skipped meal 11 = other	

Cigarette smoking, drinking alcohol and other behaviours

Have you ever engaged in the following behaviours?	0 = not at all	1 = occasionally	2 = frequently	3 = weekly	4 = daily
1. Smoking cigarettes or beedies					
2. Drug use (e.g. opium, cannabis or a harder drug)					
3. Self-harming (hurting your own body on purpose)					
4. Gambling					
5. Gang violence					
6. Alcohol					

Please indicate the correct answer.	1 = Never	Seldom	Sometimes	Often	Very often
7. Have you ever gotten in trouble in class?					
8. Have you ever been in a fight?					
9. Have you ever skipped schoolwork assignments?					
10. Have you ever bullied someone at school?					
11. Has your school called home because you were in trouble for your behaviour?					

Please indicate the correct answer.	0 = No	1 = Yes	99 = I prefer not to say
12. Does your father/male guardian drink alcohol?			
13. Does your mother/female guardian drink alcohol?			

Do you have any comments about this questionnaire

Please return the questionnaire to the enumerator.

Annex 7 Details of qualitative sample

Table 7.1 Number of qualitative interactions conducted, by type and site

	Morogoro	Mwanza	TOTAL
IDIs	20	20	40
FCSs	4 (8)	4 (7)	8 (15)
FGDs	10 (60)	10 (63)	20 (123)
KIIs	10	10	20
TOTAL	44 (98)	44 (100)	88 (198)

*In brackets participants in FGDs and FCSs

Table 7.2 IDI socio-demographic data, by site

	Morogoro	Mwanza	TOTAL
Gender			
Male	10	10	20
Female	10	10	20
Age			
12	2	4	6
13	2	5	7
14	6		6
15		1	1
16	1		1
17	8	6	14
18	1	1	2
19		3	3
Education level			
Standard 7	10	10	20
Form 4	10	10	20
Participated in the baseline			
N/A			
Yes	20	20	40
No			
Participated in project activities			
Yes	20	19	39
No		1	1

Table 7.3 FCS socio-demographic data, by site

	Morogoro	Mwanza	TOTAL
Gender			
Male	1	4	5
Female	7	3	10
Age			
16		1	1
20		1	1
25	2		2
26	1	1	2
29	1		1
30	1		1
34	1		1
45		1	1
53		1	1
56		1	1
59	1		1
60	1	1	2
Marital status			
In a relationship	1	1	2
Married	3	3	6
Separated		1	1
Single	3	1	4
Widow	1	1	2

	Morogoro	Mwanza	TOTAL
Education level			
Illiterate		1	1
Certificate	2		2
Diploma	1		1
Form 1		1	1
Form 2		1	1
Form 4		2	2
Form 6	2		2
Standard 4	1		1
Standard 7	2	2	4
Occupation			
None		1	1
Businesswoman	1		1
Clerk at Tanzania Railway Corporation	1		1
Entrepreneur	2		2
Housewife	1		1
Janitor at the local church		1	1
Pastoralist		2	2
Peasant		1	1
Retired	1	1	2
Student		1	1
Unemployed	2		2
Religion			
Christian	5	7	12
Muslim	3		3

Table 7.4 FGD types and participants by site

	FGDs	Participants in FGDs
Morogoro		
Fathers	2	12
Mothers	2	12
Adolescents	6 (2 girls 2 boys 2 mixed)	36 (18 girls 18 boys)
Mwanza		
Fathers	2	10
Mothers	2	13
Adolescents	6 (2 girls 2 boys 2 mixed)	40 (20 girls 20 boys)
Total	20	123

Table 7.5 FGD socio-demographic data, by site

	Morogoro	Mwanza	TOTAL
Gender			
Male	30	30	60
Female	30	33	63
Age			
11		7	7
12	8	4	12
13	8	6	14
14	2	2	4
15	1		1
16	6	7	13
17	11	9	20
18		4	4
19		1	1
25	1		1
26	2		2
29		1	1
30		1	1
32		1	1
33	2		2
34	1	1	2
35	1		1
36	2	1	3
38	1	2	3
39		1	1
40		1	1
41	1		1
42	2	4	6
43	1	4	5
44	1	2	3
45	1		1
46	1	1	2
47		1	1
51	1		1
52	1		1
53	1	1	2
56	1		1
59	1		1
63		1	1
64	1		1
69	1		1
Marital status			
Married	17	22	39
Single	42	41	83
Widow	1		1

	Morogoro	Mwanza	TOTAL
Number of children			
None	36	40	76
1	3	2	5
2	2	3	5
3	11	7	18
4	5	6	11
5	1	3	4
6	1		1
7	1	1	2
8		1	1
Education level			
Illiterate		1	1
Class 4	2		2
Class 6	3	7	10
Class 7	25	20	45
College	1		1
Diploma	1	3	4

	Morogoro	Mwanza	TOTAL
Form 2		1	1
Form 3	9	10	19
Form 4	16	13	29
University	3	8	11
Occupation			
Church leader	1		1
Cook	1		1
Entrepreneur	6	3	9
Farmer	7	5	12
Housewife	1		1
Machine Technician	1		1
Security Guard		1	1
Small-scale business	1	9	10
Student	36	40	76
Tailor	2		2
Teacher	4	5	9

Annex 8 Qualitative data collection tools at endline

- Key informant interviews – schoolteachers, community leaders, government authorities, etc.
- In-depth Interviews for adolescents – ages 11-15 and 16-19 (note the same guide is being used for the endline)
- Family case study or Intergenerational trio – for family members of adolescents
- Focus Group Discussion (FGD) – for parents of adolescents, community members, adolescents

1. Key informant interviews – schoolteachers, community leaders, government authorities, etc.

- Respondent types to include schoolteachers, members of local authorities (probably who work with/ link to schools), community leaders (including youth, women, etc. leaders) and any other relevant government or/and NGO working in schools and/or implementing programmes related to adolescent mental health
- Approx. 5 in each sub-site, 10 in each city, 20 in each country
- Total numbers and types of KIIs tbc during training workshop

Instructions for interviewer

- This is a guide for a semi-structured interview. So, while some questions might be asked directly, it is desirable for the interviewer to engage in a discussion with the interviewee which might cover additional issues that stem from the responses to some of these questions.
- Please ensure you use the facilitation tools indicated to promote good engagement with interviewee.
- Make sure to note who the interview is with, i.e., which kind of KI
- Participants will be reimbursed or/and provided with a refreshment
- Estimated duration of discussion: Around 45 minutes - no more than 1 hour.

Introduction

- Explain purpose of interview / study
- Read out/summarise informed consent form.

1. Their work / roles responsibilities

If schoolteacher / head teacher

1. Where do you teach, what subjects, age groups, since when?
2. What training have you received (in your subject)?
3. What services exist in the school beyond the main teaching / classes (e.g., health, mental health, other, etc.)?
   - Who provides them, since when, are they trained, do they refer to other services?
4. What challenges /difficulties do you see the school children facing? (Probe bullying, pressures to do well at school, to marry early, peer pressure, family pressures, poverty, etc.)
5. How do children cope with these difficulties? (Probe both positive and negative coping – e.g., including avoidant behaviour, self-isolating, withdrawing, self-harming, using drugs or alcohol, bullying others, etc.) Where do they go, what do they do? Is there someone they can talk to, who, etc.?
6. What sort of mental health challenges do you see among students?
7. Do you think that students are aware of mental health problems? Of their own or/and of others? Probe which kinds, what are the symptoms, etc.
8. Do children get any specific support on mental health from the school? From whom? How often? Since when?
   - Do teachers refer students to support? Or do students ask for support themselves?
9. Do children/adolescents get any specific support on mental health from elsewhere (family, community, NGO's, etc) from whom? How often? Since when? Is it effective from your point of view?
   - Are school children able to / confident to ask for help from others? If yes, who? if not, why not?
10. What challenges do you face or does the school face in dealing with adolescent's mental health issues? How could they be addressed?

If community / youth / women's leader

1. Since when have you been a leader, how are you elected? How long is your term?
2. What area(s) do you cover?
3. What is your role as leader? What do you do as leader?
4. Do you work / link / liaise with other people / institutions (gov/non-gov)? if yes, who, for what, in what way, how often?
5. Is your work funded / are you remunerated in some way?
6. What do you think are the main challenges / difficulties faced by adolescents, girls and boys, here?
7. How do you think such challenges affect adolescent's mental health?

8. Do you think that children/adolescents are aware of mental health problems? Of their own or/and of others? Probe which kinds, what are the symptoms, etc?
9. How do children/adolescents cope with / react to mental health problems? Do they actively seek support? Where do they go or what do they do to obtain support when facing these difficulties? - probe for positive and negative coping – drugs, alcohol, self-harm, self-isolation, bullying others – and avoidant behaviour, ignoring, etc.)
10. Do children / adolescents get any specific support on mental health from your organization? From whom? How often? Since when?
11. Do children get any specific support on mental health from elsewhere (family, community, school, NGO's, etc) from whom? How often? Since when? Is it effective from your point of view?
12. Are children / adolescents able to / confident to ask for help from others? If yes, who? if not, why not?
13. What challenges do your organization face in dealing with adolescent's mental health issues? How could they be addressed?

If member of local authority

1. Since when have you been working here?
2. What do you do, what are your main programmes, who are your target groups?
3. How do you work? Are there structures at different levels?
4. How are your programmes funded?
5. What do you think are the main challenges / difficulties faced by adolescents, girls and boys, here?
6. How do you think such challenges affect adolescent's mental health?
7. Do you think that children/adolescents are aware of mental health problems? Of their own or/and of others? Probe which kinds, what are the symptoms, etc.
8. How do children/adolescents cope with / react to mental health problems? Do they actively seek support? Where do they go or what do they do to obtain support when facing these difficulties? - probe for positive and negative coping – drugs, alcohol, self-harm, self-isolation, bullying others – and avoidant behaviour, ignoring, etc.)
9. Do children / adolescents get any specific support on mental health from your organization? From whom? How often? Since when?
10. Do children get any specific support on mental health from elsewhere (family, community, school, NGO's, etc) from whom? How often? Since when? Is it effective from your point of view?
    - Are children / adolescents able to / confident to ask for help from others? If yes, who? if not, why not?
11. What challenges do your organization face in dealing with adolescent's mental health issues? How could they be addressed?

If ward education officer

1. Since when have you been working here?
2. Can you describe your role and responsibilities in terms of education services in LOCATION x?
   - What do you do, what are your main programmes, who are your target groups, what area do you cover, etc?
   - How do you work? Who do you work with?
3. What kind of training have you received? Do you get refresher training. Etc?
4. What challenges do you face in your work? How are these resolved?

If work as part of an NGO/other programme

1. Since when have you been working here?
2. What activities does your organisation do in relation to mental health and psychosocial issues?
   - Is this / are they stand alone activities or part of a wider programme / integrated?
   - Do you receive referrals, from whom for what? Do you refer people? To whom, for what?
3. Who are your target groups? What kinds of people do you cover/reach? (numbers, gender, age, ethnicity)
   - Do you have mental health programmes targeting adolescents? Which ages? Since when? How often?
   - What topics do you cover in such programmes or what messages do you share?
   - What is the profile of adolescents who attend or benefit from such programmes? (e.g. socio-economic/family background, marginalised group, ethnic group, etc)
   - How do adolescents get to know these programmes?
   - Is there a group of adolescents that may be left out from these programmes? Why?
   - Is gender awareness built into your programmes? If so, how?
4. Do you do mental health awareness raising activities? (if yes, which kind, how often, other partners who participate, etc.). If not, are others involved in this type of activity? what modalities do they use – e.g. community meetings, radio, tv, posters, clinic consultations etc.
5. To what extent are social norms explicitly embedded in the programming approach? [around gender, around age, around 'life success', accepted behaviours of girls/boys, social evils ...]
6. What are some of the challenges that you / your organization face in dealing with mental health related issues? How do you think these challenges could be addressed?

If mental health provider (Gov, NGO, other)

1. When was Mental Health Unit at the local hospital established?
2. Why do you think it has been set up and established?
3. Do you know what resources have been allocated for the operation of the Mental Health Unit and who has decided to allocate them?

4. Does the Mental Health Unit interact with schools and students? How?

5. Since when have you been working here as x?

6. What does your work entail?
   - Who do you see, where, how often, for what reasons?
     - gender and age distribution of people see
     - profile of adolescents who attend (socio-economic/family background, marginalised group, ethnic group, etc)
     - numbers of people per day/week/month whom you see
     - do they come alone or accompanied, if accompanied, by whom? (gender/age differences?)
   - How do they come to you/ how are they referred? Who refers them to you?
   - Is there a group of adolescents that may be left out from your programmes/services? Why?
   - Are there any community outreach initiatives? Are there any screening tools? How adequate are these? To what extent do the services go to the neediest? What proportion of the needy are served?
   - Do you do follow ups? If yes, how, where, how often, with whom (gender / age differences)?
   - Who do you link with, refer to? for what reasons? (gender /age differences?)
   - Are there any other partners or organisations that you work with closely?
   - How do you maintain confidentiality/privacy? (gender/age differences?)
   - Which protocols / approaches do you use/follow?
     - Are these protocols / approaches adapted to the VN/TZ context? If yes, how, when, etc? If no, why not?

7. What training have you received? (from whom, when)
   - Do you receive follow-up /refresher training? How often? When was the last time? On what?
   - Do you receive special training in dealing with children and young people? (on-job training, accreditation, clear job titles and roles etc.)
   - Was it useful or were there topics/skills that you would like to learn more?
   - Do you receive special training on gender issues?
     - What about children from different economic strata, migrants, remote areas, city or country, ethnic groups (do any differences persist in these areas?)

8. Do you receive supervision?
   - If yes, from whom, how often, how useful/effective is it, shortcomings, etc.
   - do you have opportunities to debrief/ share your concerns with other professionals?
   - Do you have opportunities to address your own mental health needs with other professionals?

9. Are you / how are you remunerated for your services?
   - what do you charge? for what, etc.
   - how does this compare with other jobs? Is it adequate?

10. What challenges do you face in your work?
    - how do you cope / resolve them?
    - what gaps are the most pressing/ problematic and what do you think should be done going forward?

2. Mental health and psychosocial challenges – for everyone

- What are the most common forms of mental health issues/psychosocial ill-being experienced here?
  - Amongst the general population
  - Are there particular challenges for adolescents - girls and boys?
- What are the causes / triggers for these feelings /behaviours? (probes: poverty, alcohol, other substance abuse, peer or family pressure, disability, illness, etc.)?
- Have you seen changes over time on mental health issues and psychosocial challenges?
  - If yes, what kinds of changes? are they increasing / decreasing? which problems are increasing/ decreasing? why? since when?
- How do people react to those who face these challenges mental ill-health/psychosocial distress? (probes stigmatise, isolate, ignore)
  - what form did this stigma / criticism take?
  - from whom?
  - what do people do about it
- How did covid effect people here?
  - How did it effect adolescents? Probe in relation to schooling, relationships with friends, families, etc.)
  - How did it effect adults / family members?
- Has covid led to more mental health challenges? If yes, which type?
- Has covid led to an increase in people accessing services? If yes, which type?
- Have services changed as because of covid? (e.g. become more digital?)
- Has life gone back to how it was before covid? If no, what is different now than from before?
  - Would you say some things are worse than they were before? If so, what? Why do you think that is?
  - Would you say some things are better than they were before? If so, what, and why do you think this is?
- How do people cope with mental ill-health/psychosocial distress? What do they do? Where do they go? Do they talk about it? if yes, to who? If don't talk about it, why? (probe for positive and negative coping – drugs, alcohol, self-harm, self-isolation, bullying others – and avoidant behaviour, ignoring, etc.)
  - gender differences in coping
  - generational differences in coping
- Do adolescents perceive mental health issues/psychosocial ill-being differently than adults? Do they talk about it more/less openly? Do they cope differently? Where do they go? Who do they talk to?
- To what extent do people seek / access formal services/programmes?
  - If limited uptake, why? what are the barriers to uptake? (knowledge of existence of services, that they are entitled to them, they don't have confidence to seek help, etc.)
  - Are there gender differences in service uptake? Other differences (age, ethnicity, education, poverty, remote areas, etc)
  - Are there gender / age differences in outcomes when accessing services? Why?

- Have you heard about x programme (ADD BEST TERM TO DESCRIBE THE PROGRAMME), if yes:
  - What have you heard about it?
  - Did you know of adolescent who too part?
    - If yes, what did they think of it?
  - Did you take part in any way? If yes:
    - In what way, when, how often?
    - What did you think about it?
    - What was good / worked particularly well?
    - What d'you think worked less well? Why?
    - What d'you think may have been the challenges for adolescents in taking part in this programme?
  - If the programme were to run again, what would make it better?

- Have you seen any changes in the community as a result of the programme? If yes, what kind of changes? Probe for behaviours, attitude, stigma, more services, etc.
  - Amongst adolescents/ young people?
  - Amongst parents?
  - Amongst teachers, in school?
  - Other

- Over the last 12 months in x LOCATION, have you observed a growing interest by school authorities and/or government agencies in the project results? If so, can you give an example? What are they mainly interested in?

- Do you know of any of the school authorities and/or government agencies that have mentioned that they are committed to continuing to support or fund the tech or non-tech solutions that have been tested by the project and that have shown to be working? If so, please give an example and explain why you think this is important.

- What do you think about the role of technology in addressing mental ill-health? Phones, internet, etc.
  - Have you heard about any app/website or digital technology to help adolescents with their mental health?
  - Do you think this is a good approach or would you rather advice adolescents to seek for help in person? A mix of both? Why?
  - What advantages do you contemplate if digital technologies were used to address mental health in this community?
  - What barriers do you contemplate if digital technologies were used to address mental health in this community?
  - **Do you see any changes in this as because of the intervention? Are adolescents using technology more/less/the same? Are they using it in better ways, more safely etc.?**

3. Going forward – for everyone

- What are the key service gaps in mental health related services for adolescents? (probe: in terms of type of support provided, information available, adolescents awareness of and confidence in ability to access services, and in terms of specialist services for particular problems (e.g. suicide, addiction, depression)
- What would be the options for going forward?
  - what would improve coverage, access (physical, social, informational) and quality (including capacity strengthening)?
  - what is needed to address the particular vulnerabilities/ needs of adolescents, girls vs boys, in different geographical locations (e.g. more informal community provision vs formal services?)
  - Under current circumstances/ funding constraints etc.

Wrap up questions:

- Do you have any questions / comments for us?

Thank them very much for their time and reemphasize that this is confidential.

2. In-depth Interviews guide for adolescents – ages 11-15 and 16-19

Introduction

- Explain purpose of interview/study
- Read out/summarise informed consent form.

1.0 Socio-demographics (some of this we may know already but good to check again and as an entry point / ice breaker when starting the interview)

- How old are you? (date of birth, if known)
- Where do you live?
- Who do you live with?
- Which class are you in? Which school?

2.0 Participation in the intervention

- Did you take part in the intervention at your school for mental health (ADD BEST TERM TO DESCRIBE THE PROGRAMME), if yes:
  - Were you involved in the design of the intervention?
    - If yes, how?
    - What did you think of the process to design it? What was good / bad? What changes could be made/or would you recommend in terms of the process of designing it?

  - What was your role in the implementation of the programme?
  - Did you attend all sessions? If yes, what motivated you to attend? If not, which sessions did you attend/not attend and why?
  - Did you face barriers / challenges to attend the sessions? If yes, which? (probe timing, parents did not allow, too much homework / other work, etc.)
    - If other work, are you involved in any paid / income generating activities? If yes, where, what, when, how often, how much paid, since when, what do you do with your earnings? Who decides what to spend your earnings on?
  - What worked particularly well / what did you like best about the programme? Why?
    - In the in-person session
    - In the digital sessions
  - What did not work well/ what did you like least about it? Why?
    - In the in-person session
    - In the digital sessions

- Have you spoke to anyone else about the intervention? Who/when/to what extent?
  - Did your parents know about this programme? If yes, what did they think of it? Did they like you attending it / were they supportive?

- Have you heard other students talking about the intervention outside of the programme/club?

- Have teachers or any other adults talked about the intervention outside of the programme/club?
  - Do others in the community know about the programme? If yes, what do they think about it, what have you heard them say about it – your friends, relatives, etc? Were they supportive/ unsupportive, how could you see they were supportive/unsupportive?

- If the programme were run again, do you think that it would be popular? Would it attract the same number of people, more people or less people? Why? What would make it better?

3.0 Effects of the programme - on knowledge /awareness about mental health and mental health services

- What did you learn in the programme, if anything? What do you remember most about the programme?

- What do you think the main drivers of mental ill-health amongst adolescents are in your community?
  - What did you know before the programme? What did you discover / understand as a result of the programme?

- Are you aware of mental health services in your area? What did you find out about mental health services from the programme?

- Some people have beliefs that are negative and may be unfair about people facing mental health challenges. Is this something you perceive in your community or school? Do you think impressions have changed as a result of the programme? If so, how, why etc.

4.0 Effects of the programme – on wellbeing, coping, accessing mental health services

Wellbeing

- Do you have family members you enjoy spending time with/are close to? Has your relationship with your family changed as a result of the intervention? If yes, with whom? How, why?
- Do you have friends that you spend time with? Close friends? Has your relationship with your friends changed as a result of the intervention? If yes, with whom? How, why?
- Do you think the programme has had any impact / effect within your classroom or school amongst your teachers? If yes, what type of effects? Why? Or Have you seen changes at school as a result of the intervention? (e.g. teachers, other school staff) If yes, what changes?
- Have any of your peers / friends who took part in the programme changed? If yes, how many, in what way, why?
- What makes you happy? Has this changed as a result of the intervention?
- Do you have leisure time? If yes, how much? What do you do during your leisure time / when you have free time/what fun things do you do? Has this changed since taking part in the intervention?
- Is there someone in this community who you look up to or would like to emulate? Why? Who are your role models? Has this changed as a result of the intervention?
- Are there things that you dislike about yourself, if yes what? Has this changed since being part of the intervention? If yes, how?
- Do you ever feel sad / unhappy / anxious – if yes, how often/why do you think this is? what are the triggers / drivers of the psychosocial distress / anxiety? Probe school, family, peer relationships, etc. Maybe - tell me about last time you felt xxx
  - Has this changed since being part of the intervention? If yes, how, in what way?
- Do you / did you face any problems / difficulties at school? (probe bullying, peer pressure, academic pressure, inability to afford school related expenses, physical punishment from teachers, struggling with lessons/subjects, too much work, high expectations from family/parents, other tensions, etc.?
  - If yes, what form, from whom, why, how did you feel, what did you do / how did you cope
  - If bullying, what form (verbal, physical, etc)
  - Have you ever bullied anyone, if so, why, who, when, etc.?
- Has this changed since being part of the intervention? If yes, how, in what way?

Possible questions to include as/when relevant and to check extent to are covered in the quant survey:

- ***Have you ever smoked any tobacco products? IF YES EXPLORE***
  - *How often do you smoke? Who taught you? Since when?*
  - *How do you feel when you smoke?*
  - ***Since being part of the intervention, have you changed? If yes, how why?***

- ***Have you ever taken any drugs like cannabis, amphetamines (such as speed), ecstasy, cocaine or heroin? IF YES EXPLORE***
  - *How often do you take this? Who introduced you? Since when?*
  - *How do you feel when you take these drugs?*
  - ***Since being part of the intervention, have you changed? If yes, how why?***
- ***Have you ever drunk alcohol? IF YES, since when, how often, with whom, where, when?***
  - *How do you feel when you drink alcohol? Does it help you to cope/get along with certain situations? Which situations?*
  - ***Since being part of the intervention, have you changed? If yes, how why?***
- ***Have you ever self-harmed, where you hurt yourself on purpose? IF YES***
  - *What did you do?*
  - ***Since being part of the intervention, have you changed? If yes, how why?***

Coping

- How do you cope when you feel distress / anxious / stressed / sad / unhappy?
  - Probe positive (prayer) and negative coping (drugs, alcohol, sleep, violence, religion, weight gain/ loss, depressed/suicidal thoughts, social isolation)?
- Did / Do you tell anyone about this? or Do you feel you can share your feelings/ thoughts with friends or family members? If yes, who, where do you go, who do you speak to? If no, why not?
  - If talked to friends/relatives, what kind of friends/relatives, what did they advise you? Were they supportive? How useful was this support? What were the gaps?
  - What about traditional medical providers?
- Has how you cope with difficult situations changed since being part of the intervention? If yes, in what way. How?
- Has how your family members and friends support you changed since the intervention? If yes, in what way, how?
- Can you identify any other changes as a result of the intervention? If so, what?

Accessing services and technology

- Do you have your own phone? If no, can you access a phone, from whom?
- Do you have your own computer? If no, can you access one? If so, from where?
- Has the intervention (use appropriate name) changed, if, how and how frequently you access technology? Has affected what technology you access? Or What kind of material you access? How? What have been the impacts, if any?
- Did you / do you access any other services or programmes to help you deal with psychosocial stresses? (note these may be incorporated into other services, e.g. HIV interventions and can include access to digital services, YouTube, Facebook pages, etc. etc)

- If yes:
  - Which services/programmes, where, what do they do/provide, when did you start accessing services, how did you find out about them?
  - Did being part of the intervention encourage you to access these other services?
  - What are the good things about the services?
  - What are the negative aspects of the services/what did you not like?
- If did not access services, why not? Did you want to and could not? If yes, what / who stopped you?
- Some people perceive accessing mental health services negatively - for example as a sign of weakness. Do you think that students in your school have these feelings? Do you think this has changed at all as a result of the intervention? How/why/amongst whom?

5.0 Effects of covid

- How did covid affect you? In terms of relationships with friends, family, schoolwork, employment, etc.? Probe negative and positive effects
  - Did your life change as a result of covid? If yes, how?
  - Have things gone back to how they were before? If no, what is different now than from before?
  - Would you say some things are worse than they were before? If so, what? Why do you think that is?
  - Would you say some things are better than they were before? If so, what, and why do you think this is?
- How did covid affect other members of your family? Probe lost employment, poverty, no effect, etc.
- Has the intervention had any impact on how you think about / deal with impact of Covid?

6.0 Wrap up questions:

- Is there anything else about mental health challenges in this community that I haven't asked, that you think is important? What about the intervention itself?
- What kinds of services could provide more support to children/young people in your situation?
- Do you think (more?) digital technology (phone, computers, social media, etc) could help adolescents / you address mental ill-health/psychosocial distress? If yes, which kind, in what way?
  - What are the pros and cons of this? Might there be some challenges?
- What role do schools have? What would you like to see schools doing to help you? If you were a teacher what might you do?
- What other kinds of informal support could be provided? By whom?
- Do you have any questions / comments for us?

Thank them very much for their time and reemphasize that this is confidential.

3. Family case study or Intergenerational trio – for family members of adolescents

- In each sub-site carry out 2 IGTs, total of 4 in each city, 8 in each country
- Respondents can include sibling, father/mother, other relative; the adolescent will be the nodal respondent (will have taken part in the intervention) and other family members to be identified via the adolescent; each IGT will consist ideally of 3 interviews including the nodal adolescent

Instructions for interviewer

- This is a guide for a semi-structured interview. So while some questions might be asked directly, it is desirable for the interviewer to engage in a discussion with the interviewee which might cover additional issues that stem from the responses to some of these questions.
- Please make sure you link to the nodal adolescent and note their relationship to the current interviewee
- Participants will be reimbursed or/and provided with a refreshment
- A safe space will have been identified beforehand in conjunction with parents/guardians, teachers and adolescents in which to carry out the interview; an alternate place will also have been identified in case of disruption. If interruptions occur, stop the interview and continued once people leave; alternatively, if that is not possible, move to another location. As a last alternative, if it is too disruptive to continue, the interview will be stopped and an appointment made to complete it at another date/time.
- Estimated duration of discussion: Around 45 minutes - no more than 1 hour.

Introduction

- Explain purpose of interview/study
- Read out/summarise informed consent form.

Note some of the information requested below will probably be known from the nodal adolescent but good to ask again to double check.

1.0 Socio-demographics /household composition

- What is your relationship to (nodal adolescent)?
- How old are you?
- Where do you live? How long have you been living there?
- Who do you live with? probe nuclear/extended family and any others (parents, siblings, grandparents, aunts, in-laws, partner, children etc.)

- Are you in married/in partnership/relationship? If yes, how old is your partner/husband? Do you have children? Numbers, age, gender?
- Do you go to church / do you follow any other religious beliefs?
- Do you / did you go to school? If yes, what type of school? Until what level? If left, why left?
- What is your occupation? What do you do?
- Do you have a phone? If yes, what type, since when? Do you share it with others / do you let others use it? who, when, how? If don't have a phone, do you have access to one if needed? From where/whom?
- Do you have a computer? If yes, since when, do they share it? etc
- What kind of house do you live in? (probe type of wall (mud, iron sheets or stone), number of rooms, flooring, roofing, internal or external kitchen, kind of toilet, where get water from, etc. and observe) – **if in house just observe and note / confirm**

Views about nodal adolescent

2.0 Participation in the intervention (and knowledge)

- We understand that x took part in the intervention (ADD BEST TERM):
  - What do you know about the programme? Probe content, number of sessions etc.
  - Do you know how x was involved in the programme? What did they do, how often did they do it? Probe involvement in co-creation, implementation, etc)
  - Do you know what x thought about it? what did x say?
  - What did x learn in the programme?
    - Is there anything x liked in particular?
    - Is there anything x disliked in particular?
  - Did x attend all sessions? If not, why not?
  - Did x face barriers / challenges to attend the sessions? If yes, which? (probe timing, too much home work / other work, etc.)
  - What did you think about the programme?
    - Did you like x attending? If yes, why? Did you support them to attend if yes, how?
    - If did not like x attending, why?
  - Did you learn anything from the programme? If yes, what
- Do / did others in the community know about the programme? If yes, what do they think about the programme, what have you heard them say about it – your friends, relatives, etc? Were they supportive/unsupportive, how could you see they were unsupportive?
- If the programme were to run again, what would make it better?
- Some people have beliefs that are negative and may be unfair about people facing mental health challenges. Is this something you perceive in your community? Do you think impressions have changed as a result of the programme? If so, how, why etc.

3.0 Effects of the programme – on wellbeing, coping, accessing mental health services

Wellbeing

- Has your relationship with x changed as a result of the intervention? If yes, how, why?
- Has x relationship with other family members changed as a result of the intervention? If yes, how, why? With whom?
- Has x relationship with friends changed as a result of the intervention? If yes, how, why, with whom?
- Does x ever feel sad / unhappy / anxious – if yes, how often/why do you think this is? what are the triggers / drivers of the psychosocial distress / anxiety? Probe school, family, peer relationships, etc.
  - Has this changed since x took part in the intervention? If yes, how, in what way?
- Does x face any problems / difficulties at school? (probe bullying, peer pressure, academic pressure, inability to afford school related expenses, physical punishment from teachers, struggling with lessons/subjects, too much work, high expectations from family/parents, other tensions, etc.?
  - If yes, what form, from whom,
  - If bullying, what form (verbal, physical, etc), from whom
- Has this changed since x took part in the intervention? If yes, how, in what way?
- Has x ever engaged in negative behaviours (e.g. smoking, drugs, self-harming, suicide ideation, etc)? If yes, since when, who introduced them, what did you do? etc.
  - Since being part of the intervention, has x changed these behaviours? If yes, how why?

Coping

- How does x cope / what did they do when they are sad / unhappy / disappointed / stressed / worried?
  - Probe positive (prayer) and negative coping (drugs, alcohol, sleep, violence, religion, weight gain/ loss, depressed/suicidal thoughts, social isolation)?
- Do you support x when they feel like this? If yes, how?
  - Is there anyone else that x can turn to for support / advise? If yes, who, which family members, friends, etc.
- Has how x coped with difficult situations changed since being part of the intervention? If yes, in what was, how?
- Has how you support x changed since the intervention? If yes, in what way, how?

Accessing services

- Did / does x access any other formal services or programmes in our outside school to help deal with psychosocial stresses?

- If accessed services/ took part in programmes
  - Which services/programmes, what do they do/provide, since when, how often?
  - Did someone accompany x to these services/programmes? If so, who, why?
  - Does x continue to access these services/ be part of a programme? Why or why not?
  - Did x face any challenges / barriers in accessing the services / in taking part in these programmes?
  - Has x changed since accessing the services / taking part in the programme? If yes, how? What do they differently since accessing services / taking part in programmes?
- Some people perceive accessing mental health services negatively - for example as a sign of weakness. Do you think this is the case here? And if so, do you think this has changed at all as a result of the intervention? How/why/amongst whom?

4.0 Effects of covid

- How did covid affect you? In terms of relationships with x, other family members, your work, etc.? Probe negative and positive effects
  - Did your life change as a result of covid? If yes, how?
  - Have things gone back to how they were before? If no, what is different now than from before?
  - Would you say some things are worse than they were before? If so, what? Why do you think that?
  - Would you say some things are better than they were before? If so, what, and why do you think this is?
- How did covid affect x? Other members of your family? Probe lost employment, poverty, no effect, etc.
- Has the intervention had any impact on how x thinks about / deals with impact of Covid?

5.0 Wrap up questions:

- In your view, what could be done to improve the lives of adolescents in x's situation, especially in relation to mental health?
  - What role do schools have? What would you like to see schools doing to help x?
  - What kinds of services could provide more support to adolescents?
  - Do you think digital technology (phone, computers, social media, etc) could help adolescents address mental ill-health/psychosocial distress? If yes, which kind, in what way?
  - What are the pros and cons of this? Might there be some challenges?
  - What other kinds of informal support could be provided? By whom?
- Do you have any questions / comments for us?

Thank them very much for their time and reemphasize that this is confidential.

4. Focus Group Discussion – parents of adolescents, community members, adolescents

Sample

- Total of 5 FGDs in each school (10 per secondary city, 20 per country),
- Some participants at least should have children/grandchildren who took part in the intervention,
- Adults - 1 with mothers of adolescents, 1 with fathers of adolescents if relevant/appropriate,
- Adolescents - 1 with female adolescents (split older/younger?), 1 with male adolescents (split older younger), and 1 with students' government delegates/students' club leaders (e.g., sports, health etc),
- Total numbers and types of FGD tbc during training workshop; we will also take into account if/when we reach saturation point, i.e. when no new information or themes are observed.

Instructions for interviewer

- Approx. 5 participants in FGD – tbc during training workshop, also taking into account covid-19 context
- This is a guide for a focus group discussion. Some questions might be asked directly, but it is desirable for the interviewer to prompt discussion amongst the respondents, this might cover additional issues that stem from the responses to some of these questions.
- As the discussion is a group one, please ensure you use probes to promote a good engagement with the respondents and ensure that all respondents have the opportunity to speak.
- Participants will be reimbursed or/and provided with a refreshment
- Estimated duration of the FGD: no more than 1.5 hours.

Information to collect at the beginning of every group meeting and to capture some aspects at the end:

- Numbers of participants (at beginning): (at end):
- Location:
- Kind of participants (adolescents (girls, boys) men, women, community members):
- Age (average):
- Date:
- Time start: Time end:
- Facilitator(s):
- Note taker:

- How was the process? Was it participatory; did everyone take part in the discussion; did anyone dominate? did anyone walk out, why: was it difficult / easy to manage, why; were people comfortable / uncomfortable, why? polarisation, interaction in the group, etc.

Introduction

- Explain purpose of interview / study
- Read out/summarise informed consent form.
- If possible/deemed appropriate get details / roster (using a pre-prepared spreadsheet) from each participant (gender, age, marital status, residence, education) (could get at beginning or end, whatever works best)
- Note that important here is also to try and explore change over time, with the adult FGD.

Questions

Wellbeing related questions

- What makes adolescents happy / content? What do adolescents do to have fun / during their leisure time?
  - **For adolescents:** what do parents/community members think about these activities? Do they agree or disagree? Why?
  - **For parents and community members:** what do you think about these activities, do you agree with them? Why or why not?

Psychosocial distress / mental ill-health

- Do adolescents here/in your community face mental health and psychosocial challenges or problems? What kind of challenges/problems? How can you see they have challenges; how do they behave / react?
- What are the causes / triggers for these feelings /behaviours? (probes: poverty, alcohol, other substance abuse, peer or family pressure, school environment, bullying, etc.)
- Do certain kinds of adolescents face it more than others? Are there certain groups of adolescents who are more susceptible to this? If so, which kinds? girls / boys, younger vs older, educated vs non-educated, different ethnic groups, poorer vs richer, etc.
  - Are there particular psychosocial distress/mental health related challenges for girls? And for boys?
- Are challenges related to psychosocial distress/mental health faced by adolescents increasing / decreasing? If so, since when has it started increasing? why? If no, why not? (**For adults:** how was it when you were growing up / young?)
- How do people here react to people/adolescents who face these challenges? (probes stigmatise, isolate, ignore)
  - what form did this stigma / criticism take?

  - from whom?
  - what do people do about it?
  - is the stigma decreasing or increasing? Why?

- How did covid effect people here?
  - How did it effect adolescents? Probe in relation to schooling, relationships with friends, families, etc.)
  - How did it effect adults / family members?

- Has covid led to more mental health challenges? If yes, which type?

- Has covid led to an increase in people accessing services? If yes, which type?

- Have services changed because of covid? (e.g. become more digital?)

- Has life gone back to how it was before covid? If no, what is different now than from before?
  - Would you say some things are worse than they were before? If so, what? Why do you think that is?
  - Would you say some things are better than they were before? If so, what, and why do you think this is?

Access to programmes services (informal / formal)

- How do adolescents cope when they face mental health challenges? Who do they talk to, what do they do? (*probe role of family members, friends, peer, etc.*)

For adults/parents of adolescents:

- Have you heard about the mental health programme run in schools? if yes:
  - What have you heard about it?
  - Did your child / other family take part?
    - If yes, what did they think of it / say about it?
    - If did not take part, why not?
  - Did you take part in any way? If yes:
    - In what way? When? how often?
    - What d'you think was good / worked particularly well?
    - What d'you think worked less well? Why?
    - What d'you think may have been the challenges for adolescents in taking part in this programme?

- If the programme were to run again, what would make it better?

- Have you seen any changes in the community because of the programme? If yes, what kind of changes? Probe for behaviours, attitude, stigma, more services, etc.
  - Amongst adolescents/ young people?
  - Amongst parents?
  - Amongst teachers, in school?
  - Other

For adolescents:

- Have you heard about the mental health programme run in schools? if yes:
  - What have you heard about it?
  - Were you involved in it? if yes:
    - Were you involved in the design of the intervention?
      - If yes, how?
      - What did you think of the process to design it? What was good / bad? What changes could be made in terms of the process of designing it?
    - Did you take part in the implementation of the programme? If yes:
      - What was your role?
      - Did you attend all sessions?
        - If yes, what motivated you to attend?
        - If not, which sessions did you attend/not attend and why?
      - Did you face barriers / challenges to attend the sessions? If yes, which? (*probe: timing, parents did not allow, too much homework / other work, etc.*)
      - What worked particularly well / what did you like best about the programme? Why?
        - In the non-digital sessions
        - In the digital sessions
      - What did not work well/ what did you like least about it? Why?
        - In the non-digital sessions
        - In the digital sessions
    - If the programme were to run again, what would make it better?
    - Did your parents know about this programme? If yes, what did they think of it? Did they like you attending it / were they supportive?
    - Do others in the community know about the programme? If yes:
      - What do they think about the programme?
      - What have you heard them say about it – your friends, relatives, etc? Were they supportive? If unsupportive, how could you see they were unsupportive?
    - Have you seen any changes in the community because of the programme? If yes, what kind of changes? Probe for behaviours, attitude, stigma, more services, etc.
      - Amongst adolescents/ young people?
      - Amongst parents?
      - Amongst teachers, in school?
      - Other
  - If you were not involved, why not? Would you have liked to be involved? What stopped you from being involved?

For all:

- Are there any other services and programmes on mental health and psychosocial issues in this area or community? (can include peer-group activities, groups link to schools, counsellors, psychiatrists, etc.)
  - Ask people to list services (include hotlines)
- What do you think of these services?
  - Are they helpful?
    - If yes, which ones and in which way? What are their benefits? (to individual and community)
    - If they are not helpful/useful, which ones, and why?
  - Are adolescents able to access services? If no, why not? (*Probe: economic, social, cultural, expertise, transport*)
  - Which kinds of people are able to access, and which kinds are not? What are the barriers to accessing services?
  - What is missing from the services for adolescents with mental health issues/problems?
  - **Has there been any changes in the service since the mental health interventions? Have they improved? If yes:**
    - **In what way?**
    - **Are they more available?**
    - **Are people accessing them more? If yes, where? How? who?**
- What do you think about the role of technology in addressing mental ill-health? Phones, internet, etc.
  - Have you heard about any app/website or digital technology to help adolescents with their mental health / wellbeing?
  - Do you think this is a good approach or would you rather advice adolescents to access in person/ face to face help? A mix of both? Why?
  - What advantages do you foresee if digital technologies were used to address mental health in this community?
  - What barriers / challenges do you foresee if digital technologies were used to address mental health in this community?
  - **Do you see any changes in this because of the mental health interventions? Are adolescents using technology more/less/the same? Are they using it in better ways, more safely etc.?**
- In your view, what could be done to improve the lives of adolescents?
  - What role do schools have? What would you like to see schools doing to help?
  - What kinds of services could provide more support to adolescents?
  - What other kinds of informal support could be provided? By whom?

Wrap up questions:

- Do you have any questions / comments for us?

Thank them very much for their time and reemphasize that this is confidential.

Annex 9 Results of the multivariate analysis

	OLS							Ordinal logit
Variables	**(1) Emotional literacy**	**(2) Knowledge good mental health**	**(3) Knowledge where to seek io mental health**	**(4) Attitudes towqrd prof psych help**	**(5) SDQ 1 (mental health difficulties)**	**(6) SDQ 2 (Prosocial behaviours)**	**(7) Kidcope (Active coping)**	**(8) Computer usage**
age	−0.0697**	0.182***	6.85e-05	0.155***	−0.0731***	−0.00480	2.741	−0.716***
	(0.0339)	(0.0365)	(0.0448)	(0.0432)	(0.0147)	(0.0140)	(1.737)	(0.153)
gender	−0.0744**	−0.0348	−0.0678	0.0273	−0.0139	0.0167	−0.227	−0.600***
	(0.0324)	(0.0353)	(0.0435)	(0.0416)	(0.0141)	(0.0133)	(1.652)	(0.150)
region	0.154***	0.185***	0.0897**	0.140***	0.00289	0.0201	5.885***	0.646***
	(0.0342)	(0.0372)	(0.0456)	(0.0437)	(0.0145)	(0.0140)	(1.751)	(0.163)
SES	0.00939	0.0387	0.0683*	0.0288	−0.0166	0.0129	3.537**	0.308**
	(0.0277)	(0.0295)	(0.0354)	(0.0356)	(0.0121)	(0.0113)	(1.499)	(0.126)
hungry	−0.0268	0.0107	−0.0201	0.0425	0.0128	0.0228	1.799	−0.162
	(0.0381)	(0.0437)	(0.0569)	(0.0499)	(0.0176)	(0.0154)	(2.136)	(0.178)
1.time_dummy	0.149***	0.201***	0.186***	0.0349	0.0242	−0.00856	1.322	0.706***
	(0.0333)	(0.0377)	(0.0477)	(0.0438)	(0.0147)	(0.0148)	(1.736)	(0.159)
1.group	−0.000819	0.158**	0.132	−0.0505	0.00730	0.00483	−2.313	0.0637
	(0.0718)	(0.0780)	(0.104)	(0.0958)	(0.0251)	(0.0276)	(3.576)	(0.285)
0b.time_dummy#0b.group	0	0	0	0	0	0	0	0
	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)
0b.time_dummy#1o.group	0	0	0	0	0	0	0	0
	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)
1o.time_dummy#0b.group	0	0	0	0	0	0	0	0
	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)
1.time_dummy#1.group	0.242***	0.0160	0.259**	0.272**	−0.0439	0.0661**	11.85***	0.808**
	(0.0893)	(0.0947)	(0.122)	(0.118)	(0.0372)	(0.0326)	(4.279)	(0.362)
Constant cut1								0.557
								(0.488)
Constant cut2								1.680***
								(0.491)
Constant cut3								2.066***
								(0.495)
Constant cut4								3.584***
								(0.546)
Constant	2.467***	2.386***	2.742***	2.459***	0.462***	0.714***	55.82***	
	(0.108)	(0.115)	(0.146)	(0.145)	(0.0460)	(0.0434)	(5.816)	
Observations	727	726	721	718	726	726	726	721
R-squared	0.118	0.110	0.090	0.051	0.052	0.023	0.054	

Robust standard errors in parentheses
*** p<0.01, ** p<0.05, * p<0.1

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