





NIHR Global Health Research Group on Promoting Child and Adolescent Mental Wellbeing in sub-Saharan Africa Team Ethiopia





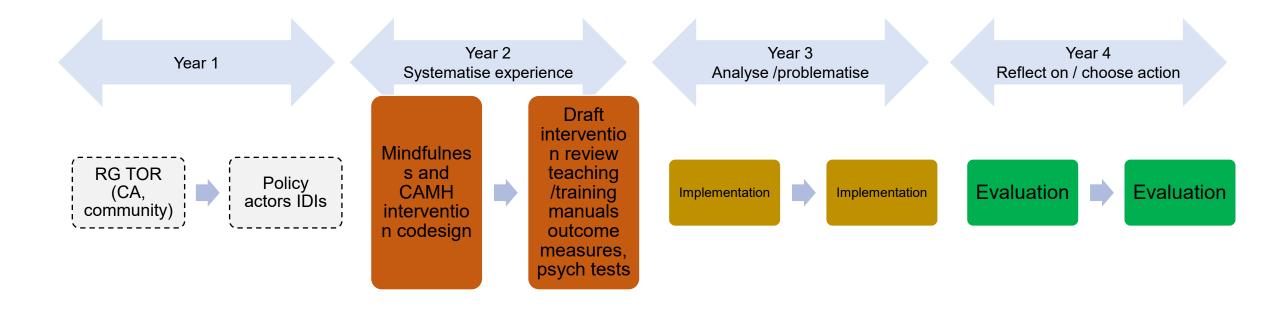
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Project Framework





Objectives of WP1

Describe social, economic and policy contexts, priorities, and key stakeholders for CA mental wellbeing Engage
stakeholders in
design, evaluation
and dissemination
of the school-based
intervention

Research Questions

- 1. What are the epidemiological, geographical, socioeconomic, socioecultural political, health system contexts of CAMH, and who are the key stakeholders?
- 2. How can key stakeholders meaningfully engage in research design; including codesign of the SBMI, and expanding through implementation and evolution?

Methods



A structured review to describe policy/contexts and priorities:



A political economy analysis (PEA) framework



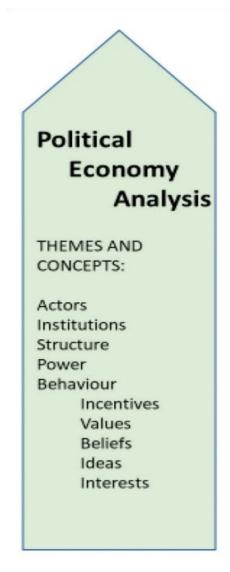
We are also performing stakeholder analysis

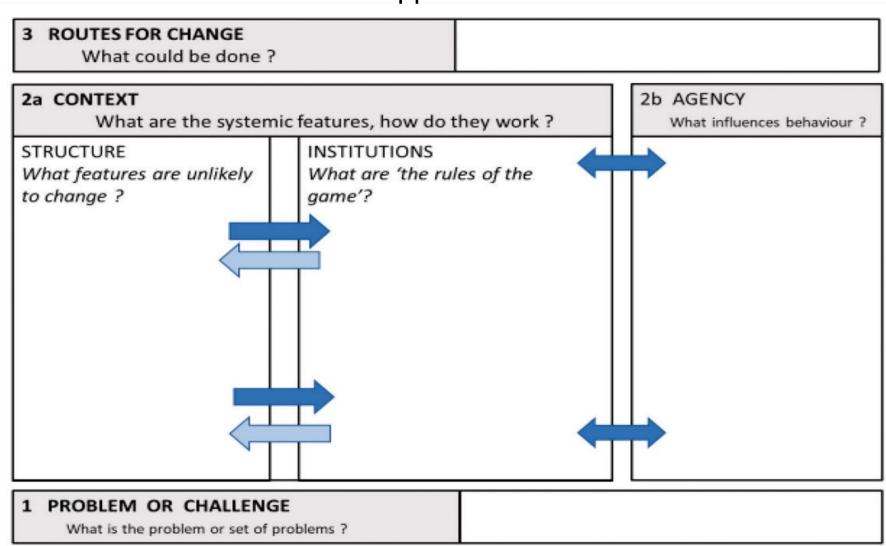
On the stakeholders' power, interests, intentions



Reflection, diagnosis, prescription

Problem-driven approach





Initial results: Contexts

Ethiopia is simultaneously the least urbanised and most rapidly urbanising country in Africa

Introduces significant demands for public services. Despite strong
economic
development,
Ethiopia remains
one of the
poorest and
least developed
countries in the
world, with
heavy reliance
on foreign aid.

Rely on policies and strategies by international donor Ethnic tensions, conflict and war have brought destruction to healthcare systems

Shifts attention

There are entrenched gender inequalities, domestic violence and violence against children in the school and the family.

Traditional
beliefs and
stigmatising
attitudes
around mental
health
problems are
the norm.

Utilization of mental health services

Initial results: context

There have been dramatic improvements in maternal and child health and life expectancy.

However, the burden of CA mental illness is high and service responses are incomplete.

There is an extreme shortage of services for CA with mental health problems

The government has committed to mental health in recent years

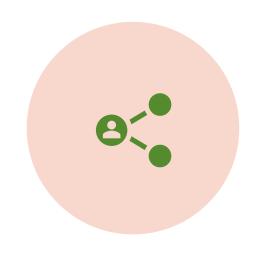
- Recognising children as a vulnerable group
- Schools as a focus for mental health intervention.

Evaluation: Appraising the effectiveness of what exists

Lack of preventive health behavior and Inadequate mental Lack of awareness health services limited utilization of MH services Lack of coordination Lack of attention Lack of budget of activities

We will soon try to answer some strategic questions







WHAT PLANS AND ACTIONS ARE NEEDED?

SERVICES REQUIRED TO MEET THE NEEDS?

WHAT CAN BE IMPROVED?

Identified stakeholders

- 1. School and the wider community: community organizations, associations and committees, parents and caregivers
- 2. Health practitioners (mental health specialists, general primary health care workers including doctors and nurses, and HEWs);
- 3. Persons affected by mental illness including those with psychosocial disabilities, their families, carers and service user groups;
- 4. Civil society organisations including Non-Governmental Organisations (NGOs), Community Based Organisations (CBOs) and Faith Based Organisations (FBOs).

Identified stakeholders

- 5. Media
- 6. Donors including DFID UK, DFID regional or country offices, and other funding agencies.
- 7. Parliament, prime minister office, council of ministers and regional governments
- 8. Ministry of health, Ministry of education, ministry of women and children
- 9. International organizations: WHO, UNICEF
- 10. Academia
- 11. Health professionals training institute

A few more points



Identifying the context factors was to learn about effect modifiers



Under what condition the mindfulness intervention would be operating?



Interventions can't be wholly understood at intervention delivery points-schools



Interventions may not change contextual factors

Ways to withstand challenges
Utilize opportunities
Active/trigger causal mechanism

Acknowledgement

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Disclaimer

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