

Support Interventions

AN EVIDENCE AND GAP MAP OF LOW- AND MIDDLE-INCOME COUNTRIES

Mental disorders affect about one in seven children and adolescents worldwide. Most mental health conditions originate early in life, with 50 per cent arising before the age of 14 and 75 per cent by the mid-20s. Despite the high burden and early onset, most mental health conditions remain unrecognized and untreated. It is estimated that 70 per cent of people aged 15 and older living with mental health conditions lack access to adequate care and that this gap is higher in low- and middle-income countries (LMICs), where most children and young people live. Investment in effective child and adolescent mental health prevention, promotion and treatment is essential. To date, however, the evidence from this field is yet to be comprehensively collected and mapped.

At UNICEF Office of Research – Innocenti, we developed an <u>evidence</u> and gap map (EGM) that provides a visual overview of the research conducted in the field of child and adolescent (ages 0–19) mental health and psychosocial support intervention research in LMICs during the last 12 years. All captured interventions were classified into four categories: school-based, community-based, individual and family-based, and digital, and further filtered by where, how, for what and to whom they are delivered.

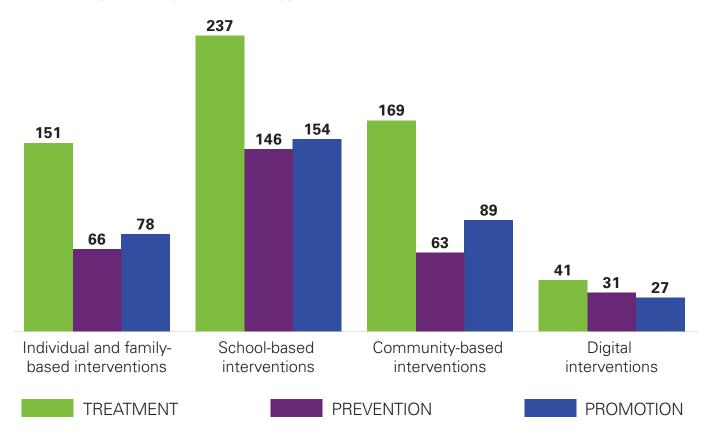
We identified 697 studies and reviews that covered 78 LMICs. The field is complex and has been expanding progressively, with a 16 per cent average year-on-year increase rate and a 41 per cent cumulative increase in number of publications.

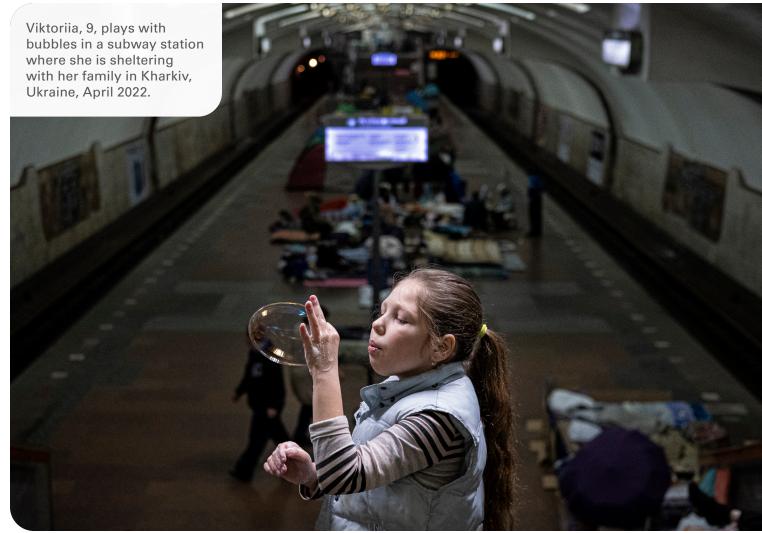
# INTERVENTIONS

- Most research investigates school-based interventions, which make up 61 per cent (N=425) of the studies included in this EGM.
- This is followed by community-based interventions (37 per cent, N=261), individual and family-based interventions (34 per cent, N=237) and digital interventions (11 per cent, N=78).
- The field of child and adolescent mental health

- and psychosocial support in LMICs is reactive rather than proactive, with most interventions (59 per cent) focusing on treating mental health conditions rather than preventing them or promoting mental health.
- More promotion interventions than prevention ones are found in school-based, communitybased, and individual and family-based interventions, while prevention interventions tend to be slightly more common than promotion ones within digital platforms.

#### Intervention platform by intervention type





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# **OUTCOMES**

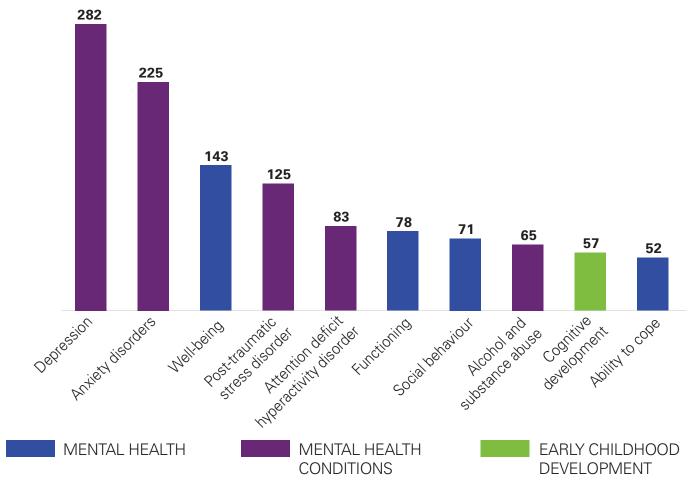
- Most studies investigated mental health conditions (83 per cent, N=578), followed by mental health outcomes (46 per cent, N=320) and early childhood development outcomes (11 per cent, N=76).
- Depression (40 per cent, N=282) was the most frequently researched outcome subdomain, followed by anxiety disorders (32 per cent, N=225),

well-being (21 per cent, N=143) and post-traumatic stress disorder (18 per cent, N=125).

## **POPULATIONS**

■ Most studies and reviews in this EGM investigated the effectiveness of mental health and psychosocial support interventions in early (75 per cent, N=525) and late adolescence (64 per cent, N=448), followed by 45 per

#### Top ten most common outcome subdomains



Note: This figure only shows the top ten most common subdomains, which represent 83 per cent of all coded outcomes, and excludes the other nine less common subdomains.

cent (N=317) of studies and reviews that investigated middle childhood and 22 per cent (N=150) based on early childhood.

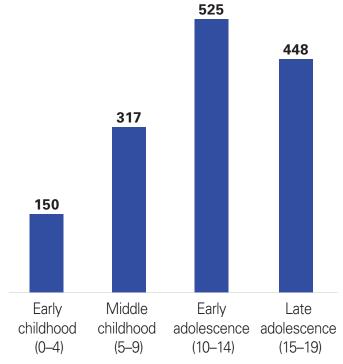
Less than one third of studies and reviews (31 per cent, N=213) covered or focused on specific population groups. The most common group analysis was on migrants and forcibly displaced children (10 per cent, N=66), children in alternative care (5 per cent, N=36), ethnic and racial minorities (4 per cent, N=26) and children with disabilities (4 per cent, N=24). Only one study focused on non-binary children and adolescents.

Sixty-two studies and reviews investigate the effectiveness of intervention on other groups such as children of parents with severe mental disorders, youth offenders and victims of sexual abuse and other forms of violence.

#### **SETTINGS**

- Evidence in the EGM covers 78 LMICs. We did not identify any studies conducted in the remaining 60 LMICs within the last 12 years.
- Most studies and reviews covered LMICs (40 per cent, N=281), followed by uppermiddle income countries (33 per cent, N=230), and only 6 per cent (N=40) covered lowincome countries.
- Most studies and reviews were conducted in Iran (21 per cent, N=146), followed by China (16 per cent, N=113) and India (12 per cent, N=81).
- Most studies were conducted. in the Middle East and North Africa (33 per cent, N=228), although this is mainly driven by the large number of studies and reviews focused on Iran (21 per cent, N=146). East Asia and Pacific (31 per cent, N=217) was the second most represented region, followed by Europe and Central Asia (28 per cent, N=198), South Asia (20 per cent, N=139), Latin America and the Caribbean (19 per cent, N=135) and Eastern and Southern Africa (19 per cent, N=134). Only 9 per cent of research (N=63) identified through this EGM was conducted in or focused on West and Central Africa.

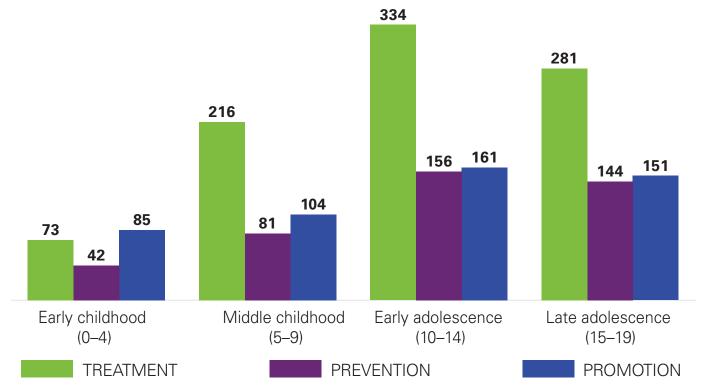




# **IMPLICATIONS**

Future research should investigate the effectiveness of digital mental health interventions for children and adolescents as well as interventions to address the mental health and psychosocial needs of children in humanitarian settings. Research on early childhood mental health and psychosocial support interventions is urgently needed. Mental health and psychosocial support research for children and adolescents lacks diversity. To better understand, support and promote the mental health of all children and adolescents, research should go beyond investigating the effectiveness of interventions for the general population and include subpopulations that often report higher prevalence of mental health

### Distribution of studies and reviews by intervention type and age



and psychosocial problems and are less likely to have access to mental health care. Research is also needed to address geographical disparities at regional and national level. Important questions also remain on the quality of the available research: Is child and adolescent mental health and psychosocial support intervention research locally relevant, reliable, well-designed and well-conducted, accessible and innovative? Planning research collaborations with decision makers and involving experts by experience in research is essential.

Progress on mental health and psychosocial support is hampered by lack of investment in robust research on which interventions work to improve child and adolescent mental health. While

new donors are emerging and the COVID-19 pandemic is driving a small uplift in mental health investments for the general population, the limited investment that is allocated for children's, adolescents' and young people's mental health often only addresses surface-level factors through reactive interventions rather than proactive programmes. This delivers short-term wins instead of long-term change or does not become available until young people have reached a point of crisis.

This EGM assists the mental health and psychosocial support community to advocate, fund and make evidence-based mental health for children and adolescents a global priority.

# for every child, answers

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