



## **“Young people are the experts of their own lives”: Tommy Clark, Chris Barkley, and Charmaine Nyakonda of Grassroot Soccer on using sports to support health and behavior change among adolescents**

Holly Wise  
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**Holly Wise:** Could each of you take turns introducing yourselves and tell me about your approach in the field of youth mental health?

**Tommy Clark:** I'm the CEO and one of the people who founded the organization 20-plus years ago. We started working around the issue of HIV in Bulawayo, Zimbabwe, and using social learning theory pioneered by Albert Bandura. Our idea at that time was using the popularity of soccer and soccer players to make learning about health and behavior change interesting for adolescents.

Over time we realized that our approach to working with adolescents could be used for a whole bunch of different things. It was an effective way to communicate information, make it memorable, and add the quality of emotion and inspiration.

**Chris Barkley:** My name is Chris Barkley. I'm the Mental Health Advisor at Grassroot Soccer. I work on our research and development team.

**Charmaine Nyakonda:** I'm Charmaine Nyakonda. I'm based in Bulawayo, Zimbabwe. I'm the organization's Mental Health Specialist.

One of the key first facets of our mental health solution is ensuring that our holistic approach can support adolescents in managing their thoughts, feelings, emotions, and behavior.

Then, the second key layer is thinking about supporting adolescents to maintain a healthy body to fuel that healthy mind. Thirdly, we support adolescents to build a strong support network for themselves and others.

In thinking about the three layers of our mental health solution, one of the key things that's central to that solution is our coaches, who are the near-peer mentors that deliver our program. Our solution is filling that critical care gap in mental health by training non-specialists. We focus on nurturing positive relationships between adolescents and their near-peer mentors so that they're able to create those safe spaces to have conversations.

Our model works on reducing stigma and harmful misconceptions about mental health. Our program design is grassroots-driven. We focus on working with communities and young people within those communities to co-develop our mental health solutions.

Because the coaches come from those same communities as the participants, they're able to understand a lot of contextual and socioeconomic context that's needed to be able to speak to young people about mental health, triggers, and key skills that they need to have to make good decisions and maintain positive, healthy relationships.

Another key element about our program design is that it's powered by play. We use play and fun to enhance this social and emotional learning. When young people are running around, kicking the ball, throwing it around, they're helping each other and contributing to their good wellbeing outcomes.

Our program design is also strengths-based. We support adolescents to build upon their existing skills, assets, and strengths instead of taking a deficit model.

**Holly Wise: How has your research influenced these methodologies and what are some of the trends that you have identified over the last 20 years as you've taken on different health-related issues using this pedagogy of play and physical activity to deliver this message?**

**Chris Barkley:** One thing I love about our mental health work is that we didn't just pluck it out of thin air. We're constantly listening to young people. We value qualitative and participatory approaches to research.

There's a quote that stands out to me. A young person said to us that they felt like we and the whole HIV sector had flattened their health to their viral load, and their mental health and well-being was something they felt no one was looking after.

The programs that we have today are in large part a result of what young people need, and we understand what they need because we listen to them.

Another thing I love about our approach is that we believe in a couple things. We value play. We value connections and belonging.

**Holly Wise: Tell me more about the design principles that guide the work.**

**Chris Barkley:** One would be that young people are the experts of their own lives. We have great access to researchers, to people that you would consider an expert that can give us a lot of guidance, but young people are a part of that.

Another design principle is that we're not taking a deficit approach. We take a strength-based approach. We're trying to figure out how we leverage and build on the strengths that young people have rather than focusing on things that they don't have.

**Holly Wise: What other insights or teachable lessons would you want to share with other people who are working in this space?**

**Charmaine Nyakonda:** The first one is the emphasis on the word meaningful, in meaningful youth and adolescent engagement. At Grassroot Soccer, we meaningfully engage adolescents and youth throughout all of our program lifecycles.

The second thing is we have a youth advisory committee whose members are integrated into our different functional teams. They play a critical role in working with us to build curriculums and programs, and to evaluate the impact of the programs that we have.

A key learning around this is the importance of investment in caring for the carers' systems. With the critical mental health need, especially in low- to middle-income countries, a lot of programs are led by youth or delivered by youth. That means that they're taking on a high caregiver's burden.

It is critical to invest in ensuring that their wellness is taken care of and that they have the critical support they need.

**Holly Wise: Is the Youth Advisory Council per country that you work in, or is it an overarching youth advisory council?**

**Charmaine Nyakonda:** It's a global committee with representation from all the geographies that we're actively working in.

**Holly Wise: You placed emphasis on 'meaningful' connection. How do you define meaningful?**

**Charmaine Nyakonda:** Actions and inclusion of young people that ensure that their voices are not only heard but acted upon. Young people spend a lot of time writing policy, giving advice, but they never see that acted on in a lot of spaces. We're intentional about making sure that we act on and spend money on the ideas that young people give us.

**Holly Wise: In your model and in your programs, how does caring for the carers become real life?**

**Charmaine Nyakonda:** For our geographies where funds are not a hindrance, our coaches receive monthly debrief sessions with mental health professionals, whether or

not they have any key active mental health challenges, because only the professional can see if extra support is needed.

We have peer support groups in the different geographies, where young people talk to each other and support each other. We have key strategic partnerships with organizations that either offer mental health treatment interventions or mental health care facilities. We ensure that there are specialized referral pathways for our coaches who need additional support.

In October, during World Mental Health Day, coaches in our three geographies, Zambia, Zimbabwe, and South Africa, had wellness activities that included swimming, VR simulations, go-karts, canoeing, and braai. They had debriefs with mental health professionals. In other geographies as well, where it's even lower-income countries, they had access to additional groceries because for some it was like, "For my wellness, I just want groceries for the day."

**Holly Wise: How would you define current attitudes toward youth mental health? Have you seen a shift in how people view youth mental health?**

**Charmaine Nyakonda:** When our mental health strategy was launched in 2022, we had opportunities to review national mental health strategies for a few key countries. This included Malawi, Zimbabwe and South Africa. One common thing that was always missing from those documents was the word 'adolescent' or 'youth', or a designated adolescent mental health strategy or youth mental health strategy.

We spent a lot of time as an organization reviewing this document and sending the same recommendation, "Please have an adolescent and youth-focused policy to guide organizations to also prioritize young people as they're designing programs."

Recently we've started to see the shift in the same governments and the same ministries. For Malawi, they called us to review their Mental Health Psychosocial Support technical working group that's focused on adolescents and youth. In Zimbabwe we keep getting invitations to work with different working groups in mental health around adolescent and youth mental health.

**Holly Wise: When did you start seeing this shift at the policy level?**

**Charmaine Nyakonda:** In 2024 is when we started to see governments naming adolescents and youth as a key specific group.

Recently we're hearing ministries say they're having conversations with traditional healers and religious leaders around referral of adolescents and young people that need support from those systems into community-based organizations like ours, and other key organizations working in this space.

Young people are becoming more open to the idea of seeking treatment or support from both community-based organizations and some cultural and traditional leaders.

A lot of the competency frameworks around mental health and support have focused on supporting frontline workers that are providing support to other adults, but from key relationships we've built in South Africa and other key partners we're working with, we're now involved in a collaboration where we're developing a competency training manual and competencies for frontline workers who specifically work with children and adolescents.

**Chris Barkley:** This question about how people perceive youth mental health is first about how they think about mental health. There are a lot of different ideas about mental health in the communities where we work.

Then you add this idea of adolescence as a developmental stage, and you have lots of different perceptions on that from different age groups, from different parts of the community. Traditionally, there's been a lot of stigma around mental health. Depending on the communities you're a part of, it's changed more rapidly than I can think of for any other health issue we've worked on.

It depends on the community, but people will talk about their depression or their anxiety or their PTSD. They've adopted a lot of language around it.

**Holly Wise:** From a systemic change perspective, what do you think is a driving force behind the policy level change? What was the catalyst?

**Charmaine Nyakonda:** One of the things that Grassroots Soccer does best from our 20-plus years of engaging with adolescents and youth is being good at knowing what our niche is. In every room that we have been in, we'd typically be one of the few, if not only, organizations that was saying adolescents and youth are a unique population that needs to be uniquely understood.

Before the key changes happened, young people didn't feel welcome in mental health spaces, especially in low to middle income countries. As a young person, you'd be told you're too young to be stressed. Young people had to create a new word to tell each other that they were stressed. Your older medical professional, that is not your near peer, is not able to explain it to you in ways that you would understand. Again, young people drew themselves away from those spaces because they needed a space where they felt understood.

One of the things we've done well is to be that space for young people.

As more organizations and ministries and governments saw the ability of our coaches to connect the terminology with young people in their communities and saw more young people actually saying, "Hey, I'm not okay" — that's when we started to see us being called.

When we hold contextualization workshops to figure out what curriculum we're doing in any country, we make sure there's an adolescent in that room. If we go into spaces where that demographic is missing, we point it out and we say, "We need a young person in this room."

We understood what our niche was, and we focused on it. We didn't try to design programs for all age groups. We focused on this age group we found to be highly vulnerable, and ensured that our programs can speak to them both in language they understand, but through people they understand and appreciate.

**Chris Barkley:** In a lot of ways, I don't think things have changed. Maybe people are talking about it more, but mental health is still only 1% to 4% of national health budgets where we work, and most of that goes to specialized care. There is movement around policies, there are conversations, but when push comes to shove, there's not a lot of funding going into mental health at all.

In Sub-Saharan Africa, where we work, there have been a few studies now, but we don't have any nationally representative surveys on mental health prevalence, though there have been a number of reviews trying to estimate the prevalence and burden of mental health difficulties.

**Holly Wise: What do you think are some of the barriers to the mindset shifting?**

**Chris Barkley:** In a lot of places where we work, there's so many competing health and development priorities. Another challenge is just how intractable some of the root causes of poor mental health are at a population level.

The idea of social determinants of health is important where we work. We're working with young people, but sending them back into a community that is dealing with poverty or crime, insufficient housing, poor education, lack of opportunities for work, and income. All of these factors are going to create risks for mental health difficulties.

**Tommy Clark:** I don't think the shift will happen as quickly as we might like it. Another thing is thinking about how mental health contributes to all these other things. You can think about these as siloed or standalone issues, but the reality is they're really connected.

**Holly Wise: How do you, as a team, mobilize around new ideas and around challenges as well?**

**Charmaine Nyakonda:** The grassroots-driven component of our principles comes in a lot. We sit down with the communities, and we sit down with the young people, and we sit down with the adolescents, and we speak about these key barriers and these key needs and areas of support, and we come up with a solution together.

That's one of our greatest strengths — it's not Grassroot Soccer figuring it out, it's the community.

**Chris Barkley:** The goal of our research isn't to generate new knowledge detached from social change; we are supposed to act on it. It's special that we implement programs, we support partners, we're in communities, we have coaches, but we have a research department that sits within all of that. We get to spend a lot of time thinking about how to take in new information and how to make change.

**Holly Wise:** What is something that your organization has tried that has not worked, but that has been a key learning in the development of programs, research development, et cetera?

**Tommy Clark:** We use routine monitoring and evaluation data, continually trying to improve programs. Chris spends a lot of time piloting and pretesting, looking at a new piece of information or a new piece of data, and trying to think about how we could effectively communicate this to a young person.

**Chris Barkley:** There was a time when I think we were doing some good work, and we had more resources with donors saying, “We’d like you to expand your work, reach more young people.” Our approach was to set up shop in new places. We expanded in this way with a big footprint of the organization, and at some point, we realized there were already great local organizations all over.

From early on, we decided to have a partnership unit that we’ve maintained for the last 15 years now. It’s built on the idea that there are amazing local organizations that understand their context. Our job is to figure out how to find those organizations, figure out what kind of support they need, and see how we can provide some capacity building that allows them to take ownership of things that we think we do really well around our programming.

Most of our work happens now through partnerships.

**Holly Wise:** Could you share an example of your impact?

**Chris Barkley:** Shaping the way certain governments are approaching different topics and examples where we’ve had our program embedded in the national education curriculum. For example, our program for youth living with HIV in Zambia is coordinated by the Ministry of Health.

But in some ways, there are things we can’t measure, like the number of people that this organization has inspired to work in health, community advocacy, to be change makers.

**Charmaine Nyakonda:** For many years, as Grassroots Soccer was learning about the impact of our program, we spoke a lot about how adaptable our programs are for different contexts and scenarios.

We saw that in play in Kenya when we did our MindSKILLZ pilot, when our coaches in Mombasa managed to implement and successfully graduate the mind skills program with adolescents that were living with various disabilities. This was before we had disability inclusion guidance, but because of how the curriculum is written and our investment in our training, these young coaches were able to have that graduating class.

For me, that’s the first one that stands out. Then the second one is a lesson from Zambia. Although our mental health program is universally implemented, sometimes we

do try out some curriculums that are indicated for specific things like depression, anxiety, et cetera.

For me, the one big thing was having adolescents and the youth coaches review some of these indicated curricula and say, “Hey, this needs to be a bit more fun. Grassroots Soccer is a fun organization.”

That shows the impact we have on young people in terms of their expectations around programs for them and the need for them to have that fun and engaging component.

**Holly Wise: Thank you. It was a pleasure to meet all of you.**

*Holly Wise is a two-time Fulbright-Nehru Teaching Scholar with extensive experience in solutions journalism and academia. She has held multiple roles at the Solutions Journalism Network, including its first director of journalism school engagement and later its first program director. She is a certified leadership and cross-cultural coach, based in Bengaluru, India. She holds a bachelor's degree in journalism and a master's in mass communication from Murray State University.*

*\* This interview has been edited and condensed.*