

EVIDENCE BRIEF



CARING DURING COVID-19: SUPPORTING MENTAL HEALTH AMONG VULNERABLE ADOLESCENTS AND YOUNG PEOPLE

- At a time when the COVID-19 pandemic is changing service delivery and disrupting access to health care, we need to roll out solutions to support access to services for the most vulnerable within and beyond facilities.
- Access to mental health services and psychosocial support is critical for adolescent mothers living with HIV, but also limited.
- Mobile-based solutions can equip peer facilitators with the training and tools to provide first-line mental health support to young mothers affected by HIV.
- These solutions should be rapidly tested and rolled out to meet the growing needs of this population.

RATIONALE

The COVID-19 pandemic has disrupted the daily routines, livelihoods, and well-being of millions worldwide. Adolescents in Africa are experiencing this global emergency acutely, with recent real-time surveys showing high levels of stress, anxiety, and depression in the age group.¹ While the pandemic exerts unprecedented stress, adolescence in general is a life stage during which mental health disorders and risk behaviours tend to materialise. Adolescents in particular are at risk of mental health challenges and require targeted support at this time.



VULNERABLE ADOLESCENTS

Mental health risks among pregnant and parenting adolescents, and adolescents living with HIV, can be especially pronounced. In sub-Saharan Africa, rates of pregnancy and HIV incidence among adolescent girls and young women are among the highest globally. Data from the Ebola pandemic suggest that rates of adolescent pregnancy and new HIV transmission will increase during this global emergency, as schools remain closed and livelihood options are limited. When motherhood and HIV co-occur, adolescent girls are more likely to face high levels of dual stigma, exclusion from educational and employment opportunities, and inequitable gender norms including experiences of violence.² These social and structural responses may heighten existing vulnerabilities to mental health disorders. They may also affect the level of support that adolescent mothers living with HIV can access. The ability to access health services and support is critical for their psychosocial well-being, as well as their ability to receive antenatal care and HIV counselling and treatment.

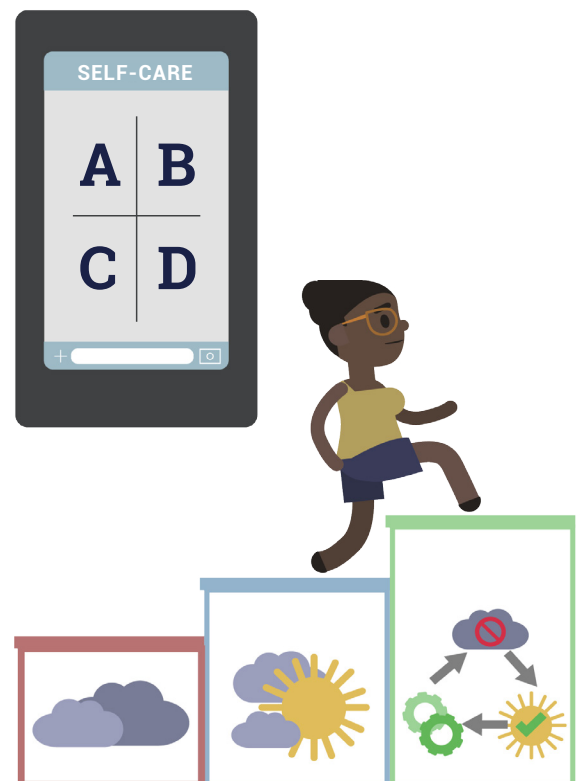
The COVID-19 pandemic has already begun to compound the challenges facing this population.³ Limited access to much-needed services, combined with restrictions on movement, disruption of livelihoods, and household stress, will only exacerbate the existing psychosocial burden for these young people. In many countries, fragile health systems are trying to maintain routine services for maternal, child, and HIV care, while managing an increasing number of COVID-19 cases.⁴ Ensuring the most vulnerable have access to services within and beyond facilities will be critical to the future of health care provision.

POSSIBLE SOLUTIONS

Shifting health service provision to community-based approaches has already been a cornerstone of the HIV response. Face-to-face support delivered by peers in facilities and communities is a well-established strategy for providing psychosocial support; it has also been found to be acceptable and effective among adolescents.⁵ However, as COVID-19 limits the possibilities for in-person support, we must develop and test intervention platforms that limit close contact, especially in high-risk areas, including healthcare facilities. Mobile health platforms present an opportunity for delivering low-cost, flexible interventions that can be delivered remotely—or through hybrid models that allow for a limited degree of in-person interaction. Peer-delivered mobile-based interventions have the potential to resonate with adolescent participants, reduce the need for facility visits, deliver evidence-based support, and build capacity and skills among a new generation of young leaders.

PROMISING PRACTICE: ASK-BOOST-CONNECT-DISCUSS

ABCD trains and supports networks of young people to reach adolescent mothers living with HIV. These peer facilitators deliver a psychosocial support intervention, based on the WHO's evidence-based Thinking Healthy model which has been adapted to be responsive to adolescents. Peer facilitators are equipped with the mobile-based ABCD app. They are trained to establish small, local peer support groups guided by supportive conversations (Ask) and app-based intervention content (Boost). ABCD also has additional provisions for remote supervision and support (Discuss), as well as referral mechanisms to clinics for participants requiring more support (Connect). Where mental health services for adolescent mothers living with HIV may be limited or nonexistent, ABCD ensures that these mothers can receive support, without necessarily needing to go to a clinic. Although the group-based format was requested by the young mothers, it was not central to the delivery of the intervention, which was originally designed to be delivered individually. Preliminary evidence from the ABCD pilot, conducted across Tanzania, Uganda, Malawi, and Zambia in 2019, showed high levels of acceptability among both peer facilitators and participating mothers – 83% of mothers attended at least two-thirds of the sessions offered (Figure 1).⁶ As a decentralised intervention requiring fewer resources from the health system, ABCD is also more sustainable than many existing interventions, and can operate at scale.



A recent review by the World Health Organization (WHO) found a limited number of interventions that promote mental well-being and prevent mental disorders for adolescents who are pregnant or parenting⁷, or living with HIV.⁸ It is critical to make emerging interventions available in a COVID-19-responsive, physically-distant platform in order to care for this generation of young people.

Developing and testing emerging models like ABCD has the potential to revolutionise psychosocial support for vulnerable adolescents. Rapid, pragmatic research—developing an evidence base in parallel to rolling out these interventions—is much-needed to investigate how to make hybrid models like ABCD as feasible and effective as possible. Adolescent-centered interventions that are co-designed with implementers and researchers together, rather than in siloes, are the key to crafting responsive, sustainable solutions to meet new and urgent needs. This imperative, while pressing, is also the first step in a longer-term response to this pandemic and those that may follow. It will prompt a more fundamental shift in how we design, implement, and evaluate supportive interventions for the most vulnerable communities in the coming decades.

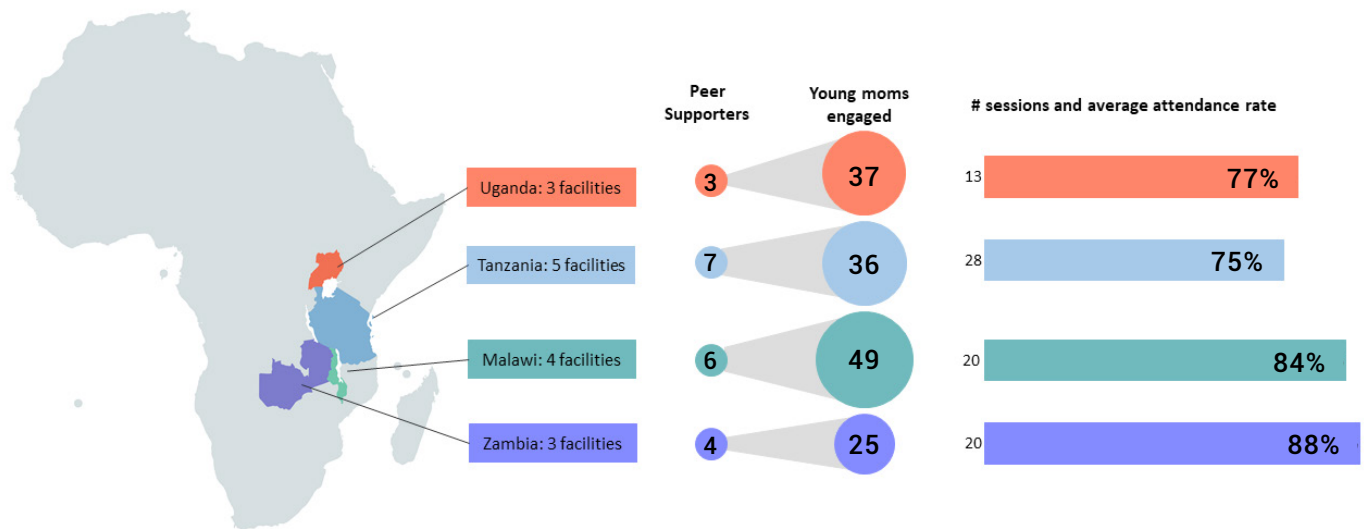


Figure 1. Preliminary evidence from the ABCD pilot

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