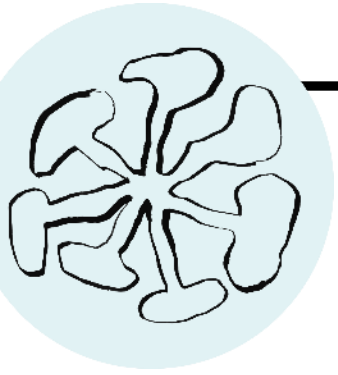




Youth Mental Health Norway (YMHN) – MHPSS

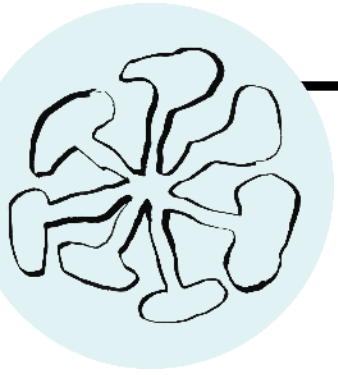




WELCOME !



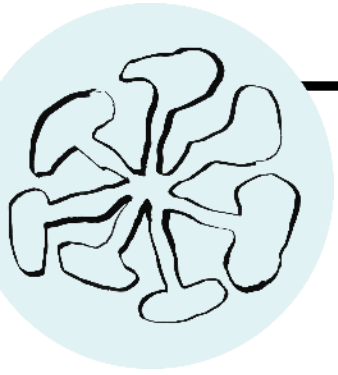
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LEARNING OBJECTIVES

- Build skills to provide **psychosocial support** to people experiencing mental health challenges.
- Promote the **rights of people with physical, psychosocial, intellectual, and cognitive disabilities.**
- Support a **holistic, recovery-oriented, and person-centered approach** to mental health.





INTRODUCTION TO MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)



COURSE OUTLINE

- Mental Health as Human Right
- Understanding mental health and psychosocial support
- Views on mental health – positive vs negative
- Mental Health and Culture
- Identifying and assisting individuals with mental health conditions
- Stigma Reduction



MENTAL HEALTH DEFINITION & OVERVIEW OF MENTAL CONDITIONS



8/25/2026

OVERVIEW OF MENTAL HEALTH CONDITIONS

- According to the World Health Organization (WHO), over 1 billion people worldwide are living with a mental health condition.
- Key global facts
 - Around 1.1 billion people have a mental disorder.
 - Roughly 1 in every 7 people on Earth.
 - The most common conditions are anxiety and depression.
 - A high number of people do not receive treatment, particularly in lower-income countries.

OVERVIEW OF MENTAL CONDITIONS

Suicide is one of the leading causes of death among people aged 15–29 globally

- **Suicide is the 4th leading cause of death among young people aged 15–29 globally. (WHO)**
- **50% of mental health conditions begin before age 14, and 75% begin before age 24. (WHO)**
- **Most children and adolescents with mental health conditions do not receive care, especially in low- and middle-income countries. (WHO / UNICEF)**
- **Mental health is a major cause of disability in youth**
- **Depression, anxiety, and behavioural disorders are among the leading causes of illness and disability among adolescents worldwide.**

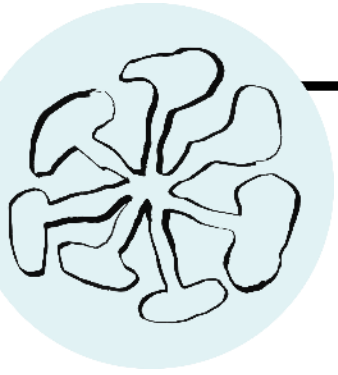
OVERVIEW OF MENTAL CONDITIONS

- Around 53% of people living with mental health conditions worldwide are women.
 - Women with disabilities are **significantly more likely to experience depression and anxiety** than both men with disabilities and women without disabilities.
 - Women with disabilities face **multiple barriers to accessing mental health services**, including stigma, discrimination, poverty, and inaccessible health systems.
-

MENTAL HEALTH

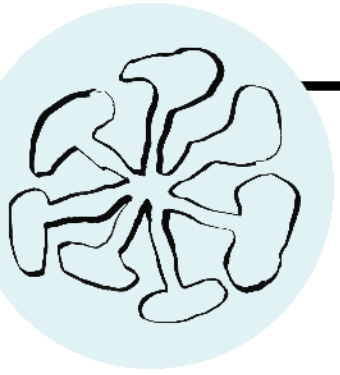
Mental health refers to your overall psychological functioning—how your mind works in terms of thoughts, emotions, and behaviours.

- **Key points:**
- **Both well-being and mental disorders**
- **Exists on a spectrum** (from thriving → struggling → mental illness)
- **Covers conditions like depression, anxiety, PTSD, etc.**
- **Influences how you think, feel, and act**
-  **Think of mental health as the big umbrella**



“Mental health is a state of well-being in which an individual realizes their own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community.”
— *World Health Organization (WHO)*





“A mental disorder is characterised by a clinically significant disturbance in an individual’s cognition, emotional regulation or behaviour. It is usually associated with distress or impairment in important areas of functioning. There are many types of mental disorders. Mental disorders may also be referred to as mental conditions.” (WHO)



MENTAL WELL-BEING

Mental well-being is the positive state of mental health—how well you are doing emotionally, socially, and psychologically.

- **Key points:**
- **Focuses on feeling good and functioning well**
- **Includes**
 - **Ability to cope with stress**
 - **Positive relationships**
 - **Sense of purpose**
- **Does not mean absence of challenges, but the ability to *manage* them**
- **👉 Think as “healthy, thriving” the of mental health**

MENTAL HEALTH, MENTAL WELL-BEING OR BOTH?

Scenario

- i. "A young person feels stressed but has strong friends and coping skills"
- ii. "Someone has depression but is receiving support and functioning well"
- iii. "A student feels isolated, unmotivated, and overwhelmed"

Make this a quiz to select one (mental health, mental well-being). Give option to check response. Red wrong response, green correct. Don't move to next page unless correct response is select. (i) Mental well-being- has a support network and coping skills. (ii) Mental well-being- because the person is receiving support. (iii) Mental health- Person does not have support network and feels isolated. Feeling unmotivated and overwhelmed will exacerbate their condition

MENTAL HEALTH VS MENTAL WELL-BEING

- Broad concept (umbrella)
- Includes illness and wellness
- Could be good/ state/ in-between
- Encompasses clinical + non-clinical
- Part of mental health
- Focuses on positive functioning
- Refers to being in a good state
- Mostly non-clinical

WHO MENTAL WELL-BEING MODEL – POSITIVE

Focuses on functioning and well-being



PERMA MODEL – POSITIVE PSYCHOLOGY

- **P – Positive**
- **E – Emotion**
- **R – Relationship**
- **M – Meaning**
- **A – Achievement**

NEGATIVE PERSPECTIVES ON POOR MENTAL HEALTH

- **WHO:** A major public health challenge and leading cause of disability; calls for stronger mental health systems and community care.
- **UNICEF:** Affects children and adolescents' development, education, and well-being; emphasizes early support and prevention.
- **UNDP:** Linked to poverty, inequality, and economic productivity; important for sustainable development.
- **UNHCR:** A critical issue for refugees and displaced people exposed to trauma and conflict.
- **UN Human Rights (OHCHR/CRPD):** A human rights issue, highlighting stigma, discrimination, and the need for rights-based care.



MENTAL HEALTH & HUMAN RIGHTS



8/25/2026



The right to health is a fundamental human right. It is not directly mentioned in Universal Human Right as 'right to health', but adequate protection is covered by some if it's Articles A25- protects it through the right to an adequate standard of living, including **health, well-being, medical care, and social services.**

Legal formulation appears in **Article 12 of the International Covenant on Economic, Social and Cultural Rights**, which recognises “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.”



RIGHTS BASED APPROACH TO MENTAL HEALTH– LEGAL FRAMEWORK *A12 EQUAL RECOGNITION BEFORE THE LAW*

- All individuals have a fundamental human right to health
– **Article 12 International Covenant on Economic, Social and Cultural Rights (ICESCR)**
- The right to achieve the highest **attainable standard of physical and mental health.**
- Healthcare must be **Availability, Accessibility, Acceptability, Quality (AAAQ Framework)**

RIGHTS BASED APPROACH TO MENTAL HEALTH FOR ALL

- Everyone should receive health care without prejudice regardless of :
- Age
- Gender
- Religion
- Mental Health status

QUIZ : IN WHAT YEAR WAS CRPD ADOPTED BY THE UNITED NATIONS (UN) GENERAL ASSEMBLY?

A. 1993

B. 2000

C. 2006

D. 2015

- Answer: C. 2006 (adopted on 13 December 2006; entered into force in 2008).

QUIZ : WHICH UN CONVENTION GOVERNS AND PROTECTS THE RIGHTS OF PERSONS WITH DISABILITIES ?

- A. Convention on the Rights of the Child (CRC)**
- B. Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)**
- C. Convention on the Rights of Persons with Disabilities (CRPD)**
- D. International Covenant on Civil and Political Rights (ICCPR)**

- Answer: C. Convention on the Rights of Persons with Disabilities (CRPD)**

THE UNITED NATIONS CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES (CRPD)

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) describes disability as follows:
“Disability results from the interaction between people with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others”

THE UNITED NATIONS CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES (CRPD)

It is important that individuals with the lived-experience define themselves- some people with disabilities may not consider themselves as disabled and others might.

Some individuals with mental health conditions may consider themselves to have difficulties as a result of their disability and others may not.

RIGHT TO HEALTH AND DISABILITY RIGHTS

Disability rights are governed by :

- **United Nations Convention on the Rights of Persons with Disabilities (CRPD)**. This convention gives people with psychosocial disabilities (mental health conditions) the same human rights as everyone.
- **Must not be discriminated**

RIGHT TO HEALTH AND DISABILITY RIGHTS

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RIGHTS BASED APPROACH TO MENTAL HEALTH- LEGAL FRAMEWORK FOR DISABILITY RIGHTS

- **The United Nations Convention on the Rights of Persons with Disabilities (CRPD) is also an important human rights frameworks for mental health and psychosocial disability.**
- **Three key articles for mental health advocacy Article 12, Article 19, and Article 25.**
- **Challenges traditional medical approaches by emphasising on key principles of autonomy, inclusion, and equal rights**

RIGHTS BASED APPROACH TO MENTAL HEALTH- LEGAL FRAMEWORK *A25 ACCESS TO NONDISCRIMINATORY AND RESPECTFUL HEALTH CARE*

Article 25 ensures that persons with disabilities have the right to the highest attainable standard of health without discrimination.

- Healthcare must be based on free and informed consent**
- Must not discriminate against people with disabilities**
- Must address the specific health needs of persons with disabilities**

RIGHTS BASED APPROACH TO MENTAL HEALTH- LEGAL FRAMEWORK *A19 LIVING INDEPENDENTLY AND BEING INCLUDED IN THE COMMUNITY*

- **Article 19 gives the right of persons with disabilities to:**
- **Live in the community**
- **Choose where and with whom they live**
- **Participate fully in society**

RIGHTS BASED APPROACH TO MENTAL – DISABILITY RIGHTS

“NOTHING ABOUT US WITHOUT US”

- Principles of disability rights must encompass **autonomy, legal capacity and participation**
- **Informed consent for treatment must be sought**
- **Supported decision-making rather than substitute decision-making**
- **Respect for autonomy**

UNDERSTANDING THE LEGAL FRAMEWORK ON DISABILITY RIGHTS

<i>Article</i>	<i>Focus</i>	<i>Impact on Mental Health</i>
Article 12	Legal capacity	Right to make decisions about treatment and life
Article 19	Community inclusion	Move away from institutions toward community-based care
Article 25	Right to health	Equal access to quality mental health services

RIGHTS BASED APPROACH TO MENTAL HEALTH

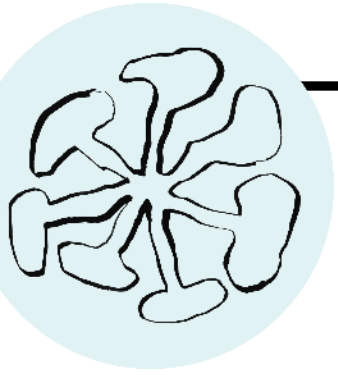
Everyone should be able to afford quality health care such as:

- Preventative care
- Medication
- Care, treatment and rehabilitation
- Mental Health services

RIGHTS BASED APPROACH TO MENTAL HEALTH

Everyone has the fundamental right to:

- **Accessible** mental health services
- **Protection** from abuse in psychiatric care
- **Community**-based support
- **Freedom** from stigma and discrimination



YOUTH MENTAL HEALTH



8/25/2026

YOUTH MENTAL HEALTH AFRICA

Country	Youth Population (approx)	% with MH conditions (WHO/UNICEF)	Estimated affected (millions)
Tanzania	~20 million	14–25%	2 – 4 million
Ethiopia	~32 million	14–25%	4 – 8 million
Uganda	~7 million	14–25%	1 – 2 million
Zambia	~6 million	14–25%	1 – 2 million

YOUTH MENTAL HEALTH IN AFRICA

Common conditions youth mental health:

- Depression ~15%
- Anxiety ~12%
- PTSD ~12% (Cambridge University Press)

YOUTH MENTAL HEALTH IN AFRICA

- **At least 1 in 7 children and adolescents in sub-Saharan Africa experience significant psychological distress**
- **Likely an underestimate, due to limited data and underreporting**
- 👉 **This puts Africa roughly in line with global averages — but with far fewer services available. (UNICEF)**

YOUTH MENTAL HEALTH IN AFRICA

- **Structural and environmental stressors** increasing risks of poor mental health
- Poverty and inequality
- Conflict and humanitarian crises
- Climate change impacts
- High rates of:
 - HIV/AIDS
 - Early pregnancy
 - Violence
 - Gender inequality

YOUTH MENTAL HEALTH TANZANIA

Tanzania *unique!* Ranks high in youth mental well-being

Demonstrate stronger mental resilience

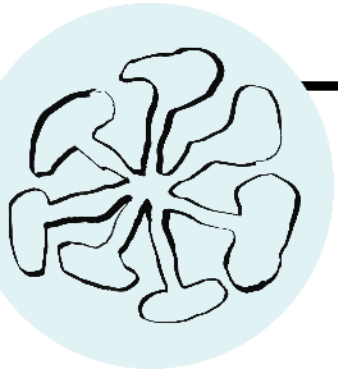
Reasons? Low ultra-processed food, less exposure to plastics, less exposure to industrial toxins, less exposure to smart phones from a young age, more collective social cohesion and community support, more emphasis on family bonds (MENTAL HEALTH YOUTH REPORT 2025)

RIGHTS BASED APPROACH TO MENTAL HEALTH POLICY FOR YOUTH

- States have an obligation to create services, laws, and programs for young people where they can achieve the highest attainable standard of mental health.**
- Services must provide both mental health services and the broader conditions that affect young people's wellbeing.**

RIGHTS BASED APPROACH TO MENTAL YOUTH: PREVENTION AND INTERVENTION

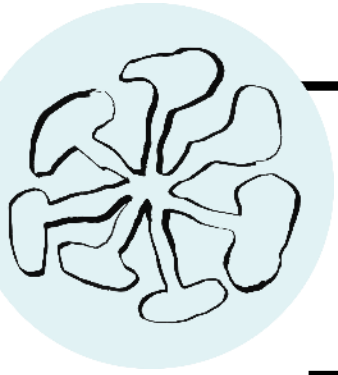
- Youth have a right to not only to treatment but also the right to receive preventative and early intervention care focusing on:
- School stress and academic pressure
- Bullying and online harassment
- Social isolation
- Family and community support



MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

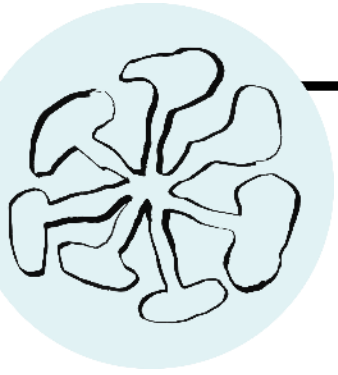


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The term “**mental health and psychosocial support**” has been used since 2007 to define *“any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder”*

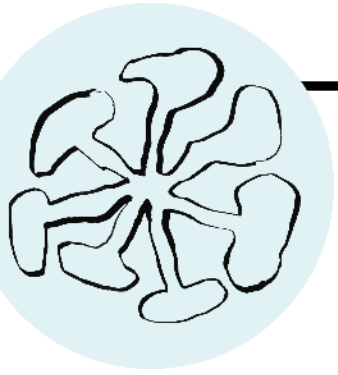




LINKS BETWEEN MENTAL HEALTH AND PSYCHOSOCIAL WELL-BEING

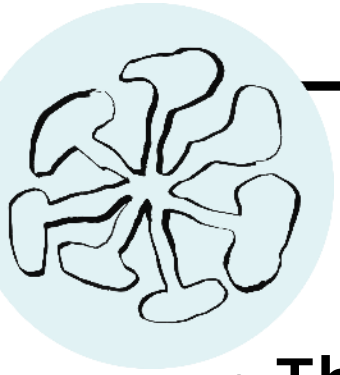


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The term **“mental health and psychosocial support”** has been used since 2007 to define “any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder”. Community is central to this construct. (IOM)





- The term “MHPSS problems” may cover a wide range of issues including social problems, emotional distress, common mental disorders (such as depression and post-traumatic stress disorder), severe mental disorders (such as psychosis), alcohol and substance abuse, and intellectual or developmental disabilities (UNHCR, 2023).



UNDERSTANDING MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

- A range of services that support Mental Health and psychosocial well-being.
- Addresses psychological distress through community and professional support.
- Provided by community networks, health professionals and specialised programs.
 - Helps individuals to cope with challenges such as stress, trauma or emotional challenges.
 - Promotes resilience and recovery.

Promoting or
protecting
psychosocial
well being



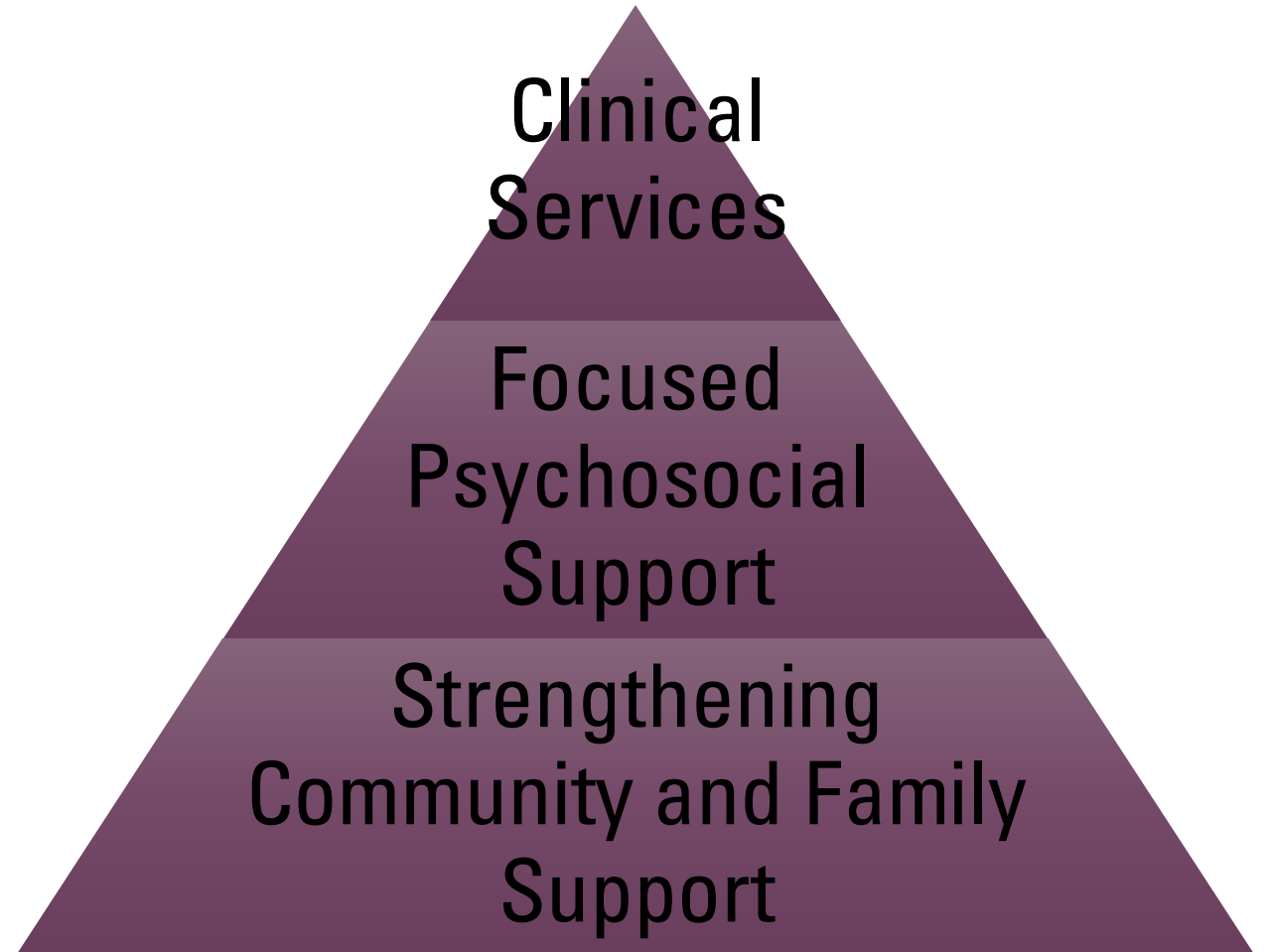
Preventing /
treating
mental health
conditions

MHPSS

WORLD HEALTH ORGANISATION INTERVENTION PYRAMID

- **World Health Organisation and other public health agencies use it to illustrate how different interventions affect population health.**
- **Addresses the root causes of poor health:**
 - **Education**
 - **Income and employment**
 - **Housing**
 - **Food security**
 - **Social inclusion**

WORLD HEALTH ORGANISATION INTERVENTION PYRAMID



PROVIDING PSYCHOSOCIAL SUPPORT FOR MENTAL HEALTH

- **PSYCHOSOCIAL DIMENSION**

- Feelings
- Personal experiences
- Stress
- Perceptions
- Belief

- **SOCIAL DIMENSION**

- Traditions
- Relationships and networks
- Community Support Services

INTER-AGENCY STANDING COMMITTEE (IASC)

GUIDELINES ON MHPSS

- Provides a framework for MHPSS integration, activities across different sectors such as health, protection and education in the form of a four-layer multi-layered approach:
 - **1. BASIC PSYCHOSOCIAL SUPPORT:** Support eg. Psychosocial first aid, community involvement in setting up activities
 - **2. FOCUSED PSYCHOSOCIAL SUPPORT:** Promoting positive mental well-being through prevention activities e.g support groups, peer support delivered by trained staff

INTER-AGENCY STANDING COMMITTEE (IASC)

GUIDELINES ON MHPSS

- **3. PSYCHOLOGICAL SUPPORT:** Suitable for persons with more complicated mental distress or those at risk groups for developing severe mental illness. E.g formal counselling, intervention from a psychologist combined with community activities
- **4. SPECIALISED MENTAL HEALTH CARE:** Clinical care for persons with chronic mental health problems e.g in-patient care, out-patient care through treatment centers

QUIZ/ IN/PERSON GROUP WORK : WHAT TYPE OF MHPSS INTERVENTION CAN I USE?

Go into groups discuss and suggest appropriate psychosocial intervention that you could use to provide

- (i) Basic psychosocial support
- (ii) Focused psychosocial support
- (iii) Psychological support
- (iv) Specialised mental health services

Place your post it on one of the above on the pyramid. Return to the big group to discuss the various possible interventions, and how they are appropriate to certain needs (e.g better managing a situation, treating a psychological disorder) and objectives (eg informing, preventing, treating, supporting)



MENTAL HEALTH CULTURE AND STIGMA REDUCTION



8/25/2026



Stigma and discrimination are prevalent across cultures, regardless of the specific symptoms or diagnosis. Their impacts are mostly harmful: from personal to social and economic harms; from distress in daily life to direct harms to health, according to WHO's world mental health report (WHO 2020).



THE UNITED NATIONS CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES (CRPD)

CRPD defines “disability-based discrimination”, as “any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It includes all forms of discrimination, including denial of reasonable accommodation”



Individuals who experience mental health

- Report lower quality of life and greater hopelessness about life
- Are less likely to seek health care
- Are more likely to have suicidal ideation
- Find it more challenging to get work, study or have secure housing
- Have lower life expectancy and live up to 20 years less than the rest of the population
- At greater risk of physical illness and exacerbated symptoms



STIGMA & DISCRIMINATION

- “Stigma and discrimination contravene basic human rights and have severe, toxic effects on people with mental health conditions that exacerbate marginalisation and social exclusion” *(Lancet Commission on ending stigma and discrimination 2002)*
- People living with a mental health condition express that stigma associated with mental health is worse than the condition itself.
- People with mental health conditions must deal with more than just the symptoms of the condition due to stigma

STIGMA REDUCTION

THREE COMPONENTS THAT MAKE UP STIGMA

MISINFORMATION They also face a range of negative and incorrect beliefs

PREJUDICE negative attitudes and negative behaviours

DISCRIMINATION related to mental health condition, which make it harder (WHO)

TYPES OF STIGMA

- **SELF STIGMA** a person internalizes others' prejudicial attitudes (e.g. "I'm not well because I am weak")
- Harmful and makes the person unmotivated and feel undeserved
- Feelings on hopelessness
- Feelings of no point in trying

TYPES OF STIGMA

- **STIGMA BY ASSOCIATION** a person is viewed negatively or treated poorly because they have a relationship or association with somebody with mental health
- It is common for family or friends to be targets of such stigma, but it can also include health professional
- Can make family members feel guilty for causing the illness

TYPES OF STIGMA

- **PUBLIC STIGMA** refers to negative attitudes or behaviours of large groups within society towards people with mental health conditions.
- Harmful and can prevent others from seeking help.

TYPES OF STIGMA

- **STRUCURAL STIGMA** a larger-scale injustices, such as discriminatory laws or policies, or inadequate allocations of funding for mental health care
- Harmful and can poor quality mental health services.

CULTURAL PERSPECTIVES ON MENTAL HEALTH

- **Viewed as medical conditions, while others may see them as related to spiritual, social, or family factors.**
- **In some cultures, mental illness carries strong stigma, which can discourage people from seeking help.**
- **Express distress differently, sometimes through physical symptoms such as headaches or fatigue.**
- **Seeking help – people seek help from health professionals, family members, community leaders, or traditional healers.**
- **Value on family and community – collective support, where family and community play an important role in coping and recovery.**

HOW CAN STIGMA BE REDUCED?

- **Leadership by people with lived experience**
 - *"nothing about us without us"* – People with lived experiences can be the leaders of change in attitudes and development of mental health services and anti-stigma activities

HOW CAN STIGMA BE REDUCED?

Social contact – meaningful social contact between people with lived experience of a mental health condition and those who do not have that experience

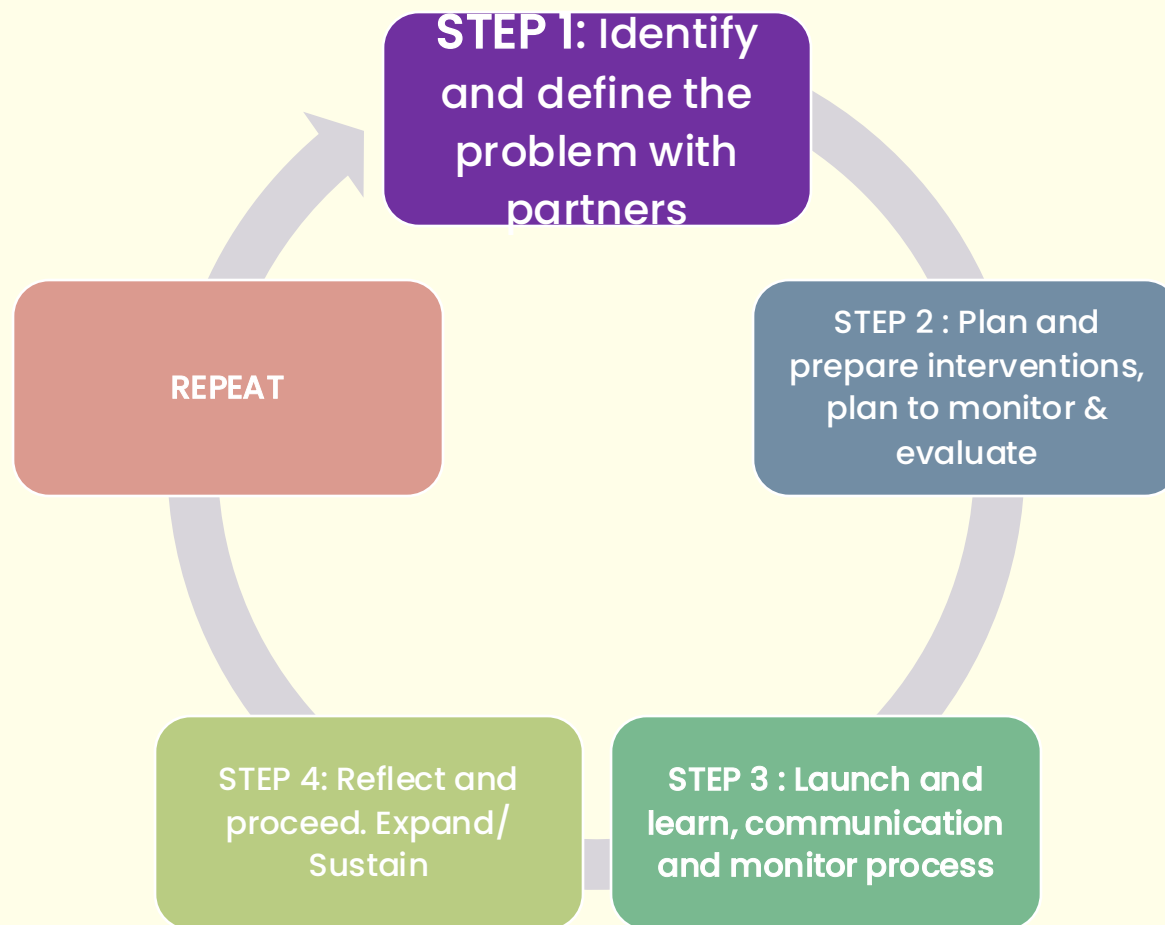
Must be based on mutual respect and not mere tokenism

Directed towards changes in attitude

HOW CAN STIGMA BE REDUCED?

Inclusive collaborations – strong collaborations between persons of lived experience and the wider community have a positive impact on anti-stigma activities and programmes e.g mental health services, researchers, policy makers, the media and other stakeholders

WHO ACTIVITIES TO REDUCE DISCRIMINATION AND STIGMA





IDENTIFYING & ASSISTING INDIVIDUALS WITH MENTAL HEALTH CONDITIONS



8/25/2026

PROVIDING PSYCHOSOCIAL SUPPORT

PERSON CENTERED FOCUS

- **An approach that places the individual as a whole person at the center of care, not just their condition or diagnosis.**
- **Focuses on the person's values, preferences, needs etc**
- **Involves them actively in decision-making**
- **Respects their autonomy, dignity, and identity**
- **Looks at the whole life context (social, emotional, cultural)**

PROVIDING PSYCHOSOCIAL SUPPORT

RECOVERY CENTERED CARE

- Supports a person's ongoing journey toward a meaningful life, regardless of symptoms.
- Focuses on hope, empowerment, and self-determination
- Focuses on strengths rather than deficits
- Supports people in building a life with purpose, identity, connection etc
- Recovery is personal and non-linear

PROVIDING PSYCHOSOCIAL SUPPORT

VICTIM CENTERED CARE

Primarily used in trauma, abuse, or crime contexts. Prioritises the **safety, rights, and needs of victims.**

- Ensures **safety and protection from further harm**
- Respects the victim's **choices, voice, and pace**
- Avoids **blame, judgment, or re-traumatisation**
- Provides support tailored to **trauma and emotional impact**

KEY DIFFERENCES IN APPROACHES

Approach	Main Focus	Context
Person-centered	Whole person & preferences	General health & social care
Recovery-centered	Personal growth & meaningful life	Mental health & substance use
Victim-centered	Safety, rights, trauma support	Abuse, violence, crime contexts

PROVIDING PSYCHOSOCIAL SUPPORT

Adhere to **DO NO HARM** principles

Know your **limits**– beware of your prejudices

Respect and Non-judgment

- Accept all feelings as valid
- Avoid criticism, shame, or assumptions

- Building a **Supportive Relationship**
- Key Skills: active listening, empathy, patience
- Key techniques: use open body language, Reflect feelings: "That sounds really tough"
- **DO NOT**
- Interrupt
- Giving quick solutions
- Compare experiences

PROVIDING PSYCHOSOCIAL SUPPORT

Adopt good communication skills by :

Asking open end questions
eg *"How have things been for you lately?" "What's been on your mind?"*

Allow silences : Try not to fill silences

Adopt strengths-based

Approach by: Focusing on what is working eg *"What has helped you before?" "What are you proud of?"*

Reinforce resilience and effort.

PROVIDING PSYCHOSOCIAL SUPPORT

- **Know when it is urgent and act**
- **When they talk about wanting to die or self-harm**
- **Withdraw completely**
- **Show drastic behaviour changes**

PROVIDING PSYCHOSOCIAL SUPPORT SELF-CARE

- Set boundaries—you can't be their only support
- Talk to someone you trust (while respecting confidentiality)
- Rest and recharge