

## ADOLESCENT MENTAL HEALTH: TIME FOR ACTION

Every adolescent has a right to mental health. Promotion and protection of mental health can improve quality of life, strengthen human capital, contribute to socioeconomic development and lead to a more equitable world.(1) Although investment in early, effective intervention for the mental health of young people was identified as a “best buy” over a decade ago, current evidence suggests that adolescent mental health remains a neglected yet pressing issue.(2,3) The burden of suboptimal mental health is enormous both during adolescence and into adulthood, and it also influences the next generation.(4,5) This knowledge summary calls for increased attention to and action on adolescent mental health, where everyone has a role to play.

### Why should we pay attention to adolescent mental health?

Mental health conditions, such as depression and anxiety, account for 16% of the global burden of disease and injury (measured by DALYs\*) among the world's 1.2 billion adolescents (aged 10-19 years).(4,6,7) It is estimated that 10 to 20% of adolescents experience mental health conditions, and a significant number of others experience symptoms that have a negative effect on their well-being.(8) Poor adolescent mental health is also associated with higher risk of injuries and substance use, affecting the quality and length of life.(9) Particularly vulnerable adolescents include those living with disabilities or chronic illnesses (e.g. HIV), those who are stigmatized and marginalized because of sexual orientation, gender identity or ethnicity, and those exposed to violence, living in poverty or in humanitarian, fragile and vulnerable settings.(9)



\* Disability adjusted life years (DALYs) is the number of years lost due to ill-health, disability or early death.

Many mental health conditions commonly emerge during adolescence. Globally, anxiety and depression are among the leading causes of illness and disability among adolescents, with higher rates among adolescent girls.(4,9) At worst, depression and other mental health conditions can lead to self-harm and suicide.(10) Most recent statistics show that in 2016 over 60,000 adolescent deaths were due to suicide.(7) Overall, the great majority of suicide deaths among adolescents occur in low- and middle-income countries.(4) Suicide was in the top five causes of adolescent deaths in high-income countries and in low- and middle-income countries in four of the six regions of the World Health Organization (WHO).(7,9)

As well as having a direct impact on adolescents, the consequences of poor adolescent mental health extend to adulthood, impairing both physical and mental health, and limiting social and economic opportunities to live fulfilling lives.(4,11) The onset of 50% of adult mental health conditions starts in the mid-teens, with 75% occurring by the mid-20s.(12) Steps must be taken to enhance adolescents' social and emotional skills and to promote enabling and nurturing environments in families, schools and communities. It is also crucial to recognize and mitigate mental health issues early, and identify risk factors for future mental illness – including violence, neglect, abuse, school drop-out, poverty and parental mental illness.(13)

### Why is there underinvestment in adolescent mental health throughout the world?

Although the overall burden of disease is lowest in young adolescents (aged 10-14 years), such data mask the importance of risk factors that are adopted or consolidated during adolescence but have their health impacts later in life.(9) Taken together with the relative lack of public health attention to mental health, adolescent mental health has not received the investment that it deserves, despite its enormous economic, social and personal burden. It has attracted little political interest and limited funding in all income settings.(14) For example, in a sample of 132 low- and middle-income countries representing recipients of US\$ 24 billion (66%) of total Development Assistance for Health, spending on targeted assistance for young people aged 10-24 years was 2.2%, or US\$ 528 million. Of this, adolescent mental health, specifically depressive disorders and self-harm, was allocated around US\$ 6 million (1.2%) – a minuscule amount compared to its contribution to the adolescent health burden.(15) Mental health has seen little financial and technical investment over the last decades.(5) This inaction stems in part from the lack of knowledge about the cost-effectiveness of interventions, especially in low- and middle-income countries.(16)



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Many countries are not well-prepared to deal with this “invisible”, stigmatized and often-ignored challenge. Mental health services as a whole, and for children and young people specifically, have long been neglected.(13) Young people aged 10-24 years have the lowest rate of health care coverage of any age group,(5) and evidence suggests that the majority of adolescents and young adults with mental health conditions do not receive care and treatment from health and other professionals.(5) Lack of awareness of the benefits of receiving care, prejudice associated with mental illness and privacy concerns are among the factors preventing adolescents from seeking help.(4,9,14,17) Cost and geographical location of services are also barriers to access. In addition, many adolescents are reliant on adults to recognize if there is a problem and facilitate their access to care.(18)

When adolescents do seek help, the care and services they require are often either not available or not responsive to their needs and of poor quality.(13) The consequences are that adolescent mental health conditions go undiagnosed and undertreated and many of the health and developmental gains that have been made in young childhood may be lost, especially in contexts of chronic adversity, including humanitarian settings.(19) This in turn can have lifelong health and socioeconomic impacts.(5,20)

### What do we know about addressing adolescent mental health?

The significance of adolescent mental health conditions across the life course has become clear in the past few decades.(4,5,9,21) There is also growing support to move mental health from the periphery to the centre of health and development agendas.(22) This has been supported by key initiatives to raise the profile of mental health, including the WHO-led Mental Health Gap Action Programme (mhGAP),(23) the joint WHO/UNICEF Helping Adolescents Thrive initiative,(24) the 2016 *Lancet* Commission on Adolescent Health and Well-Being(5) and the 2018 *Lancet* Commission on Global Mental Health and Sustainable Development.(25)

We have enough knowledge for action on adolescent mental health. We also know that mental health promotion and the prevention of mental health conditions, self-harm and risky behaviours are key to helping adolescents thrive.(26) There is a growing evidence base on interventions to care for and treat mental health conditions. A range of multisectoral strategies and programmes have been shown to have positive returns (Table 1, Box 1 and Box 2). However, more research is needed on this neglected area of adolescent health and well-being, to strengthen measurement (27,28), improve existing interventions and to design new scalable intervention packages for mental health promotion, prevention and care in adolescents.

**Table 1.**

**Examples of multisectoral strategies and interventions for adolescent mental health**

<b>Individuals</b> (8,22,28)	<ul style="list-style-type: none"><li>• Psychosocial support, interventions and services for adolescent mental health and well-being including:<ul style="list-style-type: none"><li>- formal avenues for treatment such as psychotherapy/ pharmacotherapy and emotional and behavioural interventions</li><li>- other strategies and interventions such as peer support, crisis counselling, and community referral pathways</li></ul></li><li>• Individual and group interventions for the promotion of mental health and prevention of mental health conditions, self-harm and other risk behaviours, such as those focused on interpersonal skills, emotion regulation, problem-solving skills, stress management and alcohol and drug prevention education</li><li>• Detection and management of hazardous and harmful alcohol and drug use</li><li>• Management of self-harm and suicide risks</li><li>• Care for children and adolescents with developmental delays</li></ul>
<b>Families</b> (8,22)	<ul style="list-style-type: none"><li>• Responsive caregiving and stimulation for promoting positive, stable emotional connections between parents and adolescents, and establishing appropriate structures and boundaries with adolescents</li><li>• Caregiver skills and communication training for parents and caregivers, including for managing behavioural, emotional and developmental conditions in adolescents</li></ul>
<b>Communities</b> (8,22,29)	<ul style="list-style-type: none"><li>• Promotion of adolescent mental health awareness, literacy and demand creation for mental health services with services available to meet the demand stimulated by increased awareness</li><li>• Community interventions for mental health and the prevention of adolescent suicide, substance abuse and self-harm</li><li>• School-based interventions for prevention of emotional disorders and adolescent suicide, substance abuse and self-harm, including life skills education</li></ul>
<b>Systems and structures</b> (8,30,31)	<ul style="list-style-type: none"><li>• Policies to promote enabling and nurturing environments for optimal mental health</li><li>• Adolescent mental health and psychosocial support, counselling, care and treatment and related services for adolescent mental health and well-being</li><li>• Integrating mental health into primary health care and training for health care providers</li><li>• Structural, environmental and organizational interventions to:<ul style="list-style-type: none"><li>- address social determinants of mental health, including restrictive and harmful gender and social norms</li><li>- prevent adolescent suicide, substance abuse and self-harm</li><li>- eliminate stigma associated with mental health conditions</li></ul></li></ul>



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**Box 1.**

**New Zealand takes steps to address high rates of adolescent suicide**

New Zealand has one of the highest rates of adolescent suicide in Organisation for Economic Co-operation and Development (OECD) countries. In 2018, a government inquiry into mental health and addiction identified a variety of innovative well-being initiatives in schools relating to areas such as bullying prevention, healthy relationships, well-being and resilience (16). For example, *Kāhui Ako* – Communities of Learning – groups of education and training providers (early learning, schools, Maori immersion schools, and post-secondary) - are providing new opportunities for different stakeholders across sectors to work together. The inquiry found that several Communities of Learning have negotiated to have staff from the Child and Adolescent Mental Health Service placed within schools as part of a three-year pilot.(17) As of May 2019 there were 221 Communities of Learning across New Zealand, comprising 1,799 schools, 1,100 early learning services, 11 tertiary providers and reaching over 663,000 children and young people.(33) Shared measurement systems and review processes across Communities of Learning are still developing.

**Box 2.**

**Reducing alcohol-related harms in South Africa**

Alcohol is one of the leading risk factors for death and disability in South Africa. The Western Cape Government aims to change this by focusing on interventions that make a tangible impact on reducing the harms related to alcohol. Since 2016, the Western Cape Government has initiated several GameChanger programmes in three areas in the province, including the Alcohol Harm Reduction GameChanger. Strategies have been implemented to reduce access to alcohol, such as closing down illegal alcohol outlets, installing surveillance cameras and increasing law enforcement presence. The programme also provides recreational and economic alternatives for young people by supporting an existing youth hiphop programme called *Nyanga Yethu* and establishing an I-Can Play digital gaming centre which is open 24 hours a day. A community evaluation conducted in 2018 showed that close to 75% of those surveyed felt their community was a better and safer place to live than the previous year.(34)

## What actions are needed?

It is vital to ensure that policies and programmes prioritize evidence-based adolescent mental health interventions and identify the best ways to meet the specific needs of adolescents. This is essential for enabling adolescents to survive and thrive and ensuring that no one is left behind. Collective efforts by all stakeholders will be key.

We must work together and do the following:

### Policy and investment

- **Put adolescent mental health on the agenda.** Strong leadership is needed to make mental health a priority. This includes commitment to innovative and quality services, and the strengthening of community services. We must give more attention to the promotion of mental health and the prevention, treatment and care of mental health conditions in adolescents at the local, national and international levels, including in humanitarian and fragile settings. Strengthening the measurement of adolescent mental health is critical.
- **Invest in adolescent mental health.** Additional resources from domestic health and development assistance budgets should be allocated to: a) implementing and scaling up evidence-based prevention (see Table 1) and early intervention programmes; b) strengthening overall care, treatment and follow up of mental health conditions as part of universal health coverage; and c) enabling adolescents to access adolescent-responsive care, treatment and support.
- **Make adolescent mental health policy and programme design processes in countries inclusive and transparent.** It is important to involve diverse stakeholders including adolescents and to create meaningful opportunities for adolescent end users to engage and participate. Together with other stakeholders such as researchers/academics, and special interest groups including patients and their families, adolescents should be valued partners in decision-making processes, from agenda setting to implementation design and evaluation.



### Responsive systems and services

- **Integrate mental health care promotion, prevention and treatment programmes into existing programming, in schools, community programmes/organizations and in health care systems - especially at the primary health care level.** This is particularly important for vulnerable groups such as pregnant adolescents, adolescents with disabilities or chronic conditions, adolescents in humanitarian and fragile settings and those who are marginalized because of sexual orientation, gender identity or ethnicity. Adolescents as well as family members need support and training to learn the skills they need to improve and protect mental health.
- **Foster coordinated multisectoral collaboration.** Multisectoral interventions are needed to address many of the determinants of adolescent mental health that lie outside of the health sector, such as socioeconomic problems, violence, lack of education and negative gender norms. It requires an unprecedented degree of coordination across sectors from the global to the local level. This includes establishing linkages and referral mechanisms between sectors and levels.
- **Invest in research on innovative mental health services and strengthen health data systems.** Implementation research on mental health services is needed to improve access, continuity, quality, equity, efficiency and value, and to bring effective strategies to scale. Data collection systems need to include indicators to monitor adolescent mental health, adolescent vulnerabilities and risks, and service access. Data must be disaggregated by equity stratifiers, including sex, age, geographic location and country specific factors.

### Capacity building

- **Build human and technical capacity for adolescent mental health, and for addressing the stigma associated with mental health.** This includes training teachers, community and social workers, and health workers in adolescent development and engagement, as well as health practitioner pre- and in-service training for routine assessment of mental health conditions, care and treatment. Country-level technical capacity will also be needed for policy and programme implementation, monitoring, evaluation and research.
- **Draw on a less specialized workforce.** In most countries, task shifting will be essential – the majority of mental health services will need to be provided by people without specialist training in mental health, such as lay mental health workers, nurses, teachers and social workers.
- **Establish systems for the training, mentoring and participation of youth health advocates.** Engaging adolescents has the potential to transform traditional models of health care delivery to create adolescent-responsive health systems. This will also be essential to ensure equity of access regardless of sex, ethnicity or socioeconomic status.

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## Acknowledgements

**Scientific writer:** Rachael Hinton, RHedit. **Editor:** Joanne McManus. **Technical Contributors (alphabetical order):** Cristina De Carvalho Eriksson, UNICEF; Danielle Engel, UNFPA; Charity Giyava, Youth Engage, Zimbabwe; Regina Guthold, the World Health Organization; Souzana Humsi, International Coordinator, Y-PEER; Kanika Malik, Program Evaluation Director & Clinical Psychologist, Sangath, India; David Ross, the World Health Organization; Chiara Servili, the World Health Organization; Sarah Skeen, Stellenbosch University; Josiah Tualamali'i, Youth Wellbeing Advocate, Aotearoa New Zealand; Claire van der Westhuizen, Alan J Flisher Centre for Public Mental Health, University of Cape Town; William Yeung, ReachOut. **Coordinators:** Anshu Mohan, Meheret (Mimi) Melles-Brewer, The Partnership for Maternal, Newborn & Child Health. **Design:** Annovi Design.

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