

# Mental Health is Foundational (Webinar Summary)



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## *Introduction*

The COVID-19 pandemic has brought heightened attention to the importance of mental health and well-being. For many girls around the world, the pandemic is one more crisis on top of already fraught circumstances, with girls who already experience marginalization also more likely to be affected by the ongoing pandemic and its aftereffects. In this webinar we reviewed the evidence supporting the inclusion of mental health as a key part of programs for adolescent girls. The crux of the webinar was to hear from partners in the Population Council's Adolescent Girls Community of Practice (CoP) who have integrated supporting mental health into their work because of their deep concern about girls' well-being. We featured real-time and contrasting reports from a range of populations and places from programs working with refugee girls in **Lebanon**, Native American girls in **Montana (USA)**, girls in urban **Goma (DR Congo)**, mentors and adolescent girls across Haiti, and communities in coastal **Kenya**.

### **Related Resources from the Adolescent Girls Community of Practice:**

[Creative Assets and Program Content Guide: To Build Social and Emotional Learning and Promote Trauma Mitigation and Healing](#)

[Conversation with Martha Brady](#) on sports and [claiming space for girls](#) in communities

The webinar covered:

- How we talk about mental health and what it means in communities where CoP partners work;
- How mental health is related to the social determinants of health, including social connections, economic circumstances, and community characteristics;
- Key mental health challenges girls and the people who support them (mentors, staff) face;
- Strategies programs are using to address mental health in low-resource environments; and
- Innovative ways to measure aspects of mental health.

The CoP continues to be engaged in an intensive learning process about mental health. This note aspires to extend the learning and highlight some of the lessons discussed during the webinar. Tools will regularly be shared at [buildcommunityforgirls.org](https://buildcommunityforgirls.org).

## Why should mental health be a key focus area for those who work with marginalized adolescent girls?

Adolescence is a formative time neurologically and socially, an inflection point for mental health, particularly for girls<sup>1</sup>. It is a key time when programs can make a difference and have lasting positive effects, helping girls build assets, resilience and coping skills that can help them thrive. Yet due to stigma in many settings, emotional well-being is often a neglected topic when it comes to girls' programs.

Mental health is important in its own right, and it is also connected to other areas of girls' lives, both influencing and influenced by issues like economic and food security, sexual risk and other types of relationships and conditions girls face.

Statistics are collected on a few dimensions of mental functioning, but often inconsistently and not in age- or gender-disaggregated ways. Globally, depression is one of the leading causes of illness and disability among adolescents. Mental health conditions account for 16% of the global burden of disease and injury in people aged 10-19 years old<sup>2</sup>, but given the lack of measurement and attention to gender differences in this statistic, the real burden of mental health for girls is likely much higher.

While the COVID-19 pandemic has brought much-needed increased attention to mental health it has also exacerbated stresses for many, especially for girls who are already burdened by other inequities related to their race, gender, socioeconomic status, and/or other overlapping conditions that contribute to exclusion. Recent rapid reviews<sup>3</sup> conducted to better understand the impacts of COVID-19 find that girls have been particularly affected by the confinements and lockdowns that have been a feature of the pandemic, due to factors like lack of access to school and friends, intensified pressure to marry before they are ready, and increased care burdens at home.

## Girls face multiple, overlapping challenges that are exacerbated during emergencies, posing challenges for mental health

**Figure 1. Girls play at least 4 vital roles for families in times of emergency<sup>4</sup>**



<sup>1</sup> (Landstedt et al., 2009, (Sawyer et al., 2012))

<sup>2</sup> (Kapungu et al., 2018)

<sup>3</sup> (Baird et al., 2020; Buvinic et al., 2020; *Hear Her Voice | COVID-19 Stories; Multidimensional Poverty and Vulnerability to COVID-19: A Rapid Overview of Disaggregated and Interlinked Vulnerabilities in Sub-Saharan Africa* | OPHI, Nyashanu et al., 2020; Wenham et al., 2020; (Cohen & Rodgers, 2021; Gittings et al., 2021; Jones et al., 2021; Paiva et al., 2021; *ResilientRealities-GlobalOverview.Pdf*, 2021))

<sup>4</sup> This figure, by Judith Bruce, comes from an [April 2020 webinar](#) early in the COVID-19 pandemic, when there were already extensive reports of stress, displacement and scarcity coming from partners

While COVID-19 has been the emergency at the top of mind for many, in the contexts where CoP partners work, girls simultaneously face overlapping challenges related to climate change, energy crises, food insecurity, political instability, conflict, poverty, and other issues. In times of crisis, girls—especially those from marginalized circumstances—often act as the family safety net, expected to fill gaps in family functioning. Crises can make gender roles more rigid for girls, leave them with higher care burdens, and burden them with responsibilities for providing basic services and functions within their households, sometimes in ways that put them in harm’s way. Clearly such circumstances pose challenges for mental health, and girls who are already struggling before a crisis will need even more support during and after one.<sup>5</sup>

### How is assuring a sense of emotional well-being a foundational part of girls’ programming?

*When it comes to girls’ programs, mental health is not a luxury add-on. It is fundamental to all the goals a program seeks to achieve.*

Mental health is fundamental to being able to build important assets, which in turn support mental health and resilience.

Christina Mallie, from Colors of Connection, described why it is important to create a sense of connectedness, safety and well-being (sometimes called mental health needs) before focusing on building other assets: Neuroscience shows us that when we are under stress, parts of the neocortex respond by going into survival mode, which means we are not able to do things like plan, imagine, or exercise control and logic. Paying

attention to mental health is a good idea in and of itself, and many who do trauma-centered care argue that feeling comfortable in one’s self (who you are) and in one’s setting (where you are) is foundational to being receptive and able to absorb other learnings, whether new skills or new ideas, exploring new opportunities or fostering social participation. This highlights that if someone is under stress it is important to address that before moving on to other program priorities. Programs will work better when they create space for girls to experience calm and process their emotions.

### What words do programs use when they talk about mental health?

The WHO defines mental health expansively:

*“Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.”*

This definition focuses on well-being for the individual and notes the connection of individual-level mental health to the community. Yet the conditions it describes are far from what most young people have experienced over the last year, or what many

#### What words describe mental health?

*Terms suggested by CoP panelists:*

Psychosocial support  
Emotional support  
Well-being  
Help managing stress and anger  
Resilience

<sup>5</sup> Ford, T., John, A., & Gunnell, D. (2021).

experience even in pre-pandemic times, a world characterized by “normal stresses” and where “working productively” is possible.

Considering the extraordinary circumstances under which young people have lived more recently, a more nuanced consideration of what affects mental health is warranted. Understanding mental health within a social determinants of health framework<sup>6</sup>, mental health is related to who you are (individual factors), your social connections (which have been constrained under COVID), and where you are (the characteristics of place/neighborhood<sup>7</sup>, which for many has mattered more than ever during the pandemic, as restrictions have limited the spaces girls can occupy).

Yet while the pandemic has opened some discussion of mental health, in most parts of the world discussion of the topic is taboo. Given the potential stigma around mental health, programs use different words to speak about it. Rima Mourtada (Adolescent Girls CoP, **Lebanon**) discussed how the many challenges currently faced in Lebanon—the COVID-19 pandemic, the August 2020 explosion in Beirut, and worsening economic conditions—have led to increases in the need for mental health support at the community-level. She notes that in this context, **‘psychosocial support’, ‘emotional support’ and ‘support for managing stress and anger’ are preferred terms for practitioners to use when working to improve mental health.** In this setting she finds that girls are more inclined seek emotional support in a group, which is fortunate since one-on-one care is largely unavailable or inaccessible in these settings.

Group settings provide multiple benefits. They feel less stigmatizing because girls can relate to the problems others are sharing and understand they are not the only people with those needs, creating a sense of normal participation and access. Support groups carry the additional benefit of building social support and social capital among those who join them, enabling girls to feel safe and secure and to acquire vocabulary and skills that may help them cope with life challenges. Moreover, group interventions are cost effective mental health interventions.

**COVID-19 has exacerbated issues that affect mental health: increasing girls’ sense of isolation and lack of safety, interrupting vital social supports, expanding violence in and outside of the home, and creating scarcities that increase depression and withdrawal**

*Universal losses and culturally-specific losses: how have the usual ways of connecting socially been disrupted and what are the mental health implications?*

Diana Bigby, from the **Fort Belknap Reservation in Montana** spoke about how pandemic-related lockdowns have affected her small, close-knit community. **Firstly, COVID-19 has claimed the lives of many of the community’s elders**, who are the caregivers who typically provide guidance and support during times of need. Additionally, the complete shutdown of the community necessitated by COVID-19 meant that **the usual ways of mourning deaths as a community were not possible. These losses and the inability to gather in the traditional ways had detrimental impacts on mental health.** Celebrations, like pow wows, that have been done for generations, were also shut down. These losses of culture and tradition, and the loss of social outlets like school for young people affected the mental health of everyone in the community. The program had to be innovative to keep young people focused and keep

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<sup>6</sup> Allen, J., Balfour, R., Bell, R., & Marmot, M. (2014).

<sup>7</sup> (Leventhal & Brooks-Gunn, 2000)



their spirits up, using strategies like physically distanced door-to-door visits and kits with activities that girls could do while unable to leave home.

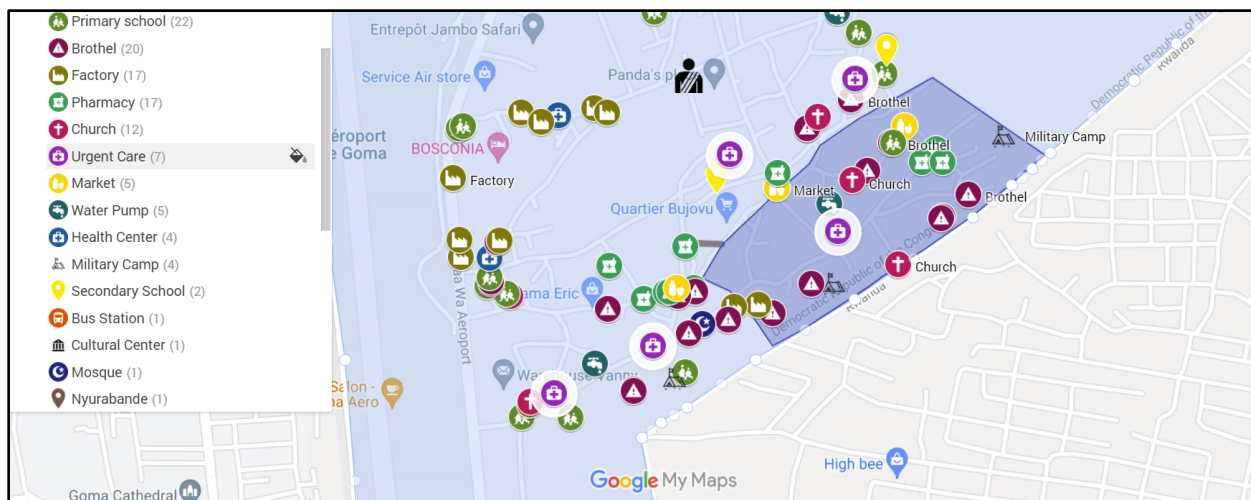
Kelly Hallman, Director of the Indigenous Adolescent Girls Empowerment Network (IMAGEN), reflected that across the network—which works in **45 Native American communities in the U.S.**—most are experiencing similar situations: **A loss of elders, an inability to mourn** in the traditional and healthy ways, and cultural and language loss. For girls, the isolation has been especially difficult. Girls are accustomed to going to school, seeing friends, and spending time with extended family. Social-cultural events are the lifeblood of a Native community. In many Native American communities, tourism has been completely curtailed by COVID-19, so the loss of income has also been difficult for families. IMAGEN used donor funding to provide microgrants to girl societies that have helped support girls with basic food supplies, and resources for improving their mental and spiritual health, including herbs and plants and other traditional items use to pray and heal within Native American cultures.

In places where social disconnection was already challenging prior to COVID-19, the pandemic has added an additional layer of difficulty. Rima Mourtada discussed the situation among refugee communities in **Lebanon**, where high levels of population mobility and hostile relations between refugees and the host community already complicate efforts to build and maintain social connection in the absence of pandemic. The consequences of COVID-19 and the associated lockdown have intensified pre-existing problems related to social isolation, lack of safety, and scarcity of resources, and have exacerbated the threat of violence, particularly for girls. The pandemic has also interrupted education and vital social supports for many girls, work for those who had previously been employed, and social visits for people who used to see one another. The hardships brought on by COVID have additionally brought out a new lack of empathy; in some cases, Lebanese landlords have lost patience with tenants, and Syrian refugees have no longer been able to get loans from local people. In a situation where everyone is competing for the same limited resources, COVID-19 has intensified divisions.

#### *Economic impacts and place-based effects contribute to poor mental health*

That features of communities can have an impact on mental health is a key part of the social determinants of health framework. Cities, for example have characteristics that can negatively affect mental health, being densely populated, stressful, and sometimes having low social cohesion, particularly for new arrivals. Places with strong social ties may be more resilient in times of trouble, but a problem that affects any member of such a community has a broader impact on others. Therefore understanding more about girls access to resources in the communities they live in and how they may be supportive or detrimental to well-being is a key part of the work that CoP members do. This process has become even more important during the COVID-19 pandemic, when many girls are even more confined to their immediate surroundings and are experiencing heightened barriers to accessing key resources that may help support their mental health.

**Figure 2. Detail from a Community Resource Scan, Goma (Colors of Connection)**



Christina Mallie, Colors of Connection, described her organization’s process of mapping community resources in the **Democratic Republic of Congo** using the Population Council’s community resource scan tool. The exercise was done in November 2020 in one of 18 neighborhoods in **Goma**, an area with about 48,000 residents. The team set out to map spaces that could provide social and emotional resources or could be hazardous for girls, particularly very young adolescents (ages 10-14). The process illuminated the challenging local environment that girls must navigate. They found mostly places that carried intensified risk and **few spaces that were potentially supportive of girls’ social and emotional health** (Figure 2). For example, there was a cluster of brothels along the border with Rwanda. New safe spaces for girls will likely have to be developed. Colors of Connection has resolved that as part of program planning they will think more intentionally about the potential of spaces not typically considered as community resources, such as beauty parlors, to serve as potential supports for girls.

#### *Mental health impacts on small, tight-knit communities*

Diana Bigby (Fort Belknap Girls Society, **Montana**) discussed how her rural, tight-knit community has dealt with COVID-19, describing how in small, communitarian places an issue in one family affects everyone. **Losing one person has a big impact on many people in a small community.** Even before COVID-19, there were high rates of suicide among young people, and adolescent girls have long faced issues including sexual assaults, molestation, incest, physical abuse and mental abuse. Diana developed the Girl Society as an outlet for girls aged 8-17. The program works on health, cultural, and emotional strengthening, using intergenerational mentoring. When COVID-19 hit, the community’s focus was more on its elders, who are often the caregivers of the youth. In communities that value elders, their loss has a potent emotional impact but also practical impacts. Losing 20 elders means maybe 50 young people who have lost their caregivers.



*Increases in violence (especially in the home) in already violent places with girls and mentors feeling a responsibility to step in*

Recent research has shown that COVID-19 related lockdowns have been associated with increased violence at home and in communities.<sup>8</sup> Given the clear links that research has shown between experiences of violence and mental health, webinar participants discussed how violence was affecting girls in the communities where they work.

In some places, like **Goma (DRC)**, levels of violence were already high even before the pandemic. **Goma**, where Colors of Connection works, is in the Eastern DRC, the epicenter of the conflict, and as such violence has been exacerbated and normalized by the constant undercurrent of violence. In pre-COVID times, close to 50% of women and girls had experienced some form of sexual or intimate partner violence, and acceptance of violence against women as an expression of frustration is widespread. The constant exposure to violence desensitized girls to their own feelings; many have trouble expressing and understanding their own emotions. In the program's process, girls experience the safety and sustained exposure to be able to identify and name their own experiences and their emotional responses. **Initially many girls find it easier to express anger than to identify when they feel sad or depressed or stressed out.** Colors of Connection works to give girls a space and a vocabulary for naming their emotions and beginning to heal and connect, using creative and tactile approaches. Such non-verbal methods can give a wider range of participants—including those who may be more reticent to speak in group settings—an opportunity to express and share their emotions.

*Connections between economic instability, increased violence at home, and the emotional state of girls*

Rima described how economic instability for all in **Lebanon** has affected refugee populations even more deeply. Prior to COVID-19, there were limited work opportunities for refugees, but men were still able to find work in construction and other professions provided for refugees. The prolonged lockdown during the pandemic disrupted the job market and led to job loss among Syrian refugee men. These job losses came amid rapid inflation. However, the agricultural sector was less disrupted, and women and children could access these jobs. **These changes, with women and children able to find work when men could not, shifted power structures in households where men are usually dominant.** Men have been taking out their stress on their wives and children in violent ways. Given these challenges, including lack of access to school and inability to go outside to play, mothers have expressed concern about the mental well-being of children and adolescents. Mental health issues and violence were always present, but they have intensified.

Myriam Narcisse (Director, Haiti Adolescent Girls Network, HAGN) discussed increasing domestic violence in **Haiti**. HAGN works with close to 6000 girls ages 10-24 in 60 communities, in both rural and urban areas. The situation in Haiti is complex. When the national emergency (from COVID-19) began in March 2020 the country was already experiencing an ongoing political crisis. The pandemic has worsened the situation. Many Haitians from the diaspora who usually sent money home were unable to send remittances, increasing financial pressure on families in Haiti. HAGN noticed an increase in violence against women and girls, connected to financial pressures and social disconnection. Families in urban areas, where livelihood pressures are more severe, were especially stressed and frustrated. This

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<sup>8</sup> Bourgault, S., Peterman, A., & O'Donnell, M. (2021).

situation has been worsening over time because the political situation is still unstable (The President was assassinated in July 2021). Violence and gang activity are especially bad in conflict-prone areas.

*Mentors at the intersection: they must stay connected to girls, advocate against violence and for girls' rights within their families, while simultaneously facing similar challenges in their own lives*

To adapt to the situation, HAGN involved mentors in awareness-raising community activities. Mentors already have visibility in the communities, so they could visit door-to-door to promote social distancing measures. This work constituted important public health outreach and was also an opportunity for mentors to visit girls on a one-on-one basis. **Mentors work at the intersection of girls and their families.** Mentors found that during the pandemic, girls have increased burdens in terms of household chores. At the same time, they found girls were dealing with verbal, physical and sexual violence, with 3 girls even being assaulted and murdered in their own homes. Dealing with these challenges was difficult for mentors, who are themselves young women who live in the same communities and are part of families experiencing the same economic pressures. During their door-to-door visits, mentors also had to deal with verbal violence from community members who did not believe that COVID-19 existed. HAGN described the responsibility the network has in supporting mentors in their roles in communities.

*The pandemic highlights the gap: an almost total lack of formal local mental health services, requiring both an expansion of resources—including mentors who can equip girls with the support and assets they need to cope, as well program materials for expanded content to reach girls in need—and indicating a need for trauma-informed, community-based responses*

Anita Shankar, Director of the Global Trauma Project described work her team has done to better understand the situation of girls in one community in **coastal Kenya** just prior to COVID, and how it enabled the team to do better outreach during the pandemic to understand mental health and other challenges. In March 2020, team leaders did the [Girl Roster](#) exercise to understand the situation of girls in the community, locating over 1600 girls living in coastal communities in Kenya. They found that:

- 43% of girls were extremely off-track, meaning that they were falling behind in school, living apart from parents, or were already married or had a child.
- Over 50% of girls in school were at least 2 years behind in schooling. This information was used to narrow down where and with whom the program should be working.

Two weeks later lockdowns began. The team thought about how best to support trauma-informed community care given the changing situation. They pivoted to run a mask distribution campaign and were able to use that to inquire about deeper concerns, including mental health. **Even about 6 weeks into the pandemic, in a survey of 608 individuals, they found high level of stress and mental health concerns:**

- 78% had noticed an increase in family arguments,
- 91% knew someone who was emotionally distressed and needed more support,
- 56% did not know of any local providers for mental health support.

These findings informed the design of a program to support community-centered safe spaces, with an understanding of how trauma, stress and adversity affect adolescent girls.



## What are some of the mental health challenges you are dealing with among the populations of girls you work with and the people who support them, including mentors, families and program staff?

What has become clear under COVID-19 is the interconnectedness mental health outcomes among girls, mentors, other program staff, families and other community members; all have been challenged by COVID-19 in very explicit ways that differ by personal identity and location. Our panelists discussed how they are working with families and communities in innovative ways to support the mental health of girls and their families and supporters.

*Learning exchanges between organizations that support girls are more important than ever as NGOs adapt rapidly in challenging environments*

Rima described the learning circle that she started in 2020, regularly bringing together NGOs that work with adolescent girls in **Lebanon** to talk about their own challenges and those faced by the girls in their programs. The learning circle is a platform for informally sharing personal experiences and challenges and opportunity for participants to learn from one another. Each meeting has a different theme. Early in the pandemic, the group discussed challenges in humanitarian settings under lockdown, and there was also a session about how to engage men and boys in programs. The platform offers the opportunity to brainstorm solutions to common problems and to share tools. This is especially important in a low-resource setting facing many challenges like Lebanon.

## Finding solutions in low-resource settings

*Identifying and expressing emotions through art*



Christina Mallie described some of the [art-based approaches](#) Colors of Connection uses with girls. The program has a range of expressive art activities. **Art is a non-stigmatizing, expressive gateway to participation for girls that has therapeutic benefits and generates emotional expression without any stigma about mental health functioning.** Arts are found in every culture so the activities can be adapted to be contextually appropriate. Adolescents gravitate toward creativity and artistic expression, and art projects can be done in groups, so these methods are a great fit for programs for girls. One thing the program does is build girls' ability to identify and express a range of emotions, which may be an entirely new experience for some girls. In the exercise pictured here it is like a musical chairs game.

When the moment comes to sit down, the girl without a seat is asked to do a small (on the right) or a big gesture (on the left), accompanied by a sound. It helps practice different ranges of expression.



There are also activities that can help girls self-soothe and calm. The activity pictured at left is a doodling activity using basic materials such as markers and paper. **Doodling, while simple, is a rhythmic kinesthetic activity that taps into the parts of your lower brain that might be affected by stress, so it allows you to calm down and focus.** This activity also involves relationship building and girls end up creating beautiful artwork. Low-cost exercises like these can create space for emotional participation and strengthening. These are part of a [collection of resources](#) available on the community of practice website, all of which only require basic materials, and so are appropriate for low-resource settings.



drawing and role-playing. It helps girls release tension and express their emotions, which is new for most. The program incorporated sessions on how to manage stress and anger and how to communicate effectively with adult members in their family (**we never mentioned the words “mental health”**). We encouraged them to have at least 1-2 adults in the community from whom they could seek help if they are facing problems. In this photo (at right) the session was to understand girls’ awareness of and connections to resources in their local community. This helped us understand what was accessible to them and what girls their age need.



### *Incorporating yoga and physical activities to support girls’ mental health*

The Adolescent Girl Community of Practice has long fostered [sports](#) and physical activity as a fundamental to health, well-being and learning for girls, with the [ISHRAQ program](#) in **Egypt** being a pioneer. In **Lebanon**, Rima Mourtada discussed how and why her program decided to incorporate physical activities to support the mental health of girls and their mothers.



The popularity of a yoga session that was offered encouraged the program to include other physical activities as well. The 13-20 year-old married girls in the program reported that they found yoga and breathing exercises helpful to control their stress and improve their mood.

Mothers also reported that their daughters were happier and more open. The sessions came at a time when they were highly needed, following a prolonged period of lockdown when girls

were unable to go to school or socialize with friends. Mothers asked for sessions to be done twice a week rather than weekly, and asked for sessions they could participate in, so the team is working to incorporate sessions for them.

### **Innovations in measuring aspects of mental health using objective tools**

One challenge that programs that set out to make a difference in mental health have is how to measure those changes. There are many scales for depression, resilience, anxiety and other issues, but little agreement about which are best suited for work outside the U.S. and Europe, where most of these were developed and tested, or with populations of younger and marginalized adolescents.

Anita Shankar from the Global Trauma Project described a biological measure they have been using and why it is important to supplement the typical scales used to assess mental health. Many people lack mental health literacy to identify and express their emotions. There are language barriers,



### **Statistically significant improvement of HRV from Time 1 to Time 2 to Time 3 to Time 4**

some cultural specificity of symptoms and difficulties reporting on emotions, so the team thought it was important to have an objective biological measure to supplement self-reports. GTP is working with researchers at the New School to test out heart rate variability, which is the time between heartbeats as a measure of the body's ability to recover from stress and trauma. The HRV monitor is a clip that attaches to the ear. It gives an indication of nervous system health—can we ramp up with there is a stressful situation and calm down when there isn't one? GTP triangulates this with qualitative data and other assessments they measure over time. They found that over time participants have better emotional regulation and decrease their heart stress.



### **If you had more resources, more time, and could do more in-person work, what would you do next?**

- Rima Mourtada: I would invest in **in proper capacity building for our mentors**. They are doing very well, but they are recruited from the local community and are not necessarily properly trained in dealing with mental health. Now when they encounter delicate mental health challenges they come to us and we link young women to the services they need. I would also love to **invest in a network of mentors** who work across Lebanon, which is important because of the high mobility of refugees. If we had a cadre of community workers in different parts of Lebanon we could reduce the attrition that happens when girls move away, and meet their expressed desires to stay connected to the program.
- Myriam Narcisse: One key thing would be to promote a culture of mental health as an intersectional asset to building resilience, **not only for girls but also women, youth and families**, toward developing a culture of peace.
- Christina Mallie: More capacity building for our staff and mentors. An area that can be explored more is what **indigenous practices** there are in various cultures that can be integrated in the girl activities we're doing.
- Diana Bigby: I'd provide more **cultural resources for our families**. Cultural loss has happened in different periods in our communities, like in the 1940's-60's, and now with the loss of so many elders. One thing I'd like to have is a family smudge kit (sweetgrass, sage, and matches, used for prayer) for each family on the reservation, so families could smudge together when needed.
- Kelly Hallman: **In person training is critical** and we haven't been able to do that. We meet (virtually) twice a month with the mentors across the network, which has helped alleviate the social isolation girls have experienced. I want to **move beyond trauma-informed approaches to healing-centered approaches that focus on strengths and not deficits**. Activities that help heal and provide energy and power.
- Anita Shankar: **We added a component of joy to our model**. It was always part of our process but to intentionally create joy and opportunities for girls to thrive.

### **Conclusion**

Mental health is shaped by our social, economic, and physical environments, and issues that affect well-being are exacerbated by social inequalities. The webinar featured programs working in a wide range of challenging environments about the approaches they are taking to support mental health for girls in low-resource settings during the COVID-19 crisis. Many programs work in areas affected by violence and economic instability, which are interlinked and have profound effects on the mental health of everyone in the community, with heavy burdens falling on girls.

Different approaches to addressing mental health will work in different places, and some cultural, contextual, and age-related specificity is a key to success. People have different mental health needs at different life stages, which are interconnected with other basic needs, like the needs for food security and social connection. Effective programs can require extensive formative work, but the payoff from this investment can be large. Being flexible and including activities that interest participants is key. Physical and arts-based practices can be helpful for helping girls understand, process and deal with their emotions. Such approaches are possible even in low-resource environments. Taking the time and effort to understand girls' mental health needs is good in itself and helps practitioners more effectively work toward other program goals. Mental health work is fundamental to successful programs for girls.

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