



LET'S TALK

Developing gender sensitive mental health program for young people

NATIONAL ROAD

ITAMAP

Italy

**CENTRO PER LO SVILUPPO
CREATIVO DANILO DOLCI,**

VIA ROMA 94, PALERMO



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INTRODUCTION

The COVID-19 pandemic and the restrictive measures for the containment of the infection (lockdown, school closures, social distancing - later renamed by WHO as "physical distancing") have revolutionized the lives of children and adolescents, and for some time to come will continue to require a distortion/modification of habits, rhythms, and life patterns. The absence of school, recreational, play and sports activities during the period 2020 - 2021 has forced thousands of boys and girls to stay at home, with repercussions that are still difficult to quantify.

Before looking at some empirical evidence related to the well-being of adolescents in Italy, it is important to recall how social and economic differences are not negligible in the face of a pandemic situation: the family structure, level of education, pre-existing mental health conditions (e.g., children with special needs), being economically disadvantaged or personal and family experience of illness significantly amplify for all, and thus including adolescents, the effects of the pandemic¹.

YOUTH MENTAL HEALTH POLICIES

The National Youth Council: it is the consultative body with representatives of young people who have the role of creating dialogue with the institutions relating to policies on youth. They have been working on creation of **national strategy to promote mental well-being in children, adolescents and youth.**

National strategy

On the website of the Ministry of Health it is possible to explore the contents and initiatives implemented at national level: a national strategy to promote mental well-being in children, adolescents and youth, was adopted by agreement between the Ministry of Health, Italian regions and Autonomous Provinces through the National Prevention Plan in 2014. This plan has been re-proposed also for the period 2020-2025ⁱⁱ. On the next sections the main contents and initiatives will be reported as they are introduced by the official page of the Minister.

The National Prevention Plan identifies five macro-objectives including "Investing in the wellbeing of young people" by promoting the adoption of healthy lifestyles and behaviors against any form of addiction. The main strategies identified were:

- Develop a comprehensive approach through integrated and inter-institutional strategies (health system, social system and school) to enhance/promote, in school and out of school, the personal skills of young people in terms of self-esteem, self-efficacy and resilience;
- Develop the creation of integrated teams and define pathways for the early diagnosis and care of preadolescents, adolescents and young people at risk of mental distress in order to prevent psychological distress and psychiatric pathology in adulthood;
- Develop universal interventions targeting all groups in the school setting by engaging youth in preventive programs that promote awareness of the benefits of healthy lifestyles, the risks associated with substance use/abuse, and that specifically address anti-bullying and violence;
- Develop specific interventions, in or out of school, targeting groups at risk due to particular social or economic conditions.

The central objective of the National Prevention Plan proposes as main elements:

- Strengthening resilience skills and promote personal and social empowerment processes;

- Early identification of individuals with emotional and/or behavioral problems and social distress.

The National Prevention Plan defines the health objectives for the population and the actions and actors necessary to achieve them.

The Plan emphasizes the need to develop a specific intervention for the area of childhood and adolescence that requires a differentiation of care pathways compared to adulthood, identifying eight specific objectives to ensure the essential levels of care (LEA) for neuropsychic disorders in childhood and adolescence:

1. Creation of an integrated and comprehensive regional network of services for the diagnosis, treatment and rehabilitation of neuropsychological disorders of the developmental age;
2. Creation of a regional network of residential and semi-residential therapeutic facilities for out-of-hospital treatment of serious psychiatric disorders in preadolescence and adolescence, in close integration with territorial services;
3. Definition of transition paths to services for adulthood;
4. Convergence of interventions in the same household of a child with neuropsychological disorders and parent(s) with mental disorders and/or pathological dependency;
5. Early and integrated intervention in severe mental disorders at onset and acute psychiatric disorders in adolescence;
6. Early identification of neuropsychological disorders and subsequent timely treatment;
7. Improvement of care in the mental disorders of juveniles subject to criminal measures;
8. Structuring an adequate monitoring system.

Specific actions targeting youth include:

- Territorial awareness interventions for the early detection of risk signals; regional recommendations aimed at improving the specificity and appropriateness and coordination of interventions in the field of psychiatric acuity in adolescence, including hospitalization, and their integration and coordination; experimentation with models of intervention and/or integrated teams with the Departments of Mental Health, Dependency Departments, Counseling Areas as part of projects aimed at prevention and early intervention in psychosis and serious mental disorders, strongly integrated with services.
- Coordination and integrated management of mental health interventions for juvenile offenders; specific and targeted training.ⁱⁱⁱ

With the decree of the Undersecretary of State for Health of January 26, 2021, the National Table on Mental Health was established. The Table is operating at the General Directorate of Health Prevention and has a three-year duration. The work of the Table is organized by thematic groups, including that relating to the neuropsychiatry of childhood and adolescence, which is intended to be further strengthened in order to bring interventions in this area to an integrated and systemic level.

The Table has the following tasks

- prepare guidelines, guidelines and scientific documents, including the agreements sanctioned in the State-Regions Conference and Unified Conference
- to verify the appropriateness and quality of treatment and rehabilitation pathways provided for mental disorders
- identify and address, in the light of data from the Mental Health Information System, the existence of any critical issues in the territorial services and, to this end, develop proposals for their overcoming
- propose operational and regulatory actions to promote the implementation of the most appropriate models of intervention for the diagnosis, treatment and psychosocial rehabilitation of people with mental distress, aimed at reducing compulsory and voluntary health treatments, mechanical and pharmacological/chemical restraint.^{iv}

In Italy, Law 405/1975 has established the family planning center in order to intervene in support and protection of the family or the individual. The family planning center is a social-health service managed by the Regions through the local health agencies: it is a public service that is part of the SSN (National Health Service).

The main purposes of the counseling center are to provide:

- psychological and social assistance for the preparation and support of parenting;
- psychological support to the individual, the couple or the family nucleus;
- services for the protection and support of women's health;
- prevention of the phenomena of mistreatment and abuse to the detriment of minors and women;
- gynecological and pediatric medical examinations;
- birth preparation courses;
- professional advice and information about responsible procreation,
- contraception and fertility;
- advice on voluntary interruption of pregnancy (IVG);
- **Psychological counselling specifically addressed to young adults and adolescents.**

As part of the initiatives aimed at making healthcare facilities more suitable for young people, a "youth area" has been set up in some consultatories. This is an area reserved and dedicated to young people aged 14 to 20 for assistance and advice on problems related to sexuality, affective and relational life, gynecology and andrology.

The activities promoted by the Youth Advice Bureau are different and employ different professionals:

- the gynecologist, who carries out counseling on the health of the female genital apparatus, performs medical examinations, offers advice on contraception, sexuality, sexually transmitted diseases, infertility problems, follows pregnancies and also conducts interviews for those who decide instead to carry out a voluntary interruption of pregnancy itself;
- the midwife, who welcomes new users and orients them in the service, carries out educational activities on personal hygiene and pregnancy; she follows physiological pregnancies and also carries out prevention activities for cervical and breast cancer, through the execution of pap smears and through the teaching of breast self-examination;
- **the psychologist, who carries out a series of consultation activities with respect to psychological-relational problems related to the individual, the peer group, the relationship with adults, the couple, and with respect to problems related to situations of bullying and cyberbullying. He/she personally follows the transition to the services deputies to care.**^v

EXISTING SUPPORT OF MENTAL HEALTH OF YOUNG PEOPLE

Young people's mental health during COVID-19 pandemic

Most of the research is based on children and young people and their mental health during and after the pandemic. Language, learning and autism spectrum disorders. Intellectual disability, epilepsy, neurological disorders, rare and developmental diseases, psychiatric disorders, depression and subsequent self-injurious acts and suicide attempts.” **Developmental neuropsychological disorders are extremely frequent and in Italy affect almost 2 million children and adolescents (1,857,492), 20% of the child and adolescent population between 0 and 17 years**^{vi}. According to the Italian Society of Neuropsychiatry of Childhood and Adolescence (Sinpia), the aggravating factor has undoubtedly been the pandemic and all that it has entailed: lockdown, lack of social relationships and a stop to education. Children's neuropsychological health must be given the attention it deserves.

“As a consequence of the SARS-CoV-2 emergency scenario, about 9 million children have experienced substantial changes in living environments, daily routines and relational, educational and social networks that normally promote mental health and resilience to traumatic events. At present, it is important to identify and implement strategies to ensure maximum continuity and support for neuropsychic development and minimum risk of spread of the virus in children, adolescents, family members and professionals. This commitment requires constant comparison and collaboration between all institutions and professionals involved, and a differentiated modulation of activities in different local contexts and in relation to the evolution of the pandemic”^{vii}.

According to a study carried out in 2020 (Deolmi, Pisani), pervasiveness of anxiety and depressive symptoms in children and adolescents are among the first problems caused by pandemic, social isolation and parents stress. As it is stated on the study, ***“high grade students, females and low-income families are at higher risk to develop psychiatric symptoms. Psychological distress can be reduced by maintaining contact with peers through social networks and by accurate updates provided by the government through the mass media. Online resources such as information about mental health education and preventive measure, video-counselling,***

telemedicine and telepsychiatry services, can be useful to reduce the psychosocial effects of the novel coronavirus".viii

According to a research carried out in Italy, it has been highlighted furthermore the risk of isolation that the digital world brought when lockdown started: ***the social disconnection and the difficulty of building a sense of belonging related to the drastic reduction of socialization activities (distance learning, closure of gyms and meeting places) would facilitate the progressive withdrawal and the tendency to take refuge in a virtual world to find some relief."***ix

Restrictive measures during the COVID pandemic, which had a great impact on the young and very young people, led to a further increase in referrals for help with self-harm and suicidal behavior. At the Bambino Gesù Hospital, **the number of specialist consultations for suicidal ideation and suicide attempt has nearly doubled:***"In April 2020, 61% of neuropsychiatric consultations were for suicidal ideation and suicide attempts (compared with 36% in April 2019). In January 2021, during the second pandemic wave, 63% of consultations were for suicidal ideation and suicide attempts (compared with 39% in January 2020), resulting in an increase in hospitalizations for the same issues from 17% in January 2020 to 45% of the total in January 2021. Self-injurious behaviors (mainly sharps injuries) were detected in 52% of January 2021 hospitalizations, up from 29% in the previous year".x*

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Psychological well-being, women and young people among the most affected categories

The Ipsos survey conducted for AXA^{xi}(2022) confirms the trend that emerged from last year's survey that saw women and younger people, particularly in Europe and especially in Italy, among the categories most affected in well-being and mental health due to the Covid-19 pandemic (48% in Italy vs. 33% global). Italy, along with France and Japan, is among the countries where the population has been most affected in terms of its mental health, but despite this, Italians tend not to address the topic with their children and are among the least likely in Europe to seek support from family and friends in case of psychological distress. In addition, Italy is also the only European country in which the number of people who have made a self-diagnosis exceeds that of those who have turned to a specialist, and this is also associated with a high perception of stress: more than half of Italian respondents said they felt stressed^{xii}.

With the start of the epidemiological emergency from Covid 19 in the early 2020s, the media immediately began to talk about a likely future increase in cases of violence against women at home because of the increased risk of violence due to the lockdown and the difficulties for victims living

with the abuser to report and seek support services. In particular, many women who held informal jobs that they lost during quarantine were more exposed, being forced to stay at home for long periods of time and becoming more economically dependent on their partners resulting in greater difficulty in escaping violence. In Italy, the explosion of cases of violence has been substantial. The data of calls to the national anti-violence hotline 1522 it is possible to notice that from March 1 to April 16, 2020 there was an increase of 73% compared to the same period in 2019 with an increase in victims who asked for help of 59% compared to last year. In the period between March and October 2020, the increase in calls is compared to the same period last year was +71.7%, from 13,424 to 23,071. The growth in chat requests for help tripled from 829 to 3,347 messages.^{xiii}

According to a survey conducted by Unicef among boys and girls (aged 15-19) to hear their opinions following the first wave of the health emergency and at the conclusion of the first lockdown, 1 out of 3 teenagers are calling for more listening networks and psychological support (Unicef Italia, 2020).

According to the "I care" research conducted at the University of Palermo, during the period of lockdown in Italy, 35% of adolescents experienced feelings of anxiety and unease, 32% low levels of optimism and 50% low expectations for the future^{xiv}.

Another research referring to the same period of the first lockdown – carried out by the University of Parma University of Parma – involved 2,996 Italian students attending lower and upper secondary school: this revealed high levels of sadness (84% of girls, 68.2% of boys), significantly higher levels in the 14-19 age group when compared with the 11-13 age group (79.2% vs. 70.2%). In particular, the lack of the "school" context is the most recurrent cause of sadness in girls more than in boys (26.5% vs. 16.8%; $p < 0.001$), in boys living in the southern regions (26.45% vs. 20.2%; $p < 0.01$) and for the group of adolescents 14-19 years old (24.2% vs. 14.7%; $p < 0.001$) more than for pre-adolescents. In summary, therefore, females (more than males) and adolescents (more than pre-adolescents) appear to be particularly affected by the negative effects of the pandemic^{xv}

In line with these results, according to a study conducted by the Italian Committee for Unicef in collaboration with the Department of Educational Sciences at the University of Rome 3 on the psychological well-being of families^{xvi}- during the first lockdown, there was a general greater concern on the part of both parents for their children, but more for their males than females, especially regarding issues such as social withdrawal, aggression, and attention problems (Tiberio et al., 2020).

LGBTQ+ youth and the COVID-19 pandemic: the psychosocial effects on mental health

A recent research published in the Journal of Homosexuality (Gato, 2021^{xvii}), carried out through an online survey, shows interesting results relating to the impact of pandemic on LGBTIQ+ community, specifically in the mental health of 1934 LGBTQIA+ young adults involved in this research who were confined to their homes with their parents during the lockdown period. Portugal, United Kingdom, Italy, Brazil, Chile, and Sweden were the focus of the research. In this study, rates

of depression and anxiety were observed as higher among younger, unemployed individuals living in Europe who reported feeling very emotionally affected by the pandemic.

The study follows highlighting the fact that failure to attend school, although the absence of total home confinement, seems to be the factor that best predicts depressive symptoms, while daily stay at home with parents and with the fear of potential future COVID infections seem to be associated with manifestations of anxiety.

The study's conclusions – similarly to other research here introduced – state that it is important for **LGBTIQA+ community groups, health and educational services and other social support networks to pay special attention to the needs and requirements of LGBTQ+ young adults**^{xviii}.

MENTAL HEALTH SERVICES: ACCESSIBILITY & GENDER SENSITIVITY

Sinpia: increase in hospitalizations in Italy for psychiatric disorders in children and adolescents

During the National Congress of SINPIA^{xix}(the Italian Society of Neuropsychiatry of Childhood and Adolescence) concerns were raised regarding the increase of the number of admissions for child and adolescent psychiatric disorders in Italian hospitals in the first nine months of 2021, exceeding the total for 2019. the (among the main diagnosis, impulse control, self-harm, and eating disorders were the main ones). According to SINPIA, it is necessary to act to promote mental well-being, to minimize the consequences of the pandemic on the mental health of the younger generation, thus identifying as early as possible the warning signs and to be able to offer rapid and appropriate responses to the need.

As reported in a detailed article published by *IlSole24Ore* – one of the main Italian newspaper – ***“according to preliminary data from the largest international study on the impact of the Pandemic on the mental and physical health of children and adolescents presented as part of the SINPIA Congress, children’s mental well-being declined by more than 10% globally, with a doubling of children below the threshold of distress and an increase in anger, boredom, difficulty concentrating, feelings of loneliness and helplessness, stress, and sleep disorders. Even more serious were the effects of the pandemic for those who already presented situations of vulnerability or associated fragility, such as pre-existing neuropsychological disorders, situations of social fragility and economic difficulties, overcrowding, bereavement, migration, lack of access or insufficient electronic tools to connect to DAD and other services. For this group of minors, the deterioration has been almost double that of healthy peers, estimated at more than 25%. A worsening certified in Italy by the boom in hospitalizations in 2021, after that in 2020 due to the restrictions for the pandemic the number of accesses to emergency rooms and hospitals had plummeted by 25%, with fluctuations between 10 and 30% in different regions”***^{xx}. SINPIA has also

highlighted the emergency regarding the difficulties in accessing the services due to the restrictions of the pandemic and to the overwhelming effects of COVID-19 emergency generally on the health system.

According to Niguarda Hospital in Milan, an increase in the number of requests for psychiatric hospitalization by younger people has been identified somehow everywhere in Italy. Similarly to the previous research introduced, also in this case the Hospital highlighted the fact that the main diagnosis of these hospitalizations have been for acts of self-injury and attempted suicide as well as anorexia. The head of Niguarda Hospital Youth Psychosocial Center – Dr. Barbera – confirmed that many minors don't want to access the support services in order not to share their concerns and issues with their parents. Moreover, he has stated that the isolation and the feeling of feeling trapped had acted as an accelerator for the manifestation of certain disorders^{xxi}.

Telefono Azzuro

Telefono Azzurro – an Italian non profit organization working at National level defending the rights of children and teenager – is famous nationally for guaranteeing through a 24/7 service online or via phone assistance to their young target. Also in this case, the trend has been confirmed: during the lockdown period an increase in requests for help for various issues has been recorded, including mental health and an increase of 22.6% of contacts via chat, with an increase compared to the previous period up to 26% on the Emergency Child Service.

Among the issues that affected the requests for help related to this area, this includes fears and depressive cues, self-injurious acts, suicidal ideation, and even suicide attempts.^{xxii}

Among the good practices developed during the last years, the **"App to Young"** ^{xxiii} is really interesting: it has been created to fight youth discomfort. The app aims at creating a dialogue with children to help them to deal with their discomfort. A team of expert psychologists is available to listen, help and provide support through the app, overcoming that barrier and guaranteeing a first intervention for young people who need it. The main target is young people between 14 and 18 years old. Moreover, it can be used by parents and teachers: there's a function on the app called "I want to talk about someone" which allows to seek help or for advice on behalf of someone who may not have the strength or the ability to ask for help, encouraging solidarity and giving the chance to support other people who don't have the courage to speak and look for support.

WHAT DO YOUNG PEOPLE AND YOUTH MH EXPERTS SAY?

FIELD RESEARCH

RESULTS FROM THE INTERVIEWS

Summary of the answers of the mental health experts and youth workers

From the responses of 10 experts on mental health and youth workers the main conclusion from the field research is that COVID-19 has aggravated an already difficult situation of youth and their mental health. Moreover, it seems that mental health services have not been and still are not sufficiently available for all of them and that those who work with young people need to have opportunities to train themselves furthermore on their field to improve their profession and related services, especially on how to help young people deal with mental health issues and relating to gender issues.

Profile of experts interviewed:

Out of 10 experts, two are youth workers working for an NGO, one is working for Second Level Reception Facility for Unaccompanied Migrant Minors, Four of them are working in private practice as Psychologists and Psychotherapistst, one is a high school Psychology teacher who until recently also worked as a school psychologist, two are professors at the University of Psychology, one of them is Psychologist, Psychotherapist and clinical sexologist, former research fellow in Clinical Psychology at the University of Naples Federico II. His research topics include homophobic bullying, homophobia in educational contexts, gender dysphoria and the construction of masculinity related to violence. He currently carries out coordination support activities at the Anti-Discrimination and Culture of Differences Section of the SInAPSi Athenaeum Center - University Federico II of Naples and is Adjunct Professor of Clinical Psychology at the Course of Studies in Social Work - University of Palermo.

Summary of main gathered answers:

1. You work with young people - can you tell us a bit more about the population you work with? What are the most common causes of their accessing mental health services (or being referred to)?

All experts reported that they work with young people aged 15 to 25.

Almost all of the youth with whom they work seek for help on their own but some of them come thanks to initiative of parents or legal guardians. Most common problems are problems with

anxiety, problems with school learning and demotivation, behavioral problems, depression, and eating disorders.

2. Have you noticed any differences in the behavioural patterns of boys and girls when it comes to their mental health? Are there any specific issues that are more commonly observed in boys or girls, respectively? Do you change your working approach, depending on the young person's gender?

There is not so much difference in behavior between boys and girls, all of them face the same problems. The only difference which has been highlighted is that **girls are more likely to seek help and talk openly with experts, family members and their peers about their problems.** Boys are more closed, and they often come to seek help when their problems are really strong and become evident to others.

The work approach does not depend on the gender of the young people they work with but it is suggested to have an individual approach to each of them.

“An individual approach is the only right one: to distinguish different approach between girls and boys isn't right, since each one is different and each individual needs an approach based on the problems they are facing.”

3. Based on your experience, are young people more likely to seek help, depending on their gender? If yes, what factors do you believe are contributing to that (environment, culture, upbringing, socio-economic factors, etc.)? Do you believe there are ways to make it easier for young people to access mental health services?

According to the experts interviewed, for sure girls are more likely to seek help, they are more open to start discussing their problems and the difficulties they face both with experts but also with people around them such as family members and their friends and peers.

“Although lately even boys are becoming more open to seek for help but only with experts, they have difficulty talking about their concerns and problems with people they know such as friends and parents.”

The stereotype that boys cannot be fragile and who shouldn't show emotions is still very present in the culture of many families, especially where there is educational poverty and socio-economic difficulties.

“LGBTQ+ youth often seek help from mental health experts because they are discriminated, also afraid of not being accepted, and have difficulty about how to “come out”.”

The difficulties related to mental health services are one of the most serious problem that need to be solved. It should start with **raising awareness about how important mental health is, that it is normal to seek help from an expert**, open new services and improve existing ones so they can become accessible to all.

In Italy there are many schools that do not have a school psychologist: sometimes a school institute includes different buildings in different places, even far from each other, and the psychologist provides his/her/their services just in one of this building (generally the one where the school management works), so these services are not accessible to all the students. Even if lately several services started to be offered also locally, these services are not attended enough, not because of lack of needs but because they are poorly published or because sometimes to access services minors need to have parental authorization, otherwise they can't use these services.

“Services offered by the public health services are also difficult to access: you have to wait for a long time, often the expert changes and doesn't guarantee the continuity. There's a long way to be travelled by to ensure that the services would be accessible to all, since up to now the only services that work well are those offered by a private practice and due to economic difficulties are not accessible to all.”

4. Have you observed any changes regarding the young people's mental health, during Covid? Were young people of different genders affected similarly (including LGBTQI+ youth)? Was accessibility to mental health services by young people an issue during the pandemic and the lockdown? If yes, how did you overcome it?

According to the experts interviewed, COVID-19 has done so much damage on the mental health of all, young and adults, **but especially for young ones, since they're already deal with a pretty difficult period such as the one of adolescence.**

All young people were affected by the Covid 19 pandemic and related restrictions: lock down, distance learning, isolation. All these measures have aggravated their existing problems with mental health or have created new ones, but young LGBTQ+ have suffered more than others.

Lack of personal space, social distance, economic problems (lack of devices for online learning and other economic problems) have often led to sleep disorders (the internet was the only possibility to socialize), study disorders and lack of motivation, eating disorders, increased anxiety and depression has affected almost all young people, but the young LGBTQ+ more because for them staying inside the house with their families where they were not accepted or did not have the opportunity to express themselves was for certain an aggravating factor.

During the first phase of lockdown almost all services stopped as everything was closed. The first to find the solution were the experts offering private services, offering online sessions, but usually it was a continuation of work with those who already attended their previous sessions.

Various services were created that offered free phone and online support. After the first months of the Covid 19 pandemic, some of the experts started to talk publicly about the importance of mental health and the damage caused by the lockdown, opening other possibilities for those ones that sought for help.

5. Are you aware of gender sensitive approaches, good practices and/or helplines that you can refer to for additional support, when dealing with youth facing gender issues? What resources would you require so that you would be better prepared to deal with young people's gender related issues?

Mental health experts agree that in order to be prepared, it would be necessary to inquire and attend training often, as sensitive issues and techniques to deal with are often updated and improved. They themselves ask for help from specialists on the field.

One expert interviewed says: ***“When, as a professional, I welcome LGBT+ youth users, I follow guidelines, when I work with transgender people, I am part of the national observatory on gender identity and I follow these guidelines; it also happens to me to use other guidelines respecting the specific path of the person asking for support. There are different national and international guidelines that are not so much known by my colleagues.”***

6. Do you feel like you have sufficient knowledge and tools to deal with young people's issues that centre around gender, like gender-based violence, gender transitioning, gender dysphoria, sexual orientation, homophobic/transphobic bullying, etc.?

“We must train and educate everyone, especially those who work with young people starting from the language they use. It's important to know how to deal with young people that have this type of issues, even if I can say that in last past years it is possible to notice a big difference when we speak about this type of issues but this should be a constant and continuous work.”

All experts agree that the an awareness-raising process and improvement happened in last years, but still there is a lot of work to be done. Some of them have difficulties to deal with these issues as they are not being experts in the field, but try to prepare themselves better with guidelines and seminars.

It will be really important if these topics were addressed already from the young age in schools, but also in other places, so it would be possible to prevent violence, but also help people who face these kinds of problems to be more open to seek help and be accepted by others.

RESULTS FROM FOCUS GROUPS

Summary of the answers of young people who were part of the focus group

Two focus groups with young people were conducted, first one with 6 university students aged 20 to 24, second one with 6 young people aged 16 to 18 from different schools. All young people involved come from different background, sexual and gender identity.

The lock down period has affected young people a lot: **lack of activity, repetitive habits, estrangement in social relationships, forced relationships with family members, lack of personal space have brought an increase of stress in their life.**

For younger people interviewed, one of the main problems was also distance learning, which at the beginning was not handled well: students had to be connected for so long, not being able to share time with their classmates anymore. This has caused them to distance themselves from everyone and become **asocial**. Some of them lost loved ones, had **eating disorders, depression, anxiety, and panic attacks. Many of these problems were caused by relationships with their family members that deteriorated during the lockdown and related social distance that did not allow them to leave home in early pandemic months.**

Young people confirmed that after the first wave of pandemic, it had not been easy to resume habits, go out: they were afraid and had the difficulty of returning to life as used to be before the COVID-19 emergency.

Isolation gave some of them a **chance to learn more about themselves, awareness of gender identity and sexual orientation**, but even in these cases it was difficult because they were not accepted by their family members.

All the young people who were part of the focus groups believe that young people - despite their gender/sex - face the same problems but do not know how to handle it in the same way. They believe that **stereotypes** are still very much present in our society and culture, and in this case boys have more difficulty in opening up and seeking help. **Girls were more likely to talk about their problems regarding their mental health.**

Asking help to adults is not easy if these adults are not experts: young people admitted they had difficulty talking to their parents, often being afraid of not being understood well and judged, and afraid that their problems could be seen by their parents and/or relatives as inconsistent.

Sharing problems and concerns with peers is a safe thing for everyone, but young people interviewed admitted they often didn't choose to do it, since - according to them - when it comes to serious problems it is better to seek help from a professional who could help and have the right answer for the specific issue. Regarding sharing own problems and concerns, professionals are seen as the ones trustworthy, since young people interviewed feel that other adults - not expert nor professionals - **try to diminish problems, concerns or issues potentially referred to them.** Moreover, they stated that they think today's generations are weak compared to the ones of adults since when they were teenagers they did not need a psychologist.

Many young people need to go to a psychologist but because **of financial difficulties** they don't go or since they know they should talk to their parents first and since they think **parents often do not see it as a real need, they give up to refer this need**. During the focus groups young people confirmed that they went to the psychologist, psychotherapist or one of the expert available at school/university but in all these cases it has been seen as a secret to be kept, since they didn't want parents or others to know about it.

“We need to raise awareness about mental health issue, how important it is that everyone can get help if they need it, that free services are improved and guaranteed in the long run. Better advertising the existing services that are offered by various associations and ensure that each school has the right person who can give the support.”

After the pandemic, it seems that there is less stigma because it has been discussed publicly more about the importance of mental health.

Seeking help online and getting information is seen as okay, but young people interviewed think it is always better to have a chance to talk to expert in person: they explained that even though **they spend a lot of time online, they do not trust much the information they find especially on social network**. The topic of mental health should be present on social media, but it's important that experts talk about this: often fake news or experiences from just an individual perspective can be more damaging to those facing or thinking about dealing with a certain kind of problem, because it can lead to a wrong self-diagnosis. At the same time, it's also very important to hear that others have problems thus young people can feel less alone.

RECOMMENDATIONS

From this research, it can be concluded that in Italy, mental health services for young people need to be improved. Accessibility to mental health services should be guaranteed to all young people in the same way. Free services offered by health facilities, schools and universities must:

- ensure the continuity
- be advertised better
- also offer service online or by phone
- ensure privacy and professionalism

Young people need to: be heard, understood, to have the opportunity to ask for and receive help, without being stigmatized. Anyone working with young people should be ready to help them or direct them to where they can seek help. Youth workers should be better prepared, doing the trainings so they can be able to address these issues with the young people they work with.

Definitely we need to talk more about mental health, starting with public logos, schools, raising awareness of mental health and how important it is to talk about it. It would be important that services can be provided in all places that young people attend, having at least one key person in schools, sports centers, universities, organizations that work with youth, etc.

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Developing gender sensitive mental health program for young people



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