

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

Context

In 2010, the Government of Kazakhstan recognized that adolescents in the country were facing a public health crisis: a rising suicide rate, with nearly 18 suicides per 100,000 adolescents. Acknowledging the importance of early mental health support, the Government turned to UNICEF and other partners to collaborate on a response.

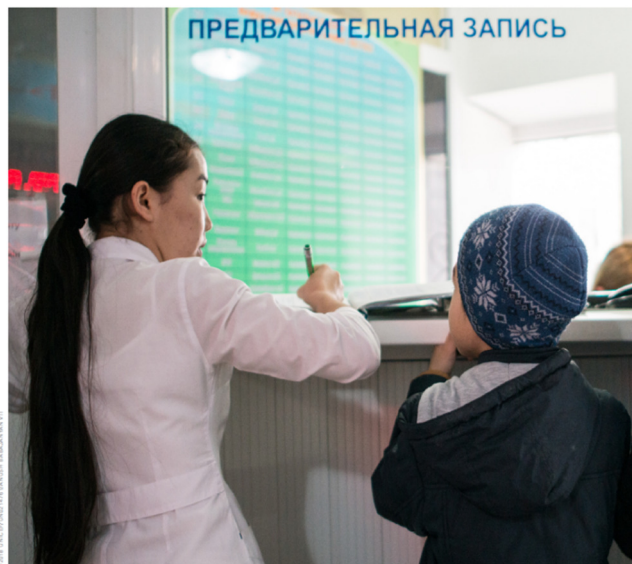
The outcome was the 2015-18 Adolescent Mental Health and Suicide Prevention (AMHSP) programme, which aimed to improve access to mental health services, tackle stigma surrounding mental health and, ultimately, prevent adolescent suicides. The programme was designed for implementation in public healthcare and education systems and was grounded in evidence from a 2012 research study.¹

Programme Approach

The AMHSP programme was initially implemented in the regions of Kyzylorda (2015-2017) and Mangistau (2016-2018), with UNICEF working closely with a range of key stakeholders at national and regional level to ensure buy-in and coordination.² Notably, the programme was included in the Prime Minister's National Action Plan 2015-20, which led to a Joint Order by three Ministries to implement the programme nationwide.

Training of professionals

A core component of the programme was **strengthening the capacity of school psychologists and healthcare workers** to identify adolescents experiencing mental health issues and be able to refer them to appropriate and accessible services. The programme supported the adaptation of the European *Saving and Empowering Young Lives in Europe* and *Youth Aware of Mental Health* programmes to the Kazakhstan context, facilitating the use of reputable online and face-to-face modules for professional trainings. This online and offline model ensured the readiness of school and college staff as well as healthcare professionals to support adolescents on mental health.



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Awareness-raising and life skills development

To promote **awareness-raising among adolescents** and the wider community, the programme prioritized the translation and cultural adaptation of existing materials on mental health and suicide prevention. The national Bilim Foundation – a UNICEF partner – also developed an **Adolescent Life Skills Development curriculum** for school grade 9 students, with modules covering mental health, interpersonal communication, and career guidance, among other areas. This improved adolescents' access to accurate information and addressed the drivers of mental health more holistically, with the aim of promoting healthy behaviors and reducing anxiety and stress.

Tackling stigma

Stigma around mental health is among the largest barriers in addressing adolescent mental health and suicide in Kazakhstan. When the AMHSP programme commenced, adolescents in Kazakhstan could only participate in mental health screenings with parental consent. Some school psychologists struggled to convey the benefits of participation to parents and caregivers and gain their approval, and some were reluctant to view suicidal behavior as a public health issue.

Some school psychologists struggled to convey the benefits of participation to parents and caregivers and gain their approval, and some were reluctant to view suicidal behavior as a public health issue. In response, UNICEF and partners created an operational manual for psychologists and healthcare workers to help them better understand adolescent mental health. For parents and caregivers, the programme supported information dissemination and group meetings, leading to a higher number of adolescents receiving permission to participate in screenings and access services. For instance, across 300 schools in Kyzylorda it was found that the percentage of parents refusing to refer adolescents identified to be at high risk of mental health illness or suicide dropped year-after-year: from 11 percent in 2015, to five percent in 2016, and to one percent in 2017.³

Results

In the Kyzylorda region, the AMHSP programme screened 48,754 adolescents across 312 schools between 2015 and 2017, identifying nearly 2,500 at risk of suicide. Of those, more than 90 percent visited specialists for further support. In the Mangistau region, more than 35,000 adolescents across 153 schools participated in the programme between 2016 and 2018. An assessment found that participating students reported higher general wellbeing, fewer symptoms of anxiety and stress, lower suicide ideation, and reduced perceived barriers to help-seeking – especially for adolescents at risk – when compared to students who did not participate.

2015-2017 AMHSP Programme in Kyzylorda Region⁴ Decreases from programme baseline

36.1% Suicidal ideation	80.6% Anxiety
56.1% Depression	65.0% Stress

N.B. Decreases are for adolescents at risk, for whom the AMHSP programme was especially effective.

The programme scaled in all but one of the 17 regions of Kazakhstan, reaching more than 39 percent of schools by 2018 (more than 3,250 schools).⁵ Local governments allocated budgets for the expansion of the programme, and UNICEF – along with the National Mental Health Center – provided technical assistance. The Government of Kazakhstan also increased financing for mental health services by 25 percent and committed to continued financial support.

The programme also accelerated national efforts to integrate mental health into the public healthcare system. 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. Significantly, the Parliament also endorsed a legislative change in 2020 to lower the age of parental consent to under age 16 for accessing mental health clinic services.

Lessons learned

Understanding and addressing stigma was among the most critical factors in lowering the barriers for adolescents to access mental health and suicide prevention services. This included working with parents and caregivers to understand any reluctance for adolescent participation in assessment or treatment. Since parents and caregivers are often gatekeepers, addressing their concerns was critical.

Cost-efficiency is always a potential barrier to institutionalization of a programme, and for the AMHSP programme it proved essential to integrate it into existing systems such as schools and primary health care to keep costs low. This continued with the handover of the programme to the National Mental Health Centre and the Bilim Foundation, who aimed to keep overall costs at less than \$8 USD per adolescent supported, including the costs associated with training screening, and full case management.

The programme also highlighted the need to **support service providers** when the number of referrals increases. The success of the programme led to a higher demand for professional services, and greater support by school psychologists. Providing additional training and other support to manage the increase – such as group counselling – early in a programme could help in meeting higher demand.

Acknowledgements and Contacts

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Endnotes

- https://www.unicef.org/kazakhstan/sites/unicef.org.kazakhstan/files/2018-06/00001358_0.pdf.
- Stakeholders included the Ministry of Health, the Ministry of Education and Science, the National Centre for Mental Health, 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).
- According to the Department of Education of Kyzylorda Oblast.
- https://www.unicef.org/kazakhstan/sites/unicef.org.kazakhstan/files/2018-12/Summary_Evaluation_Findings_Lessons_Learned_Revised.pdf
- Data collected through the Ministry of Education and Science.