FYP Slay Index: Literature Review

1. Introduction

Youth mental health has become a focal point for global health agendas and social justice movements, spurred by rising rates of mental health challenges among adolescents and young adults (Patel et al., 2018). Simultaneously, a growing contingent of youth advocates and activists are positioning themselves as change agents, mobilizing peers to reshape policies and societal perceptions of mental health (Gonçalves, 2017). Despite the surge in youth-led initiatives, however, academic research often overlooks the day-to-day realities and nuanced pathways of these young leaders, focusing instead on clinical, institutional, or policy-level perspectives (Horgan & Martin, 2021).

Participatory Action Research (PAR) has increasingly been recognized as a transformative approach for engaging youth activists and communities in co-creating knowledge and solutions. Yet, the empirical base documenting how PAR can be methodically applied to understand—and bolster—youth-led mental health advocacy remains limited (Checkoway & Gutierrez, 2006; Minkler & Wallerstein, 2008). Your proposed two-pronged project—(1) capturing the journeys of youth mental health leaders and (2) conducting a broader PAR effort to shape solutions for 2030—therefore aligns well with critical gaps in the literature.

2. Youth Activism and Leadership: A Brief Overview

2.1 Defining Youth Activism

Youth activism broadly refers to the mobilization of young people in advocating for social, political, or environmental change (Kliewer & Priest, 2019). Within health contexts, youth activism often involves pushing for greater service accessibility, destigmatization, and policy reforms (Christens & Dolan, 2011). Researchers generally agree that youth activism is under-documented, particularly outside of high-income or Western contexts (Tuck & Guishard, 2013).

Gap: There is a recognized need for empirical studies that capture the multifaceted motivations, lived experiences, and personal stories behind youth leadership in health movements—including mental health.

2.2 Leadership Development and Empowerment

Youth advocates rarely operate in isolation; they often develop leadership skills through collective networks, mentorship, and hands-on advocacy experiences (Edwards et al., 2021). The **COM-B model** (Capability, Opportunity, Motivation–Behavior) has been adopted in health psychology to understand behavior change, including advocacy behaviors (Michie et al., 2011). Another

framework often noted in youth engagement literature is **Hart's Ladder of Participation** (1992), which illustrates various degrees of youth involvement in decision-making, from tokenism to genuine youth empowerment.

Gap: Although these frameworks provide conceptual clarity, limited research specifically maps how youth mental health leaders develop and sustain their advocacy work within these models, particularly in cross-national contexts or from a diverse cultural standpoint.

3. Youth Mental Health Advocacy: Lived Experience and Social Context

3.1 Importance of Lived Experience in Mental Health Advocacy

The principle "nothing about us without us" underpins much of the modern mental health advocacy landscape, emphasizing the centrality of lived experience in driving relevant and sustainable change (Rose & Kalathil, 2019). Recent studies document how personal encounters with mental health challenges can shape advocates' policy perspectives, community-building approaches, and empathy toward those they serve (Gonçalves, 2017).

• **"4 Ls" (Lived, Loved, Labored, Learnt)**: This framework underscores how personal experiences, emotional attachments, work or labor contributions, and learning journeys collectively inform an individual's approach to advocacy (Adapted from Hoppe, 2019).

• **Intersectional Dimensions**: Youth advocates from marginalized backgrounds may face compounded challenges due to overlapping social identities (e.g., race, gender, sexuality), further complicating their advocacy work (Crenshaw, 1989).

Gap: Research tends to focus on either the clinical aspects of youth mental health or the policy outcomes of advocacy. There is less attention to the **personal narratives and developmental trajectories** of youth leaders themselves—especially how their own mental health journeys shape and sustain long-term activist engagement.

4. Barriers, Facilitators, and the Role of Networks

4.1 Common Barriers

1. **Stigma and Adultism**: Youth advocates frequently encounter dismissive attitudes from adults or gatekeepers (adultism), leading to a lack of credibility or exclusion from policy platforms (Wong, Zimmerman, & Parker, 2010).

2. **Resource Scarcity**: Limited funding, training, and institutional support hamper sustained advocacy efforts (Winter et al., 2023).

3. **Burnout and Emotional Labor**: Bearing the weight of personal mental health challenges while advocating for systemic change can lead to high burnout rates, especially when support systems or self-care practices are lacking (Gill & Orgad, 2018).

4.2 Key Facilitators

1. **Peer Support and Mentorship**: Access to experienced mentors and peer networks can validate young advocates' perspectives and enhance their capacity (Gotfredsen & Landstedt, 2021).

2. **Organizational Partnerships**: Collaboration with NGOs, governmental agencies, and educational institutions provides both resources and legitimacy (Ross & Connors, 2018).

3. **Digital Platforms**: Social media and online forums enable rapid mobilization, knowledge sharing, and mutual support among youth advocates across geographical boundaries (Miller, 2020).

Gap: While many barriers and facilitators have been documented qualitatively, there are fewer in-depth investigations into how these factors intersect to shape youths' long-term commitment, leadership style, and tactical approaches—particularly in mental health advocacy.

5. Participatory Action Research (PAR) with Youth Advocates

5.1 Foundations of PAR in Youth Research

Participatory Action Research is rooted in the principle that those most affected by an issue should be actively involved in generating knowledge and strategies for change (Minkler & Wallerstein, 2008). With youth, PAR takes on a transformative potential by reframing them as co-researchers rather than subjects of study (Checkoway, 2011). This inclusive, iterative methodology can foster empowerment, ensure cultural and contextual relevance, and lead to more impactful, community-owned outcomes.

5.2 PAR Applications in Mental Health Settings

• **Co-Design of Interventions**: PAR approaches have been used to co-design youth mental health services, ensuring that interventions are both acceptable and accessible to the target audience (Anyon et al., 2018).

• **Policy Influence**: By capturing authentic youth voices, PAR projects can generate policy recommendations grounded in real-world experiences (Jacquez et al., 2013).

• **Capacity Building**: Engaging young people in research processes can build transferrable skills (data collection, analysis, advocacy), contributing to sustained civic engagement (Christens & Speer, 2006).

Gap: Although PAR is well-documented in community health research, fewer studies systematically integrate PAR into **global** or **multi-regional** youth mental health advocacy settings. Additionally, many PAR studies focus on short-term outcomes (e.g., single campaign or pilot project) rather than extended processes—like leadership journeys, changing motivations, or shifting advocacy coalitions over time.

6. Synthesizing Gaps and Proposed Research Contributions

Drawing on the above themes, several clear gaps emerge that your two-part research design could address:

1. **Longitudinal and Narrative Focus**

• **Gap:** A dearth of in-depth narrative or longitudinal studies that examine the personal evolution of youth mental health activists.

• **Contribution:** Your **Study 1: Documenting the Journeys of Youth Mental Health Leaders** can fill this void, capturing the lived realities, turning points, and emotional labor inherent in sustained activism.

2. **Global and Cross-Cultural Perspectives**

• **Gap:** Existing literature on youth mental health advocacy often centers on high-income Western countries, limiting generalizability.

• **Contribution:** By recruiting youth advocates from diverse regions, you can illuminate cross-cultural similarities and differences in advocacy experiences—an area still underrepresented in peer-reviewed journals.

3. **Rigorous PAR Methodologies Tied to Actionable Outcomes**

• **Gap:** PAR in youth mental health advocacy is not consistently linked with structured, actionable plans for policy or programmatic change, and published scholarship often lacks robust theoretical grounding to guide iterative cycles of reflection and action.

• **Contribution:** Your **Study 2: PAR on Youth-Driven Advocacy Solutions for 2030** can demonstrate how PAR can be methodically employed to move beyond exploratory insight into actionable, collective strategies. This study would exemplify how iterative workshops, focus groups, and co-analysis can yield community-driven solutions, bridging the academic-practice divide.

4. **Measuring Impact and Sustainability**

• **Gap:** Most research focuses on process evaluation (e.g., participation rates, satisfaction) rather than outcomes or sustainability of youth-led initiatives.

• **Contribution:** Incorporating outcome metrics—or at least structured follow-up interviews/surveys—could highlight how youth-led advocacy efforts evolve post-research, providing a clearer roadmap for replication and scale.

5. **Integration of Personal and Structural Factors**

• **Gap:** There’s limited research explicitly mapping how personal experiences (the “4 Ls”) interface with structural constraints (policy, funding, stigma). The COM-B model offers a starting point, but few studies apply it systematically to youth mental health advocacy contexts.

• **Contribution:** By combining inductive (narrative analysis) and deductive (COM-B) approaches, your research would illustrate how individual motivation and systemic opportunities interplay to shape activists' trajectories.

6. **Youth-Led Policy Interventions**

• **Gap:** Though policy advocacy is a cornerstone of many mental health movements, there is scant empirical evidence about the specific capacities, networks, and resources that young people need to effectively influence policy.

• **Contribution:** The PAR approach in your project can help identify policy windows, stakeholder power dynamics, and youth-friendly engagement pathways, culminating in practical guidelines for youth-led policy efforts.

7. Conclusion

The burgeoning field of youth mental health advocacy calls for more holistic, action-oriented, and deeply contextual research. While existing scholarship highlights the significance of youth leadership, the role of personal experiences, and the utility of participatory methodologies, numerous gaps persist—particularly around the long-term, lived experiences of youth advocates and the systematic application of PAR for scaling real-world impact.

By weaving together (1) a focused, narrative-driven study on individual advocacy journeys and (2) a broader, iterative PAR engagement to co-create solutions for 2030, your research will occupy a vital niche in the literature. Not only does this approach hold promise for robust academic outputs suitable for journal publication, but it also offers a model of participatory scholarship that can directly inform and improve on-the-ground youth mental health advocacy. Ultimately, such a design responds to calls for more inclusive, ethically grounded, and actionable research—a hallmark of effective participatory action initiatives.

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