ODI Report Annexes

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

Key findings

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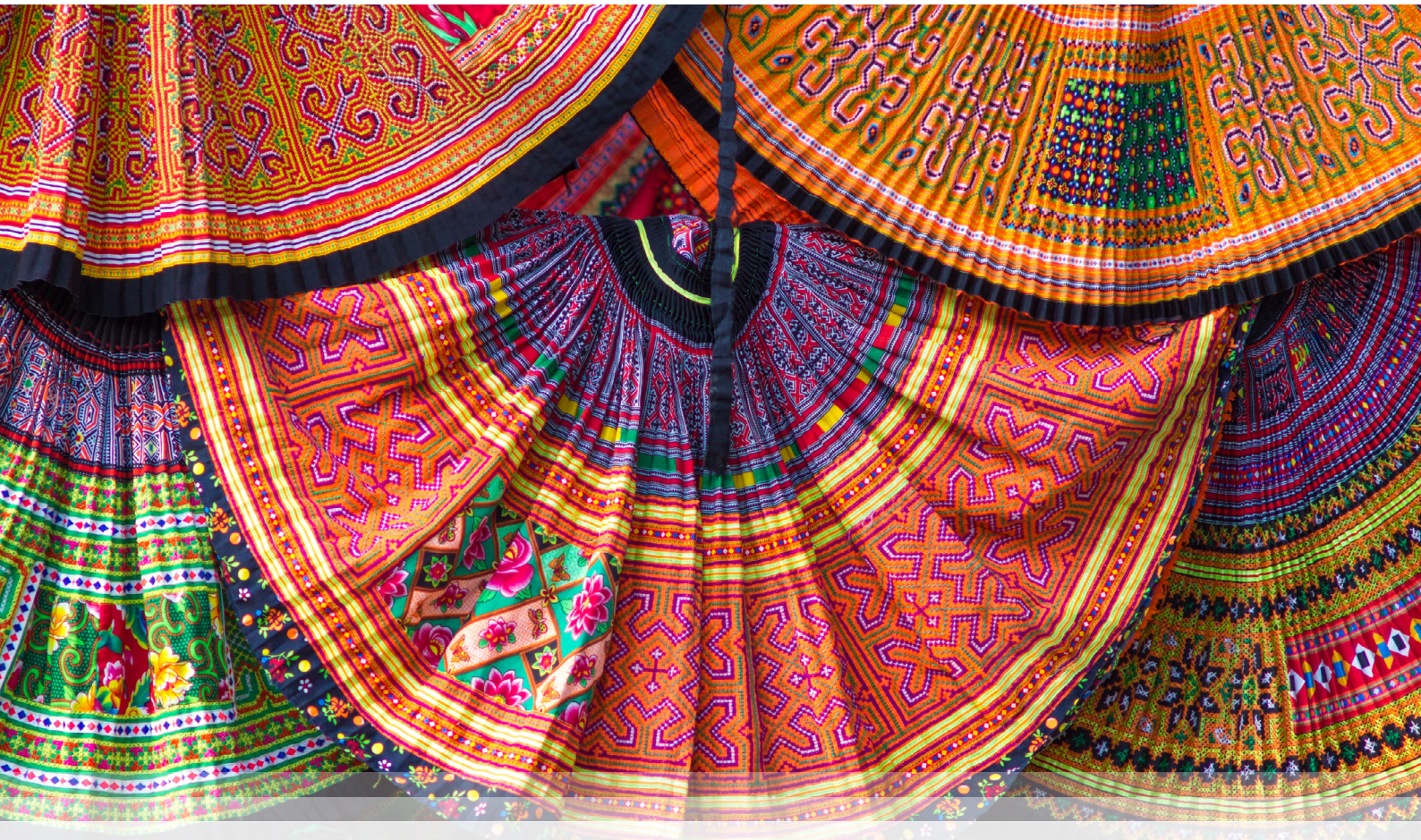

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Annex 1 Monitoring, evaluation and learning (MEL)

In this annex we describe the intent and critical elements of the monitoring evaluation, and learning (MEL) system designed to accompany and document the evolution of the project and its contribution to changes in the systems where it has been implemented. We then introduce the outcomes and outcome indicators co-designed by the research team to track progress and document the contributions to changes.

Elements of the monitoring, evaluation and learning (MEL) system

The MEL system design has been informed by the literature on MEL systems for adaptive programming. This literature has helped to specify the three aims of the MEL system:

- to provide data and information to generate a 'paper trail' to help report about activities, outputs, and contributions changes
- to document how the project has been performing and when and why adaptations were needed during its implementation
- to facilitate reflection and experiential learning within the project team and improve coordination across countries.

The MEL systems have been designed to respond to the information needs of the research project team and the funder and to focus on the difference (or *contribution*) the project has made to the knowledge, attitudes and behaviour of local stakeholders.

The elements of the MEL systems are as follows:

- a **change hypothesis** (or theory of change) co-designed by the project team during the online inception workshop in July 2020 (see Annex 1a)
- a **results framework** developed during the online inception workshop in July 2020 that complements the change hypothesis and describes the indicators and milestones that the project has tried to achieve and contribute to (see Annex 1b)
- a set of **learning questions** to help define the areas of MEL data collection and identify the tools and methods that would help answer the questions shown in Table A1.

Table A1 Learning questions (LQs)

LQ 1	Is the project change hypothesis logical and does it remain credible?
LQ 2	What management systems have been implemented to manage strategies and activities? Are they working? (e.g. flexibility for adaptation)
LQ 3	What did the project produce (its tangible outputs)?
LQ 4	What were the immediate responses to the project outputs (e.g. feedback, demand for more evidence, support and advice)?
LQ 5	Are there signs of behavioural changes among local stakeholders in line with the proposed change strategy? How sustainable and scalable are these changes likely to be beyond the end of the project?

- A **set of tools** was developed to collect information and document key moments of the project implementation, which we present below, including what we have learnt about using these tools.
  - The **change hypothesis** aimed to describe the interlinked pathways for contributing to changes. It was reviewed at the mid-point of the project. The lesson learnt is that the change hypothesis (the version of December 2020) has remained valid throughout the project implementation and continued to inform the data collection about its contribution to changes by the research teams and the MEL team.
  - **A results framework** aimed to organise and describe the indicators for tracking and assessing the outputs -> outcomes -> impact and the underlying assumptions (Annex 1b). The lesson learnt is that the results framework helped the research team check if the intervention was on track, particularly in terms of its outputs and deliverables. It has provided accountability for the original goals of the team even though the funder did not envisage that it would be set in stone for the duration of the project. The funder allowed the research team to review and adapt the results framework as necessary.[1] Given the scope of the intervention, we could have suggested to the funder a more creative and more straightforward framework with indicators only for outputs and outcomes. This might have been enough to track progress and document the contribution to change.
  - An **MEL log** aimed to help the project team record the outputs they produced over the life of the project, the events that the team organised or took part in (e.g. webinars, workshops, knowledge-sharing and dissemination), and examples of research insights and findings uptake such as mentions, endorsements, use of outputs, etc. The lessons learnt are that the MEL log has been a useful repository of updated information, providing information for the inception report to the funder and for the current report. We summarise the key data from the MEL log in Annex 1c.
  - **Stakeholder maps** were developed during the literature review to sketch the key actors and their relationships and test the system visualisation software, Kumu. We learnt that such software is more suited for a systems visualisation with many actors and stakeholders than for the ones relevant to this intervention. We did not pursue the use of these maps after the initial testing.

1 Annex 1b includes a table with the changes in the impact and the outcome 2 statement communicated to the funder in the inception report.

- Online **after action reviews** brought a team together to discuss the implementation of key activities and were conducted at the end of the inception phase, the end of baseline data collection, and during the co-design workshops for the tech and non-tech solutions. The lessons learnt are that they fit well with the online and remote work of the project and make sense of the portfolio of activities at the transition moment between the end of a phase and the start of the following phase of the project.
- An online **sense-making workshop** at the end of the co-creation phase of the tech and non-tech solutions was tested in project locations. The intent was for the project team to reflect, generate insights, and identify implications and suggestions for the intervention in the future.
- An **outcome harvesting online space** (on Miro) explored and documented signs and examples of behavioural or policy change at regular intervals with the country teams, as well as the significance of the changes, and an assessment of the contribution to the changes by the project team's work. A lesson learnt is that it was a good idea to focus this outcome harvesting on outcomes 2 and 3, which refer to changes in stakeholders other than students. The changes in attitudes, knowledge and behaviour of students are at the core of the action research by the project and its findings and are not, therefore, part of the MEL area of work. A second lesson is the recognition of a possible limitation of the outcome harvesting online space, which relied primarily on the insights and observations of the project team and MEL focal points and was self-reported. A light-touch validation of these changes was conducted during the endline country visits and meetings with the country research teams. Given that outcomes 2 and 3 complement the main one, outcome 1, we believe these limitations are acceptable.
- An **external mid-term evaluation** commissioned by the funder and conducted by Genisis provided useful insights and suggestions for the adaptation of some project activities (and the MEL system) as the team entered the co-design phase of the tech and non-tech solutions to be tested in both Tanzania and Viet Nam.

Key indicators of the results framework used to assess change over time

The project's impact statement falls under its *sphere of interest*. This means that the project presence and activities in the system are among many contributory factors to the change described in the impact statement. As such, the impact statement provides a useful overall sense of direction, but it is not where the project might wield the greatest influence. The impact statement of the intervention and its indicator are shown in Table A2.

Table A2 Impact statement and indicator

Impact statement	Increased understanding and new evidence inform policy and programming decisions by local authorities about providing support to adolescents on mental ill health and psychosocial problems in selected sites within two secondary cities in Tanzania and Viet Nam
Impact indicator	Evidence of local authorities requesting and integrating evidence generated and/or catalysed by the project to inform the design and implementation of policies and programmes in two secondary cities in Tanzania and Viet Nam

The *sphere of influence* is where the project has been trying to influence the system(s) in which it is being implemented. Changes and influence on policy decisions or human behaviour can never be guaranteed and are, therefore, described through outcome statements. Table A3 outlines the outcome statements in the results framework and the outcome indicators.

The three outcomes refer to stakeholder groups that the intervention has been trying to reach through its research, experimentation, and engagement with the actors in the local social systems. These are students, school authorities, local communities, and government representatives and agencies. While these are all part of the same system, the intervention has focused on students as the main stakeholder group, and they are at the core of the project design and experimentation. Outcome 1 is, therefore, the primary outcome in the results framework with four indicators. Similarly, outcomes 2 and 3 are linked to outcome 1 and are worth monitoring, but they are not as central as outcome 1. This is why outcomes 2 and 3 have only one indicator each.

Table A3 Outcome statements and indicators

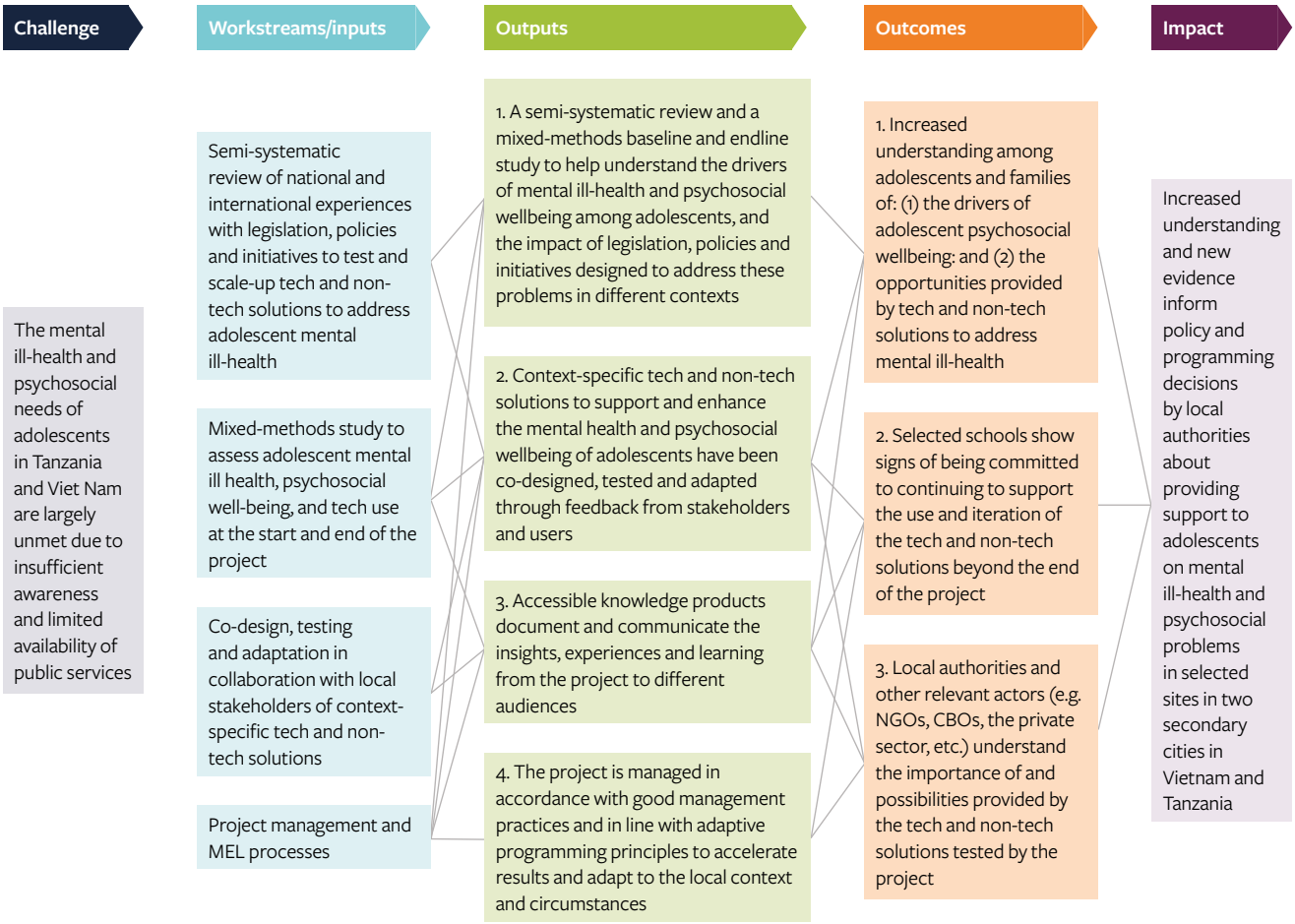
	Outcome	Indicators
1	Increased understanding among adolescents and families of: (1) the drivers of adolescent psychosocial well-being; and (2) the opportunities provided by tech and non-tech solutions to address mental ill health	1.1 Increased number of adolescents involved in the project who can identify two or more manifestations of mental distress 1.2 Increased number of adolescents who use tech and non-tech solutions to address mental ill health 1.3 Increased number of adolescents *not* directly involved in the project who use tech and non-tech solutions to address mental ill health 1.4 Increased level of confidence and aspiration about addressing mental health problems reported by adolescents in selected sites in two secondary cities in Tanzania and Viet Nam
2	Selected schools show signs of being committed to continuing to support the use and iteration of the tech and non-tech solutions beyond the end of the project	2.1 Schools involved in the project commit to allocate human/financial resources to continue to support the activities and solutions tested by the project
3	Local authorities and other relevant actors (e.g. NGOs, CBOs, the private sector, etc.) understand the importance of (and possibilities provided by) the tech and non-tech solutions tested by the project	3.1 Examples of local buy-in and increased capability of local authorities and other relevant actors to continue to develop and support the tech and non-tech solutions tested by the project

The division of work within the project team about the data collection for the documentation of these three outcomes was as follows:

- The indicators for outcome 1 centre on students and, therefore, fell within the scope of the data collection and analysis by the research teams.
- The indicators for outcomes 2 and 3 fell within the scope of the MEL team's work and their engagement with research teams.

Annex 1a 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 Tanzania and Viet Nam



(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 that there are 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 headteachers 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 1b Results framework

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

Change log of the results framework

# 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 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
1.4	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 adolescent 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 to 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 to 4 stories of change during 2022. The target is therefore a cumulative target.	09/07/2021

# Output indicators	Output indicator	Proposed change	Rationale	Date
1.1	Number of knowledge products synthesising 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 1c 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 Viet Nam.

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 Viet Nam	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		
08		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 Viet Nam	11/2021	7	
Training of the facilitators of the co-creation workshop Tanzania	11/2021		10
Co-creation workshops in Vinh – Viet Nam (a total of four sessions)	12/2021 – 02/2022	60 / 40 youth	
Co-creation workshops in Nha Trang – Viet Nam (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 – Viet Nam 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 Viet Nam 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 Viet Nam 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 events

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 Viet Nam 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 Viet Nam 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 learnt 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 well-being. 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 2 Additional tables from quantitative analysis

Annex 2a Sample composition

See online Annex tables data.

Annex 2b Psychometric validation of the Likert scales

	Baseline 1	Baseline 2	Baselines 1 + 2	Pooled data
Mental health and psychosocial well-being				
Strengths and Difficulties Questionnaire (SDQ)	**Three factors:** Factor 1 included items on emotional problems (anxiety/ depression) (8 items). Factor 2 included items on prosocial behaviour. Factor 3 included item on behaviour problems. The Cronbach's alpha of 3 factors were .77; .72; .5. The alpha of all items = .66	**Three factors:** Factor 1 included items on emotional problems (anxiety/ depression) (8 items). Factor 2 included items on prosocial behaviour (10 items). Factor 3 included item on behaviour problems (6 items). The Cronbach's alpha of 3 factors were .79; .78; .66. The alpha of all items = .78	**Three factors:** Factor 1 included items on emotional problems (anxiety/ depression) (8 items). Factor 2 included items on prosocial behaviour (10 items). Factor 3 included item on behaviour problems (6 items). The Cronbach's alpha of 3 factors were .78; .74; .56. The alpha of all items = .71	**Three factors:** Factor 1 included items on emotional problems (anxiety/ depression) (8 items). Factor 2 included items on prosocial behaviour (10 items). Factor 3 included item on behaviour problems (6 items). The Cronbach's alpha of 3 factors were .79; .75; .63. The alpha of all items = .75
Wellbeing (WHO-5)	One factor: 5 items, Cronbach's alpha=.79	0.88	0.82	0.84
Self-efficacy	One factor: 10 items, Cronbach's alpha= .81	n/a	n/a	n/a
Mental health awareness				
Emotional literacy	One factor: 7 items, Cronbach's alpha=.68	0.82	0.73	0.48
Knowledge of what is important for good mental health	One factor: 10 items, Cronbach's alpha=.83	0.90	0.85	0.75
Help-seeking behaviour				
Attitudes toward seeking professional psychological help	One factor: 5 items, Cronbach's alpha=.70	0.81	0.75	0.78
Agency in coping with mental health challenges				
Knowledge of where to seek information subscale	One factor: 4 items, Cronbach's alpha=.73	0.79	0.74	0.67
Ways of coping with mental health challenges (Kidcope)	**Three factors:** 1) Factor 1 (unacceptability) (7 items), Cronbach's alpha=.589 2) Factor 2 (positive coping) (8 items), Cronbach's alpha=.639 3) Factor 3 (negative coping) (7 items), Cronbach's alpha=.589 The alpha of all items =.67	**Three factors:** 1) Factor 1 (unacceptability) (7 items), Cronbach's alpha=.689 2) Factor 2 (positive coping) (8 items), Cronbach's alpha=.599 3) Factor 3 (negative coping) (7 items), Cronbach's alpha=.610 The alpha of all items =.68	**Three factors:** 1) Factor 1 (unacceptability) (7 items), Cronbach's alpha=.62 2) Factor 2 (positive coping) (8 items), Cronbach's alpha=.63 3) Factor 3 (negative coping) (7 items), Cronbach's alpha=.60 The alpha of all items =.68	**Three factors:** 1) Factor 1 (unacceptability) (7 items), Cronbach's alpha=.64 2) Factor 2 (positive coping) (8items), Cronbach's alpha=.67 3) Factor 3 (negative coping) (7 items), Cronbach's alpha=.60 The alpha of all items =.71

Results from the exploratory factor analysis are available in the online Annex tables data.

Note	Coping group	Item #	Statement	Baseline	Endline	Significant differences (p<0.05)
*	Distraction	1	I just tried to forget it	65.5%	66.4%	
* ψ	Distraction	2	I did something like watch TV, listen to the radio, read a book, or played	78.9%	80.3%	
¥	Distraction	3	I went on the internet or used social media to distract myself	59.2%	69.6%	*
*	Social withdrawal	4	I stayed by myself	45.9%	58.6%	*
*	Social withdrawal	5	I kept quiet about the problem	54.2%	62.4%	*
*	Cognitive restructuring	6	I tried to see the good side of things	78.2%	79.9%	
*	Self-criticism	7	I blamed myself for causing the problem	47.7%	48.6%	
*	Blaming others	8	I blamed someone else for causing the proble	14.6%	14.3%	
*	Problem-solving	9	I tried to fix the problem by thinking of answers	82.8%	85.0%	
* ψ	Problem-solving	10	I tried to fix the problem by doing something about it	76.2%	80.1%	*
¥	Problem-solving	11	I tried to fix the problem by talking to someone	66.5%	68.4%	
*	Emotional regulation	12	I yelled, screamed, or got mad	22.1%	25.2%	
*	Emotional regulation	13	I tried to calm myself down	86.8%	87.0%	
*	Wishful thinking	14	I wished the problem had never happened	69.6%	67.6%	
*	Wishful thinking	15	I wished I could make things different	73.4%	74.1%	
*	Social support	16	I tried to feel better by spending time with others like family, grownups or friend	77.0%	73.8%	
*	Social withdrawal	17	I didn't do anything because the problem couldn't be fixed	26.4%	26.6%	
¥	Emotional regulation	18	I prayed	51.9%	50.7%	
¥	Social support	19	I went on the internet to get support	39.1%	35.3%	
¥	Emotional regulation	20	I meditated	15.5%	15.7%	
¥	Distraction	21	I did some kind of sport or physical activity	62.5%	59.2%	
¥	Cognitive restructuring	22	I wrote down my thoughts (e.g. in a diary)	31.8%	30.6%	

Notes:

* Refering to the 15 items that were in the original scale

ψ Wording slightly modified after pilot testing

¥ New items included for testing

Exploratory factor analysis with cross-sectional / pooled data

Pattern matrix[a]

			Factor		
			1	2	3
Social support	*	16. I tried to feel better by spending time with others like family, grownups or friends	.553	–.089	.102
Problem-solving	¥	11. I tried to fix the problem by talking to someone	.534	–.096	.135
Problem-solving	*	9. I tried to fix the problem by thinking of answers	.502	.079	–.131
Problem-solving	* ψ	10. I tried to fix the problem by doing something about it	.479	.117	–.051
Distraction	¥	21. I did some kind of sport or physical activity	.444	–.177	.154
Emotional regulation	*	13. I tried to calm myself down	.392	.179	–.082
Cognitive restructuring	*	6. I tried to see the good side of things	.386	.059	–.048
Distraction	* ψ	2. I did something like watch TV, listen to the radio, read a book, or played	.362	.201	–.036
Wishful thinking	*	15. I wished I could make things different	.155	.624	–.088
Wishful thinking	*	14. I wished the problem had never happened	.118	.567	–.032
Social withdrawal	*	5. I kept quiet about the problem	–.141	.435	.069
Social withdrawal	*	4. I stayed by myself	–.136	.418	.132
Self-criticism	*	7. I blamed myself for causing the problem	–.038	.412	.150
Distraction	¥	3. I went on the internet or used social media to distract myself	.167	.357	.004
Distraction	*	1. I just tried to forget it	.186	.296	.071
Emotional regulation	¥	20. I meditated	.101	–.071	.576
Blaming others	*	8. I blamed someone else for causing the problem	–.094	.097	.462
Emotional regulation	*	12. I yelled, screamed, or got mad	–.179	.218	.453
Cognitive restructuring	¥	22. I wrote down my thoughts (e.g. in a diary)	.246	–.079	.417
Social withdrawal	*	17. I didn't do anything because the problem couldn't be fixed	–.140	.154	.336
Emotional regulation	¥	18. I prayed	.206	.110	.291
		Extraction method: principal axis factoring. Rotation method: promax with Kaiser normalization. a. Rotation converged in 7 iterations.			
		Cronbach's alpha (all items)	0.68	0.64	0.57
		Cronbach's alpha (excluding items loading less than .400)	0.63	0.62	0.52
		Total items included (when all items)	8	7	6
		Total items (excluding items loading less than .450)	5	5	4

T-test changes baseline – endline

	Control		Treatment		% change		p value	
	Baseline	Endline	Baseline	Endline	Control	Treatment	Control	Treatment
16. I tried to feel better by spending time with others like family, grownups	76.5%	74.7%	77.7%	70.3%	-2.4%	-9.5%	.398	.050
11. I tried to fix the problem by talking to someone	69.8%	69.7%	60.7%	63.1%	-0.2%	4.0%	.959	.572
9. I tried to fix the problem by thinking of answers	82.6%	85.5%	83.2%	83.3%	3.4%	0.2%	.131	.961
10. I tried to fix the problem by doing something about it	74.5%	81.4%	79.2%	74.7%	9.3%	-5.7%	.001	.214
21. I did some kind of sport or physical activity	63.3%	60.4%	61.2%	54.4%	-4.6%	-11.2%	.249	.111
13. I tried to calm myself down	86.7%	87.6%	86.8%	84.2%	1.0%	-3.0%	.599	.390
6. I tried to see the good side of things	79.1%	80.0%	76.7%	79.4%	1.2%	3.4%	.650	.467
2. I did something like watch TV, listen to the radio, read a book, or played	80.3%	80.2%	76.4%	80.7%	-0.1%	5.6%	.973	.240
15. I wished I could make things different	73.3%	74.8%	73.6%	71.0%	2.0%	-3.5%	.519	.512
14. I wished the problem had never happened	68.4%	70.0%	71.6%	58.0%	2.3%	-19.0%	.512	.001
5. I kept quiet about the problem	53.2%	65.8%	56.0%	49.0%	23.6%	-12.6%	.000	.103
4. I stayed by myself	42.8%	57.7%	51.3%	62.3%	34.7%	21.5%	.000	.011
7. I blamed myself for causing the problem	45.6%	53.2%	51.4%	29.9%	16.6%	-41.7%	.003	.000
3. I went on the internet or used social media to distract myself	60.1%	69.8%	57.6%	68.8%	16.2%	19.5%	.000	.008
20. I meditated	15.8%	16.0%	15.2%	14.6%	1.3%	-3.8%	.915	.854
8. I blamed someone else for causing the problem	13.7%	15.4%	16.2%	10.1%	12.0%	-37.7%	.366	.047
12. I yelled, screamed, or got mad	21.9%	27.3%	22.6%	17.0%	24.8%	-24.8%	.015	.113
22. I wrote down my thoughts (e.g. in a diary)	30.4%	31.3%	34.0%	27.7%	3.0%	-18.6%	.706	.120
17. I didn't do anything because the problem couldn't be fixed	26.2%	29.4%	26.8%	14.8%	12.3%	-44.9%	.163	.001
18. I prayed	52.3%	52.4%	51.2%	43.7%	0.3%	-14.7%	.957	.084
19. I went on the internet to get support	38.0%	33.2%	41.0%	43.5%	-12.5%	6.1%	.054	.562
23. Others	27.9%	33.4%	35.8%	27.2%	19.7%	-24.0%	.073	.070

Note: Cells and number highlighted are statistically significant at $p<0.05$

Exploratory factor analysis with baseline

Pattern matrix[a]

	Factor		
	1	2	3
11. I tried to fix the problem by talking to someone	0.554		
16. I tried to feel better by spending time with others like family, grownups	0.496		
21. I did some kind of sport or physical activity	0.443		
10. I tried to fix the problem by doing something about it	0.441		
9. I tried to fix the problem by thinking of answers	0.436		
2. I did something like watch TV, listen to the radio, read a book, or played	0.341		
13. I tried to calm myself down	0.328		
6. I tried to see the good side of things	0.309		
15. I wished I could make things different		0.650	
14. I wished the problem had never happened		0.542	
3. I went on the internet or used social media to distract myself		0.401	
5. I kept quiet about the problem		0.373	
1. I just tried to forget it		0.367	
7. I blamed myself for causing the problem		0.337	
4. I stayed by myself		0.303	
20. I meditated			0.587
12. I yelled, screamed, or got mad			0.543
8. I blamed someone else for causing the problem			0.459
22. I wrote down my thoughts (e.g. in a diary)	0.275		0.419
17. I didn't do anything because the problem couldn't be fixed			0.380
18. I prayed			0.327

Extraction method: principal axis factoring.
Rotation method: promax with Kaiser normalization.
a. Rotation converged in 6 iterations.

Exploratory factor analysis with endline

Pattern matrix[a]

	Factor		
	1	**2**	**3**
9. I tried to fix the problem by thinking of answers	0.635		
16. I tried to feel better by spending time with others like family, grownups	0.582		
10. I tried to fix the problem by doing something about it	0.569		
11. I tried to fix the problem by talking to someone	0.487		
13. I tried to calm myself down	0.477		
6. I tried to see the good side of things	0.473		
21. I did some kind of sport or physical activity	0.418		
2. I did something like watch TV, listen to the radio, read a book, or played	0.395		
1. I just tried to forget it			
14. I wished the problem had never happened		0.576	
15. I wished I could make things different		0.567	
4. I stayed by myself		0.521	
7. I blamed myself for causing the problem		0.501	
5. I kept quiet about the problem		0.469	
3. I went on the internet or used social media to distract myself		0.287	
20. I meditated			0.549
8. I blamed someone else for causing the problem			0.458
22. I wrote down my thoughts (e.g. in a diary)			0.406
12. I yelled, screamed, or got mad		0.348	0.375
17. I didn't do anything because the problem couldn't be fixed			0.301
18. I prayed			0.262

Extraction method: principal axis factoring.
Rotation method: promax with Kaiser normalization.
a. Rotation converged in 10 iterations.

Annex 2c Cronbach's alpha for baseline, endline and pooled data

Baseline 1 and 2

		Emotional literacy	Knowledge of sources of information-seeking	Knowledge of what is important for good mental health	Kidcope avoidance	Kidcope active	Kidcope expressive/emotional	SDQ emotional problems	SDQ prosocial behavior	SDQ behaviour problems	Attitudes Toward Seeking Professional Psychological Help	Well-being (WHO-5)
Baseline survey	Total	.72	.74	.85	.62	.63	.60	.78	.74	.56	.75	.82
	Control group	.68	.73	.82	.59	.64	.61	.78	.72	.51	.70	.80
	Treatment group	.78	.77	.88	.67	.60	.57	.78	.77	.63	.82	.84
Gender	Male	.74	.73	.86	.63	.65	.64	.75	.74	.56	.74	.81
	Female	.69	.76	.83	.61	.63	.55	.79	.74	.56	.76	.82
	Other	.42	.66	.65	.64	.42	.72	.78	.72	.00	.66	.92
Type of School	Secondary school	.73	.73	.84	.58	.63	.61	.78	.73	.57	.73	.81
	Highschool	.70	.76	.85	.66	.62	.58	.77	.75	.54	.77	.82
Age Group	12–15	.72	.73	.84	.57	.63	.61	.78	.73	.55	.73	.81
	16–19	.71	.76	.85	.66	.62	.59	.78	.75	.56	.77	.82
Socioeconomic status	Low	.75	.74	.81	.62	.59	.54	.77	.76	.48	.73	.81
	Medium	.69	.75	.85	.65	.55	.62	.79	.74	.62	.74	.83
	High	.78	.80	.88	.61	.68	.58	.79	.72	.54	.77	.84
Have gone hungry	No	.72	.74	.85	.62	.61	.59	.78	.73	.55	.76	.81
	Yes	.75	.80	.87	.60	.64	.53	.80	.76	.55	.74	.88

Endline

		Emotional literacy	Knowledge of sources of information-seeking	Knowledge of what is important for good mental health	Kidcope avoidance	Kidcope active	Kidcope expressive/emotional	SDQ emotional problems	SDQ prosocial behavior	SDQ behaviour problems	Attitudes Toward Seeking Professional Psychological Help	Well-being (WHO-5)
Endline survey	Total	.76	.77	.87	.67	.71	.60	.81	.77	.69	.81	.88
	Control group	.73	.75	.85	.67	.70	.62	.82	.77	.70	.80	.87
	Treatment group	.82	.84	.91	.68	.75	.50	.78	.77	.65	.81	.90
Gender	Male	.77	.79	.86	.70	.74	.67	.81	.76	.73	.81	.87
	Female	.74	.74	.86	.64	.68	.51	.80	.78	.65	.78	.88
	Other	.87	.85	.97	.61	.78	.60	.86	.92	.58	.93	.82
Type of school	Secondary school	.72	.74	.86	.64	.70	.54	.81	.76	.59	.79	.87
	High school	.79	.80	.88	.69	.72	.64	.81	.78	.75	.82	.89
Age group	12–15	.72	.72	.86	.64	.70	.54	.81	.76	.59	.79	.87
	16–19	.79	.80	.88	.69	.72	.64	.81	.78	.74	.82	.88
Socioeconomic status	Low	.72	.76	.78	.63	.73	.63	.80	.74	.70	.80	.89
	Medium	.76	.78	.88	.69	.68	.58	.81	.76	.67	.79	.87
	High	.77	.71	.86	.73	.73	.39	.78	.75	.60	.84	.90
Have gone hungry	No	.76	.76	.86	.68	.70	.61	.80	.77	.67	.81	.88
	Yes	.72	.82	.83	.56	.79	.39	.78	.77	.77	.72	.84

Pooled data (baseline 1, baseline 2 and endline)

		Emotional literacy	Knowledge of sources of information-seeking	Knowledge of what is important for good mental health	Kidcope avoidance	Kidcope active	Kidcope expressive/emotional	SDQ emotional problems	SDQ prosocial behavior	SDQ behaviour problems	Attitudes Toward Seeking Professional Psychological Help	Well-being (WHO-5)
All pooled data	Total	.74	.75	.86	.64	.67	.60	.79	.75	.63	.78	.84
	Control group	.71	.74	.84	.63	.67	.61	.80	.75	.63	.76	.84
	Treatment group	.80	.79	.89	.67	.66	.55	.78	.77	.63	.81	.86
Gender	Male	.76	.75	.86	.66	.69	.65	.78	.75	.66	.77	.84
	Female	.71	.75	.84	.62	.65	.53	.80	.75	.60	.77	.85
	Other	.78	.79	.94	.62	.61	.67	.83	.86	.44	.92	.91
Type of School	Secondary school	.73	.73	.85	.61	.66	.59	.80	.74	.58	.76	.84
	Highschool	.75	.78	.86	.67	.67	.61	.79	.76	.67	.80	.85
Age Group	12 – 15	.72	.72	.85	.61	.66	.58	.80	.74	.57	.76	.84
	16 – 19	.75	.78	.86	.67	.67	.61	.79	.77	.67	.79	.85
Socioeconomic status	Low	.74	.75	.80	.62	.67	.60	.79	.75	.62	.77	.86
	Medium	.73	.76	.87	.67	.63	.60	.80	.75	.65	.77	.85
	High	.77	.78	.87	.65	.70	.54	.79	.73	.56	.80	.86
Have gone hungry	No	.74	.75	.85	.65	.65	.60	.79	.75	.61	.78	.84
	Yes	.75	.80	.86	.58	.71	.48	.80	.76	.66	.73	.87

Annex 2d Composition and social mobility by socioeconomic status (SES) variable

Composition SES

		SES		
		1.00 Low SES	**2.00 Medium SES**	**3.00 High SES**
		Column N %	**Column N %**	**Column N %**
q10_2 10r. What is the highest education attained by the head of your household?	.00 Illiterate	0.5%	0.2%	0.0%
	1.00 Not finish primary school	9.6%	3.8%	0.0%
	2.00 Finish primary school	44.7%	20.2%	0.0%
	3.00 Finish secondary school	41.6%	39.8%	0.0%
	4.00 Finish high school	2.7%	9.6%	39.8%
	5.00 Vocational school	0.5%	8.0%	2.2%
	6.00 College	0.3%	13.3%	3.4%
	7.00 University	0.0%	4.5%	46.2%
	8.00 Higher education	0.0%	0.5%	8.4%
q04 04. Have there been times in the last 12 months when you or your family have gone hungry	.0 No	82.6%	96.5%	99.2%
	1.0 Yes	17.4%	3.5%	0.8%
q15a A. Television	.0 No	16.1%	0.0%	0.0%
	1.0 Yes	83.9%	100.0%	100.0%
q15b B. Fixed phone	.0 No	93.9%	88.1%	75.1%
	1.0 Yes	6.1%	11.9%	24.9%
q15c C. Refrigerator	.0 No	2.9%	0.0%	0.0%
	1.0 Yes	97.1%	100.0%	100.0%
q15d D. Computer(s)	.0 No	91.3%	19.5%	1.3%
	1.0 Yes	8.7%	80.5%	98.7%

Note: percentages correspond to observations in the cross-sectional dataset which includes one observation per data collection over time. Same students are counted more than once if they participated in the baseline 1, baseline 2 or endline. Given the time lapse, the socioeconomic status may have changed over time.

Social mobility for treatment and control groups across time

				SES.b1: Socio-Economic Status		
				1.00 Low SES	2.00 Medium SES	3.00 High SES
				Column N %	Column N %	Column N %
Group	.00 Control	SES.b2: socioeconomic status	1.00 Low SES	0.0%	0.0%	0.0%
			2.00 Medium SES	0.0%	0.0%	0.0%
			3.00 High SES	0.0%	0.0%	0.0%
		SES.b3: socioeconomic status	1.00 Low SES	62.1%	37.3%	5.9%
			2.00 Medium SES	37.9%	56.9%	67.6%
			3.00 High SES	0.0%	5.9%	26.5%
	1.00 Treatment	SES.b2: socioeconomic status	1.00 Low SES	50.0%	20.0%	0.0%
			2.00 Medium SES	50.0%	73.3%	35.0%
			3.00 High SES	0.0%	6.7%	65.0%
		SES.b3: socioeconomic status	1.00 Low SES	75.0%	18.8%	5.9%
			2.00 Medium SES	25.0%	68.8%	76.5%
			3.00 High SES	0.0%	12.5%	17.6%

Note: Data corresponds to the panel data and measures socioeconomic mobility for individuals over time. Percentages are computed over the columns, and indicate the percentage of respondents in each socioeconomic level at time 1, that remain in the same level or move level by time 2.

Annex 2e Hypothesis testing (t-test) for SDQ subscales disaggregated by demographics

Table A2e.1 Changes in mental health emotion (SDQ) scores by treatment and control group

	Baseline	Endline	% Change	Significance
Cross-sectional				
Control	72.8	70.7	-3%	0.006
Treatment	70.1	69.8	0%	no sig
Boys				
Control	75.3	73.0	-3%	0.027
Treatment	72.0	71.7	0%	no sig
Girls				
Control	70.1	68.6	-2%	no sig
Treatment	69.3	68.1	-2%	no sig
12–15				
Control	73.6	71.3	-3%	0.052
Treatment	70.5	69.8	-1%	no sig
16–19				
Control	72.1	70.2	-3%	0.075
Treatment	69.6	69.6	0%	no sig
Nha Trang				
Control	71.5	69.8	-2%	no sig
Treatment	72.1	71.8	-1%	no sig
Vinh				
Control	74.2	71.5	-4%	0.018
Treatment	69.1	68.7	0%	no sig
Low SES				
Control	72.6	69.2	-5%	0.057
Treatment	65.0	66.0	2%	no sig
Medium SES				
Control	72.1	70.8	-2%	no sig
Treatment	73.0	70.9	-3%	no sig
High SES				
Control	73.2	73.3	0%	no sig
Treatment	71.8	70.1	-2%	no sig

Table A2e.2 Changes in mental health behavioural (SDQ) scores by treatment and control group

	Baseline	Endline	% Change	Significance
Cross-sectional				
Control	84.5	83.4	-1%	0.070
Treatment	84.2	84.5	0%	no sig
Boys				
Control	83.9	81.8	-2%	0.022
Treatment	83.6	81.6	-2%	no sig
Girls				
Control	85.5	85.2	0%	no sig
Treatment	85.3	87.3	2%	no sig
12–15				
Control	83.7	83.9	0%	no sig
Treatment	82.5	82.6	0%	no sig
16–19				
Control	85.2	83.2	-2%	0.020
Treatment	85.7	86.2	1%	no sig
Nha Trang				
Control	83.5	82.2	-2%	no sig
Treatment	84.7	85.0	0%	no sig
Vinh				
Control	85.6	84.6	-1%	no sig
Treatment	83.9	84.3	0%	no sig
Low SES				
Control	84.1	82.2	-2%	no sig
Treatment	80.2	83.2	4%	no sig
Medium SES				
Control	85.2	84.2	-1%	no sig
Treatment	86.6	84.7	-2%	no sig
High SES				
Control	86.4	84.9	-2%	no sig
Treatment	84.0	87.9	5%	0.055

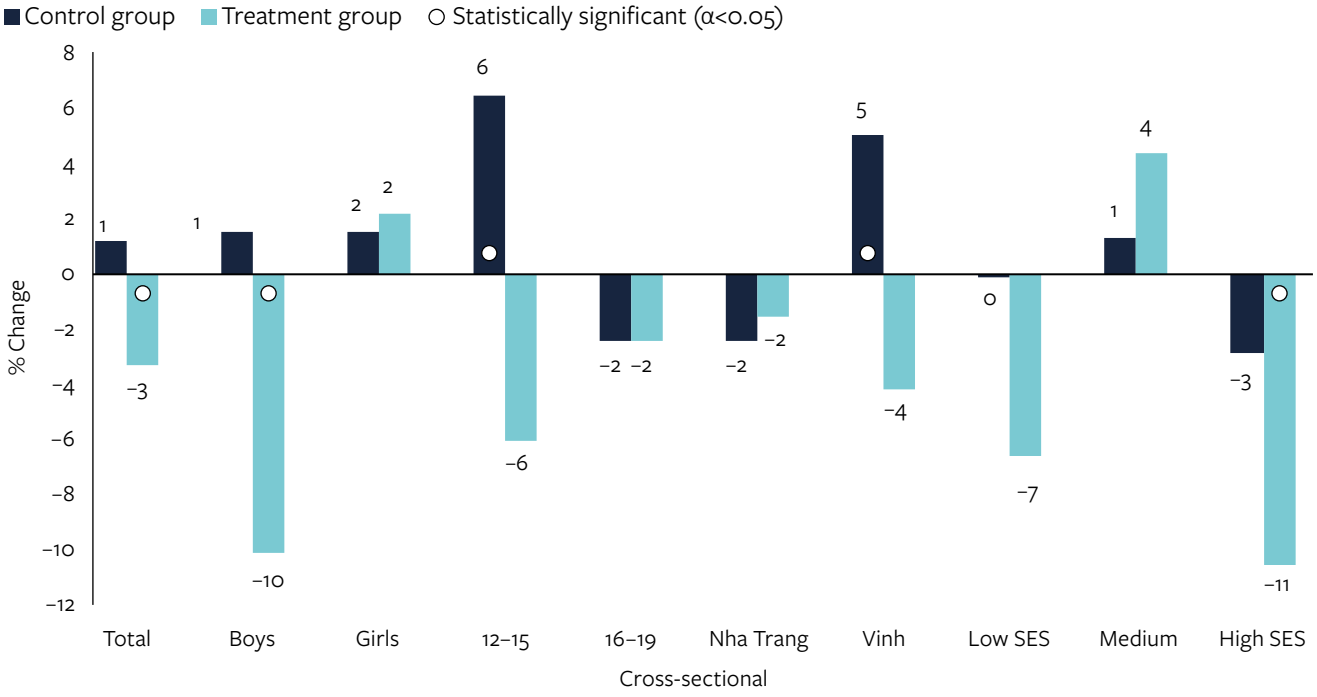
Table A2e.3 Changes in mental health prosocial (SDQ) scores by treatment and control group

	Baseline	Endline	% Change	Significance
Cross-sectional				
Control	72.1	71.6	-1%	no sig
Treatment	72.6	71.6	-1%	no sig
Boys				
Control	72.0	71.2	-1%	0.092
Treatment	72.7	71.5	-2%	no sig
Girls				
Control	72.2	72.0	0%	no sig
Treatment	71.9	71.7	0%	no sig
12–15				
Control	71.6	71.5	0%	no sig
Treatment	71.3	71.9	1%	no sig
16–19				
Control	72.5	71.6	-1%	0.026
Treatment	73.8	71.3	-3%	0.005
Nha Trang				
Control	71.7	71.4	0%	no sig
Treatment	71.3	70.5	-1%	no sig
Vinh				
Control	72.5	71.7	-1%	0.062
Treatment	73.2	72.1	-1%	no sig
Low SES				
Control	72.7	72.6	0%	no sig
Treatment	74.8	72.1	-4%	0.061
Medium SES				
Control	72.3	71.5	-1%	no sig
Treatment	71.9	71.8	0%	no sig
High SES				
Control	72.4	71.0	-2%	0.030
Treatment	72.0	71.6	-1%	no sig

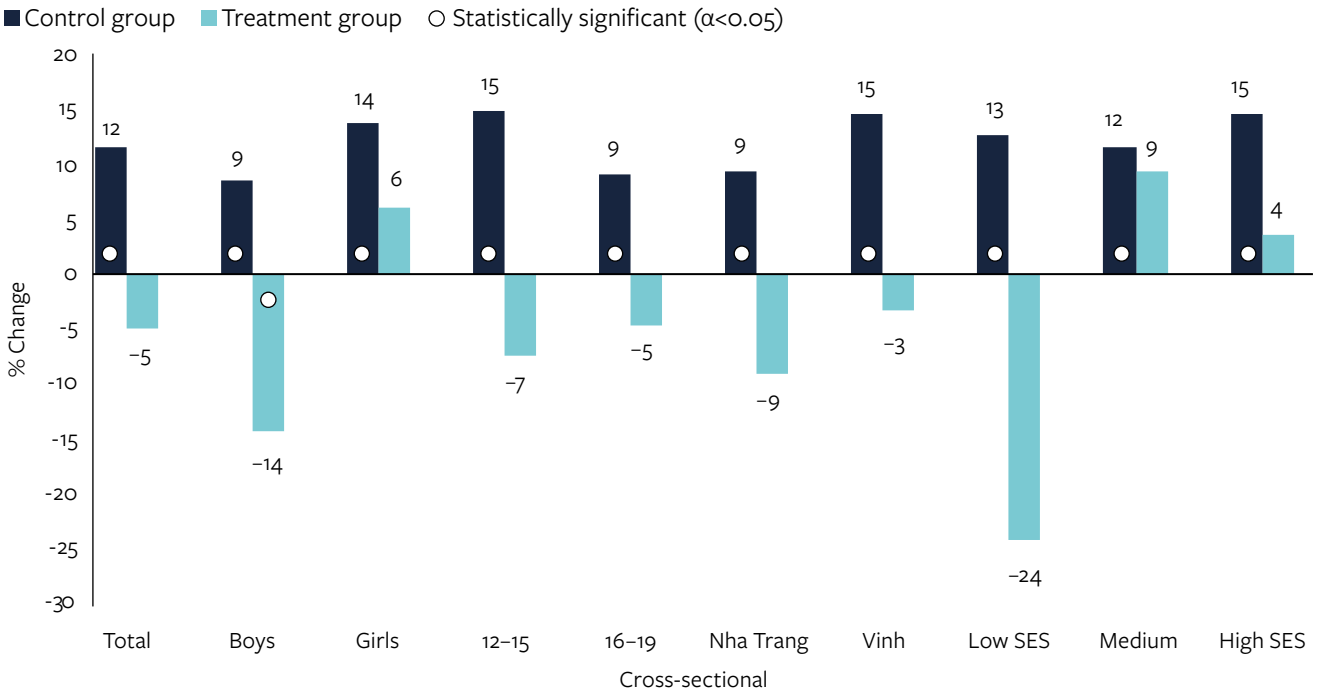
Annex 2f Hypothesis testing (t-test) for Kidcope subscales disaggregated by demographics

Figure A2f.1 Changes in ways of coping with mental health challenges (Kidcope scale) by treatment and control group

a: Problem-solving/active coping



b: Distraction/internal coping



c: Emotional-focused coping

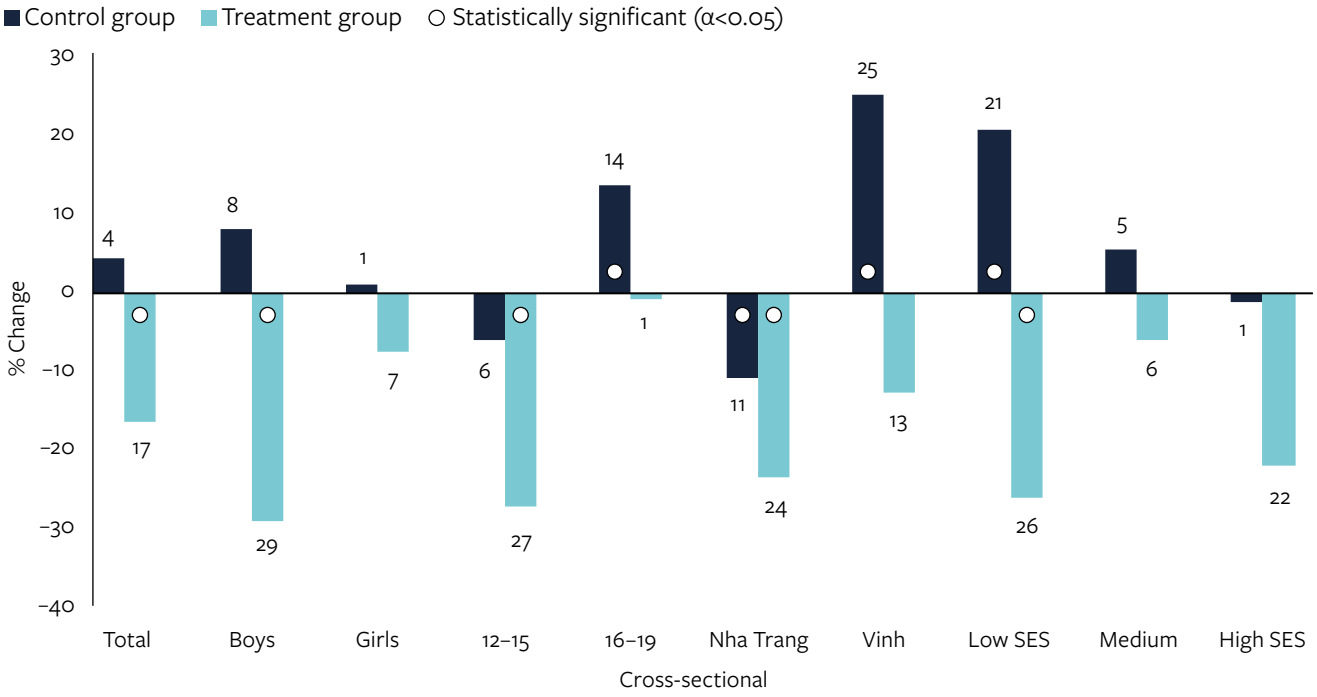


Table A2f.1 Changes in ways of coping with mental health challenges (Kidcope scale), problem-solving/active coping scores by treatment and control group

	Baseline	Endline	% Change	Significance
Cross-sectional				
Control	76.5	77.4	1%	no sig
Treatment	76.3	73.8	-3%	0.018
Boys				
Control	76.8	78.0	1%	no sig
Treatment	79.8	71.7	-10%	0.031
Girls				
Control	76.4	77.6	2%	no sig
Treatment	73.6	75.2	2%	no sig
12–15				
Control	73.4	78.1	6%	0.008
Treatment	74.6	70.0	-6%	no sig
16–19				
Control	79.0	77.0	-2%	no sig
Treatment	78.8	76.9	-2%	no sig
Nha Trang				
Control	77.6	75.7	-2%	no sig
Treatment	76.0	74.7	-2%	no sig
Vinh				
Control	75.4	79.2	5%	0.032
Treatment	76.5	73.3	-4%	no sig
Low SES				
Control	77.7	77.5	0%	no sig
Treatment	73.0	68.2	-7%	no sig
Medium SES				
Control	77.4	78.4	1%	no sig
Treatment	74.6	77.9	4%	no sig
High SES				
Control	78.4	76.2	-3%	no sig
Treatment	81.8	73.1	-11%	0.03

Table A2f.2 Changes in ways of coping with mental health challenges (Kidcope scale), distraction/internal coping scores by treatment and control group

	Baseline	Endline	% Change	Significance
Cross-sectional				
Control	58.5	65.3	12%	0.000
Treatment	59.8	56.9	-5%	no sig
Boys				
Control	58.0	63.0	9%	0.011
Treatment	60.0	51.4	-14%	0.022
Girls				
Control	58.9	67.1	14%	0.000
Treatment	58.2	61.8	6%	no sig
12–15				
Control	57.8	66.4	15%	0.000
Treatment	56.5	52.4	-7%	no sig
16–19				
Control	59.3	64.7	9%	0.005
Treatment	63.4	60.5	-5%	no sig
Nha Trang				
Control	61.5	67.3	9%	0.002
Treatment	66.4	60.5	-9%	no sig
Vinh				
Control	55.4	63.5	15%	0.000
Treatment	56.7	55.0	-3%	no sig
Low SES				
Control	57.6	65.0	13%	0.020
Treatment	70.6	53.6	-24%	0.002
Medium SES				
Control	58.5	65.3	12%	0.011
Treatment	53.3	58.3	9%	no sig
High SES				
Control	59.6	68.3	15%	0.005
Treatment	57.4	59.5	4%	no sig

Table A2f.3 Changes in ways of coping with mental health challenges (Kidcope scale), emotional-focused coping scores by treatment and control group

	Baseline	Endline	% Change	Significance
Cross-sectional				
Control	28.4	29.7	4%	no sig
Treatment	29.5	24.7	-17%	0.018
Boys				
Control	27.2	29.3	8%	no sig
Treatment	28.2	20.0	-29%	0.004
Girls				
Control	29.6	29.9	1%	no sig
Treatment	31.3	28.9	-7%	no sig
12–15				
Control	31.1	29.2	-6%	no sig
Treatment	31.4	22.8	-27%	0.006
16–19				
Control	26.3	29.9	14%	0.031
Treatment	26.3	26.1	-1%	no sig
Nha Trang				
Control	31.5	28.0	-11%	0.041
Treatment	31.7	24.2	-24%	0.040
Vinh				
Control	25.1	31.4	25%	0.000
Treatment	28.5	24.9	-13%	no sig
Low SES				
Control	27.5	33.1	21%	0.049
Treatment	34.6	25.5	-26%	0.031
Medium SES				
Control	27.6	29.1	5%	no sig
Treatment	27.6	25.9	-6%	no sig
High SES				
Control	24.0	23.6	-1%	no sig
Treatment	25.0	19.5	-22%	no sig

Annex 2g Hypothesis testing (t-test) for panel data and ANCOVA results

Table A2g.1 Changes in mental health literacy scores by treatment and control group according to panel data

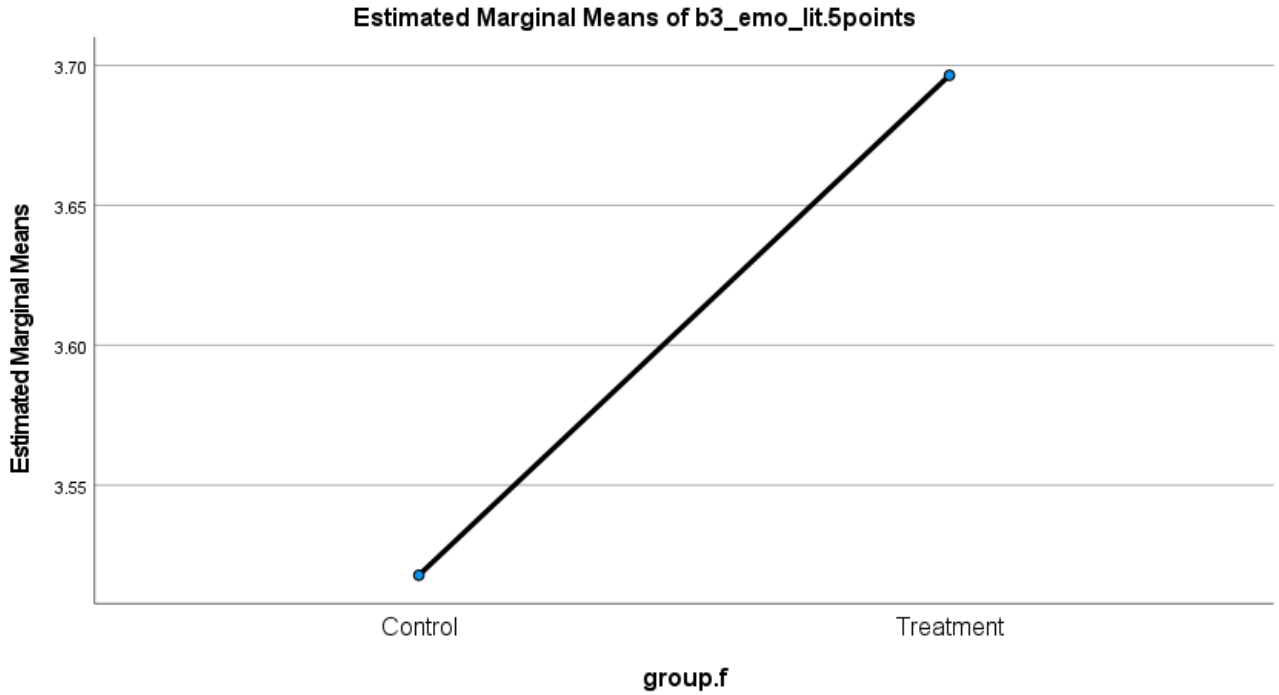
	Baseline	Endline	% Change	Significance
Panel data				
Control	66.7	70.8	6.2%	0.001
Treatment	69.6	73.1	4.9%	0.003
Boys				
Control	65.5	70.1	7.1%	0.001
Treatment	70.1	73.5	4.7%	0.046
Girls				
Control	68.0	71.3	-0.5%	0.004
Treatment	69.6	72.8	4.6%	0.052

Table A2g.2 Results of ANCOVA analysis for mental health literacy

Tests of between-subjects effects

Dependent Variable: b3_emo_lit.5points						
Source	**Type III Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**	**Partial Eta Squared**
Corrected model	13.025[a]	3	4.342	12.908	.000	.105
Intercept	65.399	1	65.399	194.434	.000	.371
b1_emo_lit.5points	10.078	1	10.078	29.961	.000	.083
q02.b3	.791	1	.791	2.352	.126	.007
group.f	2.156	1	2.156	6.411	.012	.019
Error	110.997	330	.336			
Total	4376.248	334				
Corrected Total	124.022	333				

a. R Squared = .105 (Adjusted R Squared = .097)



Covariates appearing in the model are evaluated at the following values: b1_emo_lit.5points = 3.3686, q02.b3: 02. What is your gender? = .491

Table A2g.3 Changes in knowledge of what is good for mental health scores by treatment and control group according to the panel data

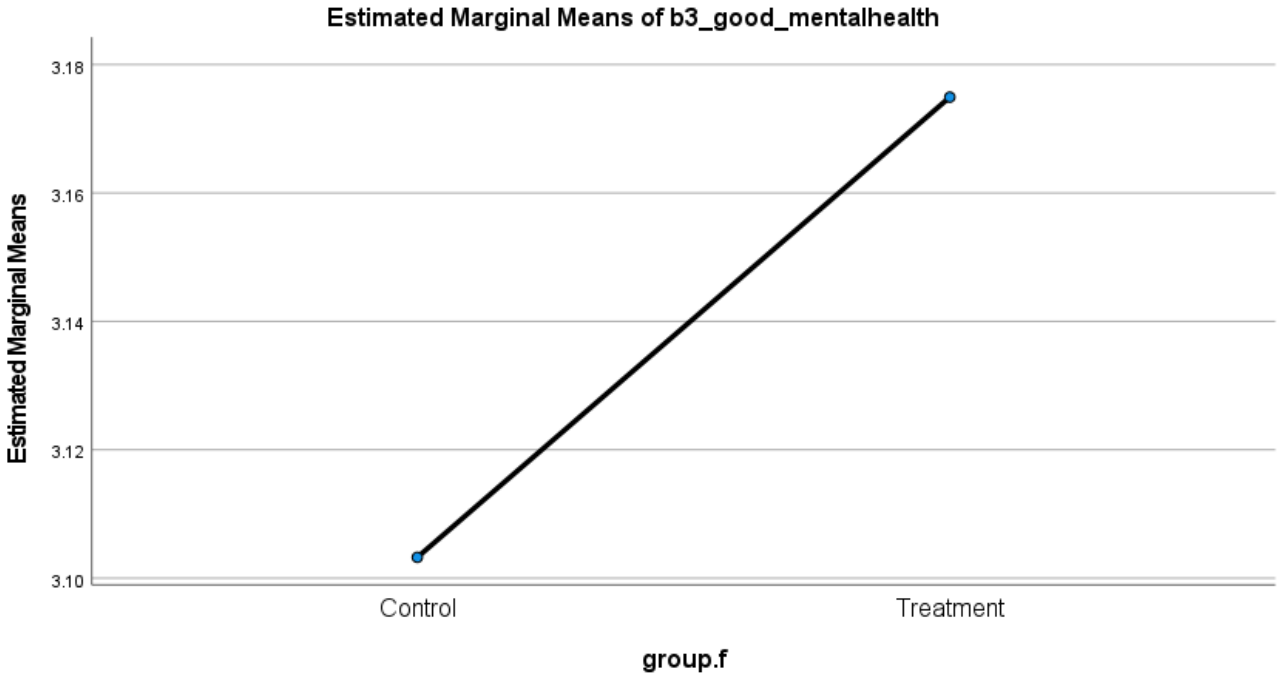
	Baseline	Endline	% Change	Significance
Panel data				
Control	73.7	76.7	4.0%	0.002
Treatment	77.0	77.9	1.2%	no sig
Boys				
Control	71.9	77.1	7.3%	0.001
Treatment	77.2	79.4	2.8%	no sig
Girls				
Control	75.4	76.3	1.2%	no sig
Treatment	77.4	76.6	-1.0%	no sig

Table A2g.4 Results ANCOVA analysis for what is good for mental health

Tests of Between-Subjects Effects

Dependent Variable: b3_good_mentalhealth						
Source	**Type III Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**	**Partial Eta Squared**
Corrected model	6.178[a]	4	1.544	9.664	.000	.122
Intercept	32.406	1	32.406	202.774	.000	.423
b1_good_mentalhealth	5.390	1	5.390	33.729	.000	.109
q02.b3	.001	1	.001	.004	.947	.000
SES.b3	1.272E-5	1	1.272E-5	.000	.993	.000
group.f	.277	1	.277	1.734	.189	.006
Error	44.269	277	.160			
Total	2800.084	282				
Corrected total	50.447	281				

a. R Squared = .122 (Adjusted R Squared = .110)



Covariates appearing in the model are evaluated at the following values: b1_good_mentalhealth = 2.9698, q02.b3: 02. What is your gender? = .479, SES.b3: Socio-Economic Status = 1.7411

Table A2g.5 Changes in knowledge of sources of information-seeking scores by treatment and control group according to the panel data

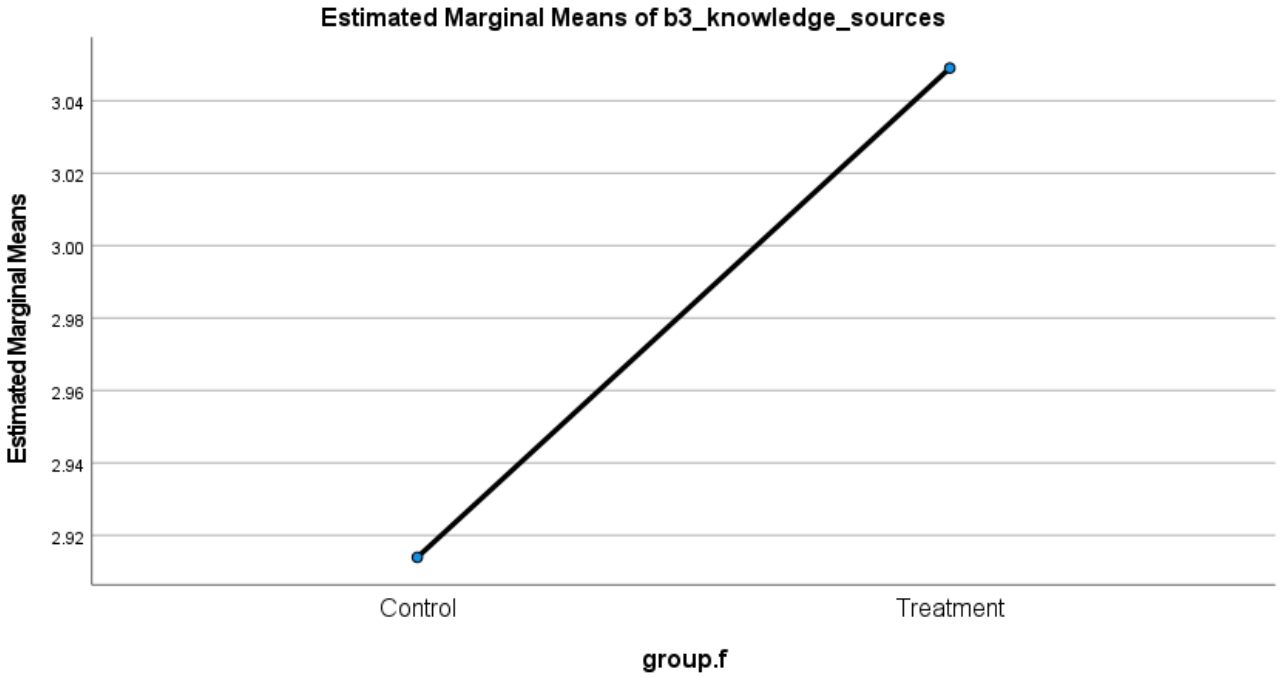
	Baseline	Endline	% Change	Significance
Panel data				
Control	69.4	71.8	3.5%	0.030
Treatment	72.4	71.1	-1.8%	no sig
Boys				
Control	68.0	73.1	7.4%	0.002
Treatment	74.6	71.0	-4.8%	0.074
Girls				
Control	70.5	70.6	0.2%	no sign
Treatment	70.9	71.1	0.3%	no sig

Table A2g.6 Results ANCOVA analysis for knowledge of sources of information-seeking

Tests of Between-Subjects Effects

Dependent Variable: b3_knowledge_sources						
Source	**Type III Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**	**Partial Eta Squared**
Corrected model	10.258[a]	4	2.564	9.873	.000	.125
Intercept	39.693	1	39.693	152.826	.000	.356
b1_knowledge_sources	8.608	1	8.608	33.143	.000	.107
q02.b3	.096	1	.096	.371	.543	.001
SES.b3	.552	1	.552	2.124	.146	.008
group.f	1.002	1	1.002	3.857	.051	.014
Error	71.685	276	.260			
Total	2528.132	281				
Corrected total	81.943	280				

a. R Squared = .125 (Adjusted R Squared = .113)



Covariates appearing in the model are evaluated at the following values: b1_knowledge_sources = 2.7751, q02.b3: 02. What is your gender? = .477, SES.b3: Socio-Economic Status = 1.7402

Table A2g.7 Changes in attitudes towards mental health services scores by treatment and control group according to the panel data

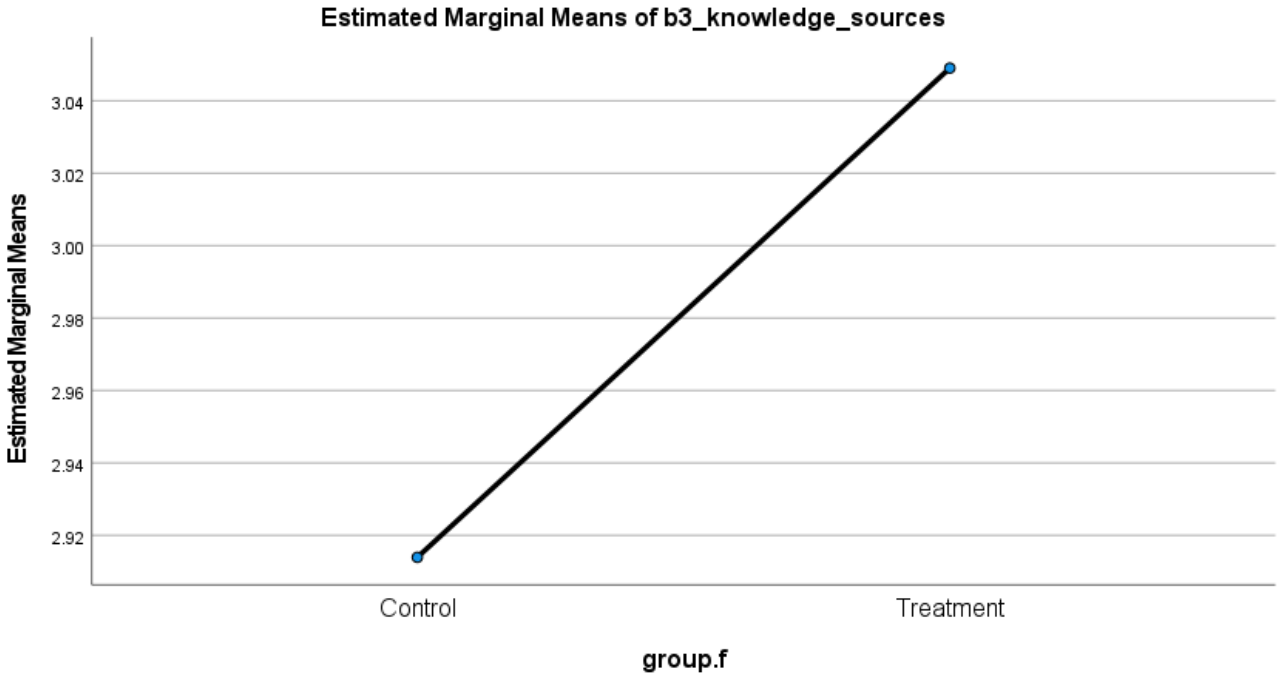
	Baseline	Endline	% Change	Significance
Panel data				
Control	69.7	68.9	-1.2%	no sign
Treatment	72.7	72.6	-0.1%	no sign
Boys				
Control	68.0	66.7	-1.9%	no sign
Treatment	71.3	69.7	-2.3%	no sign
Girls				
Control	71.3	70.8	-0.7%	no sign
Treatment	73.9	75.3	1.9%	no sign

Table A2g.8 Results ANCOVA analysis for attitudes towards mental health services

Tests of Between-Subjects Effects

Dependent Variable: b3_knowledge_sources						
Source	**Type III Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**	**Partial Eta Squared**
Corrected model	10.258[a]	4	2.564	9.873	.000	.125
Intercept	39.693	1	39.693	152.826	.000	.356
b1_knowledge_sources	8.608	1	8.608	33.143	.000	.107
q02.b3	.096	1	.096	.371	.543	.001
group.f	1.002	1	1.002	3.857	.051	.014
SES.b3	.552	1	.552	2.124	.146	.008
Error	71.685	276	.260			
Total	2528.132	281				
Corrected total	81.943	280				

a. R Squared = .125 (Adjusted R Squared = .113)



Covariates appearing in the model are evaluated at the following values: b1_knowledge_sources = 2.7751, q02.b3: 02. What is your gender? = .477, SES.b3: Socio-Economic Status = 1.7402

Table A2g.9 Changes in mental health emotional problems (SDQ) scores by treatment and control group according to the panel data

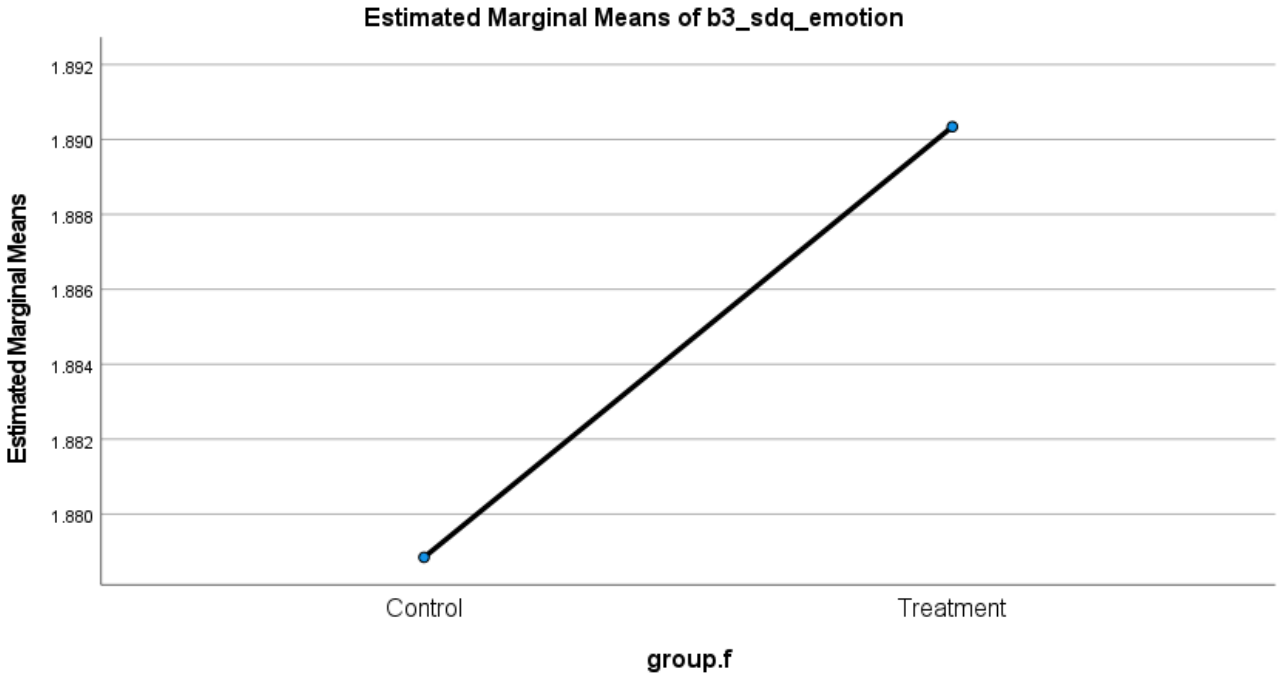
	Baseline	Endline	% Change	Significance
Panel data				
Control	74.6	71.7	-3.9%	0.005
Treatment	71.2	69.5	-2.4%	no sig
Boys				
Control	76.2	73.8	-3.1%	no sig
Treatment	72.0	72.8	1.0%	no sig
Girls				
Control	73.8	69.9	-5.2%	0.009
Treatment	70.2	65.6	-6.6%	0.031

Table A2g.10 Results ANCOVA analysis for mental health emotional problems (SDQ)

Tests of Between-Subjects Effects

Dependent Variable: b3_sdq_emotion						
Source	**Type III Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**	**Partial Eta Squared**
Corrected model	12.002[a]	3	4.001	22.919	.000	.17
Intercept	20.789	1	20.789	119.092	.000	.26
b3_sdq_emotion	10.395	1	10.395	59.550	.000	.15
q02.b3	.666	1	.666	3.813	.052	.01
group.f	.102	1	.102	.585	445	.00
Error	56.733	325	.175			
Total	1221.410	329				
Corrected total	68.735	328				

a. R Squared = .175 (Adjusted R Squared = .167)



Covariates appearing in the model are evaluated at the following values: b1_sdq_emotion = 1.7711, q02.b3: 02. What is your gender? = .497, age_cohort.b1 = 1.8956

Table A2g.11 Changes in mental health behavioural problems (SDQ) scores by treatment and control group according to the panel data

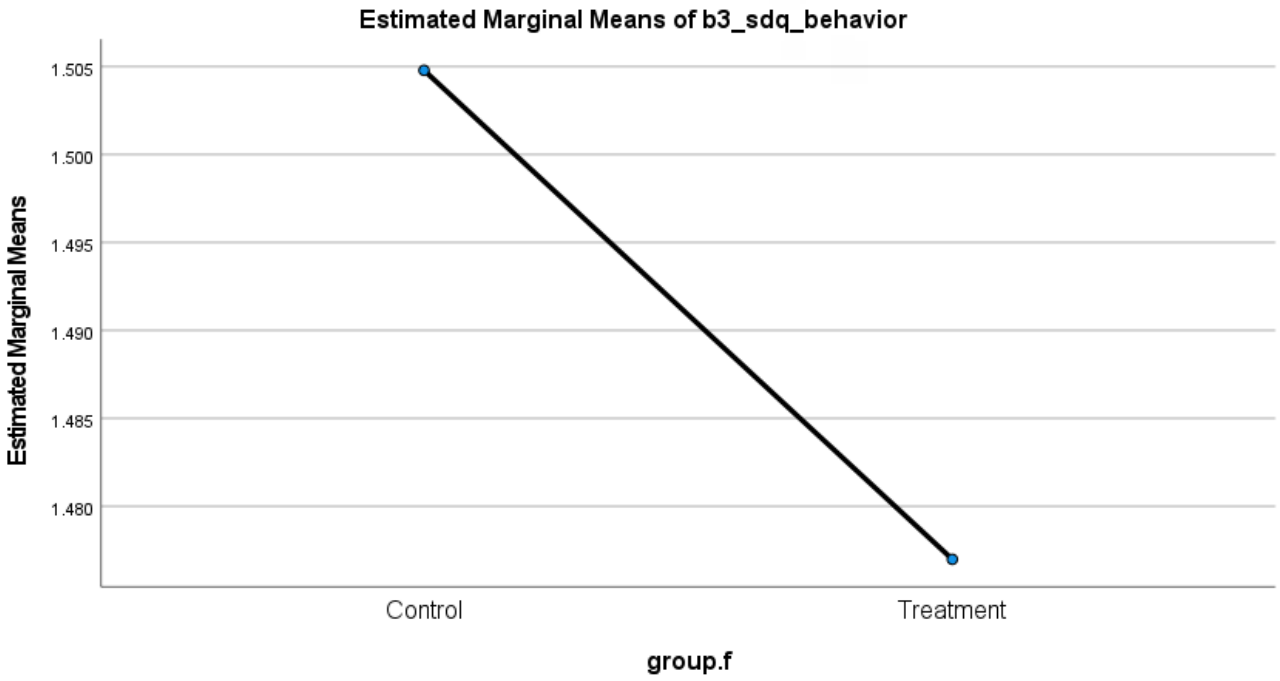
	Baseline	Endline	% Change	Significance
Panel data				
Control	85.6	83.8	-2.1%	0.031
Treatment	71.7	84.5	-1.2%	no sign
Boys				
Control	84.1	81.5	-3.1%	0.053
Treatment	84.8	81.6	-3.8%	0.082
Girls				
Control	87.1	85.9	-1.3%	no sig
Treatment	86.6	87.3	0.8%	no sig

Table A2g.12 Results of ANCOVA analysis for mental health emotional problems (SDQ)

Tests of Between-Subjects Effects

Dependent Variable: b3_sdq_behavior						
Source	**Type III Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**	**Partial Eta Squared**
Corrected model	4.281[a]	4	1.070	7.825	.000	.091
Intercept	11.460	1	11.460	83.787	.000	.212
b1_sdq_behavior	3.342	1	3.342	24.432	.000	.073
q02.b3	.413	1	.413	3.017	.083	.010
age_cohort.b1	.159	1	.159	1.165	.281	.004
group.f	.045	1	.045	.328	.567	.001
Error	42.538	311	.137			
Total	755.022	316				
Corrected total	46.819	315				

a. R Squared = .091 (Adjusted R Squared = .080)



Covariates appearing in the model are evaluated at the following values: b1_sdq_behavior = 1.4504, q02.b3: 02. What is your gender? = .497, age_cohort.b1 = 1.8956

Table A2g.13 Changes in mental health prosocial problems (SDQ) scores by treatment and control group according to the panel data

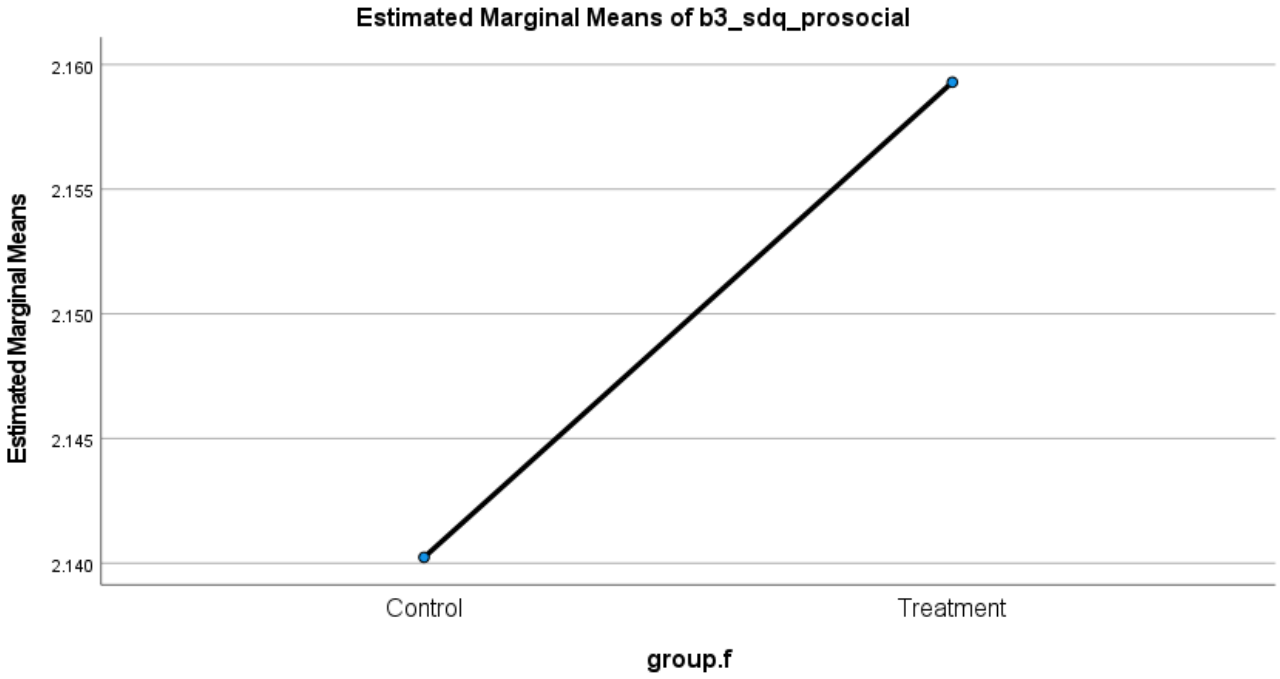
	Baseline	Endline	% Change	Significance
Panel data				
Control	71.0	71.7	1.1%	no sign
Treatment	71.7	71.6	-0.2%	no sign
Boys				
Control	71.5	70.7	-1.1%	no sign
Treatment	71.3	71.5	0.2%	no sign
Girls				
Control	70.2	72.6	3.5%	0.001
Treatment	72.1	71.7	-0.5%	no sign

Table A2g.14 Results ANCOVA analysis for mental health prosocial problems (SDQ)

Tests of Between-Subjects Effects

Dependent Variable: b3_sdq_prosocial						
Source	**Type III Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**	**Partial Eta Squared**
Corrected Model	.180[a]	4	.045	1.559	.186	.023
Intercept	6.522	1	6.522	225.359	.000	.457
b1_sdq_prosocial	.134	1	.134	4.640	.032	.017
age_cohort.b1	.000	1	.000	.009	.924	.000
SES.b3	.028	1	.028	.969	.326	.004
group.f	.018	1	.018	.628	.429	.002
Error	7.756	268	.029			
Total	1264.569	273				
Corrected Total	7.936	272				

a. R Squared = .023 (Adjusted R Squared = .008)



Covariates appearing in the model are evaluated at the following values: b1_sdq_prosocial = 2.1393, age_cohort.b1 = 1.9048, SES.b3: Socio-Economic Status = 1.7436

Table A2g.15 Changes in expressive or emotional-focused coping by treatment and control group according to the panel data

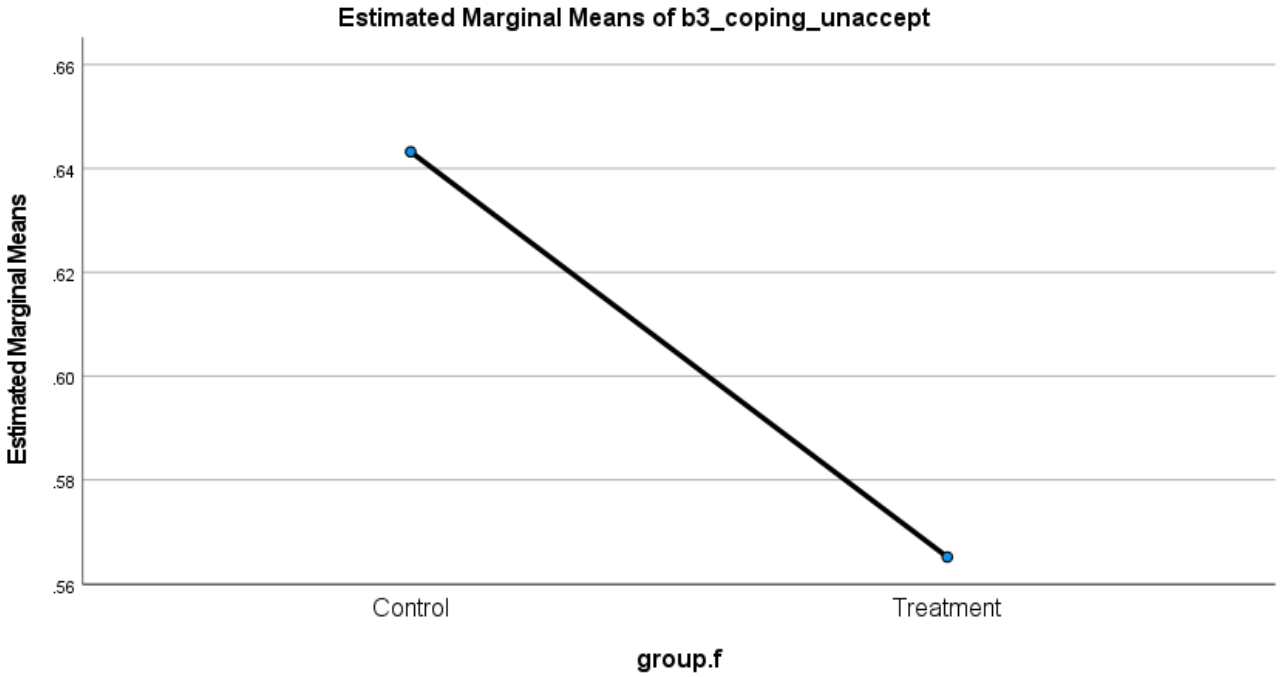
	Baseline	Endline	% Change	Significance
Panel data				
Control	26.7	32.8	23.2%	0.001
Treatment	30.2	28.4	-5.7%	0.087
Boys				
Control	26.8	32.9	23.0%	0.001
Treatment	27.1	25.7	-5.0%	no sig
Girls				
Control	26.5	32.7	23.6%	0.001
Treatment	32.9	30.9	-6.0%	no sig

Table A2g.16 Results ANCOVA analysis for expressive or emotional-focused coping

Tests of Between-Subjects Effects

Dependent Variable: b3_coping_unaccept						
Source	**Type III Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**	**Partial Eta Squared**
Corrected Model	2.545[a]	4	.636	8.531	.000	.099
Intercept	5.842	1	5.842	78.328	.000	.202
b1_coping_unaccept	2.193	1	2.193	29.401	.000	.087
q02.b3	.053	1	.053	.707	.401	.002
age_cohort.b1	.035	1	.035	.472	.493	.002
group.f	.348	1	.348	4.664	.032	.015
Error	23.046	309	.075			
Total	147.009	314				
Corrected Total	25.591	313				

a. R Squared = .099 (Adjusted R Squared = .088)



Covariates appearing in the model are evaluated at the following values: b1_coping_unaccept = .5427, q02.b3: 02. What is your gender? = .494, age_cohort.b1 = 1.9204

Table A2g.17 Changes in active coping by treatment and control group according to the panel data

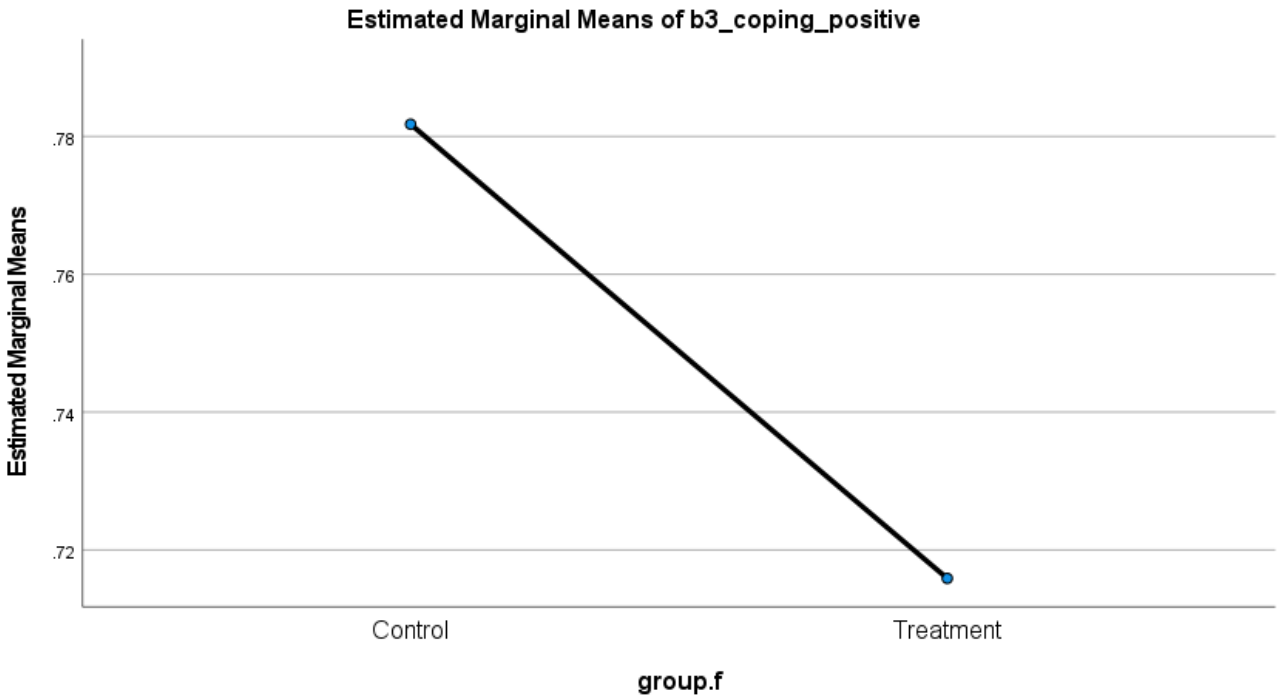
	Baseline	Endline	% Change	Significance
Panel data				
Control	39.4	39.5	0.2%	no sig
Treatment	38.2	36.9	-3.3%	no sig
Boys				
Control	39.6	38.6	-2.5%	no sig
Treatment	39.2	35.9	-8.4%	0.062
Girls				
Control	39.5	40.8	3.4%	no sig
Treatment	37.0	37.6	1.7%	no sig

Table A2g.18 Results ANCOVA analysis for active coping

Tests of Between-Subjects Effects

Dependent Variable: b3_coping_positive						
Source	**Type III Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**	**Partial Eta Squared**
Corrected model	.971[a]	3	.324	5.691	.001	.050
Intercept	7.701	1	7.701	135.427	.000	.295
b1_coping_positive	.508	1	.508	8.936	.003	.027
q02.b3	.150	1	.150	2.638	.105	.008
group.f	.284	1	.284	5.001	.026	.015
Error	18.423	324	.057			
Total	210.597	328				
Corrected total	19.394	327				

a. R Squared = .050 (Adjusted R Squared = .041)



Covariates appearing in the model are evaluated at the following values: b1_coping_positive = .7673, q02.b3: 02. What is your gender? = .488

Table A2g.19 Changes in avoidance coping by treatment and control group according to the panel data

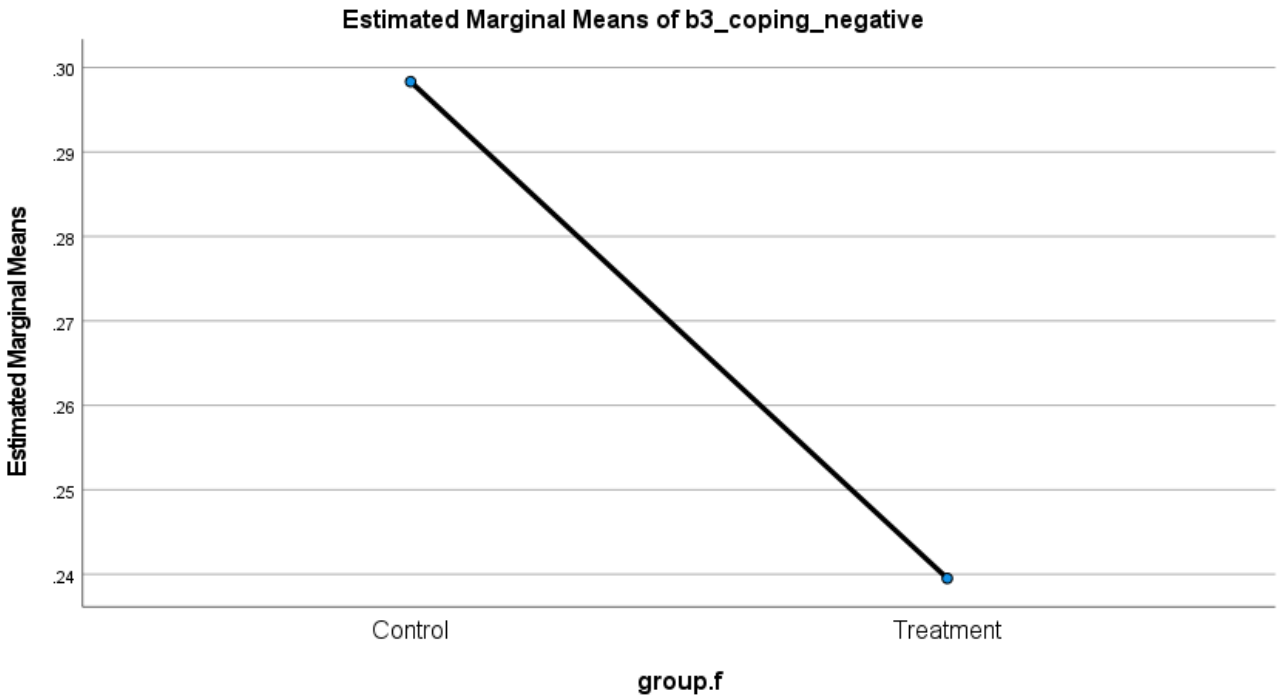
	Baseline	Endline	% Change	Significance
Panel data				
Control	13.5	14.4	6.7%	no sig
Treatment	13.7	12.3	-9.8%	no sig
Boys				
Control	14.1	15.0	6.2%	no sig
Treatment	11.7	10.0	-14.2%	no sig
Girls				
Control	13.1	14.0	6.6%	no sig
Treatment	15.1	14.5	-4.1%	no sig

Table A2g.20 Results ANCOVA analysis for avoidance coping

Tests of Between-Subjects Effects

Dependent Variable: b3_coping_negative						
Source	**Type III Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**	**Partial Eta Squared**
Corrected Model	.933a	3	.311	5.345	.001	.047
Intercept	3.248	1	3.248	55.829	.000	.148
b1_coping_negative	.781	1	.781	13.418	.000	.040
q02.b3	8.288E-5	1	8.288E-5	.001	.970	.000
group.f	.225	1	.225	3.864	.050	.012
Error	18.730	322	.058			
Total	45.573	326				
Corrected Total	19.663	325				

a. R Squared = .047 (Adjusted R Squared = .039)



Covariates appearing in the model are evaluated at the following values: b1_coping_negative = .2828, q02.b3: 02. What is your gender? = .488

Annex 3 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 Samuels 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.[2] 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.[3] 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 Nyangara et al., 2009; Hermenau et al., 2011; 2015; Dow et al., 2016; 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;[4] 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.[5] 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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2 See https://www.sdqinfo.org/ao.html

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

4 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).

5 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 questionnaire and psychometric scales were tested and refined after piloting and cognitive testing of the survey. The survey team conducted a pilot survey with 185 secondary students from a secondary school in Hanoi (THCS Nhân Chính) and an upper secondary school in Hai Phong (THPT Lê Quý Đôn) following a convenience sampling. Upon review of the scales for their psychometric properties, including reliability (internal consistency), 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 Annex A2b and A2c).

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 Viet Nam 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.

Table A3.1 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.

Annex 4 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)	

School name:	School number:
Grade:	Classroom:

1.1 Questions about you and your household

1. When is your birthday	Record date |_____|	
2. How old are you today?	Indicate approximate age in years 98 = I don't know |_____|	
Please circle the correct answer:		
3. What is your gender?	00 = Male 01 = Female	02 = Other
4. 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

5. How many people live in your household? Note: These are all those 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 |_____|	

Please circle the correct answer:

6. Of those people living in your household, how many household members are 18-years old or younger?	00 = None 01 = One 02 = Two 03 = Three	04 = Four 05 = Five 06 = Six or more
7. Are all household members ages 6 to 18 currently in school?	00 = No	01 = Yes
8. Are both your mother and father alive?	1 = both alive 2 = mother alive 3 = father alive	4 = both not alive 99 = I don't know
9. Who are you currently living with, under the same roof?	01 = both mother and father 02 = only mother 03 = only father 04 = other relatives	05 = by myself 06 = with someone else [specify] |_____|

Please indicate the correct answer, if your parents are currently living:

10.	**Age [Specify age or 'I don't know']**	**Highest level of education [Please use codes below]**	**Profession**
Father			
Mother			

Education codes: 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

Please circle the correct answer.

11. Who is the head of your household?	00 = Father 01 = Mother	02 = Someone else [specify] |_____|
12. What is the sex of [household head]?	01 Male 02 Female	
13. What is the age of [household head]?	Approximate age in years |_____|	98 = I don't know

14. What is the highest education attained by household head?	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
15. What is the profession of household head?	Indicate profession |_____|	
16. What is your religion? Please circle the correct answer.	01 Christian 02 Buddhist	96 Other religion [specify] |_____| 97 No religion
17. What is your ethnicity? Please circle the correct answer.	01 Kinh 02 Hoa 03 Other [specify] |_____|	
18. How many rooms does your household have, including kitchen and living room?	Put number	
19. Of these rooms in your household, how many rooms are used for sleeping?	Put number	

Household asset ownership

Please indicate the correct answer.

20. Does your household have?	**Yes**	**No**	**Don't know**
[A] Television			
[B] Fixed phone			
[C] Refrigerator			
[D] Computer(s)			
[E] Bicycle			
[F] Motorcycle/scooter			
[I] Car(s) or truck			
[J] Bank account			

1.2 Contextual factors

1.2.1 Individual education

1. Which grade/class are you in now?	Indicate grade/class |_____|	

Please circle the correct answer:

2. How often in the last 6 days did you come to class without completing your homework or preparation for lessons?	01=Always 02=Usually 03=Sometimes 04=Rarely	05=Never 06=No homework is set
3. 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 98 = I don't know
4. What was your GPA this semester OR last semester/ last year?	Record GPA.	|_____|

1.2.2 Physical health

5. Compared with other children of the same age would you say your health is? the same, much better, better, worse or much worse? Please circle the correct answer	01=much worse 02=worse 03=same	04=better 05=much better

1.2.3 Family, friends and role models, support network

Please indicate the correct answer.

6. 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=11-15 people	05=16-20 people 06=21-30 people 07=Over 30 people |__|
7. Do you have female friends, who are not members of your household, that you trust, and with whom you can talk about feelings and personal matters, or call on for help?	0=no	1=yes
8. Do you have male friends, who are not members of your household, that you trust, and with whom you can talk about feelings and personal matters, or call on for help?	0=no	1=yes
9. 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

10. Who is this person?	1 = Mother 2 = Father 3 = Grandmother 4 = Grandfather 5 = Sister 6 = Brother 7 = Aunt 8 = Uncle 9 = Other relative [specify] 10= Girl program leader [specify program]	11 = Teacher 12 = Male friend 13 = Female friend 14 = Community leader 15 = Someone else in your community [specify] 16 = Someone famous [specify] |_____| 17= Other [specify] |_____| 99 = Don't know
11. Are you a member of any school club?	0=no	1=yes

1.3 Mental health scales

1.3.1 Mental health literacy

Emotional literacy

Below are some statements about mental health. Please circle the answer that best describes your understanding.	Strongly Disagree	Disagree	Neither agree or disagree	Agree	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.					
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.					

Below are some statements about mental health. Please circle the answer that best describes your understanding.	Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree
13. People with a mental illness could snap out of it if they wanted.					

What is important for good mental health?

For each statement, please indicate your level of agreement.	Strongly disagree	Disagree	Neither agree nor disagree	Agree	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					

1.3.2 Knowledge of sources of information seeking

For each statement, please indicate your level of agreement.	Strongly disagree	Disagree	Neither agree nor disagree	Agree	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 general practitioner)					
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					

1.3.3 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 by alone than with other people 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			
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.			

1.3.4 (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						

1.4 Responding to mental health challenges

1.4.1 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
|_____|

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.		

Did you do this?	Yes	No
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] |_____|		

1.4.2 Attitudes Toward Seeking Professional Psychological Help

For each statement, please indicate your level of agreement.	Strongly disagree	Disagree	Agree	Strongly agree	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.					

1.5 Use of technology

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

5. Do you have a 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 1.6]** 1= sometimes	2=often 3=always

How often have you done these things ONLINE in the past 30 days?	**1= Once a week or more**	**2= Once a month**	**3= Every few months**	**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					

1.6 Violence

1.6.1 Violence by peers and ways of dealing with it

In the past 12 months how many times have any peers...	**Never**	**Once**	**More than once**	**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)				
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 1.6.2]**		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) |_____|

1.6.2 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?				

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 |_____|

1.7 Other behaviours

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

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

Please return the questionnaire to the enumerator.

Annex 5 Socio-demographic details of endline qualitative sample

Table A5.1 Number of participants in qualitative interviews conducted, by type and site

	Nha Trang	Vinh	TOTAL
IDIs	19	21	40
FCS	3 (6)	2 (6)	5 (12)
FGDs	8 (44)	5 (27)	13 (71)
KIIs	10	10	20
TOTAL	40 (79)	38 (64)	78 (143)

*In brackets numbers of participants

Table A5.2 In-depth interviews socio-demographic data, by site

	Nha Trang	Vinh	TOTAL
Gender			
Male	7	7	14
Female	12	14	26
Age			
13	1		1
14	1	11	12
15	7		7
16		2	2
17	4	8	12
18	6		6
Education level			
Secondary form 7	1		1
Secondary form 9	8	11	19
High school form 11	3	2	5
High school form 12	7	8	15
Participated in the baseline			
N/A	5	7	12
Yes	7	3	10
No	7	11	18
Participated in Fondation Fondation Botnar activities			
Yes	19	21	40
No			

Table A5.3 Family case studies socio-demographic data, by site

	Nha Trang	Vinh	TOTAL
Gender			
Male	2	1	3
Female	4	5	9
Age			
36	1		1
38		1	1
40		1	1
41	1	1	2
42	1		1
45	1		1
48		1	1
54	1		1
59		1	1
65	1		1
75		1	1
Marital status			
Married	6	5	11
Widow		1	1

	Nha Trang	Vinh	TOTAL
Education level			
N/A	4		4
Bachelor's		4	4
Elementary		1	1
Grade 1–2		1	1
High school	1		1
Primary school (secondary school dropout)	1		1
Occupation			
N/A	4		4
Art teacher		1	1
Farmer		2	2
Freelance (businesswoman)	1		1
Manager		1	1
Retired (running a small grocery store)	1		1
Retirement		1	1
Teacher		1	1
Religion			
N/A	4	6	10
Buddhism	2		2

Table A5.4 Focus group discussion types and participants by site

	FGDs	Participants in FGDs
Nha Trang		
Mothers (1 father)	2	11
Adolescents	6 (3 girls 3 boys)	33 (16 girls 17 boys)
Vinh		
Mothers	1	3
Adolescents	4 (2 girls 2 boys)	24 (12 girls 12 boys)
Total		71

Table A5.5 Focus group discussion socio-demographic data, by site

	Nha Trang	Vinh	TOTAL
Gender			
Male	18	12	30
Female	26	15	41
Age			
N/A	8		8
12–15	5		5
14		4	4
14–15	5		5
15		12	12
16		5	5
17		3	3
17–18	17		17
18	6		6
41	1		1
43		1	1
44		1	1
48		1	1
54	1		1
63	1		1

	Nha Trang	Vinh	TOTAL
Marital status			
N/A	41	24	65
Married	3	3	6
Number of children			
N/A	42	27	69
2	2		2
Education level			
N/A	10	27	37
Secondary form 6	2		2
Secondary form 8	5		5
Secondary form 9	2		2
High school form 11	3		3
High school form 12	22		22
Occupation			
N/A	8		8
Housewife	2		2
Preschool teacher	1		1
Student	33	24	57
Teacher		3	3

Annex 6 Endline qualitative data collection tools

- 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?
11. Are children / adolescents able to / confident to ask for help from others? If yes, who? if not, why not?
12. What challenges do your organization face in dealing with adolescent's mental health issues? How could they be addressed?

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?

- 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?

- 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.

- 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 ...]

- 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. Since when have you been working here?

2. 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?
  - 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?)

- 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?

- 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?

- 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 FONDATION BOTNAR 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

- 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 Fondation Botnar 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:

3. 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?

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 7 Mapping of key actors and policy influencers relevant to adolescent mental health in study/project locations

Institution	Role/purpose	Work relevant to adolescent mental health
Nghe An province		
Department of Education and Training	Perform management for educational settings at all levels in the area	Drafting and implementing government policies on education;
Department of Labour, Invalids and Social Affairs	In charge of social welfare: labour and employment, vocational training, child protection, gender equality ... in a regional scale	Drafting and implementing government policies on social welfare;
Department of Health	Perform management of medical system in the area	Drafting and implementing government policies on medical health care
Psychiatric hospital	Main mental health facility in the province	• Providing mental health care with a medical approach (diagnose, medical treatment...) • Research in mental disorders
Ho Chi Minh Communist Union[6]	Provide life-skills training and mental health related extra-curricular activities	
Khanh Hoa province		
Department of Education and Training	Perform management for educational settings at all levels in the area	Drafting and implementing government policies on education;
Department of Health	Perform management of medical system in the area	Drafting and implementing government policies on medical health care
Ho Chi Minh Communist Youth Union	Responsible for organising activities of education, training, social work, volunteering for young people, usually students	• Propaganda and education function: raise awareness of social issues like prevention of social evils, Covid-19... • Training workshop in various topics • Cooperate with students' associations in the area to identify and support students who need help

6 This is the only new addition from the table in the baseline report as this emerged during the endline qualitative study.

Institution	Role/purpose	Work relevant to adolescent mental health
Center for Social Work	Providing and promoting social work services for individuals, families, and community groups in the province;	• Receiving children in need of urgent protection such as: abandoned children, victims of domestic violence, victims of sexual abuse, victims of trafficking, victims of forced labour • Providing counselling service through hotline or by face-to-face meetings • Providing therapy for people with mental disorders • Life-skills training for children and adolescents
Department of Labour, Invalids and Social Affairs	In charge of social welfare: labour and employment, vocational training, child protection, gender equality ... in a regional scale;	• Drafting and implementing government policies on social welfare;
Viet Nam Youth Education Support Center (4T Center)	Helping the young generation of Viet Nam to maximise their potential with a comprehensive development programme (physical, cognition, emotion and skills);	• Youth volunteer club network • Training camp: extracurricular activities for students with the aim of developing skills and social knowledge necessary for personal development
Psychiatric hospital	Main mental health facility in the province;	• Function rehabilitation for people with mental disorders • Organise field trip to the campus for high school students to learn more about rehabilitation activities for patients with mental illness in in the hospital