UNICEF ADOLESCENT DEVELOPMENT AND PARTICIPATION

ACCELERATING RESULTS

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Mainstreaming Adolescent Mental Health and Suicide Prevention in Kazakhstan's Education and Health Systems

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Programming Objectives:

Improve mental health and prevent suicides by adolescents in Kazakhstan. Reduce stigma by adolescents, their peers, caregivers, teachers, health care workers, and others around suicide, mental health illness, and services.

UNICEF Kazakhstan's Approach:

Collaborate across sectors, organizations, and partners to develop a data-driven response that identifies and supports adolescents with mental health issues and suicide risk. Ensure the programme is scalable and results-based for nationwide adoption into education and public healthcare systems.

Context

In 2010, the Government of Kazakhstan recognized that young people in the country were facing a public health crisis: rising suicide rates in the adolescent population. The following year (2011), suicide was identified as the leading cause of mortality of those aged 15-19.[1]

At nearly 18 suicides per 100,000 adolescents, Kazakhstan had one of the highest adolescent suicide mortality rates in the world; and critically, this rate only reflected reported suicides, and not those that went unreported with high suicide rates continuing in adulthood,[2] the Government of Kazakhstan foresaw the importance of early mental health support, including suicide preventative measures targeted at adolescents. The Government turned to long-standing partners—United Nations agencies, academic institutions, international experts, national health organizations, and other national and local professionals—to collaborate on research for and implementation of a legislative and programme response.

The factors that lead to suicide are complex. In late 2011, a UNICEF

This case study series shows how to accelerate results for adolescents in support of the Sustainable Development Goals, including Good Health and Well-Being (SDG 3); Quality Education (SDG 4); Peace, Justice and Strong Institutions (SDG 16); and Partnerships for the Goals (SDG 17).

report titled *Child Suicide in Kazakhstan*[3] highlighted that adolescents most at risk of mental health issues and suicide were those affected by social, economic, and family factors connected to home situations, school challenges, and feelings of being isolated or unheard. The box shown here, summarizes the research findings and knowledge about the underlying risk factors for suicide and suicide attempts. The report laid the foundation for developing a nationwide response to prevent adolescent suicide in Kazakhstan.

UNICEF Response: Programming

UNICEF Kazakhstan explored how to accelerate and scale support for adolescents at risk of mental health illness and suicide—a model now operating throughout the country with support of the Ministry of Health (MOH), the National Mental Health Center (NMHC), and non-governmental organization (NGO) Bilim Foundation.

Prioritizing research for an effective response

In 2012, UNICEF Kazakhstan, the MOH, and the University of Molise in Italy, conducted joint research to obtain evidence and data for developing early detection, prevention, and response measures to adolescent suicide. The study, *The Prevalence, Underlying Causes, Risk, and Protective Factors in Respect to Suicides and Attempted Suicides in Kazakhstan,*[4] aimed to provide a more sociocultural contextual understanding of adolescent suicide within Kazakhstan. More specifically, it aimed to evaluate the prevalence of suicide ideation, attempted suicide, completed suicide; offer realistic possible short-, medium- and long-term interventions and policies to lower these rates; provide recommendations for identification and response; give an overview of current services and assistance; and provide data to develop information material and guidance for clinicians, educational staff, and policymakers.

A Child Suicide in Kazakhstan report[3] identified key suicide risk factors as:

- Social disadvantage
- Parental separation or divorce
- Parental psychopathology
- Family history of suicidal behavior
- Marital conflict
- History of physical and/or sexual abuse during childhood
- Parent-child relationships
- Stressful life events and adverse life circumstances
- Institutionalization
- School violence and bullying
- Rural, remote, and urban factors in suicide

The study found that suicidal behaviors were a serious problem for Kazakhstan adolescents and youth, with high prevalence of depression and anxiety among those with suicidal ideation. The study was able to establish evidence of linkages between adolescents at high-risk of suicide and completed suicides and their high impulsivity, aggressiveness and risky behaviors, substance abuse, family history of suicidal behavior and/or abuse or violence and mental health problems, interpersonal conflicts, low resilience, and childhood trauma. The complexity of contributing factors led to recommendations that effective suicide prevention for adolescents and youth must be multifaceted with a comprehensive, long-term national prevention plan, strong focus on increasing demand for treatment, and improved clinical and community-based services – and their availability.

The study's conclusion underscored the urgent need for the government, health workers, educators, caregivers, and others committed to adolescent wellbeing to address adolescent mental health and suicide; and provided the evidence-based approaches and recommendations to do so. The data also provided valuable insight on the importance of integrating mental health into the national education and primary healthcare systems.

Developing an adolescent mental health and suicide prevention programme

The *Prevalence, Underlying Causes, Risk, and Protective Factors in Respect to Suicides and Attempted Suicides in Kazakhstan* report provided policy and programming recommendations that were used in the development of the 2015-2018 Adolescent Mental Health and Suicide Prevention (AMHSP) programme implemented in two regions, Kyzylorda (2015-2017) and Mangistau (2016-2018). To ensure buy-in and operational coordination, UNICEF Kazakhstan worked closely with the Ministry of Health, the Ministry of Education and Science (MOES), the National Centre for Mental Health (NCMH), the Ministry of Internal Affairs (police), the departments of education and health from the two regions, and regional deputy governors on National Steering and Working Groups under the supervision of the National Council on Health (of the Government of Kazakhstan).

The AMHSP programme aimed at lowering adolescent suicide risk in the provinces over the three-year period, as well as provide evidence for how to scale it nationwide scale. In its initial implementation from 2015-2018, the AMHSP programme contributed knowledge on mental health strategies that government and public health organizations used in reforming adolescent mental health and suicide prevention programmes, protocols, and policies nationwide.[5]

Implementing AMHSP

The 2015-2018 AMHSP programme in the Kyzylorda and Mangistau regions included a range of activities undertaken with multiple partners. It scaled nationwide in the third year of the programme.

Prioritizing intersectoral partnerships

Valued for its adoption, local implementation, results, and scale, the AMHSP programme received high-level political support. The Kazakhstan Prime Minister included it in the National Action Plan for 2015-2020 that aimed to strengthen family relations, moral, ethical, and spiritual values in the country. The action plan obliged ministries, national agencies, and local government departments to implement tasks outlined in the plan. Having this political backing resulted in a Joint Order by three Ministries to implement the AMHSP programme nationwide, with local governments accountable for reporting progress at high-level political meetings.

The MOH, MOES, the NMHC, and Bilim Foundation subsequently took over implementation of the AMHSP programme (since late 2017). This partnership allowed for integration of the AMHSP programme into existing systems such as schools (working with in-school psychologists) and public healthcare institutions (prior to the programme, only healthcare workers at mental healthcare facilities received training in mental health). Today, UNICEF Kazakhstan continues to support the NCMH and other partners with training material and facilitation support, networking opportunities, and in advocating for the mental health rights of adolescents.

Creating in-person and online training materials

Core to the AMHSP programme is strengthening the capacity of school psychologists and healthcare workers to identify adolescents experiencing mental health issues—including those at-risk of suicide—and connect them to appropriate and accessible services and treatment. The AMHSP programme worked with international and national mental health professionals to adapt the European *Saving and Empowering Young Lives in Europe* (SEYLE) and Youth Aware of Mental Health (YAM) programmes to the Kazakhstan context, including translation to Kazakh and Russian. This allowed them to train professionals using reputable materials through online and face-to-face modules. The Bilim Foundation[6] also developed an online monitoring tool for keeping track of training. As the programme scaled, the online and offline training model increased the readiness of school and college staff, as well as healthcare professionals, in their readiness to support adolescents with mental health issues and suicidal thoughts in culturally and age-appropriate ways.

Offering culturally appropriate materials for adolescents and their communities

In developing awareness raising materials, the AMHSP programme team prioritized careful translation and cultural adaption of existing materials. It also emphasized creating messaging that could reduce stigma that may prevent adolescents from seeking help. For instance, the Bilim Foundation created multimedia materials for adolescents, parents, teachers, organizations and mass media outlets on healthy behaviour, communication, and life skills, as well as how to they can protect themselves and others, who are in critical situations. They also shared video testimonials from adolescents and parents that were effective in putting a human face on the impact of adolescent suicides and suicide ideation.[7]

The Bilim Foundation developed an Adolescent Life Skills Development curriculum for school grade 9 students (14-years-old) in Kazakh and Russian with six modules: healthy lifestyle and its determinants; emotional intellect and interpersonal communication; skills to promote and strengthen mental health; skills to promote reproductive health and family planning; skills for personal safety; and career guidance. Doing so improved adolescents' access to accurate knowledge, and more holistically addressed the core drivers of mental health in the curriculum aim to build resilience, promote healthy behaviours, and lower anxiety and stress for adolescents.

Addressing stigma as a key barrier in suicide prevention

The stigma around mental health in Kazakhstan was, and still is, the largest barrier in addressing adolescent mental health and suicide. For instance, adolescents could only participate in mental health screenings with parental consent. However, early in the programme, it was found that school psychologists struggled to convey the benefit of participation to parents and caregivers and gain their approval. The challenge not only stemmed from stigmatization and lack of awareness by the parents and caregivers, but reluctance from the psychologists and healthcare workers to view suicidal behavior as a public health issue. This led to UNICEF and partners creating an operational manual for psychologists and healthcare workers participating in the AMHSP programme to help them better understand adolescent mental health (theoretical and practical) and how to overcome stigma associated with it.

Stigma (negative attitudes and beliefs) towards people who have a mental health illness is common and it can lead to discrimination. Some of the harmful effects of experiencing stigma can include:

- Reluctance to seek help or treatment
- Feeling misunderstood by family, friends, co-workers, or others
- Less likely to engage in work, school, or social activities.
- Bullying, physical violence, or harassment
- Not believing in oneself and believing that you can't improve your situation.[8]

The training on the new manual also helped the participants gain a greater understanding of their own role in preventing adolescent suicide. This was critical as the AMHSP programme relies on their ability to address their own stigma to gain the knowledge and capacity needed to provide effective screening and referrals for adequate treatment. It also helped strengthen relationships between professionals and parents and caregivers. The programme workers found that parents and caregivers creating barriers often experienced fear, worry/nervousness, shock, stress by the prospect, skepticism, anticipated difficulties, and non-specific negativity; and acceptance or no strong feelings; while adolescents on the whole were more open. Once this was acknowledged and addressed through informative materials, activities, and meetings, as a result a higher number of adolescents received permission to participate in the screenings and access to mental health services. For instance, in the first year of the programme (2015) it was found that across 300

schools in Kyzylorda Oblast, 11 percent of parents refused to refer adolescents identified to be at high risk of mental health illness or suicide for professional services. This dropped to five percent in 2016 and one percent in 2017.[9]

An evaluation of the AMHSP programme between 2015-2017[10] found that promoting activities for social connection helped to shift the general prevalent culture of stigmatization and blame for mental illness to one of understanding and caring. Through awareness-raising materials, parent meetings, community and public health forums, adolescent clubs and outreach (i.e., offering peer-to-peer support groups and community plays[11]), and other efforts, the programme saw evidence of change—especially as the adolescents' demand for school counselling and professional referrals increased.

Focusing on sustainability at scale

Partners including UNICEF Kazakhstan recognized that to effectively scale the AMHSP programme into national education and health systems, it needed to be affordable and perceived as sustainable. Developing protocols and trainings together with the Ministries of Health, Education, and Interior as well as local school psychologists, health providers, and mental healthcare workers was a key factor in bringing together different stakeholders in support of the programme. The collaboration led to development of clinical guidelines for public healthcare workers, culturally appropriate training, and a viable screening for suicide risk and mental health issues for adolescents. Their involvement allowed staff across disciplines to find commonality towards a shared goal of greater wellbeing for adolescents and was deemed critical to the programme's effectiveness and sustainability.

Cost-efficiency is always a potential barrier to institutionalization of a programme. For the AMHSP programme it proved essential to integrate it into existing systems to keep costs low (i.e. schools, primary health care, community outreach centres, etc.). This continued with the handover of the programme to the NMHC and Bilim Foundation, who aimed to keep overall costs at less than $8/USD per adolescent supported. This cost included the funding for training, online real time monitoring, electronic screening, and full support with case management of all adolescents identified at risk.

Inter-agency collaborations have also been integral for ensuring sustainability in the attention provided for adolescent mental health and suicide prevention. For instance, beginning in 2015, the AMHSP programme included materials and approaches from the World Health Organization (WHO) Mental Health Gap Action Programme (mhGAP) in the AMHSP programme.[12] The WHO mhGAP aims at improving services for mental, neurological and substance use disorders, even in countries where resources are scarce, through training modules. It is currently being considered for nationwide implementation in the public healthcare system in Kazakhstan. WHO, UNICEF, and partners are further adapting the mhGAP to the Kazakhstan context and building capacity of the NCMH and the national pool of trainers to implement it. As the mhGAP fully integrates children and adolescent mental health in all its modules, it complements the AMHSP programme by strengthening services across the country to the benefit of all adolescents—irrespective of their participation in the AMHSP programme.

AMHSP Programme Outcomes

Expanding reach and impact

In the Kyzylorda region by 2017, the AMHSP programme screened 48,754 adolescent in 312 schools, identifying nearly 2,500 adolescents at risk of suicide. Of those, more than 90% visited specialists for additional support. In the Mangistau region in 2016-2018, more than 35,000 adolescents participated from 153 schools. A separate assessment in Mangistau highlighted similar results to Kyzylorda where participating students reported a higher general well-being, decreased symptoms of anxiety and stress, lower suicidal ideation

symptoms, and reduced perceived barriers to help-seeking—especially by adolescents at risk—than students who did not participate.

In 2017, the Government urged regions to rapidly scale the programme, which occurred in all but one of the 17 regions in Kazakhstan, reaching more than 39 percent of the schools in the country by 2018 (more than 3,250 schools).[14] As per the Joint Order, local governments allocated budgets for the expansion. UNICEF and the NCMH provided technical assistance and guidance for local governments and implementing partners to manage the expansion, including the local Departments of Education and Health in 10 regions, and the Bilim Foundation in six regions.

2015-2017 AMHSP Programme in Kyzylorda Region[13]

Decreases from programme baseline

36.1% Suicidal ideation

80.6% Anxiety

56.1% Depression

65.0% Stress

The decreases are for adolescents at risk, for whom the AMHSP programme was especially effective

Impacting legislation: evidence and advocacy

The generation and use of data, the collaborative processes, and sharing of information and evidence generated by the AMHSP programme on the value of a proactive response to adolescent mental health and suicide prevention were key factors that acted as a catalyst to accelerate national efforts to integrate mental health into the public healthcare system in the 2018 policy reform. This was not only for adolescent mental health, but for the wider population. The MOH formally shifted the prevention, management, and treatment of select mental health issues from only being offered at dedicated mental health clinics to being offered as outpatient services at general practitioners (GPs). This greatly helped improve accessibility of mental health services for adolescents and the whole population and helped alleviate the stigma associated with using mental health clinics.

The reform in 2018 signalled an important shift in relation to adolescents' ability to access mental health services without parental consent. The AMHSP programme's mental health screenings had detected cases of domestic sexual abuse of adolescent girls under age 18, which made it difficult for them to seek parental consent for accessing services through the mental health clinics. Based on these findings, UNICEF, UNFPA and other partners, continued advocating to the MoH, who submitted the official request to the Parliament to change the Health Code that dictated the parental consent. Parliament endorsed the legislation change in 2020 to lower the age of parental consent to under age 16. Additionally, the MOH is currently implementing policy reforms that aim to mainstream mental health into primary health care services, and the State Health Development Programme for 2020-2025 is promoting further expansion of the AMHSP programme as the main adolescent mental health component. The Government of Kazakhstan also increased financing for mental health services by 25 percent and committed to continued financial support.

Lessons Learnt

Recognize stigma as a barrier for responding to adolescent suicidal ideation and mental health

Through the AMHSP programme, stakeholders learned that actively understanding and addressing stigma was the most critical aspect for lowering the barriers for adolescents to access mental health and suicide prevention services—both throughout the programme and in the longer-term advocacy efforts. This included working with parents and caregivers to understand any reluctance for adolescent participation in assessment or treatment for

mental health or suicide behaviour. Because parents and caregivers often serve as gatekeepers,[15] addressing their concerns was critical, especially as many of the concerns were driven by stigma.

Prepare for scale

UNICEF Kazakhstan and partners identified two key areas for consideration in designing a similar mental health illness and suicide prevention programme with the potential for rapid scale:

- *Anticipate the need to support service providers when the number of referrals increase.* The programme's success led to a higher demand for professional services, and greater support by school psychologists. Providing additional training and other supports to manage the increase—such as in group counseling—early in the programme would have helped in meeting the higher demand.

- *Anticipate that a focus on adolescent mental health illness and suicide prevention can be a pathway for greater attention on mental health in general.* For instance, the AMHSP programme likely accelerated the integration of mental health into the country's public healthcare (PHC) system as it showed that without PHC services, adequate treatment for mental health problems or suicidal behaviour would be inaccessible to most of the population. Take advantage of such opportunities by scoping them out in the programme's development to include advocacy as part of implementation.

Capitalize on the power of data in influencing advocacy and long-term change

Because the programme prioritized the collection of data, including evaluation data, the programme impacted UNICEF global programming as it provided data-based evidence that adolescent mental health and suicide are emerging issues that require greater attention in the agency.[16] In addition, the 2018 programme review[17] ranked as one of the top eight most impactful evaluations within UNICEF for programme influence.[18]

Regionally, the Government of Kazakhstan, with support from UNICEF, leveraged the AMHSP programme's learnings by organizing the 1st International Conference on Promoting the Mental Health and Wellbeing of Children and Adolescents in 2018.[19] The conference was instrumental in diffusing knowledge about adolescent mental health and suicide prevention programming and progressive policy reforms to other countries in the region with delegations from seven European and Central Asian countries.

In 2019, the Ministries of Health and Education, UNICEF Kazakhstan, the UNICEF Europe and Central Asia Regional Office, and the World Health

Reach and impact of the AMHSP programme in six regions (2017-2018)

10,000+ Adolescent participants in AMHSP (4.5%) identified through school mental health screenings or referrals (including self-referral) as being at risk of mental health issues or suicidal behavior

1,500+ Adolescents identified to be at high risk required urgent referral to trained mental health workers

232,000+ Adolescents participated in and benefited from awareness-raising, life skills training, and mental health screenings

116,000 School psychologists and school personnel received training as suicide gatekeepers[15]

1,580+ Primary health care and mental health workers were trained in managing adolescents with mental health issues or suicidal behaviour

Organization organized a 2nd conference on Adolescent Health and Wellbeing with European and Central Asian countries.[20] The conference confirmed the leading position of Kazakhstan in the sub-region in pursuing mental health reforms and promoting mental health and wellbeing of children and adolescents.

Conclusion

Kazakhstan's Adolescent Mental Health and Suicide Prevention programme has positively impacted adolescents nationwide as, for example, suicide rates for adolescents age 15-19 participating in the programme continues falling. Adolescent mental health and suicide continue to be an emerging area that is complex due to its multi-faceted causes and connection to childhood trauma. Programmes, techniques, tools, and procedures are evolving; and the learnings from Kazakhstan highlight that even more comprehensive efforts are required in the coming years. The AMHSP programme shows that an intersectoral approach to creating a data-driven mental health response, awareness-raising, capacity-building, evaluation and advocacy are all necessary to change stigma and systems so that adolescents can claim their rights to a healthy life free from harm.

Young people from Kazakhstan explore mental health issues and wellbeing strategies that can benefit younger adolescents. Here, older adolescents offer ideas for programming in a Helping Adolescents Thrive (HAT) focus group coordinated by UNICEF's Adolescent Development and Participation division and NCMH.

Further Readings and Information

- Assessment of Suicide Prevention Activities in Kazakhstan
- Assessment of Suicide Preventative Activities in Kazakhstan: Kyzylorda and East Kazakhstan Regions
- Promoting Adolescent Mental Health and Prevention of Suicide in Kyzylorda Oblast, Kazakhstan: Summary Report of the Key Findings and Lessons Learned from the Evaluation of the Programme
- Study on Prevalence, Underlying Causes, Risk, and Protective Factors in Respect to Suicides and Attempted Suicides in Kazakhstan
- World Health Organization Suicide Report: Preventing Suicide–A Global Imperative

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Endnotes

1 According to the Ministry of National Economy of the Republic of Kazakhstan Statistics Committee

2 https://apps.who.int/iris/bitstream/handle/10665/131056/9789241564779_eng.pdf

3 www.unicef.org/kazakhstan/sites/unicef.org.kazakhstan/files/2018-07/00000850_en.pdf

4 www.unicef.org/kazakhstan/sites/unicef.org.kazakhstan/files/2018-06/00001358_0.pdf

5 www.unicef.org/kazakhstan/sites/unicef.org.kazakhstan/files/2018-12/Summary_Evaluation_Findings_Lessons_Learned_Revised.pdf

6 https://bilimfoundation.org (Access to the monitoring tool is restricted)

7 https://bilimfoundation.org

8 www.mayoclinic.org/diseases-conditions/mental-illness/in-depth/mental-health/art-20046477

9 According to the Department of Education of Kyzylorda Oblast

10 www.unicef.org/kazakhstan/sites/unicef.org.kazakhstan/files/2018-12/Summary_Evaluation_Findings_Lessons_Learned_Revised.pdf

11 www.unicef.org/kazakhstan/en/stories/generation-caring

12 www.who.int/mental_health/mhgap/en

13 www.unicef.org/kazakhstan/sites/unicef.org.kazakhstan/files/2018-12/Summary_Evaluation_Findings_Lessons_Learned_Revised.pdf

14 Data collected through the Ministry of Education and Science

15 Potential "gatekeeper" include primary, mental and emergency health providers; teachers and other school staff; community leaders; police officers, firefighters and other first responders; military officers; social welfare workers; spiritual and religious leaders or traditional healers; human resource staff and managers; and others.

16 UNICEF Strategic Plan 2018-2021: www.unicef.org/media/48126/file/UNICEF_Strategic_Plan_2018-2021-ENG.pdf

17 www.unicef.org/kazakhstan/en/reports/assessment-suicide-preventative-activities-kazakhstan-kyzylorda-and-east-kazakhstan-regions

18 www.unicef.org/evaldatabase/index_103300.html

19 www.unicef.org/kazakhstan/en/reports/international-conference-promoting-mental-health-and-well-being-children-and-adolescent

20 www.sos-kazakhstan.kz/ru/news/soveschanie-partnerov-po-teme-psihicheskoe-zdorove-i-blagoporluchie-podrostkov-v-vostochnoy-evrope-i-centralnoy-azii_686