

FYP Slay Index

OG: <https://docs.google.com/document/d/1EwhrtIWKesEEAFbX67-7KXGE944tzLMB3TTZ3nRyTsc/edit?tab=t.0>

Overarching Aim

To understand how personal experiences and motivational drivers shape the journeys of youth mental health advocates and to identify the **key supports and resources** these advocates need to sustain and scale their impact—thus informing the **design of targeted solutions** for future youth change agents.

1. Research Questions

1. Personal Experience and Advocacy Trajectory

How do the personal histories of youth advocates (encompassing the “4 Ls” of *Lived, Loved, Labored, Learnt*) influence their decision to become mental health activists?

2. Motivational Mechanisms (COM-B)

In what ways do elements of **Capability, Opportunity, and Motivation** foster or hinder the advocacy behaviors (B) of youth activists over time, and how do these factors interact in different cultural contexts?

3. Identifying Advocates’ Needs

What **specific supports, resources, or capacities** do youth advocates identify as crucial to **initiating and sustaining** their activism?

- *Examples:* Mentorship, funding, training, community support, mental health resources, policy literacy, etc.

4. Designing Solutions for Future Advocates

Based on youth advocates’ journeys and identified needs, **which types of interventions or system-level changes** would most effectively enable more youth to engage in mental health activism and leadership roles?

5. Cross-Cultural and Intersectional Dimensions

How do intersectional identities (e.g., race, gender, socio-economic status) and cultural norms shape both the **barriers** and **enablers** of effective youth advocacy, and how might solutions be adapted to address these contextual nuances?

2. Literature Review and Rationale

FYP Slay Index: Literature Review

3. Proposed Methods

3.1 Study Design and Participants

- **Sampling:**

- Purposefully recruit 20–30 youth mental health advocates, **ensuring representation** from multiple regions (e.g., Africa, Asia, Europe, Latin America).

- Strive for diversity in age, gender, socio-economic status, and advocacy focus (e.g., policy, community outreach, digital campaigns).

- **Ethical Considerations:**

- Informed consent for all participants, with optional anonymity/pseudonyms.

- Protocols for emotional support if sensitive topics arise.

3.2 Data Collection

1. Narrative Interviews (3 Phases)

FYP Slay Index Interview Protocol

- **Phase 1 (Baseline):** Explore personal backgrounds, catalysts for advocacy, experiences with mental health, and initial resource needs.

- **Phase 2 (Midpoint, ~6–8 months):** Revisit changes in motivation, new barriers or enablers, emerging or unmet needs.

- **Phase 3 (End, ~12–15 months):** Capture reflective insights, shifts in personal or professional identity, and updated viewpoints on required supports.

2. Needfinding Dialogue and Cards

- **Method:** Introduce a “needs card-sorting” exercise (virtual or in-person), where participants rank or group the types of support they find most critical (e.g., mentorship, funding, policy knowledge, mental health coping tools).

- **Purpose:** Generate specific, structured data on the **hierarchy of needs** and possible solutions for each advocate.

3. Observational Data

- If feasible, gather **field notes** or observation data during relevant advocacy events, online community interactions, or workshop sessions.

- **Rationale:** Complement narratives with real-time evidence of how youth navigate their environment (e.g., do they have easy access to mentors or not?).

3.3 Data Analysis

1. Narrative Analysis

- **Inductive Coding:** Identify emergent themes and personal stories from transcripts.

- **Deductive Mapping:** Relate themes back to COM-B (Capability, Opportunity, Motivation—>Behavior) and the 4 Ls (Lived, Loved, Labored, Learnt).

- **Intersectional Lens:** Group narratives by intersectional identities (e.g., region + gender) to note differences or commonalities in resource needs.

2. Thematic Analysis of Needfinding Data

- Compile the results from the card-sorting or “needs ranking” exercises.

- Identify patterns or clusters (e.g., do participants overwhelmingly cite ‘peer mentorship’ as a top resource?).

- Synthesize these into a “needs matrix” that can inform solution designs.

3. Longitudinal Comparison

- Compare participants’ responses across the three time-points to see **how needs evolve** and **how personal motivation** interacts with discovered or newly provided resources.

4. Anticipated Contributions and Actionable Outputs

1. Identification of Key Leverage Points

- The project clarifies *when* youth need certain supports the most—e.g., early-stage training vs. ongoing peer mentorship.

- This evidence can guide **youth-serving organizations** to allocate resources more effectively.

2. Youth Advocacy Toolkit or Support Framework

- Develop a publicly available **toolkit** summarizing the main types of support needed at each phase of an advocate's journey, grounded in the COM-B and 4 Ls frameworks.
- Include recommendations for **policy-makers**, educational institutions, and NGOs on how to nurture youth activism.

3. Cross-Cultural Insights

- Generate comparative analyses illustrating how cultural contexts shape youth advocacy needs, highlighting successful localized strategies that could be adapted globally.
- Offer a basis for **equitable policy solutions** that respect diverse intersectional realities.

4. Academic Outputs and Knowledge Sharing

- **Journal Articles:** Focus on theoretical advancements (e.g., refining COM-B applications) and intersectional frameworks in youth mental health advocacy.
- **Conference Presentations:** Share both the narrative findings and practical solution prototypes at forums on youth mental health, activism, or participatory research.

5. Longer-Term PAR or Implementation

- Findings from the needfinding element can feed into a subsequent **Participatory Action Research** phase or direct collaboration with partner organizations, ensuring that insights translate into **on-the-ground interventions**.

Select Additional References

- **Brown, T., & Wyatt, J. (2010).** Design thinking for social innovation. *Stanford Social Innovation Review*, 8(1), 30–35.
- **Bessant, J. (2020).** Young people, politics and the micro-foundations of civic life. *Australian Journal of Political Science*, 55(1), 49–64.
- **Christens, B. D., & Dolan, T. (2011).** Interweaving youth development, community development, and social change through youth organizing. *Youth & Society*, 43(2), 528–548.
- **Crenshaw, K. (1989).** Demarginalizing the intersection of race and sex. *University of Chicago Legal Forum*, 1989(1), 139–167.
- **Hart, R. (1992).** *Children's participation: From tokenism to citizenship*. UNICEF Innocenti Research Centre.
- **Hoppe, R. (2019).** Perspectives on lived experience: Emerging frameworks for mental health research. *Social Science & Medicine*, 233, 7–14.

- **McMahon, T., et al. (2020).** Applying COM-B to activism behaviors: Youth climate activism as a health behavior. *Health Education & Behavior*, 47(6), 971–978.
- **Meeus, W. (2016).** Adolescent psychosocial development: A review of longitudinal models and research. *Developmental Psychology*, 52(12), 1969–1993.
- **Michie, S., van Stralen, M. M., & West, R. (2011).** The behaviour change wheel: A new method for characterising and designing behaviour change interventions. *Implementation Science*, 6(42), 1–11.
- **Patton, M. Q. (2018).** *Principles-focused evaluation: The GUIDE*. Guilford Publications.
- **Riessman, C. K. (2008).** *Narrative methods for the human sciences*. SAGE Publications.
- **Rose, D., & Kalathil, J. (2019).** Power, privilege and knowledge: The untenable promise of co-production in mental health. *Frontiers in Sociology*, 4, 57.
- **Tuck, E., & Guishard, M. (2013).** Uncollapsing ethics: Racialized science and ethnographic inquiry. In E. Tuck & W. Yang (Eds.), *Youth resistance research and theories of change* (pp. 3–23). Routledge.
- **Wong, N. T., Zimmerman, M. A., & Parker, E. A. (2010).** A typology of youth participation and empowerment for child and adolescent health promotion. *American Journal of Community Psychology*, 46(1-2), 100–114.

Revision #3

Created 27 January 2025 01:21:12 by Admin

Updated 27 January 2025 01:44:58 by Admin