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Youth mental health peer educators in the global south: lessons from three countries

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ABSTRACT

Objectives: To articulate the perspectives of young peer educators and participants, following mental health promotion in three Global South countries, South Africa, Pakistan and Kenya. To identify commonalities and contextual challenges in enhancing youth mental health in resource-constrained settings, and to explore the value of these activities as an evaluative tool for future programs.
Methods: Following 12-session training, 24 peer educators aged 17–25 years delivered mental health promotion to 315 young people aged 14–24 years in the three country sites. A sub-sample of 16 peer educators and 36 young participants attended nine focus groups. Data were integrated and analyzed through a thematic codebook framework.
Results: Two integrative themes of youth-led mental health promotion and knowledge generation transcended the established four core themes. These related to youth engagement, learning process, mental health awareness, dissemination and sustainability.
Conclusion: Young mental health peer educators can make a significant contribution to mental health promotion and prevention, especially in Global South resource-constrained settings. For benefits to be sustained, their role needs to be integrated to informal and structural systems, and be supported through ongoing training, supervision and resources.

1. Introduction

The emphasis on child and youth mental health has recently changed, from a focus on mental illness with the necessity for specialized mental health services, to strengths-based approaches positioning mental health along a continuum. This has led to more attention paid to task-shifting and community-based interventions. This move toward end-user and community engagement has increased the active involvement of young people with lived experience as mental health ambassadors, peer educators, mentors, coaches, or support providers (Murphy et al., 2024). Lived experience (or expert by experience) refers to first-hand accounts of young people with mental health needs or social challenges (Asmal & Iqani, 2024). Roles vary in their development and links with existing support systems. Evidence has illustrated emerging benefits, challenges, commonalities and contextual differences among young mental health peer educators (the overarching term used within this paper).

Although insightful, much evidence in relation to the engagement of peer educators has been generated from high-income countries that have well-resourced services and a developed professional workforce. Such evidence shows benefits of peer educator involvement being awareness and stigma reduction, improved knowledge and skills, development of positive identity through identification with other young people, empowerment, advocacy, forming connections, and bridging care with professionals (Haft & Martinez, 2025; Halsall et al., 2022; Hay et al., 2025). Reduction of common mental health symptoms, mainly related to anxiety and depression, was inconclusive (Simmon et al., 2023). The main barriers were power imbalance with

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adult professionals, lack of integration with services, role confusion, and lack of organizational commitment (de Beer et al., 2023). Such challenges were more likely to be addressed through careful planning, role clarity and flexibility, realistic expectations, financial remuneration, training and supervision (Murphy et al., 2024; Tisdale et al., 2021). As peer educator projects were often either time-limited or evolved over time, previous studies found that sustained impact required tailored support and change management (Haft & Martinez, 2025; Simmons et al., 2020) that took into consideration peer educators' own personal growth and professionalization (Hay et al., 2025).

In Global South countries, peer educator roles were initially developed and evaluated in relation to sexual health and HIV prevention. These were found to improve knowledge, skills, self-esteem, testing and treatment uptake, and to complement traditional approaches (Kitelele et al., 2022; Newman et al., 2022). There has been, however, less evidence on peer-led youth mental health provision, which was usually hindered by socioeconomic adversity, risk factors such as violence, and limited professional support (Rose-Clark et al., 2019). In relation to mental health, reported youth models were often adapted from adult frameworks, by developing creative participatory approaches such as story-telling and visual displays (Freeman et al., 2024). Peer educator characteristics like empathy, listening and psychoeducation were found to improve emotional literacy, communication and social isolation, and to facilitate support within the family, school and community (Tinago et al., 2024; Zachariah et al., 2018). In addition to barriers established in Global North countries, stigma, safeguarding and lack of supporting service systems were specific challenges in Global South resource-constrained settings (Chow et al., 2025). As young mental health peer educator posts and interventions evolve, it is important to take a youth-centered approach and understand lessons and experiences from end-users and peer educators themselves. The rationale of this study was to draw on such perspectives across three Global South countries.

2. Objective

The objective was to understand commonalities that enabled youth-led mental health promotion in community settings, as well as contextual challenges that hindered those. This objective was addressed through three research questions: a) how can peer educators promote youth mental health? b) which are the distinct characteristics in Global South resource-constrained settings? and c) how can peer educator roles be extended and sustained? This study is based on the integration and secondary analysis of three datasets arising from the evaluation of youth-led mental health promotion in South Africa, Pakistan and Kenya, respectively. The implementation of each project was previously described elsewhere (Vostanis et al., 2025a, b, c) and is summarized here.

3. Method

3.1. Peer educator training programs

The three programs were independently developed but shared the following core characteristics. Young people lived in inner-city areas, Johannesburg in South Africa, Karachi in Pakistan, and Nakuru in Kenya. These were resource-constrained, as reflected by informal settlements, lack of basic needs such as sanitation and electricity, and sparse structural support. Inclusion criteria for young people and peer educators included being aged 17–25 years, living in the same communities, and sharing lived experiences. Each program was hosted by a local non-governmental organization (NGO) that acted as gatekeeper for safeguarding and research ethics. Potential ethical issues were addressed in the recruitment and supervision of vulnerable peer educators such as young mothers, content and delivery of activities (for example, in addressing questions on trauma), any incidents raising safeguarding concerns, and seeking informed consent for the study. The programs shared objectives, broad topics, and delivery approaches, as described below.

There were also some differences in design and implementation, because of local contexts, cultural adaptation, and stakeholder requirements. Mental health promotion in South Africa and Pakistan targeted the local youth population. In Kenya, the target group consisted of pregnant and parenting adolescents, and peer educators were young mothers with lived experience. In South Africa and Kenya, peer educators were invited to participate from local schools, community and church groups through the local NGO's networks, whilst in Pakistan they were invited through the host organization youth volunteer network, which resulted in over-representation of students of higher socioeconomic background. The vulnerability of young mothers in Kenya required more sessions for smaller numbers of young participants per group. The profiles of peer educators, young participants and mental health promotion activities are described in Table 1.

Each group of peer educators attended a child mental health training program of 12 hybrid (face-to-face and remote) sessions over 3–4 months. Training was adapted from a child mental health framework developed by the research team across Global South countries (O'Reilly & Vostanis, 2026). As with other peer educator or support worker programs (Haft & Martinez, 2025), the training was informed by recovery-oriented systems of care, which encourage the process of self-actualization and addressing social determinants of health issues, beyond symptomatic improvement (Davidson et al., 2021). Social determinants (risk and protective factors, as well as solutions) were also considered within the socioecological systems framework (Bronfenbrenner, 1979). Training was supported by a manual and topic-specific resources.

Training discussions were in both the local language (*isi*Zulu, Urdu or Swahili respectively) and English, whilst mental health promotion activities were held in the local language. The aim of the training was to provide peer educators with foundation mental health knowledge and skills in relation to their role. Learning combined didactic, experiential and case-based approaches. Topics were decided in consultation between the peer educators and the research team and were provided by a locally based psychologist and a child psychiatrist operating through an international organization. These included mental health concepts and literacy, stigma, child development, risk and protective factors, engagement and motivation techniques, common mental health

Table 1
Profiles of peer educators, young participants and mental health promotion activities in the three countries.

	South Africa	*Pakistan*	*Kenya*
Peer educators	n = 6 4 female 2 male 18–24 years	n = 14 all female 17–25 years	n = 4 all female 18–22 years
Young participants	n = 175,100 female 75 male 15–24 years	n = 115 70 female 45 male 14–17 years	n = 25 all female 14–18 years
Mental health promotion activities	Three arts- and sports-focused community events Four-hour duration	Four arts-focused school events Four-hour duration	Five young mothers groups, with 3–6 sessions per group One-hour duration
Focus group participants	5 peer educators (4 female, 1 male) 7 young people (5 female, 2 male) 8 young people (6 female, 2 male)	7 peer educators (all female) 5 young people (all female) 8 young people (all male)	4 peer educators 4 young people 4 young people (all female)

problems (anxiety, depression, self-harm), positive parenting, informal and structural support systems, planning and monitoring activities. In Kenya, additional topics were related to adolescent pregnancy and parenthood.

3.2. Youth-led mental health promotion activities

Peer educators delivered four-hour workshops, usually in pairs, in community centers in South Africa, and in schools in Pakistan. In Kenya, pregnant and parenting adolescents formed five smaller groups, and mental health promotion was both school- and community-based. The objective was to develop an understanding of positive mental health and wellbeing (in contrast with sole focus on mental health problems and illness) and to promote strategies of mental health self-care and support for children and young people.

Each workshop addressed the following topics: conceptualization of mental health and wellbeing, attitudes and beliefs toward mental health, risk and protective factors, and coping strategies. Delivery was participatory, with experiential and problem-solving activities. Activities were largely arts- (e.g., poetry or dance) or sports-focused (e.g., football). The research team and peer educators developed a common template for all workshops. Notably, facilitators were encouraged to adapt activities to their target group.

3.3. Data collection

A sub-sample of peer educators and young people participated in focus groups after the mental health promotion events. Each focus group included approx. 4–7 participants (Table 1), which is considered optimal for young participants (Vogl et al., 2023). In each country, three focus groups were facilitated, one for peer educators and two for young people (Table 1) to assure coding saturation both within and across groups (Hennink et al., 2019). Aligned with Henninck et al., in practice, code saturation indicated that little new information about issues was arising during discussions, because of their richness and depth, but meaning saturation was not fully exploited. Code saturation allowed us to create a thematic structure, identify core issues at stake for participants, and identify areas of similarities and patterns across groups.

Focus groups engage stakeholders in collective conversations in relation to their experiences, insights and perspectives (Adler et al., 2019). These encourage self-disclosure and collaborative discussion in a safe shared space. The topic guide explored how participants had experienced mental health promotion from their respective perspectives (example in Appendix 1). Focus groups were conducted by an independent researcher in each country/site. As these researchers varied across countries, they were supervised by author 1, who worked across all three programs. Ethical approval was obtained from the (anonymized) Research Ethics Committee. Participants provided informed consent. Sessions were conducted in *isi*Zulu, Urdu and Swahili language respectively, and were audio-recorded.

3.4. Data analysis

Transcribed data were translated to English. The datasets were integrated, i.e. transcripts from all stakeholder groups were coded and analyzed in conjunction throughout the process, to understand learning and implementation within and across groups. We utilized one of the common forms of thematic analysis (template analysis) to attend to the data, which is described as a codebook approach (Braun & Clarke, 2022). Braun and Clarke argue that codebook approaches to thematic analysis, like template analysis, allow for inductive and deductive coding processes, and ensure analyst collaboration and dialog through a multiple coding process. Thus, template analysis was a method that allowed us to integrate data, explore concurrently all perspectives in relation to the research aim, and allow space for coder conversations through the creation of integrative themes (Brooks et al., 2015). The template analysis required a gradual development of a hierarchical coding frame to generate a structure of codes, subthemes and themes. This was created by the team members collectively and through meetings, during which the relational aspects across subthemes and themes were developed. In practice, data were initially coded by author 1 and preliminary codes were validated by authors 2 and 5. Authors 2, 3 and 4 were the program leads for their respective countries. To this effect, they provided additional cultural interpretation to the created themes, as both 'insider' (holder of local knowledge) and 'outsider' (researcher), thus ensuring the accurate understanding of meaning, thus minimizing potential bias to data collection and interpretation.

4. Results

Overall, participants considered which factors engaged end-users and enabled the learning process, as well as barriers and how these were addressed. Emotional literacy was valued by young people and peer educators, with acquired knowledge being shared with family and peers. Themes and subthemes are described below, accompanied by supporting excerpts.

4.1. Theme 1: youth engagement and participation

Young people related to peer educators because of their age and shared lived experiences and vulnerabilities, in contrast with adult relatives and professionals. Hearing about these experiences and how they had dealt with them, encouraged them to discuss their own experiences and translate the messages for their own lives.

> "It was nice listening to girls with experience of what you have gone through. They know how you feel because they have experienced the same. They have suffered, been rejected and despised. It made me listen and trust them." Young mother 3, Kenya

> "They did it well. They shared their experience. I learned a lot from them. I don't think I could learn these from my parents or teachers." Young person 3 Pakistan

Peer educators related to end-users drawing on their own experiences and understood the need for a non-judgemental, listening and empathic approach. These attributes helped young people feel valued.

> "The other thing I have noticed is that some people don't want to be judged. So, as she said, we have to approach them in a good way, so that some of them will feel safe and secure." Peer educator 3, South Africa

> "Knowing that I can be able to empower a young mum like me and make her accept herself again and continue with her life." Peer educator 2, Kenya

Despite these positive attributes and common ground, several young participants, as well as professionals involved, were initially suspicious of peer educators because of their young age and lack of professional training. Peer educators themselves reflected that they lacked confidence at the beginning.

> "Then there are those that don't really want to listen to us because we are not professionals, and we are not fully those types of people… undermining you." Peer educator 4, South Africa

> "The teachers were surprised and they took us as previous students but, as time went on, they saw that we had something to offer to the young mums. So, they started taking as seriously and they will say that we have changed a lot, we are different from how we were when in school, and they will congratulate us and say nice thing about this program." Peer educator 1, Kenya

Several factors enabled peer educators to overcome doubts and gain young people's attention, before instilling hope that they could help

them. These factors included the peer educator training program, in terms of knowledge and personal growth, perseverance, and honesty on what they could offer in ways that did not replace professional expertise. Some young participants reflected on how they could also support peers in the future.

> "You see, you cannot judge a book by its cover, I was surprised." Young person 7, South Africa

> "And I think, if I do it for the first time, I will be nervous. But the second and third time, I will get experience. Then it will be fun." Young person 5, Pakistan

Apart from the perceived lack of professional training, peer educators also faced and experienced unrealistic expectations and prejudice in relation to gender, age and social background. In South Africa and Pakistan, where boys were also involved in mental health promotion activities, they were often more resistant at the beginning, both in relation to female facilitators and sharing emotions.

> "But with boys, I felt that, when we started, they were not taking us so seriously." Peer educator 6, Pakistan

> "And then some of them really disrespect us…she is a female…and that guy is missing the female part. That's why when he is angry, he gets angry toward women." Peer educator 3, South Africa

Nonetheless, discussion during the events enabled participants to achieve new, often unexpected understandings, through interactions between female and male young people. For this reason, participants would welcome future extension of mental health promotion to involve different age groups, who would bring their unique contributions.

> "We had a lot of guys there, which we were not expecting, because we were expecting girls to have an open discussion. But with guys, it gave us a new outlook on things because they also tagged along and gave answers which I was not expecting from them." Young person 3, South Africa

> "We should sit with the elders and the kids…every age group is taught by their own standards." Young person 4, Pakistan

Peer educators in Pakistan were students from largely higher socio-economic backgrounds than their target group in disadvantaged areas. This raised some anxieties whether they could relate to underprivileged young people.

> "My first impression was that, when you go on such projects, interacting with people from different backgrounds, there is a prior assumption that they will be different. In the beginning, it seems that your language and your attire are different. But as soon as we talk together, you instantly realize that our essence, our core is the same. So, it was something that I internalized very well…there are struggles at different levels, but as humans, we are all the same." Peer educator 4, Pakistan

Peer educators, therefore, reflected that they worked out commonalities during their events, which enabled facilitation and offered them a positive learning experience. Indeed, they noted that the ambition was generally shared by young people, and that many could benefit from mental health support.

4.2. Theme 2: learning process

Young people and peer educators found participatory and creative activities more engaging than didactic approaches solely focusing on mental health. Art (music, dance, drama, poetry, painting, indigenous games) and sport contributed to a relaxed and youth-friendly learning environment, and the baseline for communicating mental health messages through participation and fun.

> "Activities that can improve how you interact with others and how you solve problems in your mind. For example, you can have an obstacle course or team-building where you need other people's help to achieve or accomplish a goal." Young person 14, South Africa

Warm-up activities were often followed by tasks that addressed dealing with stressors and developing coping strategies. Young people made links through mind games or puzzles, yoga, and sharing emotions through painting, pottery or glasswork, e.g., making stress balls.

> "All the activities were good. But I wanted to write my emotions on the glass, and I wanted to break the glass. That's how I feel relaxed." Young person 5, Pakistan

> "I could see that the young kids wanted more than just hands-on or art activities, they wanted discussion-based, reflection activities. So, we incorporated them as well. So, for these girls, what we did was to get them to write a letter, Future Self. So, they could think about the future, as we are living day-to-day." Peer educator 4, Pakistan

Peer educators faced a range of challenges to the learning process across the three settings and reflected how their growing experience helped them to address them. The first challenge was convincing young people, who were negatively influenced by family, peers or community, on the value of mental health promotion. Listening and sharing experiences were often constrained by fears of stigma, confidentiality and being judged. Peer educator training and participatory approaches ensured ongoing engagement.

> "The most difficult thing was to discuss my emotions with someone…or, to listen to their emotions." Young person 2, Pakistan

> "I think he [participant] was more open than when he was in the group, because he didn't talk at all. When he went to the front, he was able to express it in a way that people could understand what he was talking about. The one was speaking English, and the other one was explaining in isiZulu and then explaining it further, because you saw how the age group was mixed." Peer educator 5, South Africa

During some events young people argued with each other or challenged the facilitator. Although peer educators' remit was defined throughout their training, they still found it hard not to be able to offer mental health support or guide to appropriate services.

> "People like [peer educator] had to come to the front and intervene, because we were expecting people to fight, because we were doing mental health and people were not well informed. But it shows that there were people who were not ready to change. They need time to work other stuff." Young person 7, South Africa

Peer educators were conscious of the risk of asking insensitive questions, hence valued training on interviewing and communication skills, especially in group contexts.

> "I was feeling that, if we talk to them, they might feel that we are imposing superiority on them. And if they share their problems, it might hurt their attitude. But later I realized that it's not necessary. And I also had this feeling that there was nothing I could do to help them. So, if I listen to them, it won't make them feel bad about us…if you listen to them empathetically, that's enough for them." Peer educator 6, Pakistan

To address the challenges, co-facilitation was viewed as advantageous. Indeed, it was argued that this could be strengthened by team bonding prior to the events.

4.3. Theme 3: mental health awareness

Training on mental health concepts and the delivery process positively influenced peer educators' understanding of mental health issues, confidence and coping strategies. Some young people reflected on

similar, albeit less in depth, benefits . A common thread for both groups was developing emotional literacy in recognizing, understanding and regulating emotions when exposed to stressors.

> "I have changed a little. Before, I used to show a lot of emotions. Now, I have learned to manage my emotions." Young person 2, Pakistan

> "I think it changed in a good way, because I've learned to be more considerate about other people's feelings and not to judge at first instance. I must get to understand their problem first before judging." Young person 9, South Africa

> "You know, there are some things that can make you angry, yeah, like it forces you to show a side of you that you don't want to show but, as I got training, I realized that I didn't know how to control myself…I didn't know how to calm down, so, when they speak to me, if things go sideways, then I will speak to them nicely and try to understand them. So, this program has taught me how to understand people." Peer educator 4, South Africa

In Kenya, most young mothers, peer educators and participants had been exposed to stigmatizing attitudes about their pregnancy, which they carried on postpartum. The powerful quotes below highlight that changes in beliefs could generate positive shifts in attachment relationships.

> "In fact, l don't see my child as a problem anymore. She is a gift for me and not a mistake!" Young mother 4, Kenya

> "For me I didn't like my children, and I saw them as they were the ones forcing me to face many troubles. I hated them, I was even hiding them in the house when I was going somewhere but, when we started this training, I accepted them, started to love them, going everywhere with them and even taking pictures and posting them to my family. I became a proud mother, and my courage was up again." Peer educator 4, Kenya

Consequently, this new experience helped them reframe such beliefs, crucially how they viewed their child, which had implications for the wellbeing of both mother and child.

4.4. Theme 4: dissemination and sustainability

Several young people had already shared new knowledge with family or peers. Others were keen to do so, modeling themselves on the peer educators, and particularly focusing on emotional literacy.

> "I shared with my friends and my family that someone with mental health problems may not always display them, because people have different ways of dealing with stress. You might think that they are just closed off, but they could be closed off because they are going through their own things, so you should always check in with them to see if they are ok." Young person 14, South Africa

> "I will share what I have learned today with my family." Young person 6, Pakistan

Participants expressed the ambition to have wider reach across their communities, to tackle stigma toward mental illness and, in the case of the Kenya group, also adolescent pregnancy and parenthood. They believed that young people, especially those with lived experience, are well positioned to educate professionals.

> "I will create awareness to the community, you know most the community they will stigmatize the young mums, so this will help them love and support young mums and not isolate them." Peer educator 3, Kenya

> "If possible, let these girls talk to our teachers. I feel our teachers don't listen and reason with us." Young mother 4, Kenya

Young people were anxious that such initiatives were not short-lived. They recommended the establishment of a youth volunteer pool for peer educator training, practical experience and support, so that they could regularly promote mental health. Training and other resources such as banners, flyers and t-shirts would assist them in engaging communities. They would also value the availability of mental health professionals, to provide peer educator training and information on help-seeking during the events.

> "Yes, he tells us on the phone that we are important, but we also need someone in front of us to tell us we are important, like we are needed. Like we also need to be made to feel important." Peer educator 5, South Africa

Participants identified several logistical problems that need to be addressed in the future. Lack of day care was specifically mentioned by young mothers and peer educators in the Kenya program. Unless this could be arranged within the extended family, mothers either had to bring their children with them or miss training and mental health promotion sessions.

> "They [peer educators] are having issues with their children as we have. Nowhere to leave them as they were coming to see us. I have the same problem when I come here in school." Young mother 5, Kenya

It was widely recommended that more time should be devoted to introducing a new and sensitive topic, in order to meaningfully engage communities. When mental health promotion was school-based or during school time, lessons and exams placed additional pressure on students, and this should be factored into planning and collaborating with teachers and education authorities.

5. Discussion

In this study, we captured young people's voices from three Global South countries on how they could lead, as peer educators, mental health promotion and prevention initiatives in resource-constrained settings. Following the facilitation or attendance of such a program, participants highlighted the importance of mobilizing young people through shared experiences and co-produced learning approaches, providing awareness across their socioecology, and putting systems in place that would sustain benefits.

Young people are ideally positioned to transfer knowledge. The peer educator model is consistent with increased focus on task-shifting to involve end-users and communities in service provision, especially in Global South resource-constrained settings (Amarasekera et al., 2021). However, peer educator roles and interventions reported in the literature vary from universal mental health awareness to targeted first-level response through psychosocial support, help-seeking information and guidance, development of coping strategies, coaching or mentorship, and advocacy (Haft & Martinez, 2025; Murphy et al., 2024; Tinago et al., 2024).

The findings are consistent with previous research on young people with lived experience valuing and empowering their peer group, instilling respect and self-efficacy, and reducing stigma among their peers, family and community (Chow et al., 2025; Halsall et al., 2022). As in any therapeutic interaction, outcomes are underpinned by the important relational quality of trust-building. The foundation of trust and engagement appeared to lie in common experiences. These included age and exposure to risk factors such as poverty, reduced educational and employment opportunities, violence, and intergenerational adversity, for example through teenage pregnancy and parenthood. Young people valued unconditional positive regard, non-judgemental listening and empathy. These peer educator attributes mirrored the person-centered process of humanistic counseling and other therapeutic approaches (Cooper et al., 2014).

While young participants appreciated peer educators' lived

experiences, they had to be convinced through the mental health promotion events that these were complementary rather incompatible with professional skills. This finding indicates the importance of clearly defining the epistemics of their unique knowledge, hence the parameters and boundaries of their role, positioning as 'bridge-builders' between informal and structural support systems, and training needs (Krumm et al., 2022).

Although relational mechanisms are central for a service model that resonates with young people, peer educators should also be supported by ongoing training, supervision and integration with service systems (Brooks et al., 2022). Peer educator training should neither be 'top--down' nor a micro-replication of practitioner courses. Instead, young people should be actively involved in co-production of context, content and delivery through participatory and creative rather than didactic approaches (Freeman et al., 2024). Ongoing and tailored supervision, debriefing and boundary-management by professionals should promote peer educators' personal growth and wellbeing, whilst preventing burnout and 'compassion-fatigue' through exposure to risk situations such as child protection, expectations beyond their agreed remit, and dealing with their own mental health issues (Haft & Martinez, 2025).

As reported challenges were multi-faceted, sustainable solutions should not be confined to personal and short-lived arrangements, instead these should transcend psychosocial organizations (Tisdale et al., 2021). Role clarity should be supplemented by care pathways that ensure direct access to professional structural support when required. Integration in service systems needs to consider power imbalance between peer educators and professionals, and provision of adequate resources such as financial reimbursement that acknowledge peer educators as valued paraprofessionals (King & Simmons, 2023). Turnover of young people who may pursue further studies or other career opportunities necessitates the establishment of a pool of volunteers, flexible recruitment mechanisms, training manuals, and recurrent foundation courses complemented by booster sessions, including web-based tools (Charles et al., 2021).

These findings should be interpreted through the lens of certain limitations. Despite several commonalities between the three programs, datasets were integrated and analyzed post-hoc. The findings from the three settings, relatively heterogenous sub-samples and integration of stakeholder perspectives are not necessarily generalisable to other Global South contexts. The study evaluated the process rather than impact of mental health promotion, which was further constrained by its short period of implementation. Such impact could be measured across several youth psychosocial outcomes. It would have been useful to establish views of parents and professionals, and to explore the proportion of young people seeking further mental health support. These issues could be addressed by future research. The study also has several strengths in mobilizing young people with lived experiences in three Global South resource-constrained settings, empowering peer educators in co-producing and delivering mental health promotion and capturing their experiences and recommendations. The exploration through focus groups of the value of youth-led activities could be a useful evaluative tool for future programs.

6. Conclusion

Young people, especially those with lived experience, can play a significant role in mental health promotion and prevention in Global South resource-constrained settings. They can contribute to the development of child- and youth-centered interventions and services, which are compatible with a children's rights framework.

Peer-to-peer education and support was widely valued across three country sites in this study, with both peer educators and young participants identifying benefits that could be generated in similar sociocultural contexts. To sustain these benefits, professionals and services need to put in place systems and resources for integration, training and supervision.

Ethics statement

The three reported studies received approval by the University of Leicester Research Ethics Committee in the UK: Reference numbers 29296 for South Africa, 42601 for Kenya, and 34318 for Pakistan projects respectively.

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CRediT authorship contribution statement

Panos Vostanis: Writing – original draft, Funding acquisition, Formal analysis, Conceptualization. **Sadiyya Haffejee:** Writing – review & editing, Methodology, Conceptualization. **Sajida Hassan:** Supervision, Project administration. **Elijah Getanda:** Supervision, Project administration. **Michelle O'Reilly:** Writing – review & editing, Validation, Methodology, Funding acquisition, Conceptualization.

Declaration of competing interest

The authors have declared that they have no competing or potential conflicts of interest.

Supplementary materials

Supplementary material associated with this article can be found, in the online version, at doi:10.1016/j.mhp.2026.200588.

Data availability

The dataset is available upon reasonable request.

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