Icelandic Social Support Model and Icelandic Adolescent Mental Health

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As stated in the 1946 Constitution of the World Health Organization, "[health] is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity". Decades later, despite great strides in healthcare, and medical technology, we are still burdened by disease. Mental illness has emerged as a top issue globally; in fact, depressive disorders are the second highest cause of disability worldwide, with anxiety ranking 9th, schizophrenia 12th, and bipolar disorder 18th. World leaders have recognized mental health as a top global health issue by including mental health and substance abuse in the United Nation's Sustainable Development Agenda with SDG #3 "Good health and Well-being".

Although the Nordic countries are revered for their progressive social and health policies, they are disproportionately burdened by mental health and substance abuse issues. Notably, Iceland has made considerable improvements in mental health and substance abuse among their youth. The Icelandic community credit these admirable reductions to investment in a multilevel social support program, which we have baptized as the Icelandic Social Support Model (ISSM).

Studies indicate that increased social support has been shown to have positive impacts on mental health, and suggest that interventions and social support among youth may improve mental health symptoms. The ISSM model is characterized by: 1) strong relationship with family; 2) strong relationship with friends; 3) strong relationship with community; and 4) community engagement. ISSM programming aims to increase youth social support, whilst involving a wide range of relevant stakeholders and socially innovative programming.

This mixed methods study incorporates both quantitative and qualitative data streams designed to evaluate the effect of the ISSM on Icelandic adolescent mental health. During the qualitative phase, we will conduct interviews with key stakeholders and adolescent focus groups in each geographic region to collect feedback on the ISSM and identify barriers and resources for adolescent mental health. During the quantitative phase, we will perform a secondary data analysis of cross-sectional Youth in Iceland (YiI) survey data to explore the relationship between ISSM and self-reported mental health. The YiI is an annually conducted, nation-wide survey of all 10-18 year old students enrolled in Icelandic public schools, collecting information on demographics, behavior, and social variables.

We will perform a content analysis of the transcribed focus groups and respective interviews to elucidate key themes and patterns. For the secondary data analysis, we will create social support and mental health scores to allow us to quantify participant involvement in the ISSM and observe possible dose-response relationships. We will then use a multivariate logistic regression model to relate the social support and mental health scores, including terms for covariates that may confound or bias. We hypothesize that more participation in the ISSM (a higher social

support score) will be associated with improved mental health (a lower mental health symptom score). Results from the evaluation will be shared with the Icelandic community.