ADOLESCENT MENTAL HEALTH

in lower and middle income countries

SOCIAL DRIVERS
OF ADOLESCENT MENTAL HEALTH

PAPER 2

MedicalAidFilms

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This summary report was written on behalf of Medical Aid Films by Caroline Heuschen, MD 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.

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SOCIAL DRIVERS OF ADOLESCENT MENTAL HEALTH

Throughout the world many children and young people grow up in challenging contexts that are shaped by the economic, social, political and environmental conditions in which they are born, live and work. These conditions are often referred to as the social drivers of mental health. Factors that influence health outcomes in especially negative ways include poverty, food insecurity, limited education, unemployment, poor housing and local services, political conflict and harmful social norms around gender and sexual identity (1). These factors are strongly associated with social inequalities, whereby the greater the social inequality, the higher the risk (1). There is strong evidence that mental health conditions are often significantly influenced by social drivers (2).

Examples of social determinants of health

Age
Gender
Ethnicity
Migrant status
Religious affiliations
Early childhood adverse experiences
Education
Insecure employment
Unemployment
Poverty
Lack of/inadequate/ poor housing
Lack of access to transport
Lack of access to green spaces
Access to clean water/air
Limited recreational activities
Food insecurity
Trauma
Violence

Mental Health Consequences of Intimate Partner Abuse. Violence Against Women. 2008;14(6).

With social drivers of health often exacerbated by greater exposure to infectious diseases, such as HIV, and early pregnancy and child marriage, vast numbers of young people are vulnerable to substantial emotional turmoil and stress. Despite many being remarkably resilient, it is unsurprising that this group has a much higher risk of experiencing mental ill health. And whilst risks can manifest themselves at all stages of life, those that occur during developmentally sensitive periods, especially early childhood, are particularly detrimental (3).

Socio-economic drivers

There are many socio-economic drivers that influence mental health. These include level of income, education, employment, social protection systems and health services (1,2).

At a global level, poverty is significantly associated with poorer mental health outcomes, particularly in relation to common mental health conditions such as depression and anxiety (2). In many lower- and middle-income countries, people living in poverty frequently experience food insecurity, inadequate nutrition and substandard housing, which have been strongly associated with poorer mental health (4,5).

Although recent research has emphasised the effects of these drivers upon mental health in lower and middle income countries (LMICs), even basic socio-economic risk factors have not been fully investigated. There are very few studies that focus specifically on the association between socio-economic drivers and adolescent mental health (6,7). This limited evidence suggests an association between low socio-economic status and mental health problems among adolescents (6). Further research is essential to guide the development of preventive interventions that can help reduce the long-term effects of untreated mental health conditions on individuals as well as on wider society (for example through lost productivity or increased demand on health and social services) (6).

Conflict and displacement

Young people living in conflict-affected settings are frequently exposed to the traumatic impact of violence and war and the challenges of living and surviving in conflict zones. The global effects of conflict and violence upon mental health are enormous, with high prevalence rates of depression and post-traumatic stress disorder (8,9). Displacement and forced migration are further risk factors for young people's mental health and even more so for unaccompanied minors separated from their parents or caregivers (8,9). Beyond the impact of witnessing violence directed towards themselves and their families, young people's mental health is also affected by the constraints inflicted upon essential services, infrastructure and livelihoods, which can lead to inadequate health care, malnutrition or the spread of infectious diseases (8,9). All these experiences have lifelong impact on physical and social well-being and development, with inevitable detrimental effects upon mental health (8,9).

Environmental disasters and climate change

The growing frequency of climate-related disasters and the longer-term impacts of climate change upon livelihoods, food security, housing and health are increasingly being linked to poor mental health. Mounting evidence supports a link between climate change and poor mental health, via direct and indirect pathways (9). Direct impacts involve psychological trauma due to climate-related disasters such as floods, storms, wildfires, heatwaves, or droughts (9,10). Evidence suggests that direct exposure to climate change events could lead to a series of mental health conditions such as post-traumatic stress disorder, depression, anxiety, reduced subjective well-being as well as increased suicide rates (10).

> ## Mounting evidence supports a link between climate change and poor mental health

Indirect impacts involve mental health problems associated with broader climate change related events such as gradual temperature increase and displacement (9), as well as impact on physical health, interruption to family functioning, inducing food shortages, and social conflicts, which can have adverse effects on young person's mental health (10).

These indirect effects tend to work in combination with the impacts of direct exposure to climate change events, to increase the likelihood for young people to experience mental health problems, such as post-traumatic stress disorder (PTSD), depression, anxiety, and distress (10).

Sexual and reproductive health

Young people in LMICs experience the largest sexual and reproductive health and rights (SRHR) burden globally (11–13). Many of the challenges around SRHR have implications for young people's mental health, particularly adolescent motherhood, menstrual stigma and HIV infection. Harmful gender norms also play a part in the link between SRHR and mental health (see section Gender Norms on page 7).

Adolescent pregnancies and motherhood

Early pregnancy and childbearing are significantly associated with poor mental health (14). It is estimated that adolescent girls in LMICs have approximately 21 million pregnancies each year. Among adolescent mothers, rates of depression are high, with an estimate between 16% and 44% (18), compared to a lifetime prevalence of 5% to 20% among their non-pregnant peers and adult mothers (18). Depressive symptoms among young mothers are likely to persist well after the birth of their child (66). Symptoms of anxiety or post-traumatic stress disorder can also present, as well as substance abuse, suicidal ideation and suicide attempts (14,18).

Adolescent pregnancies are more likely to occur in rural/marginalised communities and further perpetuate cycles of poverty and dependency, school drop-out, stigma or rejection by parents and peers, thereby escalating the risk to mental health (15,20).

Given the high level of unintended pregnancies among this age group (16), many girls face the additional trauma and side effects of unsafe abortion (17). Gender and social norms that condone violence against women also put girls at greater risk of unintended pregnancy (19).

> Among adolescent mothers, rates of depression are high, with an estimate between 16% and 44%

HIV and adolescent mental health

Nearly half of all new HIV infections occur among young people between the ages of 15 and 24 (21), the majority of whom live in sub-Saharan Africa with limited access to HIV-prevention information and care (11,21). With 6000 to 7000 new infections among young people everyday (11), AIDS is the leading cause of death for young people in sub-Saharan Africa (22).

Despite this significant burden, there is limited data on how living with HIV can influence young people's mental health (23). Data from adults show that mental health conditions are more prevalent among people living with HIV than among the general population (3).

Despite this significant burden, there is limited data on how living with HIV can influence young people's mental health (23). Data from adults show that mental health conditions are more prevalent among people living with HIV than among the general population (3). Women living with HIV experience higher rates of depression, anxiety and post-traumatic stress disorder than either men living with HIV or women who do not have an HIV diagnosis (3,24). Treating depression can improve adherence to care and clinical outcomes for people living with HIV (25). Affirming and non-judgmental mental health care services also contribute to addressing sexual, reproductive and mental health needs of people living with HIV (26).

Factors contributing to mental health conditions for people living with HIV

- Having to tell others about their HIV diagnosis
- Dealing with loss, including the loss of relationships or the death of loved ones
- Facing stigma and discrimination associated with HIV/AIDS
- Exposure to abuse at home
- Loss of employment or worries about being able to perform at work
- Loss of social support, resulting in isolation
- Managing medicines/medical treatment
- Difficulties accessing mental health services

Taken from National Institute of Mental Health website on HIV and AIDS and Mental Health

Gender norms

In childhood, girls and boys are equally likely to manifest symptoms of depression, but after puberty the risk of depression increases substantially among girls who are 1.5 to 2 times more likely than boys to be diagnosed with clinical depression in adolescence and throughout their life course (20,21). Gender norms make adolescent girls subject to several adversities throughout their upbringing such as intimate partner violence, female genital mutilation, and child marriage, which can influence their sense of identity, autonomy, mental health and overall well-being. There are also negative impacts of gender norms and stereotypes upon boys and LGBTQI+ young people. Therefore understanding pathways through which gender and social norms influence adolescent mental health is essential. A first step would be to collect data on the influence of gender and gender norms on adolescent mental health.

Intimate partner violence

Intimate partner violence (IPV) includes physical and sexual violence, and emotional abuse. IPV remains a major public health challenge in Sub-Saharan Africa, and is a major contributor to the HIV infection rate in adolescent girls (19,27,28). IPV is associated with physical injuries and poor mental health (27,29). Girls and women who have experienced IPV are vulnerable to develop a mental health condition, in particular depression, anxiety disorder, post-traumatic stress disorder, and suicidal ideation and behaviour (27,29,30). Multiple studies confirmed IPV as a major risk factor for suicide attempts in this group (27,29–32).

Emotional abuse alone plays a more significant role in women's mental health than originally thought and should receive more attention from health services (27). Types of emotional abuse include threats, humiliation or insults, aggressiveness and neglect (33–35), but also isolation and social control.

Emotional abuse generates fear and anxiety, can remove social support, impoverishes and undermines self-esteem. In addition, emotional abuse can lead to suicidal ideation, suicide attempts, difficulty in daily activities and symptoms of general distress (27). Moreover, emotional abuse is an important risk factor for postnatal depression (27).

Female genital mutilation

Every year around 4 million girls worldwide are at risk of genital mutilation (36). Female genital mutilation (FGM) is a violation of human rights and has no health benefits. It often leads to long-term physical and mental health concerns (36). While much is known about the physical effects of FGM, very limited studies of the mental health consequences of the practice (36) show associations with adverse mental health outcomes that may accompany women throughout their lives. This includes losing trust in caregivers, longer-term feelings of anxiety, PTSD, depression and suicidal ideation and behaviour (36–38).

Child marriage

Each year, over 12 million girls are married before the age of 18 (45). The experience of child marriage has been associated with emotional distress, depression, anxiety, post-traumatic stress disorder, suicidal ideation and behaviour, isolation and substance abuse (39–46). Girls in child marriages also suffer from distress related to loss of education, self-confidence, decision-making power, childhood, freedom of movement and peer social networks (44). In addition, challenges around childbirth and pregnancy complications, including obstetric fistula, one of the leading reproductive health risks facing girls who have children early, have been linked to poor mental health (47–51).

Physical and sexual violence, as well as emotional abuse, are more prevalent in marriages where women are married as children compared to those married as adults and contribute to mental health problems among girls in child marriages (34,36,45,53–55). Women who were married as children also reported loss of identity (51), distress related to controlling behaviour and reduced agency (35).

> The experience of child marriage has been associated with emotional distress, depression, anxiety, post-traumatic stress disorder, suicidal ideation and behaviour, isolation and substance abuse

Masculine norms and male trauma

Masculine norms refers to social expectations around manhood in terms of being strong, in control, and stoic (55). Due to masculine norms, it can be difficult for young men to process emotions and show vulnerability (55). Loss of power and control and feelings of vulnerability and weakness may injure the perception of male identity and generate feelings of humiliation and shame. Acting out, avoidance, or denying unwanted feelings and thoughts in response to traumatic experiences may serve men and boys who subscribe to these masculine norms.

Masculine norms define the responses of boys and men experiencing trauma. Male trauma has been associated with post-traumatic stress disorder, depression, substance abuse, suicidal behaviour, problems with emotion-regulation and aggression, social isolation and criminality (55). The inability to practice healthy coping mechanisms in the face of adversity has crippling impacts on boys and men, their families and friends, and the societies in which they live.

Research has shown that males' perpetration of violence and aggression, including men's violence against women, is strongly associated with their own experience of trauma – especially that of childhood trauma (56). Additionally, there is an increased likelihood of harmful behaviour such as drug and alcohol misuse, depression, and suicidal ideation and behavior linked to unresolved male trauma.

Sexual orientation and identity

Young people who identify as LGBTQI+ often face harassment, non-acceptance, social exclusion, discrimination and life-threatening violence, which puts them at risk for mental health problems, such as depression, anxiety, self-harm, suicidal ideation and suicide attempts (57,58). Identifying as LGBTQI+ or being gender non-conforming (58,59) is still explicitly or de facto criminalised or pathologised in most LMICs (59,60), which further increases the burden on these adolescents. Findings from very limited number of studies on this issue demonstrate the urgent need for mental health services that are affirming of sexual and gender diversity and are provided without sexual orientation and gender identity-related stigma, prejudice and discrimination.

Conclusion

Social drivers can contribute significantly to mental health conditions, particularly for young people at a sensitive point in their development, growing up in contexts that are shaped by challenging economic, social, political and environmental conditions.

Further research into the associations between adolescent mental health and social drivers is necessary to guide the development of preventive interventions that can help reduce the long-term effects of largely undiagnosed and untreated mental health conditions, for individuals as well as the wider society. Understanding pathways through which gender and social norms influence adolescent mental health is also essential.

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