

Designing Safe Digital Mental Health and Psycho–Social Support (MHPSS)

for Displaced and Stateless Adolescents

Executive Summary

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Executive Summary

Adolescence is a critical and formative period where individuals start the transition from childhood to adulthood. Yet during this phase of life, vast numbers of children experience mental health and psychosocial distress. Some 35 million (42%) of the 82.4 million displaced and stateless people globally are children.¹ Many have experienced significant social and emotional disruption, including exposure to difficult living conditions, traumatic experiences, separation from or loss of family members, interrupted education, and lack of healthcare.^{2 3} While awareness is growing, stigma often prevents people from seeking treatment.

In this paper, we explore adolescent mental health and the potential to develop safe mental health and psychosocial support (MHPSS) programming with and for adolescents in forced displacement using digital tools and platforms.

How do we define mental health?

The World Health Organization (WHO) defines mental health as **a state of mental well-being that enables people to cope with the stresses of life, to realize their abilities, to learn well and work well, and to contribute to their communities.** Mental health is an integral component of health and well-being and is more than the absence of mental disorder.⁴

In the case of adolescents, mental health also considers age-specific and life-course markers, including a positive sense of identity, the ability to manage thoughts and emotions, the capacity to build relationships, and the ability to learn and acquire education.⁵

Mental health for adolescents can be viewed through three lenses:

- 1. Emotional well-being:** positive, happy, calm, peaceful, interested in life;
- 2. Social well-being:** ability to function in the world combined with a personal sense of value and belonging; and
- 3. Functioning well-being:** the capacity to develop skills and knowledge that help a person make positive decisions and respond to life challenges.⁶

How do we define mental health and psychosocial support?

The term 'mental health and psychosocial support' (MHPSS) refers to **any type of local or outside support that aims to protect or promote psychosocial well-being or prevent or treat mental health conditions.** MHPSS needs include a wide range of areas including support for interpersonal 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 disabilities.⁷

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Meeting the need for MHPSS with digital approaches and interventions

The need for MHPSS programming among displaced and stateless adolescents is widespread, yet face-to-face approaches cannot deliver these at the necessary scale, given insufficient human and financial resources. Digital technologies have the potential to contribute to efforts to achieve universal mental health coverage. Benefits include that they reduce travel time and expense, offer flexibility to fit around people’s schedules and their anonymity can help reduce stigma.⁸

Increases in digital access following the COVID-19 pandemic mean that two-thirds of the world’s population are now able to access the Internet. This growth was largely driven by developing countries, where Internet penetration grew by more than 13%. The UN-designated Least Developed Countries (LDCs), saw an average increase in internet access that exceeded 20%. While it is not known exactly how many displaced and stateless adolescents at the global level can access the internet, it is likely that the number is rising.

The steady expansion in access to the Internet along with widespread efforts to connect the unconnected⁹ and humanitarian organizations’ increased focus on digital service delivery creates opportunities for exploring digital approaches to adolescent MHPSS in forced displacement contexts. Emerging evidence on the effectiveness of some types of digital MHPSS, when designed for the context, suggests that digital MHPSS interventions could help deliver results for adolescents living in forced displacement contexts. At the same time, there are long-standing debates about the positive and negative effects of digital technology – especially social media and internet use – on children and adolescents and their mental health.¹⁰

On the one hand, mobile phones and connected devices enable adolescents to connect with friends and family and to access information, services, rights (including education, health, and freedom of expressions), and entertainment. On the other, adolescents are exposed to a host of online risks, including sexual abuse, grooming, bullying, sextortion, trafficking, exploitation, hate speech and gender-based violence, misinformation and disinformation, violent and extremist content and recruitment into extremist groups.¹¹ Social media has been linked to anxiety, depression, eating disorders, and other mental health issues.¹² ¹³ Some websites and apps promote self-harm, suicide or anorexia, introducing vulnerable youth to risks. Concerns have been raised that the amount of time children spend online affects their mental health. Commercial and government surveillance and data privacy are also of increasing concern.¹⁴ Vulnerable children, including refugee and migrant children, are generally more susceptible to these kinds of online risks.¹⁵

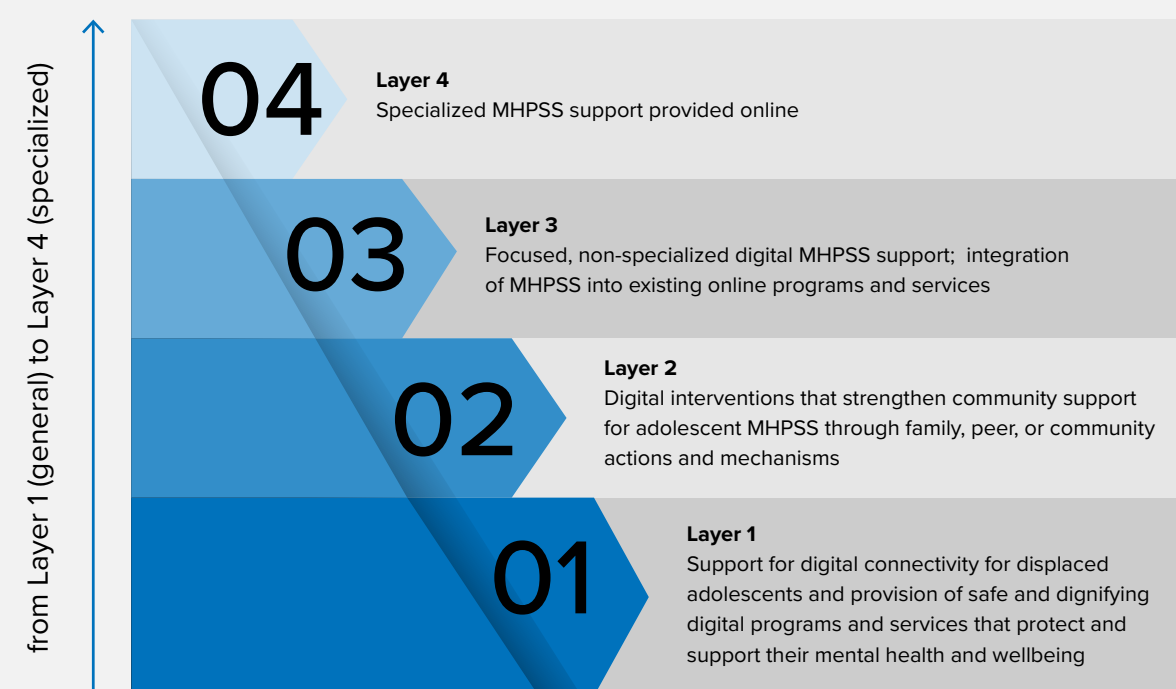
An adapted MHPSS Framework

An adapted MHPSS framework (see next page), offers a way to think about displaced and stateless adolescents’ needs and the opportunity to safely use digital approaches and interventions to meet them.

Digital MHPSS Interventions. A digital MHPSS intervention for adolescents is a targeted activity with the specific goal of addressing adolescent mental health and psychosocial wellbeing. Digital MHPSS interventions for adolescents might address one or more of the 4 layers found in the MHPSS services and supports pyramid.

Digital MHPSS Approaches. In the context of digital MHPSS for displaced and stateless adolescents, an MHPSS approach means digital services or connections with a focus on safe digital environments and support for a rights-respecting internet that benefits adolescent mental health and wellbeing. Digital environments can be both online spaces and applications or spaces that enable online and offline use.

Digital MHPSS Interventions for adolescents



Digital MHPSS Approach

Support for safe internet access and digital environments that benefit adolescent mental health and wellbeing



Digital MHPSS approaches and interventions

Digital MHPSS Approaches

A digital MHPSS approach for adolescents would need to address the harms outlined in this paper while also taking advantage of the potential benefits of the Internet. Connectivity allows adolescents to maintain ties with their families and communities; access online support and services; meet their practical needs; and manage their refugee or asylum-seeking process, all of which has been found to reduce stress, anxiety, and depression.¹⁶ The internet also provides access to MHPSS information and other content, including entertainment, that helps improve mental health. Thus, provision of safe and secure Internet as a basic service is a digital MHPSS approach.

01

Digital Adolescent MHPSS Interventions at Layer 1

Layer 1 of a digital MHPSS Model for adolescents at UNHCR would **support the provision of digital connectivity and digital MHPSS programs and services in a dignified, inclusive, participatory, safe, secure, and rights-based way.** Digital connectivity and access are increasingly considered a basic right or service, and MHPSS is becoming a more fundamental part of UNHCR programming for adolescents.

If accessible, displaced and stateless adolescents will use popular commercial social media and online platforms regardless of whether UNHCR approves, so a core goal at Layer 1 is advocating for greater privacy and safety on social media and online platforms and supporting adolescents to navigate these platforms with the least amount of risk as possible.¹⁷

02

Digital Adolescent MHPSS Interventions at Layer 2

Layer 2 focuses on MHPSS interventions that involve **self-help and non-specialized support from peers, families, and community members.** We include in-person and online peers and communities at this level. Globally, adolescents report that sharing their feelings with peers anonymously on social media platforms during the COVID-19 pandemic served as a powerful coping strategy, especially in places where stigma surrounding mental health was high.¹⁸

Children said that the internet helped them to cope during difficult times and that it benefited their health and wellbeing by helping them to find online peer communities that offered support, belonging, and a place to share their experiences without judgment.¹⁹ While these communities might not be made up of local, in-person peers that adolescents know offline, online peer groups may provide similar MHPSS experiences for adolescents.

03

Digital Adolescent MHPSS Interventions at Layer 3

Layer 3 interventions focus on **non-specialized digital MHPSS support and the integration of digital social and psychological interventions into existing (digital and analog) programs and services, including education, gender-based violence programming, and youth empowerment.** Along with Layer 2 interventions (self-help with support from peers, families, and community

members), self-help with trained non-specialized support has been identified as scalable among communities affected by adversity. This includes brief, basic, non-specialist-delivered versions of existing evidence-based psychological treatments (e.g., basic versions of cognitive-behavioral therapy or interpersonal therapy).^{20 21 22}

04

Digital Adolescent MHPSS Interventions at Layer 4

Layer 4 interventions include **clinical mental health screening and specialized MHPSS services provided online** (such as online therapy and psychological services), **and online referrals to in-person counseling and treatment.** While many

of UNHCR's interventions focus on Layers 1-3, those that enable contact with or referral pathways to specialized professionals are considered Layer 4 interventions.

Barriers, limitations, and risks of digital MHPSS

While digital approaches to MHPSS clearly have huge potential for addressing adolescent mental health needs, there are multiple barriers, limitations, and risks that need consideration when designing and implementing them; and when deciding if they should be introduced at all. Below we lay out a range of challenges and considerations in five areas: access and inclusion; relevance, trust, and credibility; user context; digital protection; and a lack of evidence-based approaches.

Potential benefits, risks, and challenges of digital MHPSS for adolescents in forced displacement

Intervention Layer	Potential benefits, risks, and challenges
<p>Layer 1</p> <p>Provision of digital connectivity and online services in dignified ways that protect marginalized or isolated individuals and groups and that respect and enable adolescents' digital rights and wellbeing.</p>	<p>Potential benefits</p> <ul style="list-style-type: none"> Increases resilience and self-help capacity, allowing adolescents to seek MHPSS support online. Reduces stigma by incorporating into general activities and communication. Helps address inclusion and access by offering MHPSS information to wide audiences (if they have Internet access). Provides general, accessible information about MHPSS and existing services. Adolescents might find others on social media who share their language and experiences in forced displacement. Raises awareness about mental health and human rights among families, communities, wider society. <p>Potential risks and challenges</p> <ul style="list-style-type: none"> Exposure to online risks in the digital environment including sexual abuse, grooming, bullying, sextortion, trafficking, exploitation, hate speech, gender-based violence. Increased depression due to “fear of missing out” and comparison to others (mimetic desires). Exposure to mis/and disinformation and false information about mental health; inaccurate self-diagnosis. Anxiety on social media due to bad news about home country or family.

Intervention Layer	Potential benefits, risks, and challenges
	<ul style="list-style-type: none"> Data privacy risks from using commercial platforms and applications that do not protect privacy. Digital footprint risks by leaving information on social media that can be used for tracking or other types of harm.
<p>Layer 2</p> <p>Implementing digital or online interventions that strengthen the capacity of family, peers, or community to understand and support adolescent MHPSS through community-based actions or mechanisms.</p>	<p>Potential benefits</p> <ul style="list-style-type: none"> Self-paced interventions can help increase resilience and self-help capacity among adolescents, families, community groups. Some adolescents perceive self-paced, digital MHPSS as more private and anonymous, which reduces their fears of stigma for using them. Self-directed apps can serve as entry points to signpost and refer adolescents to more in-depth MHPSS services (moving them to Layer 3 or 4 interventions). Online peer-peer support can be found via social media. Online group work, safe spaces, group therapy can be conducted remotely through community mechanisms when face-to-face is not feasible. <p>Potential risks and challenges</p> <ul style="list-style-type: none"> Exposure to triggers when joining online support groups can exacerbate mental health issues. Anxiety on social media due to bad news about home country or family. Lack of evidence on efficacy of self-directed apps. Poor regulation of privacy and safety on commercial apps. Low access to internet, devices and need to pay for data can leave out the most vulnerable. Inability to find a private place to participate in online group sessions. Low quality of relationships when doing on-line group sessions High levels of drop off. Privacy risks with commercial technologies mean bespoke applications might be needed. Difficulties in discoverability and uptake with bespoke applications.

Intervention Layer	Potential benefits, risks, and challenges
<p>Layer 3</p> <p>Focused non-specialized MHPSS support conducted online or integration of MHPSS interventions into existing online programs and digital services (education, GBV, youth empowerment).</p>	<p>Potential benefits</p> <p>Same as Layer 2, and additionally:</p> <ul style="list-style-type: none"> • Provides additional trained capacity or supervision (external to the community) for online groups. • Incorporating MHPSS into other digital programs can mainstream MHPSS and wellbeing and achieve greater access and scale. • Self-paced interventions enriched with in-person contact (via a weekly call or SMS) with a trained and supported helper can achieve greater uptake and efficacy than self-paced apps on their own and in some cases, these are almost as effective as in-person approaches (depending on context and various other aspects). • Helps standardize how mental health is addressed (to reduce potential human rights violations). • Non-specialized workers can be trained online to provide MHPSS services. <p>Potential risks and challenges</p> <ul style="list-style-type: none"> • Low capacity to follow along, cognitive load too intense for highly stressed populations when conducted online and in a self-paced way. • Low literacy/digital literacy and challenges navigating apps and technology. • High drop off rates. • Low effectiveness when completely self-driven; needs regular contact with a live helper to be effective. • Privacy risks with commercial technologies mean bespoke applications might be needed. • Difficulties in discoverability and uptake with bespoke applications.

Intervention Layer	Potential benefits, risks, and challenges
<p>Layer 4</p> <p>Clinical mental health screening and specialized MHPSS services provided online, including therapy, psychological services, and online referrals to online or in-person counseling or treatment.</p>	<p>Potential benefits</p> <ul style="list-style-type: none"> • Reduces stigma by enabling more private and confidential access to services from the home or community. • Expands inclusion and access by making specialized services more available locally at lower cost. • Substitutes specialized services with trained automated responses (AI). • Helps standardize how mental health is addressed (to reduce potential human rights violations). • Provides additional trained capacity or supervision (external to the community). <p>Potential risks and challenges</p> <ul style="list-style-type: none"> • Difficulty keeping youth engaged if bandwidth is low, there is no video, voice cuts out. • Difficult establishing deep connection and rapport without physical contact. • Requirement for in-person support makes it less scalable (yet still potentially effective). • Privacy risks with commercial technologies mean bespoke applications might be needed. • Difficulties in discoverability and uptake with bespoke applications.

Crosscutting risks and drawbacks

Exclusion

- Increased internet access can lead to increased risk of online harm and greater data privacy risks for adolescents.
- Low knowledge of mental health means adolescents might not be able to spot false information, misinformation, disinformation, scams and these can lead to harm.
- The online environment can expose adolescents to content that triggers their mental health issues.
- Excludes those with limited or no access to the Internet, data, devices, those who have low literacy or do not speak certain languages.
- Leaving a digital footprint that identifies them as displaced and/or as having mental health issues can lead to exclusion from opportunities later in life.

Low relevance, trust or credibility

- Peer groups on social media may share misinformation, expose adolescents to content or offer advice that is not evidence based or that makes an adolescent's mental state worse.
- MHPSS groups led by community members or peers might feel less private for adolescents than in-person groups or online peer communities, reducing participation.
- Self-paced apps might not detect serious MHPSS cases/needs in time to offer emergency support (e.g., in cases of self-harm or suicide).

Low feasibility for the user and their context

- Self-paced interventions tend to have greater drop off rates, especially for less digital, less literate, and less-focused individuals.
- Self-directed mental health apps might not be relevant for or meet the specific needs of adolescents in forced displacement situations and contexts.
- Self-paced apps may be less feasible for adolescents living in forced displacement situations due to their high levels of stress and existing cognitive loads.
- Self-paced interventions might not be able to go deep enough to be effective.
- Lack of a culturally relevant framing, language, approach can make self-paced apps alienating, irrelevant, and reduce uptake and sustained use.
- Less confidentiality and privacy with online groups.
- Less access to one on one support.

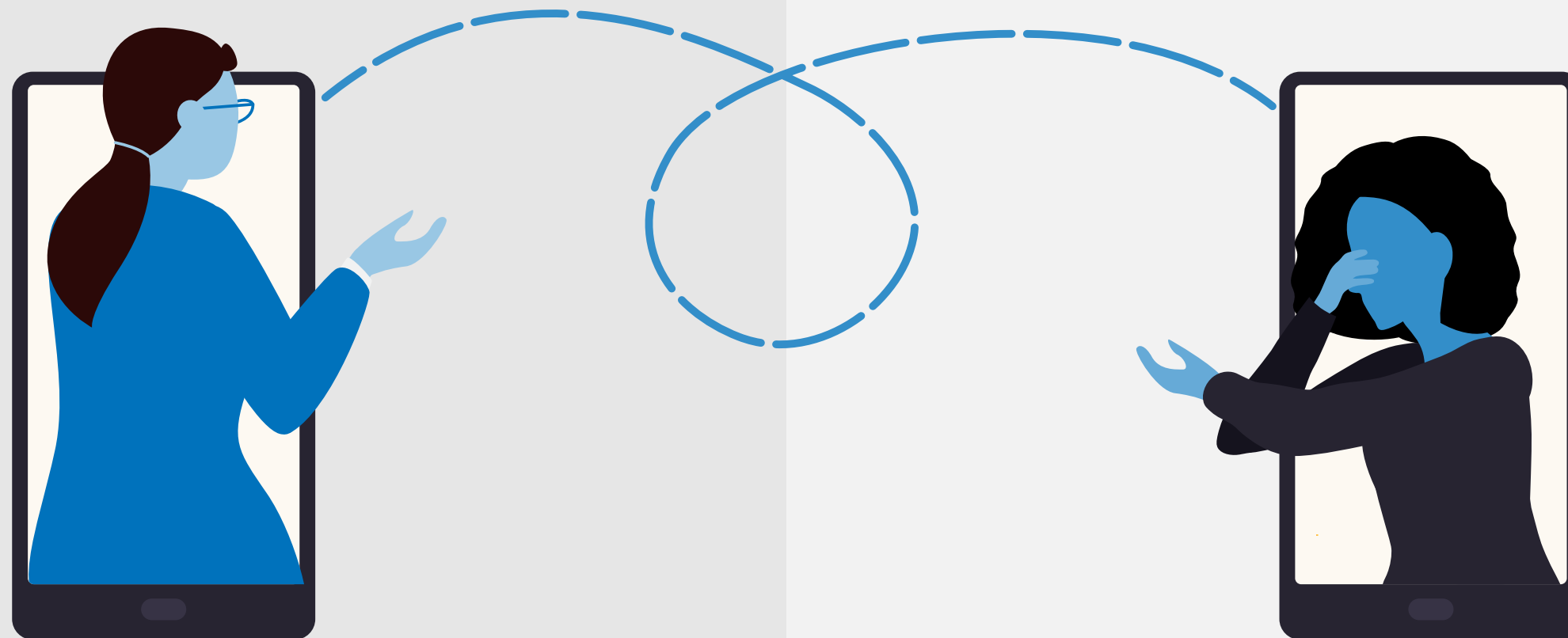
Crosscutting risks and drawbacks

Confidentiality, data governance, privacy, security

- Corporate data privacy risks if using online communication sites, social media platforms, or MHPSS-focused commercial apps.
- Lack of privacy in social media groups or online community groups with peers that leads to other harms such as bullying, harassment, grooming or sexual exploitation.
- Data use / misuse or inappropriate or harmful sharing of data by commercial applications.
- Displaced adolescents may be at high risk if they leave a 'digital footprint' behind that can be used to find or track them in their home country and their host country.

Lack of evidence-based interventions

- A majority of online and app-based are not evidence-based or have not been thoroughly evaluated to understand their benefits and potential risks and unintended negative effects.



Good practices for designing and implementing digital MHPSS programs

Good practices compiled from the fields of digital safeguarding, responsible data management, child protection, and participatory development can be applied to the area of digital MHPSS to help design safe programs and develop indicators for measuring their impact and documenting learning. Aspects such as participatory needs assessments; attention to key design factors such as cultural and contextual adaptation, stage of displacement, accessibility, discoverability, and usability; digital protection assessments and others can help practitioners design and implement safe and useful digital MHPSS for adolescents.

Recommendations for action and future work by UNHCR

UNHCR can support the development of safe and secure digital MHPSS for adolescents in forced displacement context in a number of ways, including by:

- Working at the strategic and advocacy level to strengthen support for digital access as a core, basic humanitarian service and a right for displaced persons;
- Adopting a MHPSS that incorporates digital approaches and interventions;
- Including considerations for digital services in other programmatic areas;
- Requiring a digital protection assessment be completed when using digital for MHPSS support;
- Investing in more monitoring, evaluation, research and learning as digital MHPSS programming for adolescents in forced displacement is carried out to ensure safe and effective program design and to document and share learning;
- Creating guidance on design and safe development and implementation of MHPSS at the four layers with displaced and stateless adolescent girls and boys;
- Safely developing new approaches for adolescent MHPSS in displacement contexts.

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