ADOLESCENT MENTAL HEALTH

in lower and middle income countries

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This summary report was written on behalf of Medical Aid Films by Caroline Heuschen, M.D. and Helen Coombe, Medical Aid Films' Head of Research and Learning. The purpose of this series is to highlight the particular challenges faced by young people in lower and middle income countries living with mental health conditions and to explore the role of multimedia to help address these challenges. You can watch our film 'Your mental health' about adolescent mental health on Medical Aid Films' website.

If you are interested in partnering with Medical Aid Films around adolescent mental health initiatives, please use the contact details below.

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INTRODUCTION

Every year 15 to 20% of young people worldwide are affected by a mental health condition (1). This puts common mental health conditions, such as depression and anxiety, among the ten leading causes of disability for young people globally (10), with suicide as the fourth leading cause of death among 15 to 29-year-olds (3,4).

The burden of adolescent mental health conditions is disproportionately borne by young people in low- and middle-income countries (LMICs) which have substantial youth populations. (5,6). An estimated 13% to 15% of young people aged 10 to 19 in LMICs live with a mental health condition, with one out of three suicides worldwide occurring among young people in LMICs (5,7,8).

In the majority of mental health conditions, symptoms start to manifest before the age of 25 (9). This makes early adolescence a significant time to raise awareness around mental health. Detecting and intervening at the beginning stages of a mental health condition can contribute to long-term well-being or recovery (10-13).

What is mental health?

Mental health is a state of mental well-being that enables people to cope with the stresses of life, to realize their abilities to learn well and work well, and to contribute to their communities. Mental health is an integral component of health and well-being and is more than the absence of mental disorder.

A mental disorder is characterized by a clinically significant disturbance in an individual's cognition, emotional regulation, or behaviour. It is usually associated with distress or impairment in important areas of functioning.

A mental health condition includes mental disorders and psychosocial disabilities as well as other mental states associated with significant distress, impairment in functioning or risk of self-harm (WHO).

In LMICs the availability of and access to mental health services is often very limited, referred to as 'the treatment gap' (10,14,15). Around 70% of young people do not receive appropriate treatment at a sufficiently early age to mitigate longer-term mental ill-health (1).

The mental health treatment gap across the majority of LMICs is substantial and is particularly acute in more remote rural areas (2,6,16). As most mental health resources, such as tertiary or referral hospitals, are concentrated in urban areas, which significantly restricts access for the majority of people living in rural areas. When formalized care for serious mental health conditions is available, it is likely to be provided in psychiatric hospitals rather than in general or outpatient facilities or dispensaries (17). Out-of-pocket expenditures, lack of transportation and stigma create further barriers to accessing health care and treatment follow-up (15).

What is the mental health treatment gap?

The mental health treatment gap refers to the difference that exists between the number of people who need help and the actual availability of mental health support provided by health care workers (16). There are many more mental healthcare professionals in high-income countries than in LMICs (figure 1), with especially limited numbers of child psychiatrists (6).

These challenges also require traditional approaches, based on theories emanating from higher-income contexts, to be reconsidered to ensure locally-led initiatives that are culturally relevant and address the distinct social drivers of mental health conditions in LMICs (18-21). This Includes community-based psycho-social interventions that can be delivered by non-specialized care providers, (10,22,23).

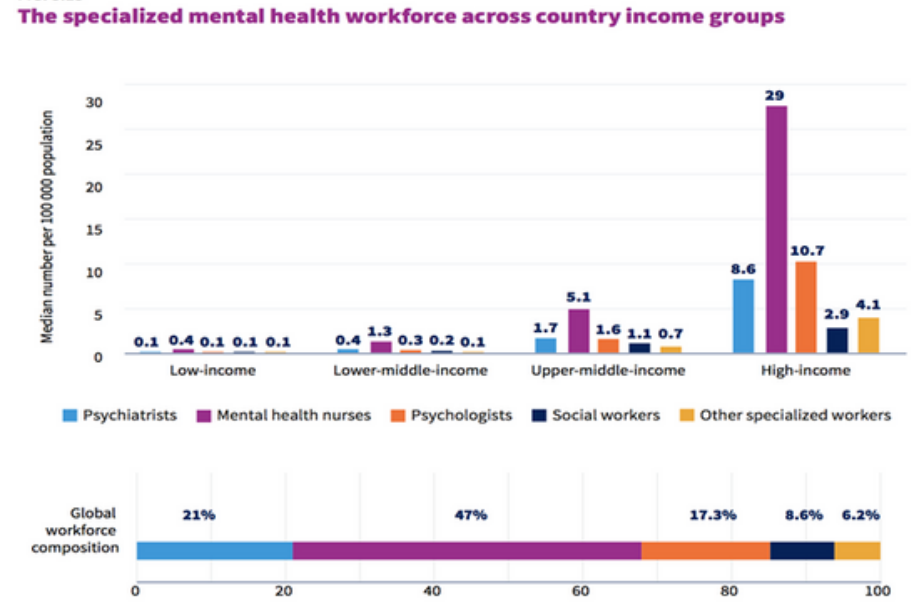

Figure 1. World Mental Health report, World Health Organization (10)

Beyond the mental health treatment gap, further challenges lie in the lack of data around adolescent mental health. Accurate information about the prevalence and impact of mental health conditions in young people is necessary to raise awareness of the needs around adolescent mental health, implement cost-effective interventions and advocate for a global adolescent mental health policy (10,13).

Currently, prevalence data for 5 to 17-year-olds is very scarce, especially in LMICs (7-8). The lack of age-specific data and minimal routine monitoring of child and adolescent development results in gaps in service provision. It is also difficult for policy-makers to invest scarce resources when data is not available.

Mental health monitoring rarely gathers data from adolescents under 13 years old, and so missing data that may help identify key ages for implementing preventive interventions (26).

The lack of data is one of the reasons why very few countries have a plan or strategy for adolescent mental health (24). Other challenges in adopting adolescent mental health policies relate to limited public awareness and relatively low political willingness, resulting in a lack of prioritization (13). In certain contexts, stigma around mental health conditions and attitudes towards young people in general pose barriers to adopting progressive policies (25).

Mental-health-related public stigma negatively impacts help-seeking by young people to a larger extent than among adults (28)

Governments also face the challenge of how to implement policies, given the shortage of mental health staffing and infrastructure. Dependence on NGOs to provide services, which can be short-term and unsustainable and can defer investment in longer-term government service provision (13).

Most population-based adolescent health surveys are conducted in schools and may not identify the mental health needs of significant numbers of young people outside of the formal education system (27).

Conclusion

Adolescent mental health is an increasingly urgent priority for global mental health. Because the need is largely unknown and dedicated services are severely under-resourced, many young people especially in LMICs are suffering unnecessarily and suicide levels remain too high. As well as missing opportunities to reduce significant levels of long-term illness, not prioritising prevention, early detection and treatment of adolescent mental health conditions increases the strain on existing limited resources. Much greater effort is required to understand the extent of mental health conditions in youth populations globally. There also needs to be willingness on the part of leaders and policymakers to provide appropriate levels of response and financing.

KEY POINTS

- The burden of adolescent mental health conditions is disproportionately born by young people in LMICs
- One out of three suicides occurs among adolescents in LMICs
- Most adolescents in LMICs do not have access to mental health care or receive treatment
- Globally, poor mental health is the biggest contributor to the level of healthy life lost by adolescents every year
- There is an urgent need for increased access to relevant, appropriate and effective interventions as well as addressing the social drivers of mental health conditions in LMICs
- The lack of adolescent mental health policies contribute to detection and treatment delays among adolescents
- People with mental health conditions often experience severe human rights violations, discrimination and stigma

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