What the real-time analysis of thousands of digital discussions reveals about the different segments of Soacha and Pereira and how they feel, cope, and relate to mental health.
At CulturIntel™, we know what people think and feel about any topic—and why—without having to ask them any questions.

With the power of A.I., we have tech-enabled a way to mine millions of conversations online to discover actionable Cultural Intelligence®, straight from the voice of the people.
The project’s goal: In collaboration with Digging Deep & Cinde, Botnar aims to inform the development of the Shadow’s Edge platform, its communication and online game adaptation for Colombia.

The opportunity: Leverage CulturIntel™ to get access to the digital voice of people in Soacha and Pereira to understand youth’s attitude towards mental health, barriers to get better and coping mechanisms.
WHAT WE ALREADY KNOW

**MENTAL HEALTH AMONG VENEZUELAN IMMIGRANTS**

Most of the immigrants’ needs are related to health assistance, decent housing, social services, and supporting networks.

The most common mental health disorders in the immigrant Venezuelan population are anxiety (9.8%), depression (8.8%), and the use of psychoactive substances (6.2%).

Source: Pontificia Universidad Javeriana

**DEPRESSION WAS ALREADY A PROBLEM IN COLOMBIAN THAT GOT AGGRAVATED BY THE PANDEMIC.**

At some point in their life, 80% of Colombians, of which 25% are children and adolescents, have presented between one and three symptoms of depression.

Source: Infobae

**THE MOST COMMON MENTAL DISORDERS ARE ASSOCIATED WITH DEPRESSION AND ANXIETY; THE MOST AFFECTED ARE ADOLESCENTS AND WOMEN.**

Teens between 12 and 17 years of age, experience social phobia, difficulty in communicating with others, and depression.

Source: Universidad de La Sabana

**MENTAL HEALTH STATE OF COLOMBIAN YOUTH**

**VIDEO GAMES REQUIRE A SERIES OF ABILITIES TO OVERCOME THE OBSTACLES.**

The basic skills developed in a video game are communication, inventiveness, adaptability, critical thinking, and persistence, while the reward is the pleasure of overcoming the challenges.

Source: Tecnológico de Monterrey

**VIDEO GAMES & LEARNING AMONG TEENS**

Video games stimulate memory, strengthen learning, improve reaction capacity, and favor decision making.

Source: Milenio

**DURING THE PANDEMIC, VIDEO GAMES HAVE BENEFITED THE EMOTIONAL STATE OF CHILDREN AND ADOLESCENTS, GIVING THEM A SENSE OF IDENTITY.**

Video games require a series of abilities to overcome the obstacles. The basic skills developed in a video game are communication, inventiveness, adaptability, critical thinking, and persistence, while the reward is the pleasure of overcoming the challenges.

Source: Milenio

**WHAT WE ALREADY KNOW**

During the pandemic, video games have benefited the emotional state of children and adolescents, giving them a sense of identity. Video games require a series of abilities to overcome the obstacles. The basic skills developed in a video game are communication, inventiveness, adaptability, critical thinking, and persistence, while the reward is the pleasure of overcoming the challenges.

Source: Milenio
Our universe of conversations

The analysis gave us insight into:

- How are the segments speaking online about mental health and which unsolicited topics are they conversing about?
- How is the distribution of sentiment towards mental health as a topic in each of these segments and what is driving that sentiment?
- Which are the principal barriers to treatment/improvement and coping mechanisms that these segments are identifying towards Mental health?
Most of the conversations we mined, come from topical sites & message boards. Social networks only represents an average of 14% of all conversations.
For people in Soacha and Pereira, the discussion about mental health is all about assessing its impact, and they sort it out into three main categories:

**EMOTIONAL IMPACT**
- The effect on people's feelings.

> "I feel like I can never be happy..."

**SOCIAL IMPACT**
- The direct or indirect impact that others may have on me and that I may have on others.

> "I feel very different from others with dark, negative thoughts constantly reinforcing the idea that they did not want me around. Because of this I don't really have any friends."

**LIFE IMPACT**
- The short- or long-term effect on life.

> "Why am I alive? Why do I have to live like this? Why should I want to continue? My life will never be any better. I have no future!"
Social Impact is the most discussed topic overall, because people relate mental health to their capacity to connect with others.

Life Impact is more widely discussed among Venezuelan immigrants as they are going through major changes in their lives.

Parents and caregivers acknowledge the social and emotional impact that mental health has on their children, but they don’t discuss life impact as much.
In Pereira, almost half of the conversations across segments are about social impact. Immigrants discuss emotional impact 1.8x less than colombians.

<table>
<thead>
<tr>
<th>Segment</th>
<th>N</th>
<th>Social Impact</th>
<th>Emotional Impact</th>
<th>Life Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teens/Young Adults</td>
<td>10.7K</td>
<td>44%</td>
<td>34%</td>
<td>22%</td>
</tr>
<tr>
<td>Teens/Young Adults</td>
<td>2.8K</td>
<td>46%</td>
<td>35%</td>
<td>19%</td>
</tr>
<tr>
<td>Venezuelan immigrants</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents/Caregivers</td>
<td>24.5K</td>
<td>48%</td>
<td>19%</td>
<td>45%</td>
</tr>
</tbody>
</table>
Soacha has a very similar profile, with no significant variances. Teens discuss social impact slightly less than teens in pereira, and parents discuss Life Impact 1.6x more.
When discussing mental health online, people display a positive, negative, or neutral sentiment. When the sentiment leans towards positivity or negativity, it is mostly explained by two factors: the perceived ability to connect with others and the sense of fulfillment. Neutrality can be seen as a pragmatic approach to mental health.
People come online to express a positive or negative opinion, but they may also come to ask questions or look for information.

When people go online to discuss mental health and display positivity.

“\textit{I’m very grateful for the help we received.}”

When people go online to ask, share, or find more information about mental health.

“\textit{Where do I go to get the assistance I need.}”

When people go online to discuss mental health and display negativity.

“\textit{I feel there is nothing I can do.}”
Negativity emerges when people feel they can’t connect with others or when they feel despair or hopelessness. This sentiment is fueled by five drivers.

**DESPAIR**

State of intense sadness and a reaction to the disruption of attachment.

“Everything I know and love is gone.”

**LOSS**

Lack of physical, social, emotional or intellectual stimulation.

“Some days I eat, some days I don’t.”

**DEPRIVATION**

Lack of confidence or clarity in one’s ideas, decisions, or intentions.

“So many problems, so many things to think about I have no idea what’s going to happen to me.”

**UNCERTAINTY**

Voluntary or involuntary absence of contact with others.

“I am a nobody I feel like I will always be excluded.”

**ISOLATION**

Social disapproval that can lead to discrimination and exclusion.

“People will think I’m not normal.”

**STIGMA**

State of intense sadness and a reaction to the disruption of attachment.

“Everything I know and love is gone.”
Pragmatism refers to conversations that don’t display a positive or negative sentiment. Instead, this conversations are solution-oriented.

WHERE
Looking for places that offer help and/or support.

WHAT
Searching for resources.

HOW
Trying to find solutions

“Is there anywhere I can go?”

“What programs can I look into?”

“What do I need to do?”
In contrast to negativity, positivity arises when people perceive they can effectively connect with others or when they have a sense of self-fulfillment.

<table>
<thead>
<tr>
<th>ENABLINGMENT</th>
<th>OPPORTUNITY</th>
<th>SUPPORT</th>
<th>INTEGRATION</th>
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<tbody>
<tr>
<td>Sense of having the personal means to achieve goals.</td>
<td>The act of seizing options and possibilities.</td>
<td>Perception of receiving positive help from others.</td>
<td>Perception of playing an active role in society.</td>
</tr>
</tbody>
</table>

"The best thing I ever did for myself is to keep pushing even though I feel like ending my life at times.”

"The doors to a good life are there for me, it's up to me to open them.”

“I was in a very bad situation and I am so thankful for all the help and support I received.”

“I rely on them and they can rely on me!”
Colombians display a 68% negative sentiment towards mental health, but caregivers tend to be 1.3x more solution-oriented than young people.

Venezuelan teens are more vulnerable and therefore they are 1.3x more negative and 2x less pragmatic than Colombians.
SENTIMENT PROFILE ACROSS SEGMENTS

Pereira

- TEENS/ YOUNG ADULTS: N= 10.7K
  - Positive: 13%
  - Neutral: 19%
  - Negative: 68%

- TEENS/ Y.A VENEZUELAN IMM.: N= 2.8K
  - Positive: 4%
  - Neutral: 9%
  - Negative: 87%

- PARENTS/ CAREGIVERS: N= 24.5K
  - Positive: 8%
  - Neutral: 24%
  - Negative: 68%
SENTIMENT PROFILE ACROSS SEGMENTS

Soacha

**TEENS/YOUNG ADULTS**
- **N=12.4K**
  - Positive: 12%
  - Neutral: 19%
  - Negative: 69%

**TEENS/Y.A VENEZUELAN IMM.**
- **N=4.6K**
  - Positive: 4%
  - Neutral: 12%
  - Negative: 84%

**PARENTS/CAREGIVERS**
- **N=31.3K**
  - Positive: 6%
  - Neutral: 26%
  - Negative: 68%
Half of Colombian young people's conversations show they feel stigmatized and isolated, and only 1 out 5 times they display a solution-oriented approach. Their scarce positive sentiment towards mental health emerges when they effectively use their personal resources.

Colombian caregivers see the deprivation on their kids' lives and they worry about their future. That's why they make an effort to remain pragmatic. They feel positive when they are provided with support and opportunities.

Venezuelan teens feel profoundly isolated, uncertain and deprived, and they are hardly ever making an active effort to look for solutions online.
The negative sentiment in Pereira is shared by all segments, especially immigrants. Teens tend to suffer more when they feel unable to connect, while caregivers feel more hopeless.

- **Stigma** 28%
- **Isolation** 20%
- **Uncertainty** 10%
- **Deprivation** 8%
- **Loss** 2%

**Enablement** 5%
- **Integration** 4%
- **Opportunity** 3%
- **Support** 2%

**Isolation** 21%
- **Uncertainty** 18%
- **Deprivation** 18%
- **Loss** 17%
- **Stigma** 13%

**Where** 4%
- **What** 3%
- **How** 3%

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**TEENS/ YOUNG ADULTS**
- **N= 10.7k**
  - **Stigma**: 68%
  - **Isolation**: 19%
  - **Enablement**: 13%

**TEENS/ Y.A VENEZUELAN IMM.**
- **N= 2.8k**
  - **Isolation**: 87%
  - **Enablement**: 4%

**PARENTS/ CAREGIVERS**
- **N= 24.5k**
  - **Isolation**: 68%
  - **Enablement**: 8%
Soacha shares a similar sentiment to Pereira as well as a similar drivers profile. Venezuelans tend to be slightly more solution-oriented in this city.

TEENS/ YOUNG ADULTS
- Stigma 26%
- Isolation 22%
- Uncertainty 9%
- Deprivation 7%
- Loss 6%
- What 7%
- How 7%
- Where 5%
- N= 12.4K

TEENS/ Y.A VENEZUELAN IMM.
- Deprivation 21%
- Isolation 20%
- Loss 16%
- Uncertainty 14%
- Stigma 13%
- What 10%
- How 6%
- Where 5%
- N= 4.6K

PARENTS/ CAREGIVERS
- Uncertainty 22%
- Deprivation 21%
- Loss 17%
- Stigma 5%
- Isolation 3%
- Where 10%
- What 10%
- How 6%
- N= 31.3K

Positive 12%
Neutral 19%
Negative 69%
As well as their sentiment towards mental health, young people go online to discuss the barriers they face when looking for help. They talk about four different barriers:

<table>
<thead>
<tr>
<th>STIGMA</th>
<th>COMPETING PRIORITIES</th>
<th>LACK OF KNOWLEDGE</th>
<th>LACK OF ACCESS TO HELP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social disapproval that can lead to discrimination and exclusion.</td>
<td>Having more pressing issues than working on your mental health.</td>
<td>Lack of information and skills to work on your mental health.</td>
<td>Not having access to support and guidance, or not knowing where to find it</td>
</tr>
<tr>
<td>“People will think I’m crazy.”</td>
<td>“I have bigger problems than this right now.”</td>
<td>“I don’t know what’s wrong or how to fix it.”</td>
<td>“There is no way for me to get help.”</td>
</tr>
</tbody>
</table>

As well as their sentiment towards mental health, young people go online to discuss the barriers they face when looking for help. They talk about four different barriers:
BARRIERS TO CARE

Mental health is important for Columbian young people, but they are hesitant about looking for help because they fear discrimination and they don’t know where to find resources.

Venezuelans often have more pressing priorities, but when they do look for help, they don’t know where to find it and they fear stigma.
Colombian teens are 1.7x more likely to fear stigma while Venezuelan are 2.4x more likely to be facing other priorities. For Venezuelans living in Soacha, lack of knowledge is 1.6x more discussed.

<table>
<thead>
<tr>
<th>BARRIERS TO CARE</th>
<th>PEREIRA</th>
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<th>SOACHA</th>
</tr>
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<tbody>
<tr>
<td>TEENS/YOUNG ADULTS</td>
<td>TEENS/Y.A VENEZUELAN IMM.</td>
<td>TEENS/YOUNG ADULTS</td>
<td>TEENS/Y.A VENEZUELAN IMM.</td>
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<tr>
<td>N= 8.4K</td>
<td>N= 3.2K</td>
<td>N= 7.2K</td>
<td>N= 2.4K</td>
</tr>
<tr>
<td>STIGMA (43%)</td>
<td>STIGMA (41%)</td>
<td>STIGMA (26%)</td>
<td>STIGMA (23%)</td>
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<td>COMPETING PRIORITIES (15%)</td>
<td>COMPETING PRIORITIES (39%)</td>
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Colombian teens are 1.7x more likely to fear stigma while Venezuelan are 2.4x more likely to be facing other priorities. For Venezuelans living in Soacha, lack of knowledge is 1.6x more discussed.
When coping with mental health issues, young people display passive or active strategies

**Passive**

**Avoid**
Focusing on other things to escape from difficult thoughts and feelings

“*I put everything into school, work and friends so I don’t have time to let it affect me.*”

**Accept**
Willingness to tolerate a situation as it is, without changing it

“*Mental problems are a sign of weakness you need to be stronger.*”

**Active**

**Confront**
Active attempt to work on your mental health

“*I do whatever it takes to overcome my problems and succeed.*”
In general, young people tend to use **passive coping mechanisms** when it comes to their mental health.

**Colombians** are slightly more avoidant, while **Venezuelans** are more likely to accept their reality as it is.
Although they share a similar profile to their pereirans counterparts, young colombians in Soacha use active strategies 1.5x more. Venezuelans in general are significantly less active than colombians, but there’s also an increase of 2.5x in confrontation in Soacha.

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<thead>
<tr>
<th></th>
<th>PEREIRA</th>
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<tr>
<td>N= 10.7K</td>
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<tr>
<td>AVOID (45%)</td>
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<tr>
<td>ACCEPT (44%)</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>CONFORT (11%)</td>
<td></td>
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<td></td>
<td>CONFRONT (16%)</td>
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<tr>
<td><strong>TEENS/Y.A</strong></td>
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<tr>
<td>N= 2.8K</td>
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<tr>
<td>ACCEPT (60%)</td>
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<td></td>
<td></td>
<td>ACCEPT (57%)</td>
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<tr>
<td>AVOID (38%)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>CONFORT (2%)</td>
<td></td>
<td></td>
<td></td>
<td>CONFRONT (5%)</td>
</tr>
</tbody>
</table>
Mariana has been suffering from eating disorders since her early teens. She feels alienated when she refuses food in front of friends and family and doesn’t want to tell them what she feels fearing what they would think or say. She wants to keep her condition under control but she ends up settling to its, because she lacks the personal resources and proper guidance necessary to take the first step. 

N=23.1K

For the most part, they go online to discuss the social and emotional impact on their lives caused by their mental health condition.

They have a very negative sentiment driven by stigma and isolation. However, they feel positive when they feel in control and use their personal resources.

They use passive coping mechanisms especially because stigma prevents them from seeking help.
Rafael has been feeling sad and anxious ever since he left his home country, Venezuela, a year ago. His life was turned upside down from this traumatic event. His studies, relationships, and plans are all on hold, as he has to help his parents in their endeavor to bring food to the table. He feels lonely and feels like there’s no solution in sight.

N=7.4K
Pedro & Marta are very aware of their children’s mental health, especially when they see them self-isolating or feeling down. They don’t always have the resources to help them effectively, but they try to remain pragmatic by looking for information online, like places to go when they don’t know how to deal with difficult situations on their own.

N = 55.8K

When they go online to discuss the main impacts on their teen’s mental health, social and emotional impact are the most prevalent topics.

They have a negative sentiment towards their children mental health. However, they try to be solution-oriented by going online to find information, particularly about where they can find help and support.
<table>
<thead>
<tr>
<th>BARRIERS TO OVERCOME</th>
<th>TEENS/ YOUNG ADULTS</th>
<th>TEENS/ Y.A VENEZUELAN IMM.</th>
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</tr>
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<tbody>
<tr>
<td>Strengthen teens capacity to connect:</td>
<td>Normalize the conversation around mental health in society, and show Teens alternatives to overcome mental health challenges, making them go from an isolation scenario to a supportive one.</td>
<td>Address isolation and uncertainty: Be constantly present, not only to show Venezuelan immigrants that they are not alone but to indicate that there is a way forward which gives them clarity and blurs uncertainty.</td>
<td>Empower them: Guide them to navigate the relationship with their children, by helping them feel they understand what is going on, and what tools they can leverage to provide support.</td>
</tr>
<tr>
<td>Communicate resources and how to proceed:</td>
<td>Provide full information across all available platforms about the existing resources on mental health, and make sure you are clear about how people can access and follow the necessary steps to achieve mental health.</td>
<td>Nurture your platforms from start to finish: Provide Venezuelan immigrants with clear information about the resources on mental health issues, what they should do to face it and where these alternatives are for them.</td>
<td>Focus more on answering where and what: Promote the different places where caregivers can find help and nurture your communication around what resources are available for their children.</td>
</tr>
<tr>
<td>Keep fueling enablement and integration:</td>
<td>Guide them on a path where they can feel increasingly enabled to deal with mental health challenges and acquire more skills that give them the confidence to actively contribute to their community.</td>
<td>Strengthen positivity from an internal to an external end: Different reasons drive the little positivity that Venezuelans have. Strengthen your communication by encouraging them to take over their mental health as they have the strength to do it, and show them they are part of a community.</td>
<td>Pinpoint the opportunities: Help parents see the silver lining of their children’s vulnerability. Having conversations around mental health is a great opportunity to connect with them, if they approach them by discussing the social, emotional and life impact.</td>
</tr>
<tr>
<td>Impulse proactivity to overshadow stigma:</td>
<td>Provide Teens with more convenient and agile tools that enable them to navigate mental health and take action, while fighting stigma alongside them.</td>
<td>Address their priorities: Think of their needs as a hierarchy that needs to be addressed on all levels, and provide access to help and resources to fight stigma as their basic needs are met.</td>
<td></td>
</tr>
</tbody>
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3 things to consider when...

<table>
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<tr>
<th>Discussing Mental Health with colombian teens</th>
<th>Adapting Shadow’s Edge to engage colombian teens</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Normalize the conversion around mental health focusing on its impact and resources to manage it.</td>
<td>1 Create a safe space that reinforces their sense of belonging and enables them to strengthen their ability to connect with others, without fear of judgement.</td>
</tr>
<tr>
<td>2 Avoid a confrontational communication approach when discussing mental health strategies. Instead, use a collaborative approach to problem-solving.</td>
<td>2 Present rewards when they display an active and consistent approach to the management of their mental health, to decrease passive coping mechanisms.</td>
</tr>
<tr>
<td>3 Recognize competing priorities as a natural tension that emerges when working on mental health.</td>
<td>3 Provide information in short snippets that address mental health from their point of view: impact and resources.</td>
</tr>
</tbody>
</table>
THANK YOU