

At CulturIntel<sup>TM</sup>, 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.















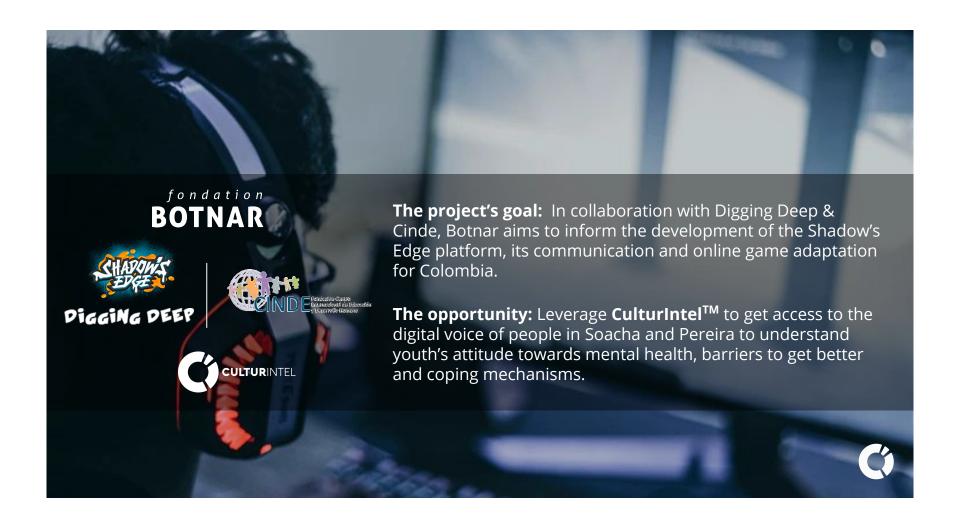












# WHAT WE ALREADY KNOW

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 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

## 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

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

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

Source: Milenio

MENTAL HEALTH STATE OF COLOMBIAN YOUTH

VIDEO GAMES & LEARNING AMONG TEENS



## Our universe of conversations

### **PEREIRA**

TEENS/YOUNG ADULTS

10.7K

TEENS/YOUNG ADULTS / VENEZUELA IMMIGRANTS **2.8K** 

PARENTS/CAREGIVERS **24.5K** 

## **SOACHA**

TEENS/YOUNG ADULTS

12.4K

TEENS/YOUNG ADULTS / VENEZUELA IMMIGRANTS **4.6K** 

PARENTS/CAREGIVERS
31.3K

# The analysis gave us insight into:

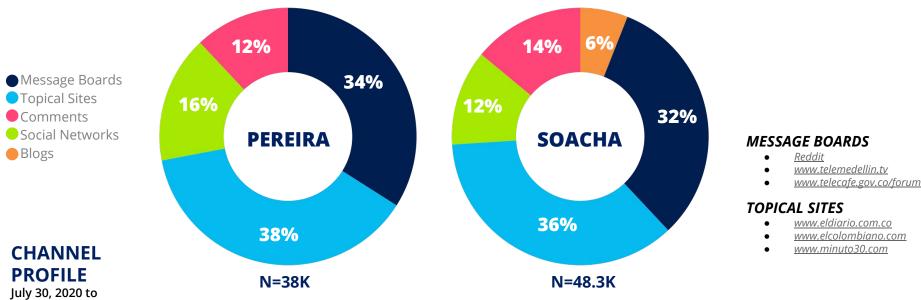
How are the segments speaking online about mental health and which unsolicited **topics** are they conversing about?

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.



July 30, 2021

# 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!

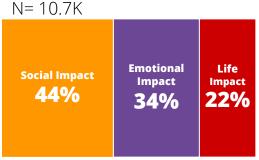




**PEREIRA** 

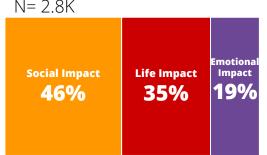
## In Pereira, almost half of the conversations across segments are about social impact. Immigrants discuss emotional impact 1.8x less than colombians.

### **Teens/Young Adults**



## Teens/Young Adults Venezuelan immigrants

N = 2.8K



### **Parents/Caregivers**

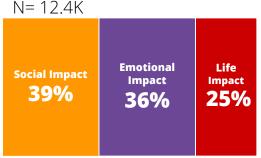
N = 24.5K





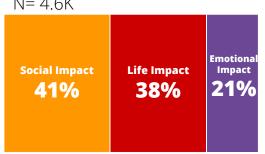
# Soacha has a very similar profile, with no significant variances. Teens discuss social impact slightly less than teens in pereira, and parents discuss Life Impact 1.6x more.

### **Teens/Young Adults**



## Teens/Young Adults Venezuelan immigrants

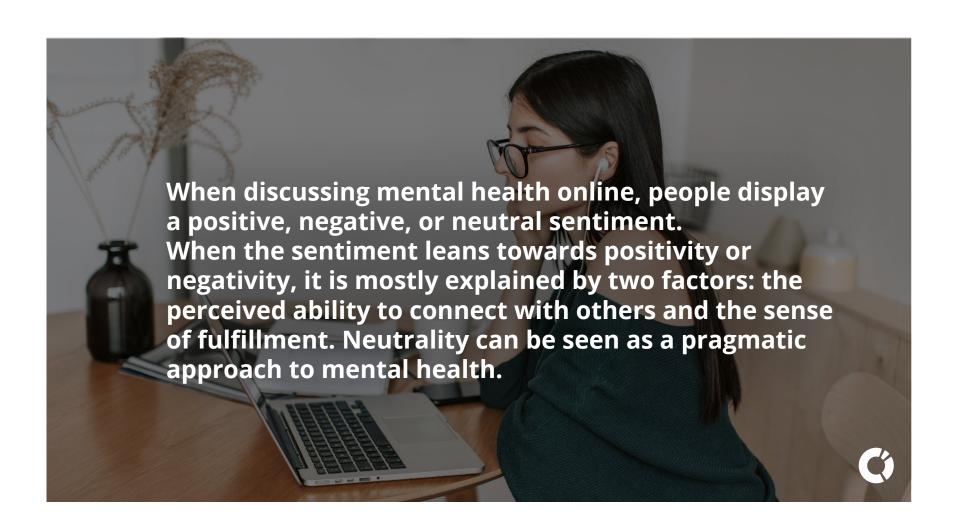
N = 4.6K



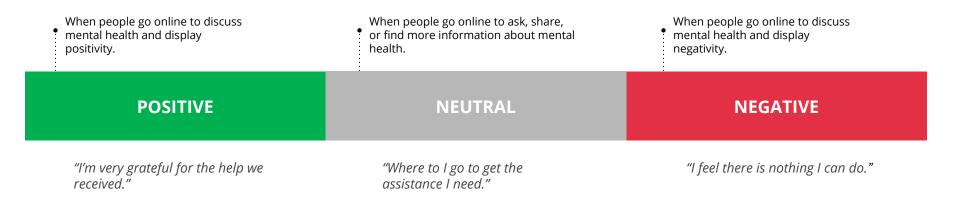
### **Parents/Caregivers**

N = 31.3K





# People come online to express a positive or negative opinion, but they may also come to ask questions or look for information.





# 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**

## INABILITY TO CONNECT

#### LOSS **DEPRIVATION** UNCERTAINTY **ISOLATION STIGMA** State of intense sadness Social disapproval that Lack of physical, social, Lack of confidence or Voluntary or involuntary can lead to and a reaction to the absence of contact with emotional or intellectual clarity in one's ideas, disruption of discrimination and others stimulation. decisions, or intentions. attachment. exclusion. "Some days I eat, some days "Everything I know and love "So many problems, so "I am a nobody I feel like I "People will think I'm not I don't." many things to think about I is gone." will always be excluded." normal." have no idea what's going

to happen to me."



# Pragmatism refers to conversations that don't display a positive or negative sentiment. Instead this conversations are solution-oriented.

WHERE	WHAT	HOW
Looking for places that offer help and/or support.	Searching for resources.	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.

#### **SELF-FULFILLMENT**

ABILITY TO CONNECT

#### **ENABLEMENT**

Sense of having the personal means to achieve goals.

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

#### **OPPORTUNITY**

The act of seizing options and possibilities.

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

#### **SUPPORT**

Perception of receiving positive help from others.

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

#### **INTEGRATION**

Perception of playing an active role in society.

"I rely on them and they can rely on me!"



#### **SENTIMENT INSIGHTS**

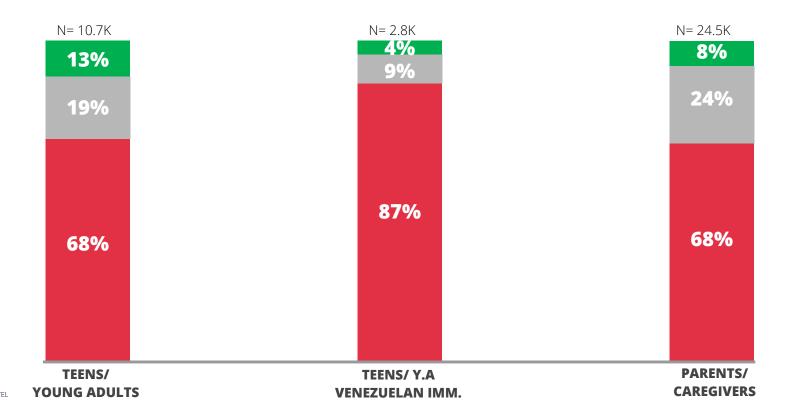
Colombians display a 68% negative sentiment towards mental health, but caregivers tend to be 1.3x more solution-oriented than young people.

Venezuelan teens are more vulnerable and therefore they are 1.3x more negative and 2x less pragmatic than colombians.



#### PEREIRA

# **SENTIMENT PROFILE ACROSS SEGMENTS Pereira**

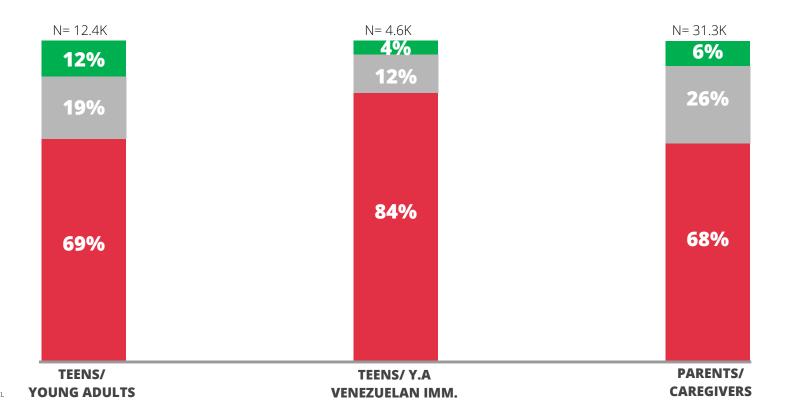




Positive Neutral Negative

### SOACHA

# **SENTIMENT PROFILE ACROSS SEGMENTS Soacha**







#### **DRIVERS INSIGHTS**

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.

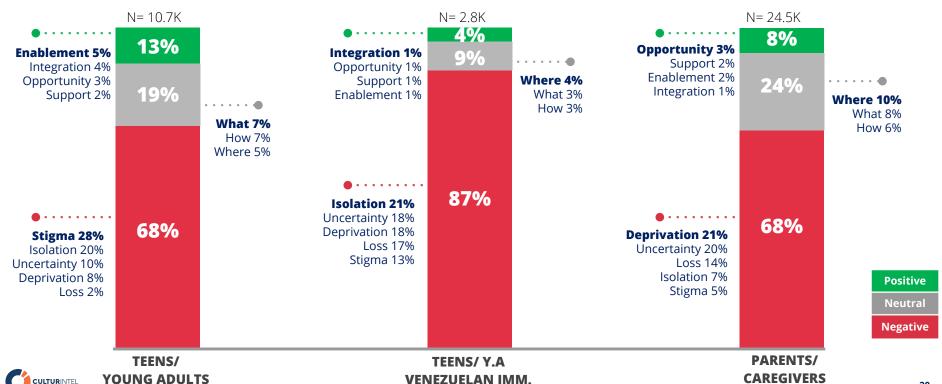
**Colombian caregivers** see the deprivation on their kids lifes and they worry about their future. That's why they make an effort to remain pragmatic. They feel positive when they are provided with support and opportunities.

**Venezuelan teens** feel profoundly isolated, uncertain and deprived, and they are hardly ever making an active effort to look for solutions online.



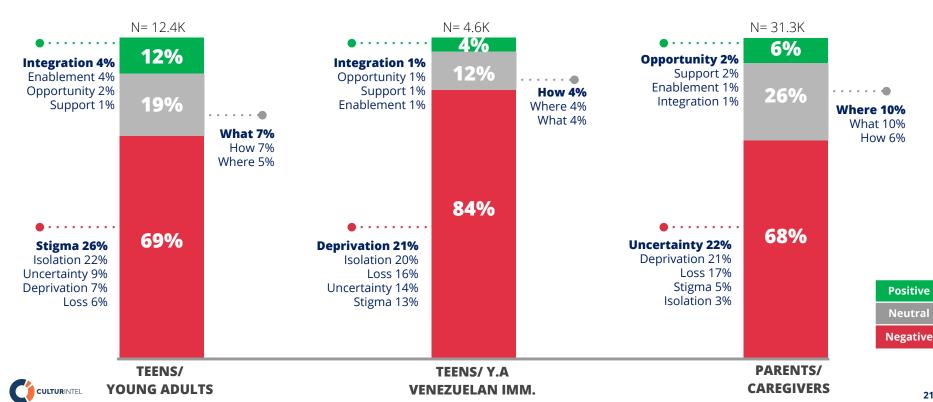
# The negative sentiment in Pereira is shared by all segments, especially immigrants. Teens tend to suffer more when they feel unable to connect, while caregivers feel more hopeless.





## 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.





# 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:

#### **STIGMA**

Social disapproval that can lead to discrimination and exclusion.

"People will think I'm crazy."

#### **COMPETING PRIORITIES**

Having more pressing issues than working on your mental health.

"I have bigger problems than this right now."

#### **LACK OF KNOWLEDGE**

Lack of information and skills to work on your mental health.

"I don't know what's wrong or how to fix it."

## LACK OF ACCESS TO HELP

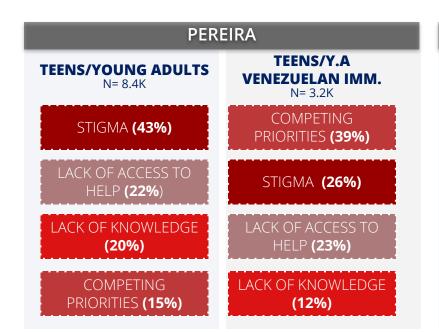
Not having access to support and guidance, or not knowing where to find it

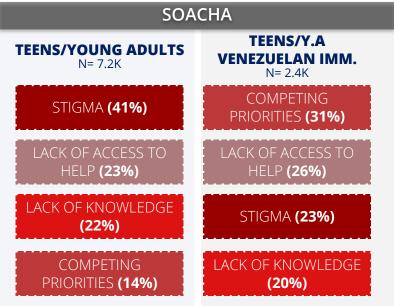
"There is no way for me to get help."





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.





BARRIERS TO CARE



# When coping with mental health issues, young people display passive or active strategies

PASSIVE ACTIVE

#### **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

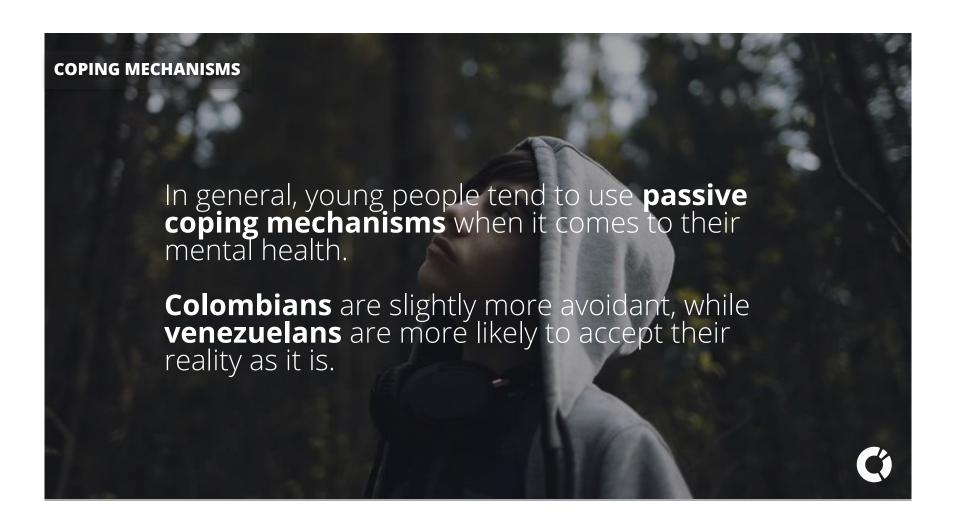
"Mental problems are a sign of weakness you need to be stronger."

#### **CONFRONT**

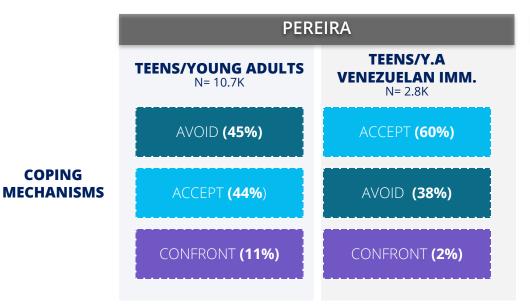
Active attempt to work on your mental health

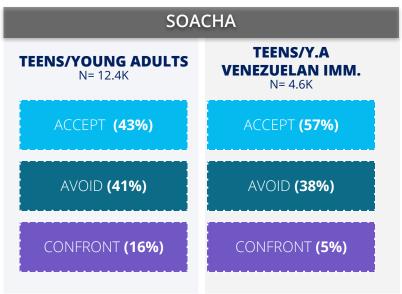
"I do whatever it takes to overcome my problems and succeed."





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.



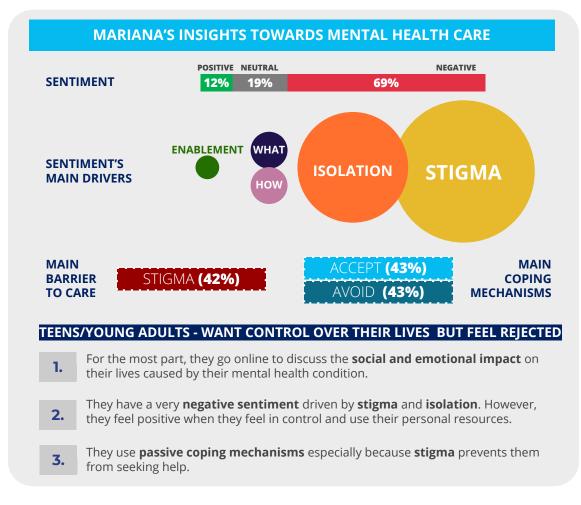






Mariana has been suffering from eating disorders since her early teens. She feels alienated when she refuses food in front of friends and family and doesn't want to tell them what she feels fearing what they would think or say. She wants to keep her condition under control but she ends up settling to its, because she lacks the personal resources and proper guidance necessary to take the first step.

N=23.1K

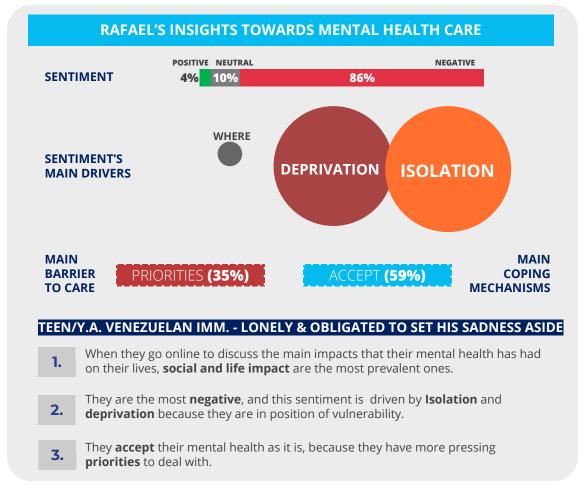






Rafael has been feeling sad and anxious ever since he left his home country, Venezuela, a year ago. His life was turned upside down from this traumatic event. His studies, relationships, and plans are all on hold, as he has to help his parents in their endeavor to bring food to the table. He feels lonely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

N=7.4K



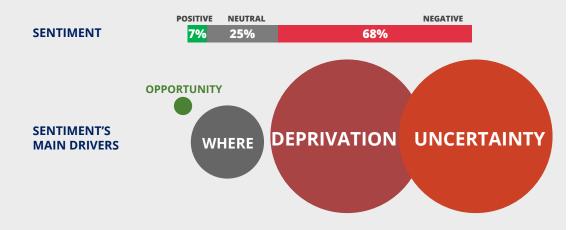




Pedro & Marta are very aware of their children's mental health, especially when they see them self-isolating or feeling down. They don't always have the resources to help them effectively, but they try to remain pragmatic by looking for information online, like places to go when they don't know how to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

N=55.8K

#### PEDRO & MARTA'S INSIGHTS TOWARDS MENTAL HEALTH CARE



#### PARENTS & CAREGIVERS - LACK OF KNOWLEDGE ON HOW TO HELP THEIR KIDS

- 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.



BARRIERS TO OVERCOME	Strengthen teens capacity to connect: 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.	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.	<b>Empower them:</b> 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.
BRIDGE THE KNOWLEDGE GAP	Communicate resources and how to proceed: 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.	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.	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.
DRIVERS TO FUEL	Keep fueling enablement and integration: 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.	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.	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.
COPING MECHANISMS VS. BARRIERS TO CARE	Impulse proactivity to overshadow stigma:  Provide Teens with more convenient and agile tools that enable them to navigate mental health and take action, while fighting stigma alongside them.	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.	

TEENS/ Y.A VENEZUELAN IMM. PARENTS/ CAREGIVERS

31

TEENS/ YOUNG ADULTS

## 3 things to consider when...

# Discussing Mental Health with colombian teens

- 1 Normalize the conversion around mental health focusing on its impact and resources to manage it.
- Avoid a confrontational communication approach when discussing mental health strategies. Instead, use a collaborative approach to problem-solving.
- Recognize competing priorities as a natural tension that emerges when working on mental health.

# Adapting Shadow's Edge to engage colombian teens

- 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.
- Present rewards when they display an active and consistent approach to the management of their mental health, to decrease passive coping mechanisms.
- Provide information in short snippets that address mental health from their point of view: impact and resources.

