

Survey of Potential International Partners

**A Report by the Young and Well Cooperative Research
Centre International Working Group**

Maria Rodrigues
Jazba Singh
Professor Helen Herrman
Steve Fisher

February 2013

YOUNGANDWELL
Cooperative Research Centre



An Australian Government Initiative



Introduction

The aim of this survey is to identify organisations, groups and projects around the world that, like the Young and Well Cooperative Research Centre, are working in the space of young people, mental health and wellbeing, technology and research. Young and Well CRC unites these areas in a specific and unique way:

‘Young and Well CRC will work in partnership with researchers, young people, not-for-profit organisations, government, and industry partners to further our understanding of how technology can be utilised to benefit young people and to enhance their social skills so they are better equipped to deal with life’s challenges.’

The groups identified in this survey either work in all or some of these target areas – but all have the potential to develop programs, tools and applications that can unite all four targets. This is of particular interest to Young and Well CRC as this presents a potential opportunity for partnerships in the international arena.

METHOD

The initial phase of this survey was completed in March 2012. Beginning with a Google search using the key words ‘young people and mHealth,’ it captured projects targeting young people and technology-based approaches to health and wellbeing. From this, a snowballing method was used to find groups that were specifically engaged in mental health and research. Databases and blogs which document mental health and technology information were also searched.

After reviewing the results of this initial phase, it was determined that a greater investment was worthwhile to conduct a broader and more comprehensive survey of international activities in this field. The second phase of research used a variety of search terms to identify programs involving youth, technology and wellbeing. Searches were conducted using Google, databases targeting particular geographic areas (such as the EU Mental Health Compass), relevant WHO reports (such as ‘Mental Health Promotion in Young People – an Investment for the Future’ [2010]), and previous studies focusing on technology and health (such as ‘Mobile Communications for Medical Care’ conducted by Cambridge University in partnership with China Mobile).

Overviews of each project identified through the second phase of the study were first drafted using information provided on their organisations’ websites and other online sources. These drafts were sent to key contact people within the relevant organisations where possible. Where key contact people were not specified online, drafts were sent to the general information email address listed for the project or organisation. Organisations were asked to review the draft overviews and contribute corrections, updates and further information about the project where necessary. They were also asked to inform us of any other projects they felt should be included in a survey of youth, technology and wellbeing (due to time constraints, the researcher was unable to include summaries of many of these initiatives referred to by survey participants. A list of these initiatives and their websites is provided in Appendix B).

Final draft overviews of projects identified during the second part of the study were subsequently added to the results of the initial phase to produce the final report.

FORMAT

This report presents a one-page summary of each initiative outlining key information about its ‘summary and scope,’ ‘methods,’ ‘target group,’ and ‘areas of particular interest.’ Much of the factual information presented has been sourced directly from project websites and is indicated as such. Information in the ‘areas of particular interest’ section is largely comprised of editorial summarisation and opinion, unless otherwise indicated. Each summary also notes whether the organisation running the project has been contacted, and whether a representative from the organisation has confirmed the details presented in the summary via e-mail.

In aiming to make this document more navigable, project overviews have been sorted and listed in several different ways throughout the document. It is hoped that this will allow readers more options for browsing and looking up particular organisations and projects.

The main section of the report presents project overviews grouped into four main categories:

1. Intergovernmental and Multilateral Agency Initiatives
2. International Non-Governmental Initiatives
3. State-based Initiatives
4. University-based Initiatives

Within each category, overviews have been organised to allow readers to look up projects either by the nation they are based in or, in the case of international initiatives, by the name of the agency, organisation or institution leading it up. In the first two categories, overviews have been alphabetised according to the name of the agency, organisation, or company leading the initiative. State-based initiatives are sorted according to the nation in which they are based, while university-based initiatives have been sorted according to the name of the university or research institute leading-up the project.

Several charts and figures condense the information from the main section of the report:

- Figure 1 illustrates the geographical distribution of the initiatives included in this survey, while also indicating their primary technology and sectoral focal points.
- Appendix A presents an index of all the initiatives alphabetised according to project name, and provides an at-a-glance overview of the projects' geographical focuses, target ages, sectoral focuses (i.e. education, mental health) and technology interests. This index also lists the page on which the longer overview for each initiative is presented, allowing readers to look up particular projects by name.
- Appendix B lists initiatives that were referred to the researcher toward the end of the study. Due to time constraints, it was not possible to include in-depth summaries of these initiatives during this phase of research. Websites for each initiative have been provided to springboard future research.
- Appendix C provides a list of resources for this and future research.

Intergovernmental and Multilateral Agency Initiatives

PROYOUTH, EUROPEAN UNION

Headquarters

Online platform based in seven different institutions in the EU:

1. Center for Psychotherapy Research, Heidelberg, Germany
2. Department of Psychiatry, Charles University, Prague, Czech Republic
3. Center for Health Policy and Public Health, Cluj-Napoca, Romania
4. Studi Cognitivi S.R.L., Milan, Italy
5. Trinity College, Dublin, Ireland
6. Institute of Behavioural Sciences, Semmelweis University, Budapest, Hungary
7. Center for Eating Disorders Ursula, Leiden, Netherlands

Summary and Scope

ProYouth is an initiative led by experts in seven EU countries specialising in health promotion, prevention and treatment of mental illnesses, specifically in the field of eating disorders. The international network, including participants in Germany, Czech Republic, Romania, Hungary, Ireland, Italy and the Netherlands, provides a broad coverage that includes different health systems, geographic areas and large target populations.

Pro-Youth's Irish website summarises the background and objectives of the project:

'Adolescence and early adulthood can be stressful periods for young people. These times are known to be the most vulnerable phases for the development of emotional and psychological problems and mental disorders. Problems young people face range from minor transient problems to severe illnesses. In most cases they have a major impact on the way young people feel and act. Such problems may also interfere with their interpersonal relationships, social and family life, academic achievements, and general wellbeing. It is known that for various reasons many adolescents stay without any support when they face such emotional or psychological problems. Therefore the ProYouth initiative focuses on the promotion of health in young people aged 15 to 25, specifically related to healthy eating, body satisfaction, and eating disorders.'

Methods

ProYouth provides an online platform that offers information and support modules for young people. The main objectives of this platform, as quoted from their Irish-based website, are:

1. To provide information and educate about mental health, health promotion, and eating disorders;
2. To assist young people in detecting problematic attitudes and risk behaviours early;
3. To give tips on what young people can do to help themselves or others;
4. To offer peer and professional support via the internet and thus counteract the development of eating disorders and related problems; and
5. To facilitate access to the regular health care system (e.g. counselling, treatment) and thus limit the time between occurrence of symptoms and access to professional help.

Participation in ProYouth is voluntary, anonymous and free of cost. All third and fourth level students in Ireland, for example, can register for participation. ProYouth also offers training courses to young people recruited as Student Moderators for the forum.

Target Group

Young people aged 15-25, especially students enrolled in Universities and Institutes of Technology

Aspect of Particular Interest

Organisations with an interest in eating disorders or health promotion are invited to get in touch to discuss opportunities for collaboration with this online platform.

☒ Organisation Contacted
☒ Details Confirmed

Source: <https://www.proyouth.eu>

EUROPEAN REGIONS ENFORCING ACTIONS AGAINST SUICIDE (EUREGENAS), EUROPEAN UNION

Headquarters

Azienda Ospedaliera Universitaria Integrata, Verona, Italy.

Summary and Scope

The European Commission's Executive Agency for Health and Consumers (EAHC) has funded this project from 2012-2014. Their website reports that

'Given the existing discrepancies in suicide rates within Member States and regions, that demonstrate the need for tailoring distinctive approaches according to local and regional contexts, this project brings together 11 regions with different experiences in suicide prevention, with the objective of contributing to the prevention of suicidality (suicidal ideation, suicide attempts and suicide) in Europe through the development and implementation of strategies for suicide prevention at regional level that can be of use to the European Community as examples of good practice.'

The specific objectives of the project are the following:

1. To identify and catalogue good practices of existing actions and strategies on suicide prevention;
2. To carry out a stakeholders' needs analysis;
3. To develop and disseminate guidelines and toolkits on suicide prevention and awareness raising strategies;
4. To develop technical specifications for an integrated model for eMental healthcare for suicide prevention; and
5. To improve knowledge and capabilities of local and regional professionals (psychologists, psychiatrists, GPs).

Based in Italy, the project also involves partners in Spain, Finland, Slovenia, Sweden, Romania, Germany, Belgium, and the UK.

Methods

The EAHC project summary describes EUREGENAS as 'an innovative, comprehensive multi-sectoral approach, including both health and non-health sectors.' The approach focuses on:

- Development of suicide prevention packages and awareness raising strategies for different targets (e.g. school, workplace, media) while focusing on different risk-groups (e.g. young people, middle-aged working men, elderly);
- GP training; and
- Evaluation tool for the efficacy of support groups.

Several other key features of the project's methodology are described by EAHC:

- Field Research: In order to establish the needs of stakeholders, questionnaires will be elaborated and submitted to the identified local and regional stakeholders to understand the contextual and specific needs in the given area. The questionnaire will aim at identifying the needs of target groups in a particular area (assessment of needs), identifying existing resources and best practice, evaluating needs and gaps in prevention, considering barriers and opportunities before undertaking actions, and evaluating capacity of services being available and accessible to prevention in a local area.
- Piloting: There are three project deliverables that will be piloted as part of the project activities as follows: the local/regional network meetings involving the identified relevant stakeholders, the training courses for GPs on early detection/referral in case of suicide risk, the evaluation tool to monitor the efficacy of support groups.

Target Group

Three main target groups:

1. Health professionals who have a role in the early detection and referral system of suicidal behaviour, mainly GPs and mental health providers (i.e. psychiatrists, psychologists, therapists and social workers);



2. Other relevant stakeholders such as policy-makers, legislators, educators, law enforcers, media representatives, employer associations and social agencies; and
3. Risk groups: suicide survivors and other identified risk groups (e.g. young people, middle-aged men, and the elderly).

Aspect of Particular Interest

The Euregenas project includes an activity aimed at providing all necessary information to be able to create an integrated support and intervention mainframe for eMental Health, directed at the prevention of suicide, called an e-conceptual model that can be adapted to local needs in all European regions and regional health care organisations.

The e-conceptual model will be based on quality criteria and ethical guidelines, the expressed regional needs in eMental health, the evaluated support and care programs, an analysis of the feasibility and costs for the regions and the technical requirements for such a program.

☒ Organisation Contacted
☒ Details Confirmed

Source: <http://ec.europa.eu/eahc/projects/database.html?prjno=20101203> (Please note that this website is currently undergoing updates; the project summary provided here is more current than the website as of 31 January 2013.)

PREVENTING DEPRESSION AND IMPROVING AWARENESS THROUGH NETWORKING IN THE EU (PREDI-NU), EUROPEAN UNION

Headquarters

University of Leipzig, Germany.

Summary and Scope

Funded under the current EU Health Program until August 2014, the primary objectives of PREDI-NU are:

1. To review the evidence as well as best practice examples and develop the internet-based guided iFightDepression self-management tool for young people (15-24) and adults (25+) with mild to moderate depression;
2. To design a website including multifaceted contents in nine languages to raise awareness of depression and suicidality (www.ifightdepression.com);
3. To implement and evaluate the PREDI-NU concept in six European regions according to a standardised procedure including the application of the iFightDepression tool as well as training programs to increase awareness of depression among health professionals; and
4. To develop and strengthen multidisciplinary networks to improve early identification and adequate treatment referral of depression.

The project involves partners in Germany, Luxembourg, Estonia, Portugal, Spain, Austria, Bulgaria, Belgium, Ireland, Hungary, and the UK.

Methods

The PREDI-NU methodology revolves around implementing a guided, internet-based self-management intervention for young people and adults suffering from mild to moderate depression. Key features of the program methodology include:

- Development of core and optional modules for the two tool versions based on a literature review, best practice examples and a review process of leading eMental health experts;
- Provision of the self-management tool to patients online embedded in a multi-lingual European depression awareness website;
- Piloting the intervention in five European regions, starting with an awareness workshop for general practitioners and mental health professionals that will offer the iFightDepression tool to patients and guide them while using it;
- Optimising all materials (tool, website and training materials) based on evaluation results and experience from the first intervention phase;
- Implementing the tool in six European regions aiming at a sustainable implementation via a train-the-trainer model;
- Building upon networks established by the European Alliance Against Depression (EAAD); and
- Further developing and strengthening multidisciplinary networks to enhance depression awareness and prevent attempted suicide and suicide.

Target Group

Young people (aged 15-24) and adults (25 and older) suffering from depression.

Aspect of Particular Interest

An internet-based self-management program for people with mild to moderate depression will be tailored specifically for (1) young people (15-24) and (2) adults (25 and older).

This will be implemented and evaluated among six EU regions representing different cultural and linguistic backgrounds (Austria, Spain, Hungary, Ireland, Estonia and Germany).

The program (iFightDepression) will be integrated in a multilingual website (www.ifightdepression.com) containing multiple information about depression to raise awareness among different target groups and made available in nine languages.

- ☑ Organisation Contacted
- ☑ Details Confirmed



Sources: <http://www.nsrif.ie/cms/?q=node/37> &
<http://ec.europa.eu/eahc/projects/database.html?prjno=20101214>

NORTHERN DIMENSION PARTNERSHIP IN PUBLIC HEALTH AND SOCIAL WELLBEING, NORTHERN EUROPE

Headquarters

NDPHS Secretariat, PO Box 2010SE-103 11, Stockholm, Sweden.

Summary and Scope

The NDPHS website describes the partnership as:

‘a cooperative effort of ten governments, the European Commission and eight international organisations... It provides a forum for concerted action to tackle challenges to health and social wellbeing in the Northern Dimension area... a broad geographic area ranging from the European Arctic and Sub-Arctic areas to the southern shores of the Baltic Sea, including the countries in its vicinity and from Northwest Russia in the east to Iceland and Greenland in the west. Since the accession of the Baltic States and Poland to the EU, North-West Russia has been the principal geographic focus.’

The primary aim of the NDPHS is to promote sustainable development through improving peoples’ health and social wellbeing. Two priority areas are to:

1. Reduce the spread of major communicable diseases and prevent lifestyle related non-communicable diseases – including HIV/AIDS, tuberculosis, sexually transmitted infections, cardiovascular diseases, resistance to antibiotics, as well as other major public health problems that arise from the use of illicit drugs and socially distressing conditions.
2. Enhance peoples’ levels of social wellbeing and to promote socially rewarding lifestyles – for example proper nutrition, physical exercise, safe sexual behaviour, ensuring good social and work environments, as well as supporting alcohol, drug and smoke-free leisure activities. Within this priority field, special attention is placed on youth as the primary target group.

Notably, NDPHS is playing a leading role in coordinating the Health Priority Area of the EU Strategy for the Baltic Sea Region Action Plan.

Methods

The Partnership aims to improve health and social wellbeing through three key activities:

- Intensifying cooperation;
- Assisting the Partners and Participants in capacity building; and
- Enhancing coordination between international activities within the area.

A fact sheet published on the NDPHS website notes that their strategy is highly results-focused:

‘Our ambition is to make a rapid progress and deliver tangible results by running a wide array of concrete and pragmatic activities ranging from high-level ministerial dialogue, policy development, project development and implementation to networking, expertise exchange, information production and dissemination and advocacy.’

Examples of action areas outlined in the NDPHS Work Plan for 2013 include:

- Continuing efforts to increase the profile of health and social wellbeing among the priorities of the funding programs operating in the Northern Dimension region;
- Providing adequate funding for the NDPHS and Partnership-relevant activities and projects;
- Increasing the Partnership’s visibility; and
- Evaluating the Partnership.

Target Group

People living in the Northern Dimension area, especially Northwest Russia. While people of all age groups are included, youth are the primary target group for priority two (enhancing social wellbeing) and that ‘gender and children’s perspectives are taken into account’ across both priority areas.

Aspect of Particular Interest



An innovative 'Project Pipeline' has been developed by NDPHS. The Pipeline is 'the first multi-agency on-line project funding coordination tool, which helps proceeding from a project idea through project application to project financing.'

Additionally, the NDPHS Database provides 'a unique single access point to and a repository of information and data on (1) ongoing and implemented projects, (2) organisations, (3) persons (project leaders, experts etc) and (4) papers focused on public health and social wellbeing. This could be a valuable point of knowledge sharing for Young and Well CRC.

It may also be worth noting that NDPHS works in collaboration with the Northern Dimension Institute, described as 'an open network of universities and research institutes with expertise in the priority sectors of the Northern Dimension policy' including public health, culture and higher education.

- ☒ Organisation Contacted
- ☒ Details Confirmed

Sources: <http://www.ndphs.org> & <http://www.ndphs.org/?database.view.paper.31> & http://ndphs.org/internalfiles/File/About_NDPHS/Work%20Plans/NDPHS_Work_Plan_for_2013.pdf

mHEALTH FOR DEVELOPMENT, UNITED NATIONS FOUNDATION AND VODAFONE FOUNDATION TECHNOLOGY PARTNERSHIP

Headquarters

United Nations Foundation, 1800 Massachusetts Ave, NW Suite 400, Washington DC 20036, USA.
The Vodafone Foundation, Vodafone House, The Connection Newbury, Berkshire RG14 2FN, UK.

Scope and Summary

In their report 'mHealth for Development: The Opportunity of Mobile Technology for Healthcare in the Developing World,' the group explains:

'The United Nations Foundation and Vodafone Foundation Technology Partnership is a leading public-private alliance using strategic technology programs to strengthen the UN's humanitarian efforts worldwide. The Partnership has three core commitments: (1) to support the use of rapid response mobile telecommunications to aid disaster relief; (2) to develop health data systems that improve access to health data thereby helping to combat disease; and (3) to promote research and innovative initiatives using technology as an agent and tool for international development.'

Methods

In a second report, 'Mobilising Development,' which outlines the project, the group explains further: 'by aligning the private sector and public institutions, the Technology Partnership offers a compelling demonstration of the potential for mobile technology to be used for social good.'

In sum, the report states that due to a lack of funds and limited health care workers, developing states continue to face challenges in areas of health care and wellbeing. Mobile communication offers an effective means of bringing healthcare services to developing-country citizens. They offer a means to education and awareness, remote data collection, remote monitoring, communication and training for healthcare workers, disease and epidemic outbreak tracking and diagnostics and treatment support.

The aims of the group include employing young people in lower income areas to collect consumer research data and following up by providing targeted groups with mobile technologies that deliver health care information, tools and resources.

Target Groups

Middle to lower income countries, hard to reach (rural and remote) communities, people with mental health issues and disorders, and young people.

Aspect of Particular Interest

This report details 51 mHealth programs, either currently operating or slated for implementation in the near future, that are taking place in 26 different developing countries. In particular, India, South Africa, Uganda, Peru, and Rwanda stand out for their level of mHealth activity.

There is scope in this project to involve economically disadvantaged young people in the initiative by way of collecting consumer research data. This simultaneously provides an employment opportunity and puts into practice health care and technology solutions.

☒ Organisation Contacted
☒ Details Confirmed

Sources: <http://unpan1.un.org/intradoc/groups/public/documents/unpan/unpan037268.pdf> & <http://www.unfoundation.org/assets/pdf/mobilizing-development-report.pdf>



mHEALTH ALLIANCE, UNITED NATIONS FOUNDATION, ROCKEFELLER FOUNDATION, VODAFONE FOUNDATION

Headquarters

1800 Massachusetts Avenue NW, Suite 400, Washington DC 20036, USA.

Summary and Scope

According to the group's website:

'mHealth stands for mobile-based or mobile-enhanced solutions that deliver health. Working with diverse partners, the mHealth Alliance (mHA) advances mHealth through research, advocacy, and support for the development of interoperable solutions and sustainable deployment models. The mHA, hosted by the United Nations Foundation, sponsors events and conferences, leads cross-sector mHealth initiatives, and hosts HUB (HealthUnBound), a global online community for resource sharing and collaborative solution generation. The mHealth Alliance seeks to mobilize innovation to deliver quality health services to the furthest reaches of the wireless networks. At the leading edge of the mHealth ecosystem, we seek to unite existing mHealth projects and guide governments, NGOs, and mobile firms to deliver innovative, interoperable solutions in the exploding mHealth field.'

Methods

In the words of the mHealth Alliance:

'The ability of information and communications technologies (ICTs) to increase productivity and efficiency has been proven in virtually every economic sector except the health sector, where especially in low and middle income countries it has lagged badly. The mHealth Alliance is committed to enabling a continuum of care underpinned and enabled by ICTs that can promote wellbeing and help save lives. The over 5 billion mobile phones worldwide are an important part of the promise of ICTs for improved health outcomes, especially in the case of maternal and newborn health and wellness.'

The opportunities to leverage ICTs include:

- Work with leaders in relevant communities to foster improved understanding of the transformative potential of modern ICT (add 'for health outcomes'), especially mobile;
- Help put in place a basic interoperable, standards-based information system linking patients, providers, information, supplies, and protocols along the continuum of care;
- Leverage this technology for appropriate interventions, novel approaches and new methodologies for measuring impacts using this modern, efficient and data rich ICT environment;
- Document the eHealth, health, economic value chains and 'business cases' throughout the continuum of care;
- Forge partnerships, public and private, based on these value chains to successfully deployment at scale; and
- Share information, best practices, and capacity building for these purposes within the global health and technology communities.

Target Group

While the initial focus of the group is on maternal and child health in middle to lower income countries through the Maternal mHealth Initiative (MMI), the hope is that 'by focusing on mHealth solutions for the full continuum of maternal care, from pre to post-natal health, the mHA is able to identify a set of common needs that can also be applied to a wide variety of health areas.'

Aspect of Particular Interest

The website states 'by the end of 2010, close to 90% of the world's population will have wireless coverage and 65% of subscribers are in the developing world. With mobile phone penetration growing at an unprecedented rate, there is an enormous opportunity to utilize this platform to scale support for recognized health interventions.'

☒ Organisation Contacted
☒ Details Confirmed



Source: <http://www.mhealthalliance.org>

GLOBAL AGENDA COUNCIL ON HEALTH AND WELLBEING 2011, WORLD ECONOMIC FORUM

Headquarters

World Economic Forum, 91-93 Route de la Capite, CH-1223 Cologny/Geneva, Switzerland

Summary and Scope

This group, an issue-focus area of the greater network of Global Agenda Councils, is committed to improving the state of health and wellbeing across the world. They describe their focus as follows on their website:

'Lack of health and well-being are a global syndrome of the 21st century, and the result of the way economies, lifestyles and development trends have evolved over time. Poor mental health affects one in four people over a lifetime, and depression alone is the third leading cause of disability globally, responsible for 4.3% of years lived with disability.

Lack of health and wellbeing are extraordinarily costly to governments and the private sector, crowding out essential resources needed for government services and reducing profits. China will forego US\$ 558 billion and India US\$ 237 billion in national income between 2005-2015 as a result of premature deaths caused by diabetes, heart disease and stroke alone. Costs associated with mental ill health account for 2-3% of GDP, with most costs related to absenteeism and presenteeism. This invisible epidemic is an underappreciated cause of poverty and hinders the economic development of many countries.'

Methods

The website explains:

'In 2008, the World Economic Forum created the Network of Global Agenda Councils, comprising Councils on the foremost topics in the global arena. Each of these Councils convenes relevant thought leaders from academia, government, business and other fields to capture the best knowledge on each key issue and integrate it into global collaboration and decision-making processes.'

Target Group

Middle to lower income countries.

Aspect of Particular Interest

Young and Well CRC has contacts with this group through Professor Helen Herrman of Orygen Youth Health Research Centre who is a member of this Council, as well as through Professor Ian Hickie who has liaised with Nicholas Davis, Associate Director, Deputy Head of Strategic Foresight at the World Economic Forum about potential partnership opportunities with Young and Well CRC.

☒ Organisation Contacted
☒ Details Confirmed

Source: <http://www.weforum.org/content/global-agenda-council-health-well-being-2011>



FAMILY HEALTH & RESEARCH, MENTAL HEALTH AND SUBSTANCE ABUSE – SOUTH-EAST ASIA REGION, WORLD HEALTH ORGANISATION

Headquarters

World Health Organisation, Regional Office for South-East Asia, World Health House, Indraprastha Estate, Mahatma Gandhi Marg, New Delhi 110 002, India.

Summary and Scope

Captured succinctly on their homepage, the aim of this group is:

‘To support member countries in [the South-East Asia Region (SEAR)] in the promotion of mental health and the reduction of the burden associated with mental and neurological disorders, including substance abuse and harm from alcohol, through mental health promotion and delivery of appropriate care at all levels of society. This will also include the collection of information on determinants of mental health within populations for appropriate planning and effective interventions.’

Methods

The website explains:

‘In SEAR Member Countries, mental health programs have generally concentrated on hospital-based psychiatry. However, there is increasing awareness in these countries of the need to shift the emphasis to community-based mental health programs. The WHO Regional Office for South-East Asia is concentrating on supporting Member Countries on the development of community-based mental health programs and also programs for prevention of harm from alcohol and substances of abuse. The programs will be culturally and gender appropriate and reach out to all segments of the population, including marginalized groups.’

Strategies include:

- Availability: Services that will address at least the minimum needs of populations in mental and neurological disorders should be available to everyone regardless of where they live. The key questions are: what are the minimum services needed and who will deliver them?
- Acceptability: Large segments of populations in the countries continue to perpetuate superstitions and false beliefs about mental and neurological illnesses. Many believe that these illnesses are due to ‘evil spirits.’ Thus, even if appropriate medical services are made available, they would rather go to sorcerers and faith healers. Populations need to be informed and educated about the nature of neuropsychiatric illnesses.
- Accessibility: Services should be available to the community, in the community, and at convenient times.
- Affordable medications: Frequently, medications are beyond the reach of the poor. Every effort should be made to provide essential medications uninterruptedly and at a reasonable cost. Thus, government policies in terms of pricing and the role of the pharmaceutical industry in distribution and pricing become critical.
- Assessment: Being new, these programs need to be continuously assessed to ensure appropriateness and cost-effectiveness. Changes in the ongoing programs based on impartial evaluations are essential.

Target Group

Bangladesh, Bhutan, DPR Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste

Aspect of Particular Interest

As this initiative recognises the need for community based mental health programs, there could be scope to expand that interest into specific programs for young people incorporating technology.

Since this group is connected with many countries in the South-East Asia region, it could serve as a strategic partner for Young and Well CRC if there is an interest in connecting with the region.

☒ Organisation Contacted
☒ Details Confirmed



Source: <http://www.searo.who.int/index.htm>

HEALTH BEHAVIOUR IN SCHOOL-AGED CHILDREN, WORLD HEALTH ORGANISATION

Headquarters

HBSC International Coordinating Centre, Child and Adolescent Health Research Unit (CAHRU), University of St Andrews, United Kingdom.

Summary and Scope

This international report, issued every four years, is widely utilised by policy-makers and other professionals around the world:

'For almost 30 years, HBSC has been a pioneer cross-national study gaining insight into young people's well-being, health behaviours and their social context. This research collaboration with the WHO Regional Office for Europe is conducted every four years in 43 countries and regions across Europe and North America. With adolescents making about one sixth of the world's population, HBSC uses its findings to inform policy and practice to improve the lives of millions of young people... The HBSC research network is an international alliance of researchers that collaborate on the cross-national survey of school students: Health Behaviour in School-aged Children (HBSC). The HBSC collects data every four years on 11, 13 and 15-year-old boys' and girls' health and wellbeing, social environments and health behaviours. These years mark a period of increased autonomy that can influence how their health and health-related behaviours develop... This research collaboration brings in individuals with a wide range of expertise in areas such as clinical medicine, epidemiology, human biology, paediatrics, pedagogy, psychology, public health, public policy, and sociology. The approach to study development has therefore involved cross-fertilization of a range of perspectives.'

Methods

'HBSC is a school-based survey with data collected through self-completion questionnaires administered in the classroom. The international standard questionnaire enables the collection of common data across participating countries and thus enables the quantification of patterns of key health behaviours, health indicators and contextual variables. These data allow cross-national comparisons to be made and, with successive surveys, trend data analysis is also possible.'

Target Group

Adolescents aged 11-15 in 43 countries in Europe and North America.

Aspect of Particular Interest

'HBSC focuses on understanding young people's health in their social context – where they live, at school, with family and friends. Researchers in the HBSC network are interested in understanding how these factors, individually and together, influence young people's health as they move from childhood into young adulthood.'

While the website makes no mention of whether the role of technology in child health has been explored in this survey as of yet, it does remark that 'HBSC has attracted the attention of researchers both within and outside existing member countries' and invites enquiries from researchers from around the world who wish to learn more about the survey protocol.

☒ Organisation Contacted
☒ Details Confirmed

Sources: <http://www.hbsc.org> & <http://www.euro.who.int/en/what-we-do/health-topics/Life-stages/child-and-adolescent-health/adolescent-health/health-behaviour-in-school-aged-children-hbsc2.-who-collaborative-cross-national-study-of-children-aged-1115>



MENTAL HEALTH, VIOLENCE AND INJURIES (MVI), AFRICA REGION, WORLD HEALTH ORGANISATION

Headquarters

World Health Organisation, Avenue Appia, 201211, Geneva 27, Switzerland.

Summary and Scope

While this group includes a focus on interpersonal violence and injuries in the region, its commitment to mental health issues is summarised in the following description from their website:

‘Mental Health, Violence and Injuries remain a major challenge to public health in the [African] region... Physical, mental, and sensory disabilities [also] continue to be major problems for the region.’

The key challenges being addressed are:

- Lack of data on the magnitude, causes, and consequences of all types of disabilities (physical, sensory and mental);
- Lack of policies on this group of health problems. There are often no strategies for prevention, and few or no resources for prevention or management programs;
- Poor prevention efforts result in high direct and indirect costs: high health care costs (about 50% of surgical beds in some countries are for road traffic injuries), lost productivity, premature deaths; and
- Lack of motivation to address the problems associated with violence, injuries and disabilities and to track their impact.

Methods

To answer the above challenges, the initiative does the following:

- [Supports] the implementation of the UN Convention on Rights of Persons with disabilities;
- Improves data collection and analysis on disabilities;
- Strengthens management and social rehabilitation for persons with disabilities and provision of orthopaedic and mobility assistive devices and services; and
- Strengthens partnerships and networks.

Target Group

Theoretically, this program applies to every African state that is a member of the WHO. That would be every recognised state in Africa except the following: Morocco, Tunisia, Libya, Egypt, Sudan, and Somalia.

Aspect of Particular Interest

While the dimension of technology is quite minimal in the current structure of this program, there is much scope to include it in their programs and initiatives. Young and Well CRC could potentially partner with countries in the region to develop tools and applications that incorporate technology in prevention and management programs.

A focus on young people could also be proposed, as this regional group is currently more interested in the lower socio-economic bracket in general.

Most importantly, this program offers an important one-stop link or portal into many countries in the African region, so perhaps would be a good strategic partnership for Young and Well CRC.

☒ Organisation Contacted
☒ Details Confirmed

Source: <http://www.afro.who.int/en/clusters-a-programmes/dpc/mental-health-violence-and-injuries.html>



PACIFIC ISLANDS MENTAL HEALTH NETWORK (PIMHnet), WORLD HEALTH ORGANISATION

Headquarters

World Health Organisation, Avenue Appia, 201211, Geneva 27, Switzerland.

Summary and Scope

A brief history and background of the group is given is included on the group's website:

'The WHO Pacific Islands Mental Health Network (PIMHnet), launched during the Pacific Island Meeting of Health Ministers in Vanuatu in 2007, has been established to overcome some of the challenges Pacific Island countries face in the area of mental health. Working together, network countries are able to draw on their collective experience, knowledge and resources in order to promote mental health and develop mental health systems that provide effective treatment and care.'

Unfortunately while this captures a mental health focus, the technology domain appears to be limited to how the network communicates- as oppose to facilitating health programs. There is no specific focus on young people.

Methods

'PIMHnet has, in consultation with countries, identified a number of priority areas of work, including advocacy; human resources and training; mental health policy, planning, legislation and service development; and access to psychotropic drugs; and research and information. Network countries meet on an annual basis to develop work plans outlining major areas for action to address these priorities, to be officially endorsed by their ministers of health.

An important strategy of PIMHnet has been the forging of strategic partnerships with NGOs and other agencies working in the Pacific Region in order to reduce the existing fragmentation of mental health activities and to build a more coordinated and effective strategies to address the treatment gap, to improve mental health care and put an end to stigma, discrimination and human rights violations against people with mental disorders.'

Target Group

American Samoa, Australia, Commonwealth of the Northern Mariana Islands, Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Nauru, New Zealand, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Tokelau, Tonga and Vanuatu.

Aspect of Particular Interest

It appears that the technology focus for this group is not to facilitate the delivery of health care or research so much as it is to maintain the functioning of the network. A document entitled 'WHO Pacific Island Mental Health Network (PIMHnet) – Framework' outlines communications strategies for the participating member states. It explains the key role of email communication as a technology highlight for the network.

While there is no specific focus on young people, potential opportunity exists to create programs, tools and applications that will incorporate technology in a capacity beyond communications within the network. These opportunities could be realised through their focus on advocacy, policy, service development and research and further operationalised through the network's work with local NGOs.

☒ Organisation Contacted
☒ Details Confirmed

Sources: http://www.who.int/mental_health/policy/pimhnet/en/index.html & http://www.who.int/mental_health/policy/country/Framework%20PIMHnet.pdf



GLOBAL HEALTH OBSERVATORY FOR eHEALTH (GOe), WORLD HEALTH ORGANISATION

Headquarters

World Health Organisation IER/KMS/EHL20, Avenue Appai CH-1211, Geneva, Switzerland.

Summary and Scope

The GOe describes eHealth as follows:

‘The use of information and communication technologies (ICT) for health. It is recognised as one of the most rapidly growing areas in health today. The Fifty-Eighth World Health Assembly in May 2005, adopted Resolution WHA58.28 establishing an eHealth strategy for WHO. The resolution urged Member States to plan for appropriate eHealth services in their countries. That same year, WHO launched the Global Observatory for eHealth (GOe), an initiative dedicated to the study of eHealth—its evolution and impact on health in countries. The Observatory model combines WHO coordination regionally and at headquarters to monitor the development of eHealth worldwide, with an emphasis on individual countries. Recognizing that the field of eHealth is rapidly transforming the delivery of health services and systems around the world, WHO is playing a central role in shaping and monitoring its future, especially in low- and middle-income countries.’

Methods

The GOe approach will ‘improve health by providing Member States with strategic information and guidance on effective practices and standards in eHealth.’

To achieve this, the GOe states it will:

- Provide relevant, timely, and high-quality evidence and information to support national governments and international bodies in improving policy, practice, and management of eHealth;
- Increase awareness and commitment of governments and the private sector to invest in, promote, and advance eHealth;
- Generate knowledge that will significantly contribute to the improvement of health through the use of ICT; and
- Disseminate research findings through publications on key eHealth research topics as a reference for governments and policy-makers.

Target Group

Low and middle-income countries.

Aspect of Particular Interest

Under the umbrella of this program, a number of individual project reports have been released which can be accessed through the main site. They include coverage on topics ranging from Safety and Security on the internet to mHealth (new horizons for health through mobile technologies) and telemedicine. Also included is an atlas of countries where projects have been run and details of the work.

☒ Organisation Contacted
☒ Details Confirmed

Source: <http://www.who.int/goe/en>



MENTAL HEALTH GLOBAL ACTION PROGRAM, WORLD HEALTH ORGANISATION

Headquarters

Department of Mental Health and Substance Dependence, Avenue Appia 20, 1211 Geneva 27, Switzerland.

Summary and Scope

In their report, 'Investing in Mental Health,' the groups defines their scope:

'To overcome barriers to closing the gap between resources and the need for treatment of mental disorders, and to reduce the number of years lived with disability and deaths associated with such disorders, the World Health Organisation has created the Mental Health Global Action Program (mhGAP) as part of a major effort to implement the recommendations of the World Health Report 2001 on mental health. The program is based on strategies aimed at improving the mental health of populations. To implement those strategies, WHO is undertaking different projects and activities, such as the Global Campaign against Epilepsy, the Global Campaign for Suicide Prevention, building national capacity to create a policy on alcohol use, and assisting countries in developing alcohol-related services. WHO is also developing guidelines for mental health interventions in emergencies, and for the management of depression, schizophrenia, alcohol-related disorders, drug use, epilepsy and other neurological disorders. These projects are designed within a framework of activities which includes support to countries in monitoring their mental health systems, formulating policies, improving legislation and reorganizing their services. These efforts are largely focused on low and middle- income countries, where the service gaps are the largest.'

Methods

'Advocacy, information, policy and research are the key words underlying WHO's new global mental health programme, which aims at closing the gap between those who receive care and those who do not.'

- Strategy 1: Increasing and improving information for decision-making and technology transfer to increase country capacity.
- Strategy 2: Raising awareness about mental disorders through education and advocacy for more respect of human rights and less stigma.
- Strategy 3: Assisting countries in designing policies and developing comprehensive and effective mental health services. The scarcity of resource forces their rational use.
- Strategy 4: Building local capacity for public mental health research in poor countries.

Target Group

Middle to lower income countries, people with mental health issues and disorders.

Aspect of Particular Interest

The report explains 'studies provide examples of effective programs targeted at different age groups – from prenatal and early infancy programs, through adolescence to old age – and different situations, such as post-traumatic stress following accidents, marital stress, work-related stress, and depression or anxiety due to job loss, widowhood or adjustment to retirement.

There is strong evidence to show that successful interventions for schizophrenia, depression and other mental disorders are not only available, but are also affordable and cost-effective.'

☒ Organisation Contacted
☒ Details Confirmed

Source: http://www.who.int/mental_health/en/investing_in_mnh_final.pdf



International Non-Governmental Initiatives

SECOND STEP, COMMITTEE FOR CHILDREN

Headquarters

Committee for Children, 2815 Second Avenue, Suite 400, Seattle, Washington, USA.

Summary and Scope

The Committee for Children is a global non-profit organisation that generates research-based social-emotional learning materials designed to help children stay safe, manage their emotions, solve problems, avoid risky behaviour, and improve their academics. The organisation and its international partners serve 9 million children in 25,000 schools in 70 countries. Second Step is their key program, which teaches social-emotional skills to children aged 4-14, building their ability to empathize, manage emotions, and solve problems.

Methods

The Second Step program is designed to be implemented in schools at both classroom and school wide levels. The CFC website outlines the following features of the program:

- Based on the latest research
- Fully scripted, media-rich lessons
- Academic integration activities
- Email-ready family materials
- Online training
- Online community
- Online resource library

The Second Step program curriculum begins with the following themes in early childhood and primary school:

- Skills for Learning
- Empathy
- Emotion Management
- Problem Solving

In grades 6-8, (generally ages 11-14 in the US), the program adds further age appropriate themes including:

- Substance Abuse Prevention
- Bullying Prevention
- Communication
- Decision-making
- Goal Setting

Target Group

Children from pre-school to middle school (ages 4-14).

Aspect of Particular Interest

The Second Step program provides online access to multi-media materials to disseminate information and implement their curriculum. International Outreach Manager, Amy Walker, writes: 'With the purchase of our curriculum comes access to a website called www.secondstep.org and on that website we have a huge online library of support materials as well as an online training.'

Online 'webinars' are also utilized to inform people about their programs and sometimes also to expand the capabilities of schools already implementing the program.

- ☑ Organisation Contacted
- ☑ Details Confirmed

Sources: <http://www.cfchildren.org/second-step.aspx> & http://eprints.soton.ac.uk/24083/1/Promoting_Mental_Health_Through_Schools.pdf

HARKNESS FELLOWSHIP PROGRAM, THE COMMONWEALTH FUND

Headquarters

The Commonwealth Fund, One East 75th Street, New York, NY 10021, USA.

Summary and Scope

The mission statement of the Commonwealth Fund itself is as follows:

'The mission of The Commonwealth Fund is to promote a high performing health care system that achieves better access, improved quality, and greater efficiency, particularly for society's most vulnerable, including low-income people, the uninsured, minority Americans, young children, and elderly adults.

The Fund carries out this mandate by supporting independent research on health care issues and making grants to improve health care practice and policy. An international program in health policy is designed to stimulate innovative policies and practices in the United States and other industrialized countries.'

Methods

The Harkness Fellowship program is one such grant within the program that supports research and policy in health. The website states:

'The Commonwealth Fund's Harkness Fellowships in Health Care Policy and Practice provide a unique opportunity for mid-career health services researchers and practitioners from Australia, Canada, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland, and the United Kingdom to spend up to 12 months in the United States, conducting original research and working with leading US health policy experts.'

Target Group

Middle to lower income communities in industrialised countries.

Aspect of Particular Interest

As Australia is already a part of the Harkness Fellowship Program, perhaps this is an opportunity for Young and Well CRC to send their researchers to the United States to collaborate on research in the field.

This will allow them the chance to introduce the dimension and potential of technology into health care that underpins the work of Young and Well CRC.

Source: <http://www.commonwealthfund.org> & <http://www.commonwealthfund.org/Fellowships/Harkness-Fellowships.aspx>

☒ Organisation Contacted
☒ Details Confirmed



ONE LAPTOP PER CHILD (OLPC)

Headquarters

OLPC Foundation, 222 Third Street, Suite 0234, Cambridge, MA 02142-1158, USA.
One Laptop per Child Association, 848 Brickell Avenue, Suite 1130, Miami, FL 33131-2943, USA.

Summary and Scope

On their website, the organisation describes their vision as follows:

'We aim to provide each child with a rugged, low-cost, low-power, connected laptop. To this end, we have designed hardware, content and software for collaborative, joyful, and self-empowered learning. With access to this type of tool, children are engaged in their own education, and learn, share, and create together. They become connected to each other, to the world and to a brighter future.'

Methods

Several components make up how this organisation executes its vision: including vitally, the XO laptop design, the manner in which the machines connect to one another and who this machine is distributed to reach its target group.

'The XO laptop (Linux-based, with a dual-mode display) was developed by One Laptop per Child (OLPC), a Delaware-based, non-profit organisation created by faculty members from the MIT Media Lab to design, manufacture, and distribute laptops that are sufficiently inexpensive to provide every child in the world access to knowledge and modern forms of education. OLPC is based on constructionist theories of learning pioneered by Seymour Papert and Alan Kay, and on the principles in Nicholas Negroponte's book *Being Digital*. These laptops can connect directly to one another, peer-to-peer. Each deployment also explores ways to connect them directly to the backbone of the internet at low cost. A single point of access to the internet can be shared among a community of XO users.'

'These laptops are generally sold to governments and issued to children by schools on a basis of one laptop per child. An additional 80,000 laptops were donated to countries around the world through grassroots donation efforts. As of 2011, over 2 million laptops have been distributed under this model.'

Target Group

'Roughly 2 million children and teachers in Latin America are currently part of an OLPC project, with another 500,000 in Africa and the rest of the world. Largest national partners include Uruguay (the first major country in the world to provide every elementary school child with a laptop), Peru (our largest deployment, involving over 8,300 schools), Argentina, Mexico, and Rwanda. Other significant projects have been started in Gaza, Afghanistan, Haiti, Ethiopia, and Mongolia.'

Aspect of Particular Interest

While this group is working with children aged 6-12, there could be scope to expand into work with young people aged 12-25 – a potential opportunity for Young and Well CRC partnership.

The group works in middle to lower income countries and communities, which includes for example working with a lower income group like Aboriginal communities in Canada.

☒ Organisation Contacted
☒ Details Confirmed

Source: <http://one.laptop.org>

MOBILE4GOOD, ONEWORLDDUK (AFRICA AND SOUTH ASIA)

Headquarters

OneWorld UK, 32-36 Loman Street, Southwark, London, UK.

Summary and Scope

Led by OneWorld UK in conjunction with networks of local partners, Mobile4Good aims to provide:

‘nuggets of information [that] allow individuals who have been disempowered for generations to sidestep the frustrating, manmade barriers that have traditionally curbed their potential and their prospects. This is information that can make all the difference for an individual between happiness and devastation, life and death.’

Methods

Mobile4Good has developed three key mobile applications:

- Learning about Living – ‘a cross-media life skills program empowering youth to learn about sexual health issues on their own terms. Via mobile phones and an interactive eLearning platform, girls and boys can finally get their difficult questions answered – quickly, accurately, and anonymously.’
- Lifelines – enables ‘impoverished farmers in over 2,000 villages to access expert agricultural knowledge. Evaluations show a 96% user satisfaction rate. It has recently been adapted to meet the needs of rural teachers with little access to training or resources.’
- KAZI560 – ‘Tens of thousands of unemployed Kenyans – painters, carpenters, drivers, waiters – have used this award-winning jobseeker service for blue-collar workers.’

Initiatives have been adapted to operate in a variety of countries, including India, Mali, Morocco, Senegal, Nigeria, and Kenya. The Mobile4Good website reports that ‘OneWorld UK is currently exploring invitations to adapt and extend our mobile phone applications to other countries – e.g. in Mexico, Senegal, Sri Lanka... and Ghana – and other sectors, like community practitioners.’

Target Group

Various, including teens, jobseekers, and teachers and farmers in rural areas of Africa and South Asia.

Aspect of Particular Interest

The Learning about Living program may be especially interesting for Young and Well CRC. A Mobile4Good project brief says the following regarding the program’s popularity among teens:

‘In Nigeria, sex is traditionally a very private subject, and the discussion of sex with young people is often dismissed as inappropriate. So young people are reluctant to ask questions openly, although they are deeply concerned about sexual health and relationships in a country with high rates of sexually transmitted diseases and gender violence... As of January 2009, a year and two months after the launch of this initiative, the inbuilt reporting facility showed that MyQuestion (MyQ) had received more than 60,000 questions via SMS – three times the original target, and coming from all over Nigeria.’

The project was successfully handed over to local partners in early 2012.

Sources: <http://oneworldgroup.org/mobile4good> & <http://oneworldgroup.org/docs/lal/Mobile4Good.pdf>
<http://oneworldgroup.org/2012/05/23/learning-about-living-nigeria-5-years-of-lessons-learned> & <http://www.learningaboutliving.com/south> & www.marketingsociale.net/download/mobile-communications-for-medical-care.pdf

☒ Organisation Contacted
☒ Details Confirmed



FRIENDS FOR LIFE, PATHWAYS HEALTH AND RESEARCH CENTRE

Headquarters

7/88 Boundary Street; West End QLD 4101, Australia.

Summary and Scope

FRIENDS for Life is a cognitive-behavioural program that focuses on the promotion of emotional resilience in order to prevent anxiety and depression in childhood and adolescence. Their website summarises the program and its scope:

'FRIENDS for Life helps children and teenagers in developing life skills to effectively cope with challenging situations by building emotional resilience. Social and emotional skills are taught in a simple, well-structured format over 10 sessions. Designed for four target age groups, each of the FRIENDS programs are delivered via developmentally appropriate activities. FRIENDS is the only childhood anxiety prevention program acknowledged by the World Health Organisation for more than 15 years of comprehensive evaluation and practice. It has proved effective for up to 6 years after initial exposure. The program is currently used in schools and clinics throughout 22 countries including Australia, New Zealand, Canada, the United Kingdom, Ireland, Germany, Finland, the Netherlands, the United States, Mexico, Norway, and Portugal.'

In Australia, over 300 schools and 200 hospitals and health services are utilizing the FRIENDS program. In British Columbia (Canada) and Ireland, the program has been endorsed by government and every child is receiving FRIENDS as part of their curriculum.

Methods

The FRIENDS for Life program was based on a theoretical model for the prevention and early intervention of anxiety and depression addressing attachment, physiological, cognitive, and learning processes seen to interact in the development, maintenance and experience of anxiety. The program is generally used in schools as a universal intervention targeted across a single grade level. It has been designed for use both as a self-development course and as an intervention program, and is generally implemented by teachers during normal class times.

The introductory booklet provides the following step-by-step description of program implementation:

- Step 1: A school selects in which year level they want FRIENDS to be introduced (e.g. ages 8-11 or 12-15) and adds the program to the curriculum. There is also the FUN FRIENDS program available for children 4-7 years old and the Strong Not Tough program for 16 years and older.
- Step 2: Teachers are given a simple one-day group training session provided by a Pathways Health and Research Centre accredited FRIENDS trainer.
- Step 3: The school purchases program manuals for the teachers responsible for the year level selected (program materials can only be purchased once the initial training has been completed).
- Step 4: The school then orders the number of workbooks required (one for each child) and collects the money from parents, or arranges for them to buy the books directly from Pathways Health and Research Centre.
- Step 5: The school encourages parents to become involved with the program by attending optional parent sessions which can be run by a teacher using the group leaders' manual and provided slides.

Throughout the training and implementation phases, Pathways provide continuous support to facilitators and schools and boosts their motivation through website resources and newsletters.

Target Group

Children aged 4-16, with other programs from the organisation designed for ages 4-18.

Aspect of Particular Interest

FRIENDS for Life has been implemented around the world, and recognised by the WHO as best practice in prevention and treatment of anxiety disorders. It has been also identified as an effective program by a number of important scientific reviews including The Cochrane Collaboration.

- ☒ Organisation Contacted
- ☒ Details Confirmed



Sources: <http://www.pathwayshrc.com.au>

PEACE TXT, POPTECH AND SISI NI AMANI

Headquarters

PopTech; 68 Jay Street, Suite 320; Brooklyn, NY, USA.

Summary and Scope

Peace TXT aims to answer the question:

‘Can an analogue public health model for addressing violence be combined with the use of mobile phones to influence behaviour in a new and powerful way that prevents bloodshed and fosters reconciliation in places all around the world?’

Bringing together social innovators and technological experts, the project hopes to create ‘an integrated, replicable approach to violence interruption, crisis prevention and peace-building.’

The PeaceTXT website reports that:

‘Prototyping is currently underway in Kenya and the United States, where the PeaceTXT team is piloting methodologies and technical platforms that will enable the use of text messages to disrupt violence and contribute to more peaceful communities. As early results show promise, the team will refine its approach and work toward the deployment of a broadly available open-source methodology for use in high-risk environments around the world.’

Methods

The Peace TXT website explains that the project:

‘builds on the proven success of one-on-one violence prevention programs and is exploring the potential of mobile technology to reach more people in high-risk situations more quickly, stopping violence and creating a more durable peace.’

The PeaceTXT methodology is based on two tactics that have proven successful in other contexts:

- Person-to-person efforts: to interrupt and prevent violence by treating it like an infectious disease; and
- SMS text messages: ‘[these] can influence behaviour, as demonstrated by the catalytic impact of mobile health initiatives globally.’

Team member and social researcher Patrick Meier writes:

‘Last year, Sisi ni Amani sent the following SMS to 10,000 subscribers across Kenya: “A good leader initiates and encourages peace and development among all people and is not tribal.”... [According] to post-campaign data, 90 per cent of respondents said they changed their understanding of ‘what makes a good leader’ in response to the organisation’s messaging. As one respondent commented: “I used to think a good leader is one who has the most votes, but now I know a good leader is one who thinks of the people who voted for him, not himself.” PeaceTXT is about marketing peace using mobile advertising by leveraging user-generated content for said text messages. We’re in the business of selling peace for free by countering other narratives that tend to incite violent behaviour.’

Target Group

People at risk of violent conflict.

Aspect of Particular Interest

It would be interesting to know more about how young people factor in to this project, including their role in conflict-management, how their perceptions and behaviours are being influenced by this mobile-phone-based intervention, and to what extent the program can be tailored to promote the well-being of youth affected by and at risk of violent conflict.

Also, it would be good for Young and Well CRC to initiate contact with Patrick Meier. In addition to his involvement with PeaceTXT, he also serves as Director of Social Innovation at the Qatar Foundation’s Computing Research

- ☒ Organisation Contacted
- ☒ Details Confirmed



Institute and has worked several key areas in our region, including Timor-Leste.

Sources: <http://www.poptech.org/peacetxt> & <http://irevolution.net/2012/06/11/peacetxt-marketing-peace>

MULTIPLE PROJECTS IN SUB-SAHARAN AFRICA, PRAEKELT FOUNDATION

Headquarters

Johannesburg, South Africa.

Summary and Scope

The Praekelt Foundation website describes its specialization in building 'open source, scalable mobile technologies and solutions to improve the health and wellbeing of people living in poverty.' Their technologies are described as:

- Robust enough to meet the challenges of emerging markets;
- Open source and continually under development;
- Scalable, flexible and cost-effective; and
- Designed to facilitate dialogue between audiences and service providers.

Praekelt Foundation projects have benefited over 50 million people in 15 sub-Saharan African countries.

Methods

The Foundation has built three main tools that 'enable clients and partners in the social and health sectors to reach target audiences on a mass scale, at a low cost'. Projects utilising these tools include:

- Mobile Alliance for Maternal Action (MAMA): 'engages an innovative global community to deliver vital health information to new and expectant mothers through mobile phones.'
- Young Africa Live: 'a mobile portal platform designed to be a space where young people can talk and learn about critical issues that affect their lives: love, sex, relationships, HIV and AIDS.'
- Project Masiluleke: 'employs mobile phones and other technologies as high impact, low cost tools, in the fight against HIV/AIDS in South Africa.' (See also 'Project Masiluleke' in this survey report).
- Yoza Cellphone Stories: 'an initiative that uses cell phones to support teen reading and writing.'
- TxtAlert: 'a mobile technology tool that sends automated, personalized SMS messages and reminders to patients on chronic medication.'
- MTN Kick Out Malaria: 'An interactive quiz... to help educate South Africans about what remains one of Africa's biggest killers.'

Target Group

Various, including new mothers, people at risk of HIV/AIDS, and semi-literate teens.

Aspect of Particular Interest

This foundation participates in a number of partnerships to apply mobile technologies to promote social and physical wellbeing. Their name has appeared repeatedly in the course of this research, suggesting that it plays an important role in the field of technology and wellbeing in Africa.

- ☒ Organisation Contacted
- ☒ Details Confirmed

Sources: <http://www.praekeltfoundation.org/index.html>



MULTIPLE PROJECTS IN AFRICA AND SOUTH AMERICA, TEXT TO CHANGE (TTC)

Headquarters

Text To Change Africa, Katali Rise, Plot 4A, Nakawa, Kampala, Uganda.
Text to Change Europe, Gravenhekje 1A, Amsterdam, The Netherlands.

Summary and Scope

The prime objective of Text To Change is 'to support change by increasing awareness and enabling citizens to take their health and well-being into their own hands.'

Under the banner of 'Innovative Mobile Solutions for Social Change,' the Text To Change website outlines its 'flexible and easily scalable mobile platform, with state-of-the-art tools and techniques, to send out and receive text messages, voice and data,' emphasising that the organisation 'also has strong relationships within the mobile industry in the countries they work in.'

Founded in 2008, TTC reports that it 'was the first of its kind in Africa; mobile phones had never been used before on such a large scale for social purposes.' There are now over one hundred projects utilizing Text To Change mobile platforms in Africa and South America.

Methods

The Text To Change website describes its mobile platform as:

'a technical platform that delivers the full package to our partners. We do not only send out and receive text messages, we also provide our partners with content development, analysis and interpretation of the data. On top of that, we deliver the visualization and the total reporting to the partners.'

The following examples of how the platforms can be used are provided:

- Interactive and incentive-based quizzes to educate, engage and empower people on wellbeing related issues;
- Programs that use mobile phones for Health Management Information System purposes;
- Data collection surveys via app and SMS;
- Personalized medicine reminder programs; and
- Price information systems for farmers.

The list of projects applying these platforms is long and spans a wide range of objectives, including:

- Maternal and Child Health;
- Reproductive Health;
- Environmental Conservation and Management;
- Health data collection and analysis;
- Health Interventions (particularly TB, HIV/AIDS, and malaria);
- Poverty reduction;
- Public Awareness and Education;
- Civic Engagement and Public Service Participation; and
- Behavioural Change (i.e. promoting faithfulness, encouraging recycling).

Target Group

Various.

Aspect of Particular Interest

Text To Change partners with a variety of local and international organisations to apply their technology. As a mobile technology provider, their work offers good opportunities for reaching young people.

- ☒ Organisation Contacted
- ☒ Details Confirmed

Sources: <http://www.texttochange.org> & www.marketingsociale.net/download/mobile-communications-for-medical-care.pdf



CENTRE FOR YOUTH VOICE IN POLICY AND PRACTICE, WHAT KIDS CAN DO (WKCD)

Headquarters

What Kids Can Do, Providence, RI, USA.

Summary and Scope

What Kids Can Do (WKCD) uses multiple forms of media to convey a twofold message: the power of what young people can accomplish when given the opportunities and supports they need, and what they can contribute when we take their voices and ideas seriously.

The Center for Youth Voice in Policy and Practice was initiated in 2010. The WKCD website describes this project as:

‘a virtual center that showcases the power of youth as researchers, knowledge creators, and activists—real contributors to public discussions about policy and practice’. The Center’s website describes its mission as engaging young people in civic participation that is ‘vigorous, respectful, and challenging.’

Methods

The WKCD website describes their strategies and methods as unique:

‘We view young people as active collaborators in every phase of our work. We bring local stories, voices, and resources to international attention and vice versa. We speak to influential adults and young people alike. We document the good work of others as well as sponsoring our own projects. We bring a thirst for peace and justice to all of our pursuits.’

The Center for Youth Voice in Policy and Practice is a repository and sharing grounds for investigations of issues affecting young people’s lives. Most of these investigations are led or co-led by the youth themselves, and are shared through a variety of media formats including books, collections, videos, and websites. The intended audiences for these reports are (1) youth engaged in social actions and (2) public officials, policymakers, practitioners and other key decision-makers.

Target Group

Youth ages 12 to 22, especially those marginalized by poverty, race, and language.

Aspect of Particular Interest

The WKCD website emphasizes its reliance on strategic partnerships with relevant organisations. Their work reaches globally, including the launching of several websites such as InOurVillage.org, which worked with children in a Tanzanian village to document daily life using digital audio-visual equipment and share it on the internet. A similar project, LifeInNewChina.org worked with teenagers in a Beijing high school.

- ☒ Organisation Contacted
- ☒ Details Confirmed

Sources: http://www.centerforyouthvoice.org/Center_for_Youth_Voice/Home.html



FREEDOM HIV/AIDS, ZMQ SOFTWARE SYSTEMS

Headquarters

ZMQ Software Systems, Plot No. 113, Sector 7, IMT Manesar, Gurgaon, INDIA.

Summary and Scope

A recent study conducted by Cambridge University and China Mobile describes Freedom HIV/AIDS as an:

‘awareness initiative using mobile phone games aimed at children and young people in remote regions without access to other information. Play-and-learn method is used to help engage young people with information relating to prevention of HIV/AIDS... The games are deployed on low-end monochrome to sophisticated high-end devices.’

Freedom HIV/AIDS began when ZMQ, a Technology for Development company in India, partnered with the state of Delhi, the Delhi State AIDS Control Society, and mobile service-provider Reliance Infocomm to address the growing HIV/AIDS epidemic. The Africa Reach program later replicated the initiative in Kenya, Tanzania and Uganda. The success of Freedom HIV/AIDS has led to its scaling-up to combat other diseases (including tuberculosis, malaria, cholera, dengue, hypertension, diabetes, and cancer) as well as other health-related issues (mental health, reproductive health, malnutrition, girl child health, hand washing, basic sanitation and drug abuse).

Methods

A key strategy of Freedom HIV/AIDS involves the creation of four mobile-phone-based games, designed to engage youth:

- Safety Cricket: a game of mass appeal;
- AIDS Messenger: an adventure game
- Life Choices: a role play based life-skills game (targeted for girls); and
- Great Escape: a role-play based detective game.

Key design features of the games include:

- They are popular and accessible, even among semi-literate youth;
- Deliver clear and well-designed messages about HIV/AIDS and its prevention;
- Easy to manoeuvre user interfaces; and
- Clear instructions.

In addition to English, the games have been developed in a variety of South Asian and African languages, including Hindi, Marathi, Telugu, Kannada, Tamil, Bengali, Kiswahili and Shen.

Project Director, Hilmi Quraishi writes about the theory underlying the games’ creation:

‘Our theory of change has been the use of mobile phone games to create awareness on HIV and AIDS, finally leading to behaviour change. It has been proven that games can serve as an ideal platform to provide real-world environments and its risks on a compact (in terms of both resources and timeline), risk-free platform. The game enhances knowledge and learning in an engaging and entertainment mode, and this provides a basis for promoting behaviour change... The theory proposes that behaviour change is a function of enhanced skills and confidence in doing the new behaviour. Games engage users and add elements of enjoyment and excitement, thereby enhancing behaviour change through enhanced motivation.’

Target Group

Youth (including those out of school, semi-literate, and/or living in rural communities) in India and Africa.

Aspect of Particular Interest

The Freedom HIV/AIDS website specifically ‘invites partnerships with various NGOs, Government Organisations, Development Agencies and "socially responsible" corporates which are working towards a common goal of combating diseases and working on health issues in the world. ZMQ is willing to support any such program and can contribute 10%-25% of the project as



"in-kind" contribution to develop socially valuable technology based solutions, systems, products and/or services.'

Sources: <http://www.freedomhivaidz.in> & <http://www.bloomsburyacademic.com/view/mHealth-In-Practice/chapter-ba-9781780932798-chapter-011.xml> & www.marketingsociale.net/download/mobile-communications-for-medical-care.pdf

State-Based Initiatives

MEDICAL LINK, CHINA, GUANGDONG COMPANY OF CHINA MOBILE

Headquarters

China Mobile, Guangdong Province, China.

Summary and Scope

Medical Link serves Guangdong Province, where the ratio of health workers to citizens is lower than the national average. Medical Link aims to promote healthcare service efficiency, and deliver health and medical information to the public.

A recent study conducted by Cambridge University and China Mobile reported that:

'The service is provided via SMS messaging to mobile phones and is available throughout the whole of Guangdong Province, generating around 160 000 messages per day. It had 300 000 subscribers as of October 2010 (a penetration of 0.3% of the population).'

Methods

For a relatively low monthly rate (CNY3-8 per month), Medical Link subscribers can access certain sub-services, including:

- Health Life: Information services based on Sinology (Chinese culture and academy), covering public health, health promotion and preservation, male healthcare, female healthcare, child healthcare, and healthcare for the elderly.
- Recovery Instruction: Information on diagnosis and self-treatment for 42 kinds of common disease, covering the whole cycle from the cause, symptoms and development of diseases to cure, care and rehabilitation designed so that users can treat minor illnesses without seeing a doctor and protect themselves against serious illnesses.
- Industry Health Collection: Occupational health guidance for civil servants, police, education, electronics, clothing, manufacturing, petrochemicals, logistics, and others.
- Health Home: Designed to promote family health, this subservice provides information for eight groups: general public, females, males, children, young people, middle-aged and old people, pregnant woman, and infants.

A related service by China Mobile's partner company, Yihe, allows Medical Link subscribers to ask health-related questions via either village-based terminals or mobile phones. A network of GPs set up by Yihe then reply to the questions within five business days. As of April 2011, the service was processing roughly 2000 messages per day, with over 1.89 million registered users.

Target Group

Citizens of Guangdong Province, China.

Aspect of Particular Interest

Health Home, described above, provides information specifically targeted for children and young people. This may be a useful outlet for Young and Well CRC in disseminating relevant information to young people in China.

☒ Organisation Contacted
☒ Details Confirmed

Sources: <http://www.marketingsociale.net/download/mobile-communications-for-medical-care.pdf>

PARTNERS FOR COMMUNITY DEVELOPMENT (PCDF), FIJI

Headquarters

Partners In Community Development Fiji, 8 Denison Rd, Suva, Fiji Islands.

Summary and Scope

Established in 1978, PCDF is one of Fiji's most long-standing NGOs. It works 'in partnership with communities to empower and assist with informed decision making for their own future development.' Their website lists four key organisational objectives:

- Promote Good Governance and Gender Balance;
- Protect the Environment;
- Increase self-reliance in detached rural communities by building capacities; and
- Promote healthy living and reduce the stigma attached to mental health issues.

Methods

PCDF runs a number of projects, including the following three that focus on the wellbeing of young people:

- Youth And Mental Health Project: increasing awareness and reducing stigma surrounding mental health issues, through awareness, education/sustainable livelihoods, research, promotions and advocacy;
- Just Water Project: providing reliable water supply system in 12 rural schools identified by the Ministry of Education, managed by a trained and empowered school management committee; and
- Capacity Building for Rural Education Project: for rural-based education leaders in seven provinces.

Target Group

Fijian communities.

Aspect of Particular Interest

This organisation takes a holistic, community-based approach to achieving sustainable livelihoods. It is not clear from their website how much they employ internet and communication technology in doing so, but it might be interesting to find out, particularly in the case of the Youth and Mental Health Project.

- ☒ Organisation Contacted
- ☒ Details Confirmed

Sources: <http://www.pcdf.org.fj/Default.aspx>

TULASALUD, GUATEMALA

Headquarters

6A calle 3-42 Zona 4, Cobán Alta Verapaz, Guatemala.

Summary and Scope

A Guatemalan NGO with funding from the Tula foundation from Canada, whose goal is to support the Ministry of Health and the National School of Nursing Cobán to improve health services of the rural population through eHealth.

A case study report on mobileactive.org explains the specific aim of the group is to:

‘use ICT and mobile technology to reduce maternal and infant mortality and to monitor disease outbreaks in the remote highlands of Alta Verapaz. Using mobile phones, TulaSalud has been able to improve the flow of information between health professionals based in hospitals and community health workers (CHWs) in remote villages.’

Methods

The same case study explains that “TulaSalud's community health workers, known as tele-facilitadores, use mobile phones to:

- Seek remote diagnostic and decision-making support from physicians in urban centers;
- Receive calls from people in their communities seeking care;
- Organise logistics and transportation for emergencies; and
- Refer patients to hospitals and follow-up with nurses at hospitals to ensure their referred patients received care.

Using mobile phones, TulaSalud is able to:

- Monitor disease outbreaks in real-time based on the data aggregated from patient consultations through EpiSurveyor;
- Send text message alerts and reminders to tele-facilitadores using FrontlineSMS;
- Evaluate the productivity of tele-facilitadores working in the field; and
- Deliver remote health training via mobile-based audio conferencing.

Target Group

The report states:

‘Alta Verapaz has the largest rural and poor indigenous population in the region with limited access to health care services. In an area with one million inhabitants, 93% are indigenous and share the highest burden of maternal mortality.’

Aspect of Particular Interest

The group's website states: ‘The Tele Health program uses cellular technology and the internet to respond to emergencies that occur in rural communities. Health Volunteers (Tele facilitators) working in rural communities carry out regular consultations and are on hand to deal with emergencies 24 hours a day, 7 days a week with the support of health specialists located in urban centers. In addition, through video conferencing, it is possible to handle more complex cases and deliver health to rural communities.’

☒ Organisation Contacted
☒ Details Confirmed

Sources: <http://www.tulasalud.org> & <http://www.mobileactive.org/case-studies/close-and-personal-tulasaluds-m-health-work-guatemala>



mDHIL HEALTH INFO SERVICES, INDIA

Headquarters

mDhil Health Info Services Private Limited, 16 Rhenius Street, Rain Tree Hall Flat 4B, Richmond Town, Bangalore 560 025, India.

Summary and Scope

The mDhil website summarises their service as:

‘providing basic healthcare information to the Indian consumer via text messaging, mobile web browser, and interactive digital content. We envision the mobile handset providing our content and services to people who want to know more about common health conditions, diseases, and medications... The mobile phone provides the most common connection to information for the vast majority of Indian consumers. Hence, our services are built on a mobile platform – with initial success of over 150,000 paid users on SMS subscription services.’

Methods

In arriving at their methodology, mDhil gained input on how to address local health challenges from a variety of sources, including university students, women’s groups, local clinics, NGOs, and experienced doctors: ‘We heard the same story over and over again: access to basic information on health issues can empower people to make positive outcomes in their lives.’

Regarding the content provided on mDhil, their website notes that:

‘customers should feel [it] speaks “to them” – increasing the amount of attention given to what is being read and heard. In this respect, health communication is taking more cues from commercial marketing. It is important to give our users a sense that the healthy behaviours we promote are also socially normative (for example, getting tested for disease). Many people have misconceptions, and no one should ‘feel dumb’ or embarrassed when seeking health information.’

Key headings to browse through on their website include:

- Health Directory;
- Emotional Health;
- Talking Sex;
- Wellness; and
- Diet and Nutrition.

Target Group

Adults and young adults in India.

Aspect of Particular Interest

mDhil provides an interesting blend on consumer-oriented popular culture and serious health promotion. Their staff includes an interesting combination of communications experts and marketing professionals, along with a GP and a Fulbright Scholar working on a Doctorate of Public Health. While there is no data provided on the age demographics of service-users, it seems like it would be quite an attractive service for young people with access to ICT.

- ☒ Organisation Contacted
- ☒ Details Confirmed

Sources: <http://www.mdhil.com/aboutus> & www.marketingsociale.net/download/mobile-communications-for-medical-care.pdf



SISI NI AMANI KENYA (SNA-K), KENYA

Headquarters

Sisi ni Amani Kenya, PO Box 4210-00100 (GPO), Nairobi, Kenya.

Summary and Scope

Sisi ni Amani Kenya (Swahili for 'We are Peace Kenya') aims to strengthen existing networks of peace leaders to prevent future violence in Kenya. Their website explains that:

'SNA-K's activities rest on the fundamental belief that local actors have the knowledge, social capital, and motivation to promote a sustainable peace, but lack necessary tools and capacity. Sisi ni Amani Kenya (SNA-K) takes a technology-aided approach to peace building, and equips its local chapters with mobile phone-based technologies to facilitate rapid SMS (text message) communication between groups and with the overall community, and provides facilitation for its local chapters to plan appropriate usage of these technologies for peace promotion and monitoring of conflict in their local areas.'

The four main goals SNA-K aims to achieve are:

- To empower communities to come together across ethnic and religious lines to advocate for themselves through identifying their needs and make their voices heard to political aspirants and throughout electoral campaigns;
- To increase understanding of Kenya's new Constitution at the grassroots level;
- To increase community involvement in peace activities and positive civic engagement; and
- To prevent and de-escalate tensions and violence in target communities.

Methods

The SNA-K website describes their work as taking:

'a technology-aided approach to strengthening community-level networks by enabling its local chapters, comprised of local networks of peace leaders, to communicate with the broader community through an SMS-based platform.'

Activities undertaken by SNA-K's two long-term chapters as well as a short-term project in Kamukunji Nairobi (initiated in response to a hotly contested by-election) include:

- Community Needs Assessment & Sauti Yetu ("Our Voices") Political Debates Program: 'Uses the SMS subscriber base as well as partnerships with community radio station Koch FM and community forums with key... leaders to create community needs assessments detailing issues that... politicians should address. This program aims to introduce a unifying element into the electoral process, bringing communities together to recognize common needs and introducing an element of policy into political contestation.'
- Civic Education: The Kasarani team sends civic education SMS to the community subscriber base, educating them on the new constitution.
- Advertising Peace Events: SNA-K maintains 'strong relationships with a network of peace-oriented local organisations, as well as a hotline for reporting upcoming peace events, and advertises events to its subscriber base.'
- Grassroots Forums on Land & Rumors: 'A 5-month program to conduct research on land issues and hold grassroots forums to educate communities on land issues and to ensure that communities have the knowledge to mitigate preventable conflict, and to sensitize communities to the interaction between rumours and conflict.'
- Hot Spots Analysis: 'Of areas with the highest levels or likelihood of conflict in the area... [It] will inform monitoring of signs of conflict in key areas, and describe the varying dynamics of conflict in each specific community.'
- Messages in Times of Tensions: 'Peace messages to its subscribers, and has specifically asked people to remain peaceful and patient in potentially tense instances, such as the postponement of a youth election. The community has responded positively, and chapter members have received phone calls and feedback from the community thanking them for helping to keep people calm and patient. ' (See also 'PeaceTXT' included in this survey report).

Target Group

Kenyans at risk of violent conflict.



Aspect of Particular Interest

Youth play a strong role in SNA-K's activities. CEO and founder, Rachel Brown, writes in a personal correspondence that 'local chapters include and engage youth and local youth groups who design and are brought on board to play active roles in implementing all SNA-K's programs.'

- ☒ Organisation Contacted
- ☒ Details Confirmed

Sources: <http://sisiniamani.org>

WELTEL, KENYA

Headquarters

WelTel Africa, PO Box 50197-00100, Nairobi, Kenya.

Summary and Scope

WelTel offers 'medical and scientific consulting for evidence-based, patient-centred mobile health (mHealth)'. Their work focuses on mobile-based technology for health promotion, particularly in supporting adherence to HIV/AIDS medication regimens. Their consulting team includes medical, technological, and clinical experts.

Methods

WelTel is described on its website as:

'an international organisation, committed to providing evidence-based, patient-centred health solutions, through the use of innovative, mobile technology in the management of HIV/AIDS and other health issues. We work with health implementers, Governments, local and academic partners, as well as private sector partners to undertake measurable initiatives or programs aimed at maximizing impact.'

WelTel's methods are described as a '3T' approach:

- Individually tailored;
- Enables turnkey operations; and
- Provides training for long-term independence and sustainability.

The most recent WelTel research available on the website is a randomised clinical trial on the 'Effects of a mobile phone short message service on antiretroviral treatment adherence in Kenya.'

Target Group

Mobile phone users.

Aspect of Particular Interest

WelTel reports that it is currently 'developing and testing clinically based IT applications for scale-up and use with national and global health programs. There are currently several projects being piloted in North America and Africa modelled after the original WelTel protocol.'

☒ Organisation Contacted
☒ Details Confirmed

Sources: <http://www.weltel.org> & <http://www.marketingsociale.net/download/mobile-communications-for-medical-care.pdf>



YOUTH ON THE MOVE (YOTM), KENYA

Headquarters

New Life Church Building, Birongo Square, Shopping Mall, Nairobi West, Kenya.

Summary and Scope

Young people who are involved with the organisation describe their understanding of it in their own voice:

'YotM is an initiative of, by and for the youth with epilepsy that combats the misunderstanding and prejudices about epilepsy. We – youth with epilepsy – come up with ideas, initiate and undertake action. The aim is to ensure equal participation of persons with epilepsy in all aspects of life.

YotM commits to ensure a just society that is not only sufficiently informed about epilepsy but also supports and demonstrates sufficient commitment to realize proper control and management of the epileptic condition.

YotM's mission is to empower persons with epilepsy and eliminate discrimination through awareness creation in partnership with stakeholders.

YotM recognizes and endeavours to work with all stakeholders ranging from relevant government ministries, departments and agencies to other Civil Society Organisations (CSOs) and donor partners in pursuit of the above mission.'

Methods

'Every year, YotM trains six youths with epilepsy and six youth without epilepsy to serve as professional youth coordinators and awareness advocates. They attend Medical Clinics coordinated by Kenya Association for the Welfare of People with Epilepsy (KAWWE) on a weekly basis to guide youth with epilepsy to utilize their full potential in life. This is made possible by the GROW model which guides the youth with epilepsy to decide their Goal, look at the Reality, sum up the Options and Wrap up to make their goal a reality.'

Further advocacy and community building exercises are conducted at a weekly 'Sikika' meeting where youth with and without epilepsy meet to organize activities aimed at creating awareness about epilepsy.

Target Group

Young people with epilepsy in Kenya.

Aspect of Particular Interest

The website states that the:

'YotM has a fully operational cyber [centre] where all cyber services from internet, typing and printing, photocopying access to fax and scanning is offered. Though the cyber is part of YotM's income generating activities, YotM youth are allowed an hour of browsing where they can network with fellow youth with epilepsy and learn more by interacting with people of diverse cultures.'

☒ Organisation Contacted
☒ Details Confirmed

Source: <http://www.youth-on-the-move.com/eng/home.html>

PESINET, MALI

Summary and Scope

The group's website explains:

'Pesinet's founding idea is that if diseases were detected and treated earlier on, mortality could be dramatically reduced with the need for risky and costly emergency treatment being decreased and the annual health spending for the households reduced.'

Child mortality is a terrible burden in Western and Central Africa, with the highest under-five mortality recorded worldwide. Pesinet aims to:

- Reduce child and maternal mortality;
- Facilitate access to early-treatment;
- Raise awareness of prevention with the aid of mobile technologies.

Methods

Pesinet uses mobile technologies and the proximity work of health agents from the communities served to reach families where they live and work and drive demand for early-treatment.

Pesinet's service leverages the quality GSM network in Africa and open-source software to record and transfer information and then reduce the amount of time a doctor needs to access and analyse it.

A mobile application has been developed to collect and transfer data on the ground by Pesinet's agents. An online application linked to a database allows for remote monitoring of health data by the local doctor, activity management and tracking of key impact indicators.

Target Group

Women in Mali.

Aspect of Particular Interest

While the focus of the group is not on mental health, its use of mobile technology to capture and disseminate information, facilitate remote monitoring, and drive and facilitate early-treatment awareness and practice are transferable tools that can be brought into the eMental health space.

- ☒ Organisation Contacted
- ☒ Details Confirmed

Source: <http://www.pesinet.org/wp>

MOBILE BASED POST LITERACY PROGRAM, PAKISTAN: BUNYAD FOUNDATION

Headquarters

24.5 Km Baidyan Road, Opp. Village Theather, Badian Road Lahore Cantt, Pakistan.

Summary and Scope

The Bunyad Foundation's website for the Mobile Based Post Literacy Program explains that Pakistan has one of the lowest literacy rates in Asia, with a large gender gap in evidence: only 63% of males and 36% of females over the age of 15 are literate. While the reasons for this are complex, they identify a primary reason as 'difficulty in retaining literacy skills of new literates.' The website explains the usefulness of mobile phone technology:

'In order to maintain the literacy skills after basic literacy courses, the new literates should have constant access to reading materials at least for three months afterwards. But for most of the new literates, reading materials are scarce and the occasions to use the acquired literacy skills are rare... The project is concerned particularly with the literacy retention problem among the youth population and the problem of keeping them motivated to further consolidate their literacy skills. It finds a solution in mobile phones, which have become the most desired daily means of communication among the youth population. The main objective of the project is to develop a mobile-based, distance post-literacy program where the new literates receive post-literacy materials as messages in a mobile and read and respond to them. The method is assumed to be far more effective than conventional print-material-based post-literacy programs in keeping up the literates' interest in literacy communication.'

Methods

Two phases of the Mobile Based Post literacy Program have been carried out by the Bunyad Foundation, with a third phase now being designed with UNESCO Islamabad in collaboration with its partners: 'The mobile phones were used as a tool for delivering post literacy material. It was a new and unique strategy which aimed to keep the interest of the target group alive in literacy. The rationales for this project were:

- The use of mobiles among young adults is a worldwide phenomenon today. It is a means of accessing information, communication and learning.
- The program is compatible with all existing basic literacy programs. The courses last for 2-5 months. The targeted students are provided with mobile phones and the instructions how to use them.
- A simple web base makes it easy to send messages and to monitor the learners.
- Mobile phones which are purchased in the project become the property of the learners when the project completes its cycle.
- The simple use of the calculator makes solving simple math problems very easy.
- The biggest advantage for the learner who uses the mobile phone is that she comes a step closer to becoming computer literate.

At the end of the pilot phase (2009) of the project, 87% of the targeted learners (250 learners) were satisfied with the effectiveness of this project. The second phase (May to October, 2010) also proved to be a success. This time about 1250 learners were enrolled in 50 Centres and were made literate.'

The third phase will adopt a new, multi-pronged strategy will be adopted, including other forms of internet and computer technology in classrooms during the teaching cycle.

Target Group

Newly literate rural women aged 15-35.

Aspect of Particular Interest

Evaluations of the pilot program found that the benefits for participants reached well beyond literacy itself:

'[Participants'] literacy skills were remarkably improved and they became more confident about themselves. They learned how to read, write and solve small money problems through calculations. Learners can now read the Urdu newspaper, signboards and simple Urdu books. They can also understand the

- ☒ Organisation Contacted
- ☒ Details Confirmed



Holy Quran via its Urdu translation. The project appears to have left a very deep impact on the lives of all who are connected with one another through this project. The communities are moving in the direction of providing a better life for themselves and their children in future. The project has given them the awareness and confidence to control and improve the quality of their lives. Besides the improvement in the quality of life, the parents have been motivated to send their girls to school.'

Sources: <http://www.bunad.org.pk/Mobile%20Based%20Literacy.htm> &
<http://www.unesco.org/new/fileadmin/MULTIMEDIA/HQ/ED/pdf/Tang-speech.pdf>



PSYCHOSOCIAL SUPPORT FOR CHILDREN'S RIGHTS RESOURCE CENTRE, PHILIPPINES

Headquarters

Unit 1501 Future Point Plaza I, 112 Panay Avenue, Quezon City 1100, Philippines.

Summary and Scope

The Centre's website explains:

'the Psychosocial Support and Children's Rights Resource Center (PST CRRC), [...] engages in research; training; advocacy; networking; and providing up-to-date and relevant materials and resources on psychosocial support and childhood and children's rights.

The PST CRRC is composed of professionals who have extensive experience in research and training. It counts among its staff experts on qualitative and quantitative research methods, children's issues, psychosocial support, community organizing and development, and creative (theatre arts) training methodologies.'

Methods

To support and realise children's rights the Centre delivers the following:

- **Research:** PST CRRC's research program is integrative, holistic, policy-oriented, interdisciplinary, and participatory. It integrates theory and practice and synthesizes thought and action by coming up with policy-relevant researches. It also embarks on holistic research by bringing its psychosocial, political, historical, and economic perspectives into its work. True to its interdisciplinary and participatory thrust, PST CRRC brings together academics from different fields, field practitioners, direct service providers, and communities in all it researches.
- **Documentation and Publication:** PST CRRC is committed to documenting its experiences in the field as well as its partner NGOs and GOs. It maintains membership to the Human Rights Information and Documentation System International (HURIDOCs). It publishes its researches and disseminates it to the wider public. The PST CRRC also maintains a library, which houses up-to-date books, documents, and other reference materials on childhood, children's issues, children's rights, psychosocial support, and human rights. The PST CRRC library is open to all interested researchers, students, academics, and other interested individuals.
- **Networking and Advocacy:** PST CRRC is committed to strengthen advocacy and networking with government, NGOs, and international organisations in the Asia Pacific and European regions to help sustain and institutionalize children's rights and psychosocial support concerns. Furthermore, it shares its researches, develops research expertise, promotes the exchange of resources and materials, and conducts conferences and symposia on issues that affect policies on psychosocial support and children's rights. It also participates in regional and international fora to enrich the expertise and know-how of its staff.
- **Training:** PST CRRC delivers culturally appropriate training courses, seminars, and workshops on research methodology, documentation, information work, and basic psychosocial help, assessment, and programming to researchers, direct service providers, and other interested individuals and organisations.

Target Group

Children and young people in the Philippines, international researchers and students.

Aspect of Particular Interest

An Online Resources database provides downloadable copies of the group's published and unpublished researches: 'copies of these resource materials may be downloaded for free. Sections of the researches may also be quoted or paraphrased provided the authors and publishers are properly cited.'

☒ Organisation Contacted
☒ Details Confirmed

Source: <http://www.pstcrrc.org>

TRACNET, RWANDA TRACnet

Headquarters

Rwanda Biomedical Centre, Ministry of Health, Rwanda.

Summary and Scope

The TRACnet application is described as:

'Rwanda's national phone and internet-based reporting system for disease surveillance and HIV/AIDS, [which] supports the work of [HIV healthcare practitioners] by allowing them to report and monitor important program data in real time, even in remote parts of the country with limited communication capacity.'

Methods

TRACnet allows health professionals from all health centres and hospitals located in both urban and rural areas, to transmit HIV/AIDS data, disease surveillance data (immediate and weekly) to a national electronic system through their mobile phones and computers where the internet is available.

This effort provides nation-wide information and facilitates national decision-makers to quickly analyse and respond to time-sensitive information; enabling improved planning and response to critical needs down to the facility and community levels; and tracking key program indicators to identify trends and view program impact over time. The technological aspect of the project has been handled by Voxiva Inc, one of the global mHealth solution providers.

Key features of TRACnet include:

- Analytical tools;
- Reporting and charting of routine program indicators (HIV/AIDS);
- Monitoring of drug supplies by facility, district and region to prevent shortages and stock-outs;
- Tracking of crucial patient information over time;
- Flexible data entry modes, including phone (IVR, GPRS, and SMS) as well as computer (internet);
- Collect data for 23 communicable diseases under surveillance in Rwanda;
- Identify and respond to outbreaks and prevent epidemics; and
- Automated and scheduled SMS/Email notifications based on event/situation.

Target Group

Rwandans with HIV and AIDS, population exposed to communicable diseases under surveillance.

Aspect of Particular Interest

It would be interesting to find out more about how this technology has benefited young people in Rwanda, and perhaps explore its potential role in improving mental health support for young people affected by HIV/AIDS.

- ☒ Organisation Contacted
- ☒ Details Confirmed

Sources: <http://www.tracnet.rw/tracnet/core/modules/pagelayout/web/showpage.aspx?menukey=1> & <http://www.thinkinovation.org/en/innovation/innovation.php?c=2&id=79> & <http://www.pepfar.gov/press/84654.htm> & <http://www.marketingsociale.net/download/mobile-communications-for-medical-care.pdf> & <http://www.syndromic.org/annual-conference/2012/SystemDemos/Presentation11>



THIS IS ME, SLOVENIA

Headquarters

Institute of Public Health; Celje, Slovenia.

Summary and Scope

'This Is Me' is a web-based counselling service, created by the Institute of Public Health Celje in 2001. It is the largest youth counselling web portal in Slovenia, providing teens with friendly, simple, fast, free, anonymous and efficient public access to expert information and problem solving advice. Over the period of 11 years, experts have answered over 26,000 questions about dilemmas and problems faced by teens. 'This Is Me' reaches typical adolescents with everyday problems. The program focuses on development of positive mental health, with an emphasis on self-image, social and life skills. It responds to adolescents' needs and makes efficient use of web technology.

Methods

'This Is Me' at <http://www.tosemjaz.net> provides an e-counselling service with the following characteristics:

- A broad network of web counsellors includes 55 experts: 14 medical specialists, 24 psychologists, 17 social pedagogues, social workers and teachers. All counsellors are volunteers;
- Over 3,800 answered questions and more than 100,000 users were registered in one year;
- Every day the editor carefully edits e-content and manage e-contacts between experts and teens;
- On average, the answers are published within three days; and
- The e-counselling service is further augmented through preventive workshops in schools (based upon manuals for teachers and adolescents '10 steps to better self-image').

After eleven years "This Is Me" identifies some Pros and Cons of web communication:

Benefits of web counselling:

- Anonymity (promotes openness while expressing problems);
- Easy access to experts (from the safety of the adolescent's room, no referrals, no waiting rooms);
- One e counsellor can help several adolescents with a single answer;
- Insight into others' experience and problem solving approaches;
- A quick 'first aid' effect; and
- Networking of institutions, experts and users.

Limitations of web counselling:

- Absence of face-to-face contact (limited communication, the contact is reduced to written messages);
- Limited possibilities for establishing a therapeutic relationship;
- On-line relationships are insecure and can be broken off at any moment;
- Insufficient user information and incomplete problem description;
- Adolescents' abilities to put problems into words; and
- Unrealistic expectations (hoping for a quick fix through a few mouse clicks).

Target Group

Adolescents (aged 13-18).

Aspect of Particular Interest

The program has won six national and international awards, and has been examined as a case of good-practice in publications by the World Health Organisation and other international research reports. Counsellors involved in the program noted the following at the 2009 European Conference on Health Promoting Schools:

'A lot of dialogues that develop in the safety of our e-counselling website would never have happened in the office of a school physician, gynaecologist, psychiatrist or psychologist. Many service users clearly say that they would never have gathered the courage to open up face to-face, or would not even have sought help.'

The majority of questions deal with subjects that preoccupy adolescents the most: being in love, dating, curiosity about the first sexual experience, contraception, love problems, temporary family disputes. They are followed by

- ☒ Organisation Contacted
- ☒ Details Confirmed



more severe issues stemming from poor self- image. The most difficult and pressing questions the adolescents ask web counsellors touch the subject of suicidal thoughts, suicide attempts, self-harming behaviour, depression, eating disorders, sexual abuse and teen pregnancy. 'This Is Me' web portal is a specific form of 'safety net,' which soothes the stress of growing up and supports adolescents in problem-solving efforts.

Source: http://www.marketingsociale.net/download/vil_bp.pdf & <http://www.tosemjaz.net>

HEALTH INFORMATION SYSTEMS PROGRAM, SOUTH AFRICA

Summary and Scope

Health Information Systems Program, South Africa (HISP- SA) is part of the larger network of Health Information Systems Programs. The website explains that the group aim is:

‘to support the improvement of health care systems in the southern hemisphere by increasing the capacity of health care workers to make decisions based on accurate information. HISP provides training and support for users of the open source District Health Information System (DHIS) software, which is under continuous development. The project started in post-apartheid South Africa, and has been introduced in a number of countries in Africa and Asia. It is part of the BEANISH initiative to improve health information in Africa. The premise of the project is to use this information for action.’

Methods

The website explains:

‘databases using our District Health Information Software (DHIS) contain data representing over one billion patient visits. The DHIS is designed to support health workers and managers at all administrative levels through a balance between flexibility and standardization, and with a strong emphasis on using information for local action. The DHIS has been translated into Portuguese, Swahili, Spanish, Telugu, Russian, Mongolian, and Chinese – Vietnamese and French are under way. Around 70% of overall HISP effort goes into training, with an estimated 7-8,000 health workers and managers trained in South Africa alone. The HISP network, while having university partners in Norway and Sweden, is predominantly run by professionals from the south and for countries in the south.’

Target Group

Health care workers in South Africa.

Aspect of Particular Interest

The program offers training for health care workers in technology tools to facilitate their work. They have access to the District Health Information System (DHIS) software that offers education in health care management and strategies.

A database such as this could be a useful tool for Young and Well CRC to consider developing further (in partnership with the group) as the information contained within is localised to suit the country in question. With the data already translated in seven languages, Young and Well CRC could advocate for translations into other languages that are relevant to groups they are working with (e.g. ‘visible minority’ populations within Australia).

There appears to be a strong ‘self-development’ culture to the organisation captured in the statement ‘the HISP [...] is run] by professional from the [global] south and for countries in the [global] south.’

☒ Organisation Contacted
☒ Details Confirmed

Source: <http://www.hisp.org>



PROJECT MASILULEKE, SOTH AFRICA, POPTECH

Headquarters

PopTech, P.O. Box 1405, Camden, Maine, USA.

Summary and Scope

A project brief provided on the PopTech website explains that:

‘Project Masiluleke (which means ‘give wise counsel’ and ‘lend a helping hand’ in Zulu) was born out of the desire to address the challenges that result in avoidance of HIV testing, delayed initiation of life-saving treatment and high rates of treatment default, all of which contribute needlessly to high mortality rates from HIV/AIDS. Harnessing the ubiquity of mobile devices in many parts of the developing world, this project has the potential to catalyse transformative social change.’

Contrasting Project Masiluleke with other projects that provide tools for healthcare workers, the brief emphasises that:

‘Unlike other mobile health initiatives, which primarily provide tools to healthcare workers, Project Masiluleke proposes solutions that interact directly with the end-users – those impacted by HIV/AIDS. In this context, mobile phones hold tremendous untapped promise as a tool for public engagement around HIV. Because nearly 100% of South Africa’s population (including the young and the poor) has access to these devices, mobile phones can be cost- effectively used to:

- Close the healthcare “information gap” by delivering geographically and culturally appropriate messages that encourage people to learn their HIV status earlier;
- Connect people to existing “on-the-ground” HIV and TB clinical services for testing and treatment;
- Increase people’s adherence to anti-retroviral regimens once in treatment.

The brief reports that Project Masiluleke ‘represents the largest-ever use of mobile devices for the delivery of public health information. The project is presently reaching upwards of 1 million South Africans every day...’

Methods

Project Masiluleke is made up of three core components:

1. Please Call Me: A public awareness campaign using specialized free text messages that are culturally relevant and written in local languages, reaching virtually all adults and adolescents in South Africa. The texts connect mobile phone users to government-funded HIV call centers where they can obtain accurate information and referral to voluntary HIV testing and counselling, TB screening, and treatment. ‘[This] campaign has tripled average daily call volume to the National AIDS Helpline in Johannesburg.’
2. HIV Self-Testing with Mobile Support: ‘These distributed diagnostics would provide a free, private, and reliable way for anyone to take the critical first step of knowing his or her status, with high-quality information provided by knowledgeable counsellors via mobile device.’
3. TxtAlert: Keeping Patients Connected to Care: ‘To keep patients who are on anti-retrovirals in care by providing automated SMS reminders of their scheduled clinic visits’. The program is also expanding to provide anti-retroviral and TB treatment reminders for some 11,000 patients.

Target Group

South Africans suffering from HIV and TB, with special emphasis on groups historically difficult to reach (i.e. men, youth, and those living in rural areas with limited access to health care).

Aspect of Particular Interest

PopTech might be an interesting organisation to explore in terms of partnership opportunities; it describes itself as:

‘a social innovation incubator designed to foster breakthrough, interdisciplinary solutions to pressing global challenges. The Accelerator aligns world-class companies, foundations, NGOs, funders and thought leaders to collaborate on outcomes none could achieve independently. Each PopTech Accelerator

- ☒ Organisation Contacted
- ☒ Details Confirmed



program will focus on using new technologies and approaches to effect scalable, replicable and sustainable social change.'

Sources: http://www.poptech.org/project_m &
http://poptech.org/system/uploaded_files/27/original/Project_Masiluleke_Brief.pdf &
www.marketingsociale.net/download/mobile-communications-for-medical-care.pdf

SURFA LUGNT, SWEDEN

Summary and Scope

Surfa Lugnt is a web-based youth organisation focusing on life online in Sweden. Their website describes its overall objectives:

- To enable young people and adults to talk to each other about what happens during their daily internet use, in the same way that you would talk about your day in the physical world;
- To give young people a voice in the debate on the internet as a meeting place;
- To recognise the positive aspects of young people's internet use, such as commitment, communication and exchange of knowledge; and
- To offer adults the tools to help them deal with the pitfalls of the internet, such as bullying and integrity issues.

Methods

A key aspect of Surfa Lugnt's approach is its combination of authorities, companies and non-profit organisations working together. Their website highlights the strength in this: 'It helps bring out a variety of opinions and perspectives in relation to how to improve security and safety on the internet for young people, as well as getting more adults involved in young people's daily internet use.'

Core elements of Surfa Lugnt's methodology include:

- **Web Coaches:** Maria Soares Lindberg, who manages this program, describes it as follows: 'We have employees that are present at these websites, at daytime and nighttime. The children can interact with us as they interact with their friends. But of course we are adults. We listen as friends but act as adults. You can say that is our slogan. There is a big need for this kind of adult presence... [children] miss contact with other adults, with sensible adults anyway, not only on the Internet but in their every day life. They talk to us... about every day things... also... we get a lot of serious problems they share with us... everything from severe cyber bullying to child prostitutions, and molestations, and abusive parents. We are not psychiatrists. We are just listeners, even though we have got education, we are not prepared to give therapy online. Therefore, we also have network of the community workers all over Sweden. 600 persons are connected in this network, so we can get the contact with them, when we see something or meet a child who needs more help than we can provide.'
- **Raising Adult Awareness of Youth Internet Use:** This initiative, supported by the Swedish government, brings together authorities, companies and NGOs to raise awareness among adults about young people's daily internet use. Sweden's top experts in internet security and young people produce a joint platform for communication and educational campaigns aimed at parents, teachers, educators and other key adults. Communication is done via the website, through PR and lobbying activities and campaigns.
- **Tips and Advice:** In 12 different languages, including articles about young people's Internet habits, links to our partner websites, and a panel of experts in internet and youth communication available to answer questions.
- **Panel of Teenagers:** 'Sometimes you need to ask the real experts, i.e. the children or young people themselves. But you don't always get answers from your own teenagers about life on the net. That's why Surfa Lugnt has put together a panel of teenagers who can answer questions about young people's internet use and how to tackle the various issues that you as a parent might face. The panel of teenagers also runs a blog and takes part in Surfa Lugnt's communication and campaigning activities to give young people a voice in the internet debate.'

Target Group

Children and adolescents, plus their parents and communities.

Aspect of Particular Interest

Surfa Lugnt seems to be a key organisation in terms of bringing together all the top experts from Sweden in the field of youth internet usage. Their Web Coaches program, which is not explained in English on their website, been acknowledged in several EU and WHO publications as successful and innovative approaches to utilising technology for issues surrounding youth and mental health.

- ☒ Organisation Contacted
- ☒ Details Confirmed

Sources: <http://surfalugnt.se/om-surfa-lugnt>
http://www.euro.who.int/_data/assets/pdf_file/0013/121135/E94270.pdf &
<http://www.intgovforum.org/cms/component/content/article/102-transcripts2010/738-134>



UGANDA HEALTH INFORMATION NETWORK (UHIN), UGANDA, SATELLIFE

Headquarters

Satellite Health Information and Technology, 30 California Street; Watertown, MA, USA

Summary and Scope

The Uganda Health Information Network (UHIN) has provided two-way access to information via mobile phone networks and PDAs (inexpensive handheld computers) since 2003.

A joint project of SATELLIFE, Uganda Chartered HealthNet (UCH), the Faculty of Medicine of Makerere University, the International Development Research Centre in Canada (IDRC), and District Health Services of five districts, UHIN supports health services in Uganda through information dissemination, data collection and reporting, and e-mail exchange. Satellife reports that:

‘For Uganda, which has one of the highest burdens of disease in the world but also some of the best cellular telephone coverage in Africa, the marriage of handheld technology and cellular telephony represents a watershed moment in the battle against information poverty.’

There are now roughly 600 health workers in five districts using UHIN. A similar project, the Mozambique Health Information Network (MHIN), is also being implemented by Satellife, IDRC and the Ministry of Health, and the Ministry of Science and Technology in Mozambique.

Methods

The Satellife website describes the main functions of UHIN:

- Information exchange: ‘Health workers use the PDAs to collect public health data at the community level. They then upload that data and emails they need to send to AAP via infrared, Bluetooth or Wi-Fi at a rural health facility. The AAP sends the data and messages over the cellular network to the server in the capital, which routes them to the correct recipients and sends back messages, data, and health information clinicians need.’
- Training and professional development: ‘Continuing Medical Education (CME) targeted to doctors, senior nurses, and senior clinical officers ("tier-1"), and to community health workers ("tier-2") is regularly broadcast through the UHIN. Both tiers of health workers receive content three times a week via PDA pertaining to diagnosis, treatment, and prevention of major health problems such as diarrhoea, pneumonia, malaria, HIV/AIDS, and tuberculosis. In addition health workers receive daily news from mainstream media on a daily basis through the network.’

Target Group

People living in Uganda.

Aspect of Particular Interest

It would be interesting to find out whether professionals utilising UHIN have mental health training, and to what extent UHIN may be utilised to support mental health interventions. In a country struggling to overcome a history of conflict, including many child soldiers, there is certainly a demand for information exchange on mental health, particularly for adolescents and young adults.

SATELLIFE would be a very interesting NGO to make contact with regarding any project development in Africa. It describes itself as having a ‘rich history of firsts’ in the region: ‘the first non-profit to own and use a low earth orbit satellite - the first e-mail in Africa - the first online health-focused discussion lists.’

☒ Organisation Contacted
☒ Details Confirmed

Sources: <http://www.healthnet.org/uhin> & <http://www.healthnet.org/mhin>
www.marketingsociale.net/download/mobile-communications-for-medical-care.pdf



MENTAL HEALTH FOUNDATION, UNITED KINGDOM

Headquarters

Colechurch House, 1 London Bridge Walk, London SE1 2SX, United Kingdom.

Summary and Scope

The Mental Health Foundation aims to help people in the UK 'survive, recover from and prevent mental health problems'. It holds offices in Wales and Scotland as well as its London headquarters, and recently merged with the Scottish Development Centre for Mental Health with the aim of building a stronger third sector voice for mental health in the region. Also included within the Centre is the Foundation for People with Learning Disabilities, which aims to promote social inclusion and support services to help people of all ages lead more independent lives.

Methods

The Mental Health Foundation website outlines their methodology as follows:

'Research and practical evaluation lie at the heart of everything we do. This evidence-based approach helps us to recognise the key issues affecting the nation's mental health and wellbeing. We use this knowledge to:

- Improve policy and practice in mental health;
- Campaign to raise awareness and remove stigma;
- Provide high quality advice and information to help people better manage their mental health and wellbeing; and
- Provide practical solutions to improve the quality and access to mental health services in the UK.

We don't conduct research to sit on shelves. Our knowledge, informed by rigorous research and practical based study, has been pioneering change for more than 60 years and we aren't afraid to challenge the status quo or tackle difficult or under researched issues. Key to all our work is a passionate commitment to service user and carer involvement.'

Target Group

People of all ages in the UK.

Aspect of Particular Interest

This organisation seems to represent a peak body of activity in the field of mental health and wellness, particularly in Scotland. The Scottish site links to several projects revolving around the use of the internet and multimedia. Examples of this include a national Mental Health Arts and Film Festival, as well as 'Well on the Web,' an internet base for wellness at all ages.

The Foundation for People With Learning Disabilities might offer an interesting area for collaboration, as it provides an online forum and blog space designed for people with disabilities as well as their families and community.

- ☒ Organisation Contacted
- ☒ Details Confirmed

Sources: <http://www.mentalhealth.org.uk/our-news> & <http://www.mentalhealth.org.uk/about-us/Scotland>
<http://www.learningdisabilities.org.uk>



RIGHT HERE, UNITED KINGDOM: PAUL HAMLYN FOUNDATION AND THE MENTAL HEALTH FOUNDATION

Headquarters

Paul Hamlyn Foundation, 5-11 Leeke Street, London WC1X 9HY, United Kingdom.

Summary and Scope

Right Here is a £6 million, five-year joint initiative from Paul Hamlyn Foundation and the Mental Health Foundation. It aims to develop new approaches to supporting the mental health and wellbeing of young people in the UK aged 16 to 25 focusing on intervening early to help young people at risk of developing mental health problems and to tackling the stigma associated with mental health that often prevents young people seeking help. Right Here aims to create responsive services that provide young people with the mental health support and advice they want, when and where they want it.

Methods

The four UK-wide projects – Brighton and Hove, Fermanagh (Northern Ireland), Sheffield and Newham – focus on specific target groups. These groups include Black and Ethnic Minority young people, asylum seekers, unemployed young people, young parents etc). Young people participation is fundamental to how all of the projects operate. Young people have worked with staff, youth workers and mental health professionals to design, commission and deliver early intervention activities. To date, the program has engaged with over 2,000 young people.

Right Here projects a variety of activities promoting wellbeing among young people including:

- Resilience building activities: Things young people tend to enjoy and might do in their spare time, such as sports, arts, outings, concerts or other leisure activities. Many of these activities involve the learning of a new skill or development of an existing one.
- Therapeutic activities: Activities directly addressing young people's problem, either formally through one-to-one or group counselling or informally through support sessions.
- Awareness raising activities: To increase young people's understanding of mental health and well-being, either generally or to give them a better understanding of their own mental health.
- Participatory activities: The central purpose of which is to allow participation within the project. Most activities include some elements of youth participation but this category includes youth panels and volunteer groups set up to develop and deliver activities.
- Champions program: One of the main aims of Right Here is to include young people in as many aspects of the project as possible. The Champions program is designed to allow young people to have a voice in Right Here influencing and communications and provide opportunities that may not be available elsewhere. Champions have attended and spoken at conferences, written blogs and news items for Right Here media centre and attended influencing meetings.

Target Group

UK residents aged 16 to 25, project bases include Newham, Brighton and Hove, Sheffield and Fermanagh. Each project base specifies their target groups further (i.e. asylum seekers, ethnic minorities, LGBTI teenagers etc)

Aspect of Particular Interest

In 2012, Right Here/Paul Hamlyn Foundation and Mental Health Foundation with Comic Relief and the Nominet Trust set up the first Mental Health Innovation Labs in the UK, to generate new ideas for digital tools to support young people's mental health. The four partners are now funding organisations to implement the ideas that came from Innovation Labs.

- ☒ Organisation Contacted
- ☒ Details Confirmed

Sources: <http://www.right-here.org.uk> & www.innovationlabs.org.uk



TEXT4BABY, USA: HEALTHY MOTHERS, HEALTH BABIES COALITION

Headquarters

National Healthy Mothers, Healthy Babies Coalition, Alexandria, VA, USA.

Summary and Scope

Text4Baby is a project led by the National Healthy Mothers, Healthy Babies Coalition and sponsored by Johnson & Johnson to support pregnant women, new mothers and their babies through informational text messages. The project has been described as 'an unprecedented mobile health public-private partnership' in the US, which holds one of the highest infant mortality rates in the industrialized world.

Methods

Mothers and mothers-to-be in the United States can sign up for this free service sending a free text and entering their baby's birthday or due date. Each week, service recipients are sent an average of three text messages providing information that is relevant to their stage of pregnancy or their child's age. Once the baby turns one, texts with 'urgent alerts' and 'breaking news' are sent monthly.

The texts cover a range of key topics concerning maternal and child health, such as:

- Prenatal Care
- Safe sleep
- Immunization
- Breastfeeding
- Nutrition
- Family Violence
- Mental Health
- Substance Abuse
- Developmental Milestones

Texts provide 'bite-sized' tips and refer service recipients to relevant agencies and hotlines for further information.

Regarding the content of the messages, the Text4Baby website explains that:

'In addition to ensuring medical accuracy, HMHB is committed to providing messages that are relevant, clear, understandable, and actionable by mothers of all literacy levels. Prior to the launch of the program, HMHB held informal discussion groups with pregnant women and new moms to gauge interest in text4baby, determine topics of importance, and explore the relevance and comprehension of sample messages. Simultaneously, in collaboration with the Centers for Disease Control and Prevention (CDC), HMHB conducted a review of the literature and major medical guidelines to identify priority topics and critical content.'

The service is available in both Spanish and English.

Target Group

Pregnant women, new mothers and their babies in the US. (Including Spanish speakers).

Aspect of Particular Interest

It might be interesting to explore the extent to which this type of text-messaging program might be effective in promoting maternal and child health in young mothers, particularly those in developing countries where mobile technology is widely available. It may be especially interesting to look at researching and applying this technology in Central and South America, considering that Spanish-language texts are already available.

- ☒ Organisation Contacted
- ☒ Details Confirmed

Sources: <http://www.hmhb.org/about-us/our-programs/text4baby> & <https://www.text4baby.org/www.marketingsociale.net/download/mobile-communications-for-medical-care.pdf>



University-Based Initiatives

PIXTALK, CLAREMONT GRADUATE AND OLD DOMINION UNIVERSITIES, USA

Headquarters

School of Information Systems and Technology, Claremont Graduate University, Claremont, CA, USA
Virginia Modelling Analysis and Simulation Center, Old Dominion University, Norfolk, VA, USA.

Summary and Scope

The PixTalk project developed a prototype for smartphone software that enables interaction and communication with autistic children. Implemented by a multi-disciplinary team of researchers, engineers, teachers and psychologists, PixTalk aims to 'facilitate on-the-go communication with autistic children' by developing software that can be used on smartphones or PDAs (inexpensive, handheld computers). In particular the software is designed for children either in need of a first learning device, or those who will continue to require image-based communication. The technology has been trailed in a number of school districts in Southern California and North Carolina.

Note: communication with a researcher from PixTalk has indicated that this project has been completed.

Methods

PixTalk is open-source (available free of charge) and will run on smartphones and PDAs that run Windows. Software is purpose-built for two main user-groups:

- Children: Can use the software to 'choose and combine images to form a message. Pictorial communication is often used with these children for communication. There is no more need to carry cardboard or paper images and pictures around.'
- Parents and Teachers: Can choose which images to use on the PDA and how they should be combined. They will also be able to see how often the child uses the PDA and which message where formed (or other activities performed) over time.

Target Group

Very young children with autism and children with severe autism.

Aspect of Particular Interest

This highly portable, image-based technology is an important development in terms of early intervention for autism. The project website explains that:

'There exist assistive devices to help autistic persons communicate, but there is a lack of electronic devices and software suitable for early intervention. The existing communication devices are either low-tech without usage feedback or high-tech but unsuitable for early intervention. We focus on early intervention for autistic children and their families while providing therapists unprecedented access to usage data by the very young or several autistic.'

- ☒ Organisation Contacted
- ☒ Details Confirmed

Sources: <http://www.communicationautism.com/index.php?pag=project> & www.marketingsociale.net/download/mobile-communications-for-medical-care.pdf

OLWEUS BULLYING PREVENTION PROGRAM, INSTITUTE ON FAMILY AND NEIGHBORHOOD LIFE, USA

Headquarters

Institute of Family and Neighbourhood Life, Clemson University, South Carolina, USA.

Summary and Scope

The website for the Institute of Family and Neighbourhood Life (IFNL) reports that:

‘The IFNL is leading efforts in the United States to implement the Olweus Bullying Prevention Program. The Olweus Bullying Prevention Program, developed in Norway, is a comprehensive, school-wide program designed for use in elementary, middle or junior high schools... IFNL faculty and staff are actively engaged in the development and implementation of a National Bullying Prevention Campaign. The public information campaign, targeted at ‘tweens’ (children and youth between the ages of 9 to 13), launched national print, broadcast, and web campaign ads on March 1, 2004. Dr Susan Limber, professor, and Dr Joyce Ott, research assistant professor, have provided expert consultation in this national public awareness campaign: “Take A Stand. Lend A Hand. Stop Bullying Now.”’

Developed in Norway, the program has also been implemented and researched in the United States, Canada, England, Mexico, Iceland, Germany, Sweden, and Croatia.

Methods

The Olweus program has been described as ‘a whole-school, systems-change program at four different levels: school wide, classroom, individual, and community’. Information on implementing the program is disseminated through a series of CD-ROMs.

The Hazelden Foundation, publisher of the Olweus training materials, describes the methods as follows:

‘OBPP is designed for students in elementary, middle, and junior high schools (students age 5 to 15 years old). All students participate in most aspects of the program. Students who bully others, and students who are bullied, receive additional individualized interventions. OBPP is used at the school, classroom, and individual levels and includes methods to reach out to parents and the community for involvement and support. School administrators, teachers, and other staff are primarily responsible for introducing and implementing the program. These efforts are designed to improve peer relations and make the school a safer and more positive place for students to learn and develop.’

Target Group

Students aged 5-15, especially those aged 9-13.

Aspect of Particular Interest

In addition to traditional bullying, the Olweus program offers modules on ‘Cyber Bullying, A Prevention Curriculum,’ ‘Lifelines: A Comprehensive Suicide Awareness and Responsiveness Program for Teens,’ and ‘Respect WORKS!’ which addresses issues surrounding teen dating violence.

☒ Organisation Contacted
☒ Details Confirmed

Sources: <http://www.clemson.edu/centers-institutes/ifnl/pg/index.html> & <http://www.violencepreventionworks.org/public/index.page>



K4HEALTH, JOHN HOPKINS UNIVERSITY, USA

Headquarters

Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs, Knowledge for Health Project, 111 Market Place, Suite 310, Baltimore MD 21202, USA.

Summary and Scope

One of K4Health's growing practice areas is mHealth—the use of mobile technologies (most commonly mobile phones) to support medical and public health practices. mHealth is of particular interest in developing countries, where widespread cell phone availability brings communications to areas where telephone lines may never have existed, and to people whose speed of knowledge exchange until recently may have been limited to the speed they could walk.

K4Health's core expertise – knowledge management (KM) for public health – is a natural match for mHealth. One informal definition of KM is 'the art and science of getting the right information to the right people, at the right time, in the right format.' mHealth as a set of tools and approaches can help immensely in doing just that.

Methods

K4Health is involved in many facets of the growing mHealth conversation, including:

- Spearheading an interdisciplinary mHealth Working Group to share best and emerging practices;
- Creating (and continually updating) the mHealth Toolkit, which provides access to key mHealth resources;
- Implementing mHealth components (such as text messaging/SMS health campaigns, and using mobile phones to support community health workers) within our field-based programs, where appropriate; and
- Developing mobile applications and interfaces to make K4Health's content available on mobile devices.

Target Group

Lower income countries.

Aspect of Particular Interest

In their Focus on mHealth Fact Sheet, the group explains they have launched country specific programs in Malawi and Bangladesh along with funding from USAID. The projects develop mobile networks to allow health care workers to connect to people in rural areas, online toolkits of health information resources, eLearning courses, and other capacity-building resources.

An explanation for why these specific countries were chosen is not given, although there it is mentioned that there is scope to expand to even more countries given funding and resource allocation.

Young and Well CRC already has a link to this group through their supporting partner John Hopkins Bloomberg School of Public Health. There exists a potential to leverage this partnership and work more directly on the above-mentioned programs and develop them further.

☒ Organisation Contacted
☒ Details Confirmed

Source: <http://www.k4health.org>

EMOTION SENSE, UNIVERSITY OF CAMBRIDGE, UK

Headquarters

University of Cambridge, UK.

Summary and Scope

The EmotionSense website describes this innovation in mobile phone technology as: a collection of Android libraries to quickly build applications that collect sensor, mobile phone usage, and survey response data from participants of human interaction or social psychology experiments.'

EmotionSense has been developed by a research team at the University of Cambridge. The team includes faculty from the University's Computer Laboratory, Department of Engineering and the Department of Social and Developmental Psychology.

Methods

The research team writes:

'Today's mobile phones represent a rich and powerful computing platform, given their sensing, processing and communication capabilities. Phones are also part of the everyday life of billions of people, and therefore represent an exceptionally suitable tool for conducting social and psychological experiments in an unobtrusive way... EmotionSense [is] a mobile sensing platform for social psychology studies based on mobile phones.'

Key features of EmotionSense include its ability to:

- Sense individual emotions;
- Sense activities, verbal and proximity interactions among members of social groups; and
- Be programmed through declarative language.

Recent research that trials EmotionSense in studying emotions and interactions shows:

'how speakers and participants' emotions can be automatically detected by means of classifiers running locally on off-the-shelf mobile phones, and how speaking and interactions can be correlated with activity and location measures.'

Target Group

Social science researchers.

Aspect of Particular Interest: Young and Well CRC may be interested in contacting this research team to explore uses of EmotionSense in studying youth mental health. It might be particularly interesting to look at applying this technology in conjunction with other mobile phone-based health projects listed here, particularly those operating in Africa and South Asia.

- ☒ Organisation Contacted
- ☒ Details Confirmed

Sources: <http://emotionsense.org/apps.html> & <http://www.cs.bham.ac.uk/~musolesm/papers/ubicomp10.pdf> & www.marketingsociale.net/download/mobile-communications-for-medical-care.pdf

BLUEPRINTS, UNIVERSITY OF COLORADO, USA: CENTRE FOR THE STUDY AND PREVENTION OF VIOLENCE

Headquarters

Institute of Behavioural Science, University of Colorado, Boulder, Colorado, USA.

Summary and Scope

The Blueprints mission is to identify and disseminate evidence-based prevention and intervention programs that are effective in reducing antisocial behaviour and promoting a healthy course of youth development. Blueprints began with a focus on youth programs to prevent violence, crime, and drug use, but it has recently expanded its scope. It now also recommends programs to improve mental and physical health, self-regulation, and educational achievement outcomes. The outcomes of interest involve more than preventing harmful behaviour – they also involve positive behaviours and healthy development.

Methods

Blueprints serves as an independent evaluator of programs aiming to prevent antisocial behaviour and promote healthy youth development. Blueprints staff members continually search the scientific literature for studies of youth programs. They next review the studies to identify those that are exemplary in methods and grounded in evidence. The programs that meet the standards of the preliminary review then undergo a final review and recommendation from an Advisory Board. The final review certifies that recommended programs meet rigorous requirements for evaluation and effectiveness. To date, it has reviewed more than 1,100 programs. Further details concerning selection criteria are made transparent on the website.

It has named nine 'Model Programs' that have a high level of evidence supporting their effectiveness and should be replicated in other communities. They also list a larger number of 'Promising Programs,' which have shown good results but require either replication in another community or additional time to demonstrate their effectiveness and sustainability. Their website provides comprehensive information on every program, such as a program fact sheet, program costs, costs-benefits, and video segment (when available) describing each program, as well as contact information.

Other features of the Blueprints website include:

- A Matrix of Prevention Programs: Table listing 450+ programs that have been rated by federal and private agencies. The Matrix can aid the practitioner by showing how various programs have been rated across different agencies.
- An Interactive Program Selection tool: Search engine that allows visitors to enter risk factors, target groups, and other conditions specific to their community to help identify Model or Promising Programs that would suit their particular needs and circumstances.
- Assessment Tools: Survey tools to assess the specific prevention and intervention program needs of a community.

Target Group

Blueprints serves as a resource for governmental agencies, schools, foundations, and community organisations trying to make informed decisions about their investments in youth programs.

Aspect of Particular Interest

Blueprints can serve as a guide to organisations/programs that are effectively promoting non-violence and fighting substance abuse in schools, as well as promoting a healthy course of youth development, particularly in the U.S., but also internationally.

- ☒ Organisation Contacted
- ☒ Details Confirmed

Source: <http://www.blueprintsprograms.com> & <http://www.colorado.edu/cspv/blueprints>



ADHD-NET, UNIVERSITY HOSPITAL OF COLOGNE, GERMANY

Headquarters

University Hospital of Cologne, Robert-Koch-Str. 10, Köln, Germany.

Summary and Scope

A 2008 European Commission paper, 'Mental Health in Youth and Education', describes the program as follows:

'The German ADHD-net, supported by the German Ministry of Health, aims to support the broad health management and improve the health care conditions of patients of all ages suffering from ADHD and to develop national and international interdisciplinary cooperation.'

Methods

The EC paper outlines the ADHD-net methodology as follows:

- The provision of information: For experts, patients and their relatives by internet-based information systems; for the public by statements and publications; and information networking by cooperation with specialist associations and self-help organisations.
- Provision of support: Of regional and interdisciplinary networks for ADHD; of further education and training in cooperation with training centres; and, of research in cooperation with research facilities
- Provision of advice: Of the German Ministry of Health; of other political decision-makers and associations.

Target Group

Children and teenagers suffering from ADHD, as well as their parents and educators.

Aspect of Particular Interest

ADHD-net utilises web-based methods to 'aid recovery and prevent negative knock-on effects from the occurrence of mental disorders in youth.'

- ☒ Organisation Contacted
- ☒ Details Confirmed

Sources: <http://www.zentrales-adhs-netz.de/ueber-das-netz.html> & http://ec.europa.eu/health/archive/ph_determinants/life_style/mental/docs/consensus_youth_en.pdf



MENTAL HEALTH ONLINE, VU UNIVERSITY AMSTERDAME, THE NETHERLANDS

Headquarters

van der Boechorststraat 1, 1081 BT Amsterdam, The Netherlands.

Summary and Scope

Mental Health Online provides an online resource centre to gatekeepers aiming to reduce/prevent suicidal behaviour among adolescents and young adults in The Netherlands.

Methods

The Mental Health Online website provides a highly accessible, 24-hour platform for those in need. Key features of the website have been described on the WHO International Clinical Trials Registry and through personal correspondence with one of the project's key researchers, Rezvan Ghoncheh:

- Eight online learning modules – 'each capture an important aspect of early detection, guidance and referral of suicidal adolescents'. Modules are short (taking up to ten minutes to complete), easy to operate, include both text and audio content, and end with a quiz. Developed through collaboration with experts on adolescent suicidality, the eight modules include:
 1. Suicidality among adolescents
 2. Risk factors
 3. Ethnicity
 4. Recognition of suicidality
 5. Conversation with the suicidal adolescent
 6. Conversation with the parents
 7. Suicide first-aid
 8. Care and aftercare (for schools)
- Discussion forum: 'Gives participants the opportunity to exchange thoughts, but also to ask a group of experts questions on the subject of adolescent suicidality.'
- Resources: 'Literature and documentaries about adolescent suicidality [and] links to other related websites.'

Target Group

Gatekeepers: professionals that work with adolescents (12-20 years old) on a daily basis; primary focus is on members of school healthcare teams, youth nurses and mental healthcare workers.

Aspect of Particular Interest

Researchers from the VU University Amsterdam are currently undertaking research to further develop the effectiveness of the 'E-learning modules for adolescent suicide prevention by gatekeepers.' Researcher Rezvan Ghoncheh writes in personal correspondence:

'We have already developed the e-learning modules and are currently conducting a randomized control trial (RCT) to examine the effectiveness of the e-learning modules. Primary outcome: improvement in knowledge and self-confidence. Secondary outcome: improvement in attitude and skills. The RTC will be completed by the end of this year and the results will be published next year.'

- ☒ Organisation Contacted
- ☒ Details Confirmed

Sources: <http://www.mentalhealthonline.nl> & <http://apps.who.int/trialsearch/Trial.aspx?TrialID=NTR3625>



Guide to Figures and Appendices

FIGURE 1: PROJECTS BY GEOGRAPHY

This graphic provides an at-a-glance look at what is happening in the field of youth, technology, and wellbeing around the world.

APPENDIX A: SURVEYED PROJECT INDEX

This chart lists all the projects summarised in the previous section of the survey report. Initiatives are alphabetised by project name. A brief synopsis of each initiative is provided, including its geographical focus, sectoral focus, technology interests, and whether it specifically targets youth. Page numbers are also listed for each project, to enable easy reference to the longer overview.

APPENDIX B: INITIATIVES FOR FUTURE SURVEYS

Appendix B provides a list of organisations and initiatives that were referred to the researcher toward the end of the project timeframe. Special thanks to Ksenija Lekić (of This Is Me), Kristofer Rollo (of Right Here), Josette De Froeg (of Text To Change) and Helen Herrman (of Young and Well CRC) for informing us of these initiatives.

Due to time restraints, it was not possible to draft summaries of these projects and contact their organisations during this phase of the survey. As such, only web addresses for these initiatives have been provided here, as they represent a ripe starting point for future research.

APPENDIX C: ADDITIONAL RESOURCES

Appendix C acknowledges reports and websites that served as resources for the current study, as well as providing links to additional resources that may be valuable for future research.

Technology Key:



Utilises computer, laptop, and/or internet technology

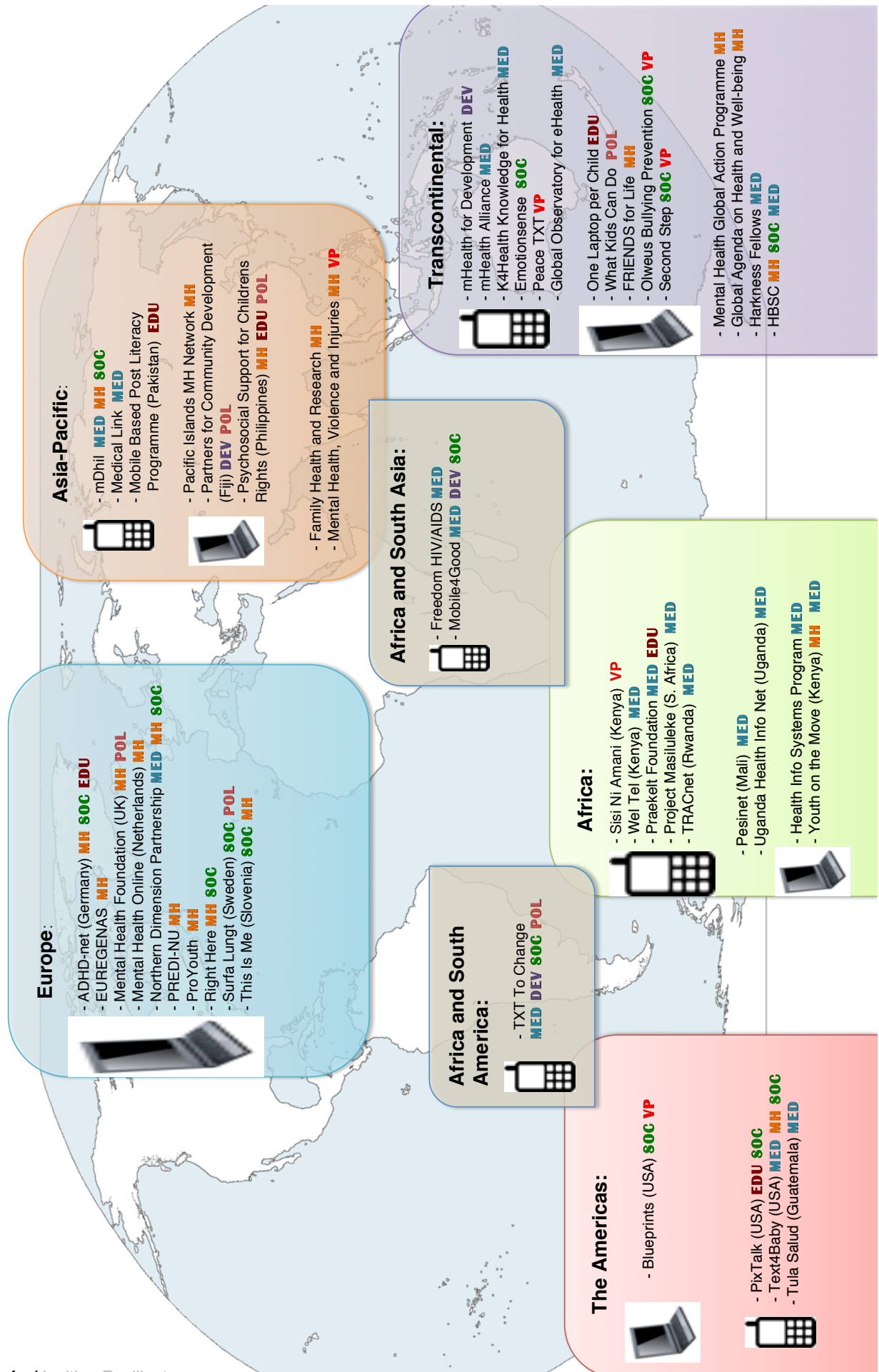


Utilises mobile phone technology













Sector Key:










DEV	Socio-economic development
EDU	Education and literacy
MED	General health and disease prevention
MH	Mental health
SOC	Social wellbeing
POL	Political participation and advocacy
VP	Violence prevention










Figure 1: Youth, Technology & Well-Being Projects by Geography




















APPENDIX A: SURVEYED PROJECT INDEX

Initiative	Agency/ Organisation	Geographical Focus	Youth Focus?	Sector(s)	Technology Interest	Page
ADHD-net	University Hospital of Cologne	Germany	Children and teenagers suffering from ADHD, plus parents and educators	MH SOC EDU		51
Blueprints	University of Colorado - Centre for the Study and Prevention of Violence	United States	People working with youth	SOC VP		50
Center for Youth Voice in Policy and Practice	What Kids Can Do (WKCD)	International, but based in US	Ages 12-22	POL		25
EmotionSense	University of Cambridge	International	Not specifically	SOC		49
European Regions Enforcing Actions Against Suicide (EUREGENAS)	European Commission	Europe	Not exclusively	MH		5
Family Health and Research, Mental Health and Substance Abuse	WHO (South- East Asia Region)	South and South-East Asia	Not specifically	MH	N/A	11
Freedom HIV/AIDS	ZMQ Software Systems	India and Africa	Yes	MED		26
FRIENDS for Life	Pathways Health and Research Centre	International, primarily Europe, North America, Australia and NZ	Ages 4-18	MH		21
Global Agenda Council on Health and Wellbeing 2011	WEF	Middle to lower income countries	Not specifically	MH	N/A	10
Global Observatory for eHealth (GOe)	WHO	Middle to lower income countries	Not specifically	MED	 	15
Harkness Fellows	The Commonwealth Fund	Middle to lower income communities in industrialised countries	Not specifically	MED	N/A	18
Initiative	Agency/ Organisation	Geographical Focus	Youth Focus?	Sector(s)	Technology Interest	Page
Health Behaviour in School-Aged Children (HBSC)	WHO	Europe and North America	Ages 11-15	MH SOC MED	N/A	12
Health Information Systems Program		South Africa	Not specifically	MED		39
K4Health Knowledge for Health	Johns Hopkins University, USA	Middle to lower income countries	Not specifically	MED		48
mDhil Health Info Services		India	Young adults comprise one	MED MH		30

			priority focus group	SOC		
Medical Link	China Mobile	Guandong Province, China	Not specifically	MED		27
Mental Health Foundation		United Kingdom	Not specifically	MH POL		43
Mental Health Global Action Program	WHO	Middle to lower income countries	Not specifically	MH	N/A	16
Mental Health Online	VU University of Amsterdam	The Netherlands	People working with youth aged 12-20	MH		52
Mental Health, Violence and Injuries	WHO (Africa Region)	Most African WHO member states	Not specifically	MH VP	N/A	13
mHealth for Development	WHO	26 developing countries, esp. India, South Africa, Uganda, Peru, and Rwanda	Not specifically	DEV		8
mHealth Alliance	UN, Rockefeller, and Vodafone Foundations	Middle to lower income countries	Pre-natal – infancy	MED		9
Mobile4Good	OneWorld UK	Africa and South Asia	Teenagers comprise one priority focus group	MED SOC DEV		20
Mobile Based Post Literacy Program	Bunyard Foundation	Pakistan	Ages 15-35, esp. women	EDU		35
Northern Dimension Partnership in Public Health and Social Well-Being		Northern Europe; especially Russia	Youth comprise one priority focus group	MED MH SOC		7
Olweus Bullying Prevention Program	Institute on Family and Neighbourhood Life	International, esp. Europe and the Americas	Ages 5-15	VP SOC		47

Initiative	Agency/ Organisation	Geographical Focus	Youth Focus?	Sector(s)	Technology Interest	Page
one laptop per child	OLPC	Lower income countries / communities (e.g. First Nations communities)	Ages 6-12	EDU		20
Pacific Islands Mental Health Network		Pacific Islands	Not Specifically	MH		14
Partners for Community Development		Fiji	Not Specifically	DEV POL		28
Peace TXT	PopTech and Sisi Ni Amani	International, esp. USA and Kenya	Not specifically	VP		22
Pesinet		Mali	Pre-natal – Infancy	MED	 	34
PixTalk	Claremont Graduate and Old Dominion Universities	USA	Children with autism	EDU SOC		46
Praekelt Foundation		Sub-Saharan Africa	Not specifically	MED EDU		23
Preventing	EU Health	Europe	Youth ages 15-	MH		6

Depression and Improving Awareness through Networking in the EU (PREDI-NU)	Program		24 comprise one priority focus group			
Project Masiluleke	PopTech	South Africa	Youth comprise one key target group	MED		40
ProYouth	European Union	Europe	Ages 15-25	MH		4
Psychosocial Support for Children's Rights Resource Centre		Philippines	Yes	MH EDU POL		36
Right Here	Paul Hamlyn Foundation; Mental Health Foundation	United Kingdom	Ages 16-25	MH SOC		44
Second Step	Committee for Children	International	Ages 4-14	VP SOC		17
Sisi Ni Amani		Kenya	Not specifically, but heavy youth involvement	VP SOC POL		31
Surfa Lungt		Sweden	Children, Adolescents & their parents	SOC POL		42
Text4Baby	Healthy Mothers, Healthy Babies Coalition	United States	Pre-natal – Infancy	MED MH SOC		45
'This Is Me'		Slovenia	Ages 13-18	SOC MH		38
Initiative	Agency/ Organisation	Geographical Focus	Youth Focus?	Sector(s)	Technology Interest	Page
TRACnet	Rwanda Biomedical Centre and Voxiva	Rwanda	Not specifically	MED	 	37
TXT To Change		Africa and South America	Not specifically	MED SOC DEV POL		24
TulaSalud		Guatemala	Pre-natal – Infancy	MED		29
Uganda Health Information Network	SATELLIFE	Uganda	Not specifically	MED	 	44
WeITel		Kenya	Not specifically	MED		32
Youth on the Move (YotM)		Kenya	Yes	MH MED		33

APPENDIX B: INITIATIVES FOR FUTURE SURVEYS

Initiative/Organisation	Website
42nd Street	http://42ndstreet.org.uk
Associazione Photofficine Onlus	http://www.photofficine.it
Cell life	http://www.cell-life.org
Cyberhus	http://www.cyberhus.dk
Depaul UK	http://www.depauluk.org
Dimagi	http://www.dimagi.com
Frontline SMS	http://www.frontlinesms.com
Grameen Foundation	http://www.grameenfoundation.org
Institute for Research and Development 'Utrip'	http://www.institut-utrip.si/en
Junction 49	www.junction49.co.uk
The Kings Fund	www.kingsfund.org.uk
MindFull	www.mindfull.org
Movember UK	http://uk.movember.com
National Institute of Mental Health and Neurosciences, India	http://www.nimhans.kar.nic.in
Nominett Trust	www.nominettrust.org.uk
Schizophrenia Research Foundation (SCARF) India	www.scarfindia.org ; www.icons-scarf.org
SNEHA India	http://www.snehaindia.org
Young Minds	www.youngminds.org.uk
YouthNet	http://www.thesite.org

APPENDIX C: ADDITIONAL RESOURCES

Mental Health Atlas 2011

Overview: The WHO describes the Atlas as follows:

‘The WHO Mental Health Atlas 2011 represents the latest estimate of global mental health resources available to prevent and treat mental disorders and help protect the human rights of people living with these conditions.

It presents data from 184 WHO Member States, covering 98% of the world’s population. Facts and figures presented in Atlas indicate that resources for mental health remain inadequate.

The distribution of resources across regions and income groups is substantially uneven and in many countries resources are extremely scarce. Results from Atlas reinforce the urgent need to scale up resources and care for mental health within countries.’

Source: http://www.who.int/mental_health/publications/mental_health_atlas_2011/en/index.html

in2mentalhealth

Overview: The blog’s tagline explains its aims: ‘Info from and between mental health workers, NGOs, institutes, and others who are interested in improving mental health in middle and lower income countries. Special attention for ict4d and health.’

Source: <http://in2mentalhealth.wordpress.com>

MobileActive

Overview: From the ‘About’ section on the website: ‘MobileActive.org connects people, organisations, and resources using mobile technology for social change.

We are committed to increasing the effectiveness of NGOs around the world that recognise that the more than 5 billion mobile phones provide unprecedented opportunities for organizing, communications, and service and information delivery.

We work together to create the resources NGOs need to effectively use mobile phones in their work: locally relevant content and services, support and learning opportunities, and networks that help MobileActives connect to each other. With these things on hand, tens of thousands of NGOs will be in a better position to enrich and serve their communities.

The MobileActive.org community includes grassroots activists, NGO staff, intermediary organisations, content and service providers, and organisations who fund mobile technology projects.

MobileActive is committed to expanding the knowledge and experiences about the use of mobile phones and to accelerating the use of effective strategies and tactics while reducing the learning costs for organisations.’

Source: <http://mobileactive.org>

EU Mental Health Compass

Overview: From the website: ‘EU Compass is a tool for sharing information on mental health situations and activities across the EU... The Compass contains information on the 5 priority issues in the European Pact for Mental Health and Well-being. It will be developed in parallel with and through the pact conferences on these issues.’

The Compass allows you to browse or search four databases containing (1) Policies and good practices (2) Policy documents and Stakeholder Statements (3) Reports, Studies, Projects; and (4) Events.

Source: http://ec.europa.eu/health/mental_health/eu_compass/index_en.htm

Mobile Communications for Medical Care (online report)

Overview: This study of current and future healthcare and health promotion applications, and their use in China and elsewhere arose from a partnership between researchers at Cambridge University and China Mobile.



Mr Wang Jianzhou, Chairman of China Mobile, writes in the foreword that: 'The United Nations Millennium Development Goals specifically include the fight against diseases and the reduction of child mortality. By making full use of innovative technology and business models, we believe that it is possible to raise the level of healthcare in society, which is very important for promoting the sustainable development of the whole of mankind.'

This report provided a comprehensive list of projects involving mobile technology with youth wellbeing, and was extremely useful in locating the majority of mobile-phone-based projects listed in this survey report. Project manager, Dr Nick Gray, was also helpful in identifying the key contact person to approach at China Mobile.

Source: www.marketingsociale.net/download/mobile-communications-for-medical-care.pdf

Other Works Cited:

Jané-Llopis, E & Braddick, F eds 2008, *Mental Health in Youth and Education*, Consensus paper, Luxembourg, European Communities.

Stengård, E and Appelqvist-Schmidlechner, K 2010, *Mental Health Promotion in Young People – an Investment for the Future*, Copenhagen, World Health Organisation.

Tang, Q 2012, *Flexible learning for inclusive education*, Commonwealth Ministers Reference Book.