



World Health
Organization

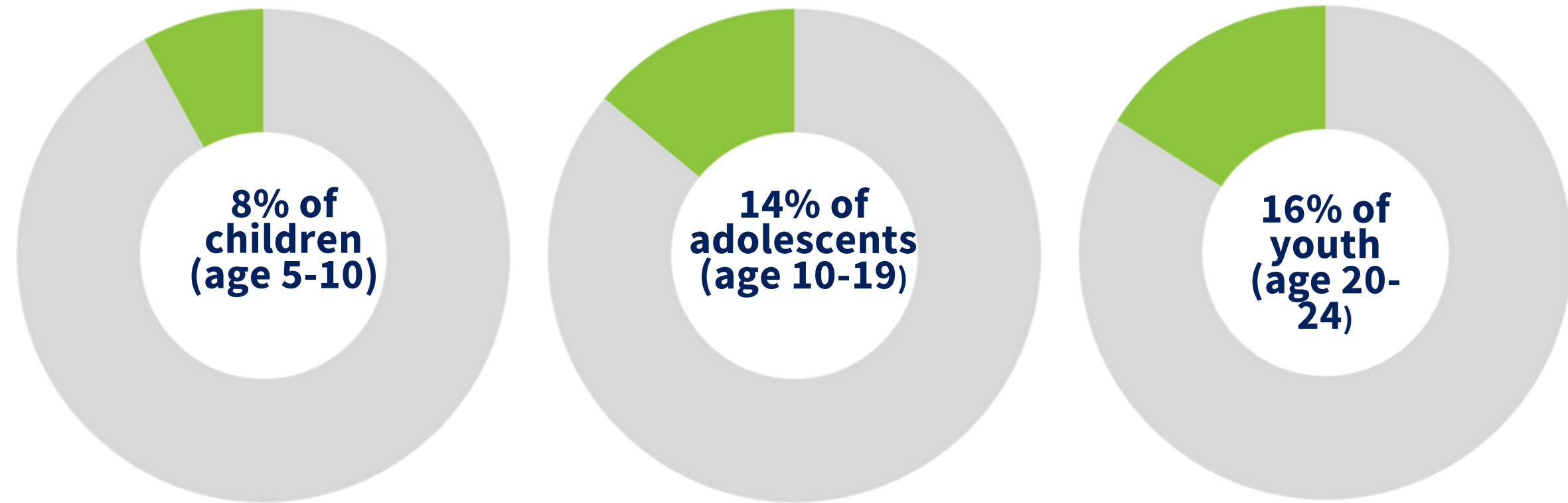
Addressing social
determinants of young
people's mental health:
good practices from
across regions.



Key figures

Very few of the world's children and young people receive the mental health services they need.

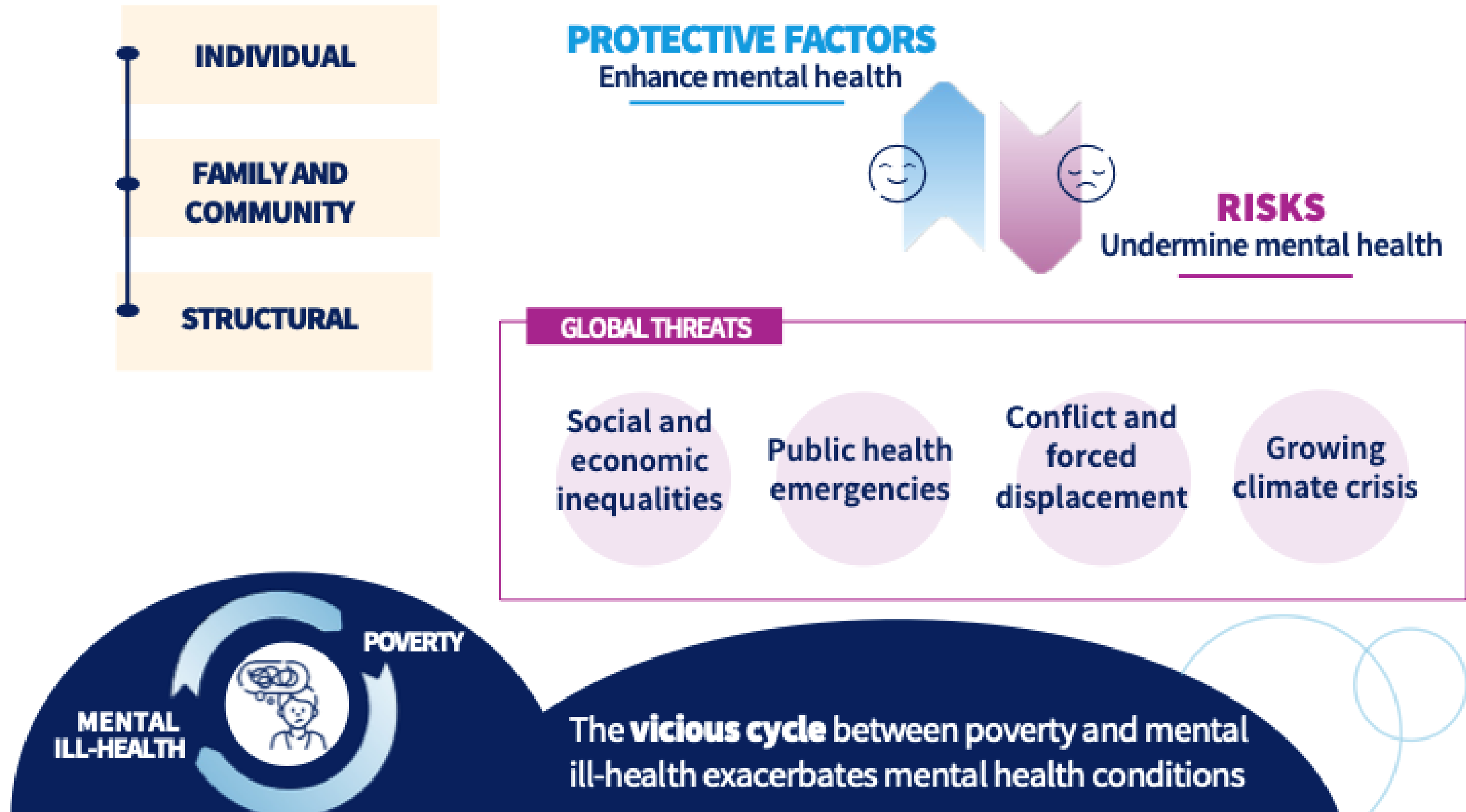
Mental health conditions often develop early in life, with **half of conditions emerging before the age of 18 years.**



Prevalence of mental health conditions, 2021.

- **Suicide is the 3rd leading cause of death** for young people aged 15–29.
- It is the **2nd leading cause of death for young women** in this age group.

Mental health is determined by a complex interplay of factors



Source:
World
Mental
Health
Report, 2022

SOCIETAL

Example risks

- Social, economic and gender inequalities
- Social exclusion
- Stigma and discrimination
- Climate crisis, pollution or environmental degradation
- Poor quality infrastructure
- Poor access to services
- Conflict and forced displacement
- Health emergencies

Example protective factors

- Legal and policy frameworks for promotion and prevention
- Social protection systems
- Economic security
- Good quality infrastructure
- Access to services
- Social and gender equality

COMMUNITY

Example risks

- Exposure to peer or community violence and/or sexual abuse
- Limited access to recreational activities
- Limited, inaccessible mental health services
- Urban living

Example protective factors

- Access to quality health, education and social services
- Safe and healthy school environments
- Community cohesion
- Physical security and safety
- Positive social networks
- Social supports
- Green spaces

FAMILY

Example risks

- Substance use by mother during pregnancy
- Caregiver mental health problems
- Economic instability and poverty
- Family conflict
- Separation from the family (e.g. residential care)
- Maltreatment and/or violence in the home
- Being from an ethnic minority

Example protective factors

- Good perinatal nutrition
- Positive family functioning and relationships
- Positive home environment
- Employment and financial security

INDIVIDUAL

Example risks

- Genetic factors (e.g. family history of mental health conditions)
- Chronic health conditions
- Injury
- Low education
- Alcohol and drug use
- Unhealthy or deficient diet
- Obstetric complications at birth

Example protective factors

- Genetic factors (e.g. genetic variations related to potential benefits in neurological and cognitive functioning)
- Good social and emotional skills
- Good physical health and nutrition

Examples of risks and protective factors that influence the mental health of children and young people.

Promotion and prevention

Identifying and intervening on the factors that influence mental health.

INDIVIDUAL CAPITAL



- **Behaviours and skills** to buffer stress and build resilience

SOCIAL CAPITAL



- **Norms, networks and institutions** that build trust and social relations

STRUCTURAL CHANGES



- Daily **living and working conditions** that enhance capacity for well-being.

Source: World Mental Health Report, 2022

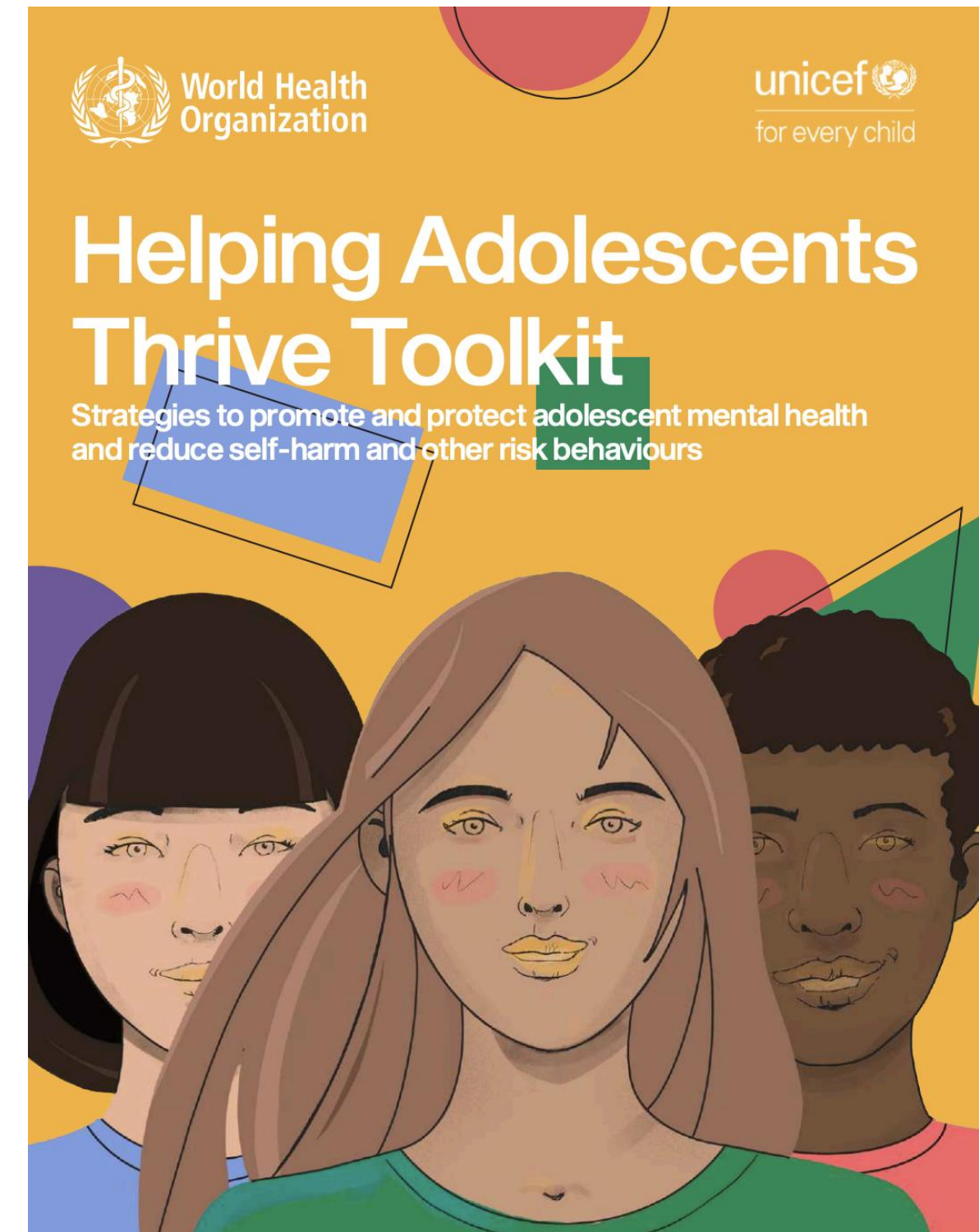
Poverty and
financial risk

Work
Education
Housing

Discrimination

Helping Adolescents Thrive (HAT)

- HAT is a promotion and prevention-focused initiative of WHO, in partnership with UNICEF
- The Toolkit includes a core set of evidence-informed strategies to promote and protect adolescent mental health.
- These strategies focus on a comprehensive, multilevel approach to promotion and prevention, including:
 - implementation and enforcement of laws and policies
 - strengthening environments to promote and protect adolescent mental health
 - provision of support to parents and other caregivers
 - psychosocial interventions for adolescents



Strengthening youth mental health services

In many places, mental health services for children and young people do not exist.

When they do, often:

Fragmented

Inequitably distributed

Not developmentally appropriate

Violate human rights



Investing in the mental health of children and young people is essential.

Improves well-being and quality of life

Reduces costs of public services

Increases potential for future earnings



There is a substantial return on investment.

Children do better in schools.

Interventions for adolescent mental health offers a return on investment of 23.6 and a cost of \$102.9 per DALY averted over 80 years.



Towards transformative change

There is **no single best model** for organizing mental health services.

But, **every country can take steps** to expand, develop and re-organize services for children and young people.



**Mental health
of children and
young people**
Service guidance



World Health
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unicef



Intersections between social determinants and mental health services

Effective services must consider not just individual needs, but also the social and environmental conditions in which children grow up.

For example, services should:

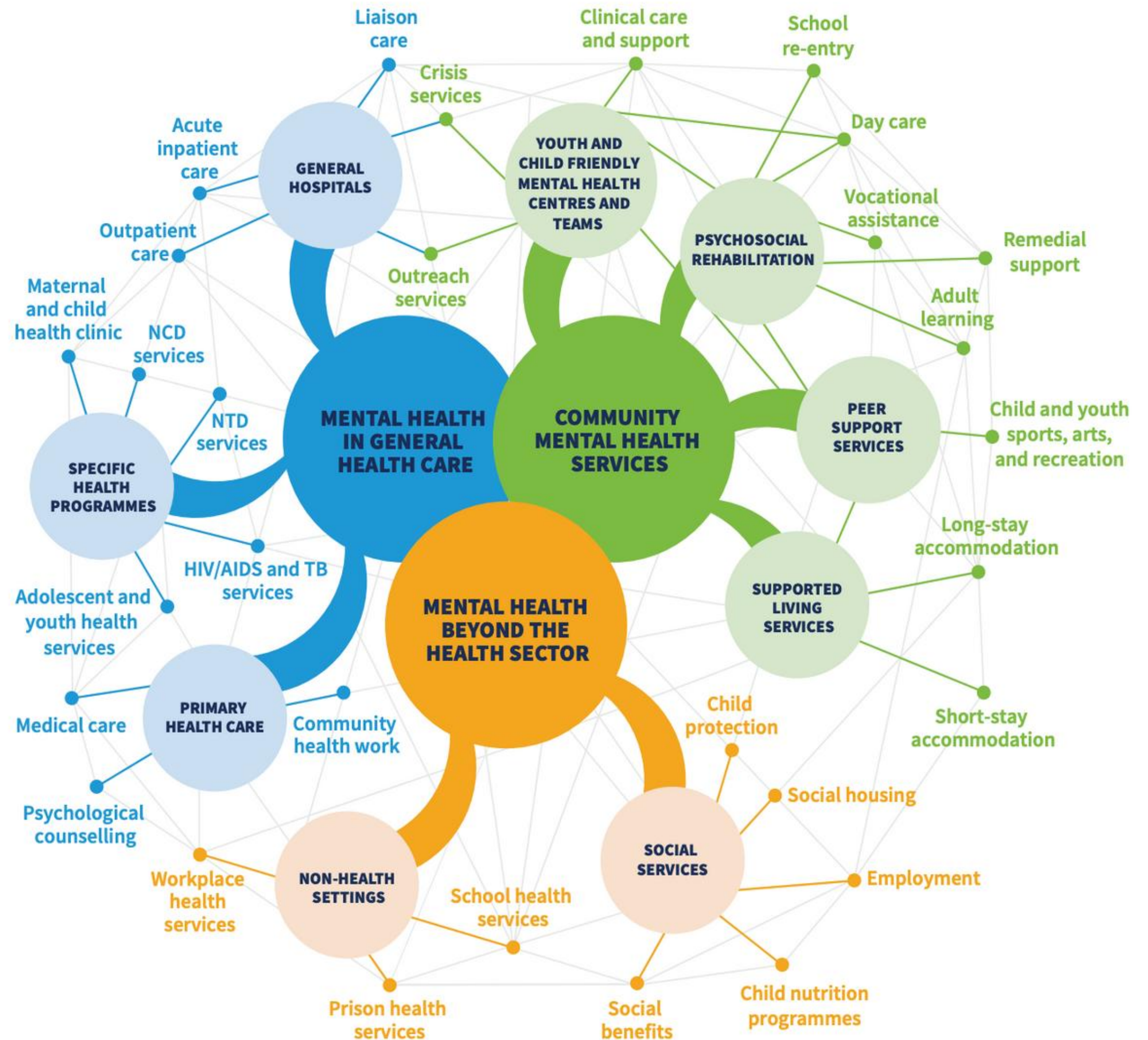
- Engage families, schools and communities to promote enabling environments, mobilize resources and address risks.
- Share responsibility for delivering community-based mental health services, ensure multisectoral services are integrated with clear care pathways
- Prioritize access for marginalized groups.

Network of services

Interconnected, intersectoral services should:

- Deploy a diversified workforce, consisting of specialists and non-specialists
- Offer different levels of care depending on needs

Social protection services a key platform.



Good practice examples

Providing one-stop services

In **Australia**, Headspace:

- One-stop service for young people aged 12–25 years with mental health conditions and related substance use
- Model expanded and adapted to other settings, including **Denmark**, where majority of lay counselors are volunteers, including peer counsellors.

Integrating with poverty reduction programmes

In **Sierra Leone**, Youth Readiness Intervention (YRI):

- Supports war-affected young people deal with symptoms of post-traumatic stress disorder and interpersonal challenges that impede their progress at school and work.
- YRI integrated into the income-improvement training programme, to address their mental health problems while simultaneously getting ready for employment.

Good practice examples

Providing school-based services

In **Finland**:

- A multidisciplinary health and welfare team is embedded into every school
- Students meet the school nurse every year and are offered an appointment with the school doctor at specific points.
- Teachers are encouraged to contact the health and welfare team with any concerns

Reducing risk for reoffending or harmful behaviours

In **Chile**, Lazos:

- Provides a family programme for young people who have engaged in criminal behaviour or displayed at-risk behaviours
- Three levels of support depending on need, including parenting support and/or specialist, individualized, home-based support.

Good practice examples

Reaching out-of-school girls

In Uganda, the BRAC-StrongMinds initiative:

- Embeds mental health support into clubs that offer safe spaces, mentoring, and vocational training to out-of-school girls
- After noting an unmet need for mental health support the girls' clubs partnered with StrongMinds to provide group-based, culturally adapted interpersonal therapy
- Evaluation of the impact on mental health, school enrolment and pregnancy underway

Linking with social protection

Mental health services can have clear linkages to social protection interventions:

- Direct young people and families to services as a part of a comprehensive approach to addressing mental health concerns.
- Reduce the financial barriers that often prevent young people from seeking care

The UNICEF and WHO Joint Programme for Child and Adolescent Mental Health, Psychosocial Wellbeing, and Development



Strengthen leadership, governance and advocacy

An increased number of countries implement multisectoral and multi-stakeholder strategies and actions for mental health and psychosocial well-being for children and adolescents.



Strengthen service delivery and care systems

An increased number of countries can offer improved access to quality care services (across health, education and social services/child protection services) for children and adolescents with mental health and neurological conditions, and their caregivers.



Improve promotion and prevention in mental health

An increased number of countries are able to offer nurturing, supportive environments for children and adolescents and opportunities for them to strengthen cognitive and socioemotional skills.

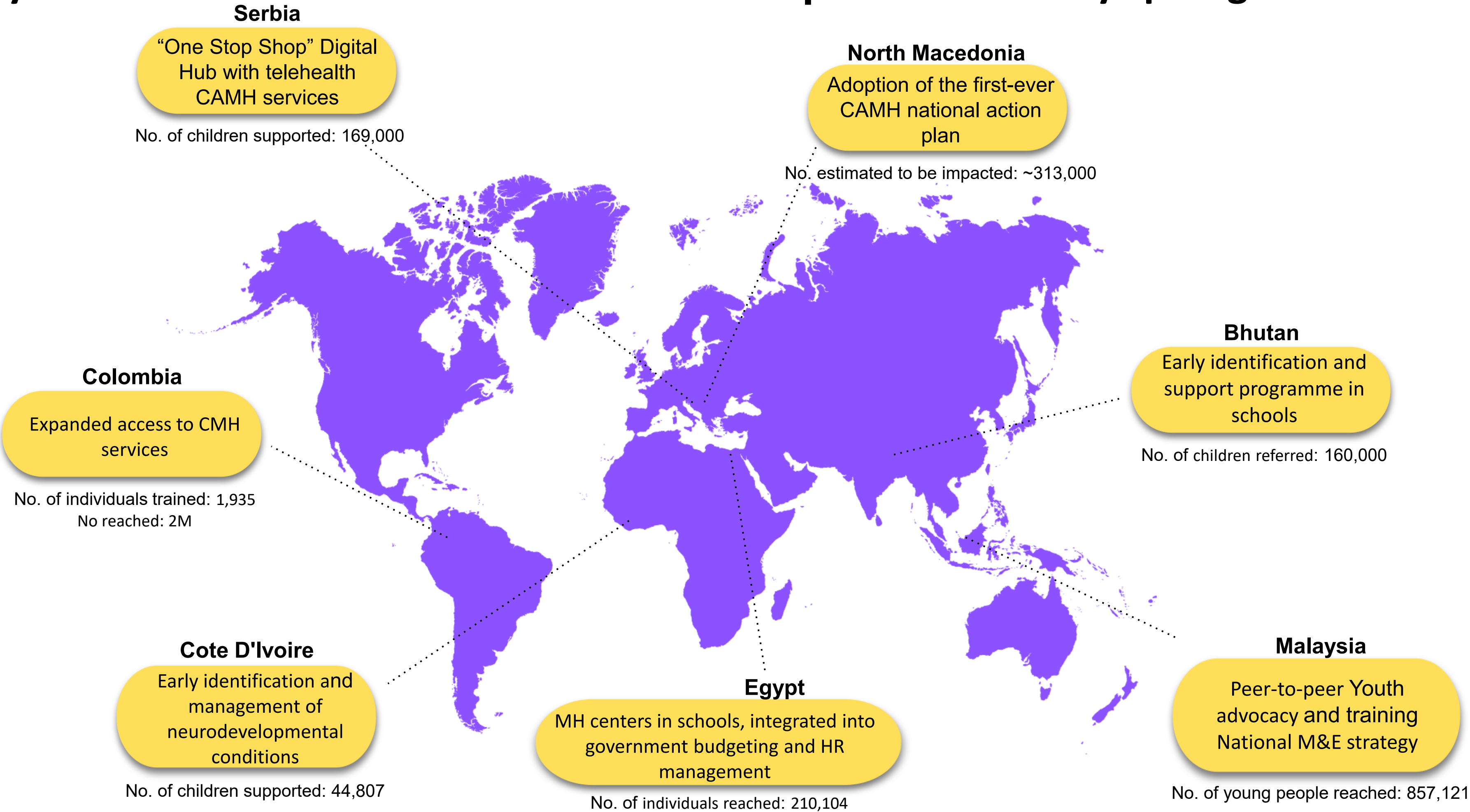


Strengthen information systems, evidence and research

An increased number of countries are able to generate and use quality data and evidence to inform multisectoral actions and policies for mental health and psychosocial well-being and development of children and adolescents

There are **13 focus countries** participating in the first phase of this initiative: Albania, Bhutan, Colombia, Cote D'Ivoire, Guyana, Jordan, Egypt, Malaysia, Maldives, Mozambique, North Macedonia, Papua New Guinea, and Serbia.

Key achievements from the foundational phase: Country spotlights



Contributions and enablers

Catalytic funding to accelerate action for transformative change

A focus on sustainable, scalable solutions for prevention and care

Continued advocacy for and accountability to CAMH commitments

Knowledge exchange through global, regional and country level opportunities

Strengthened in-country capacity and coordination across sectors

Implementation of local solutions across strategic areas

All children & adolescents achieve the highest possible standard of mental health and psychosocial wellbeing and development

Established foundational collaborative structures in countries and regions, across UNICEF, WHO, governments and local stakeholders

Identified catalytic opportunities for service strengthening across prevention and care

Outputs and resources

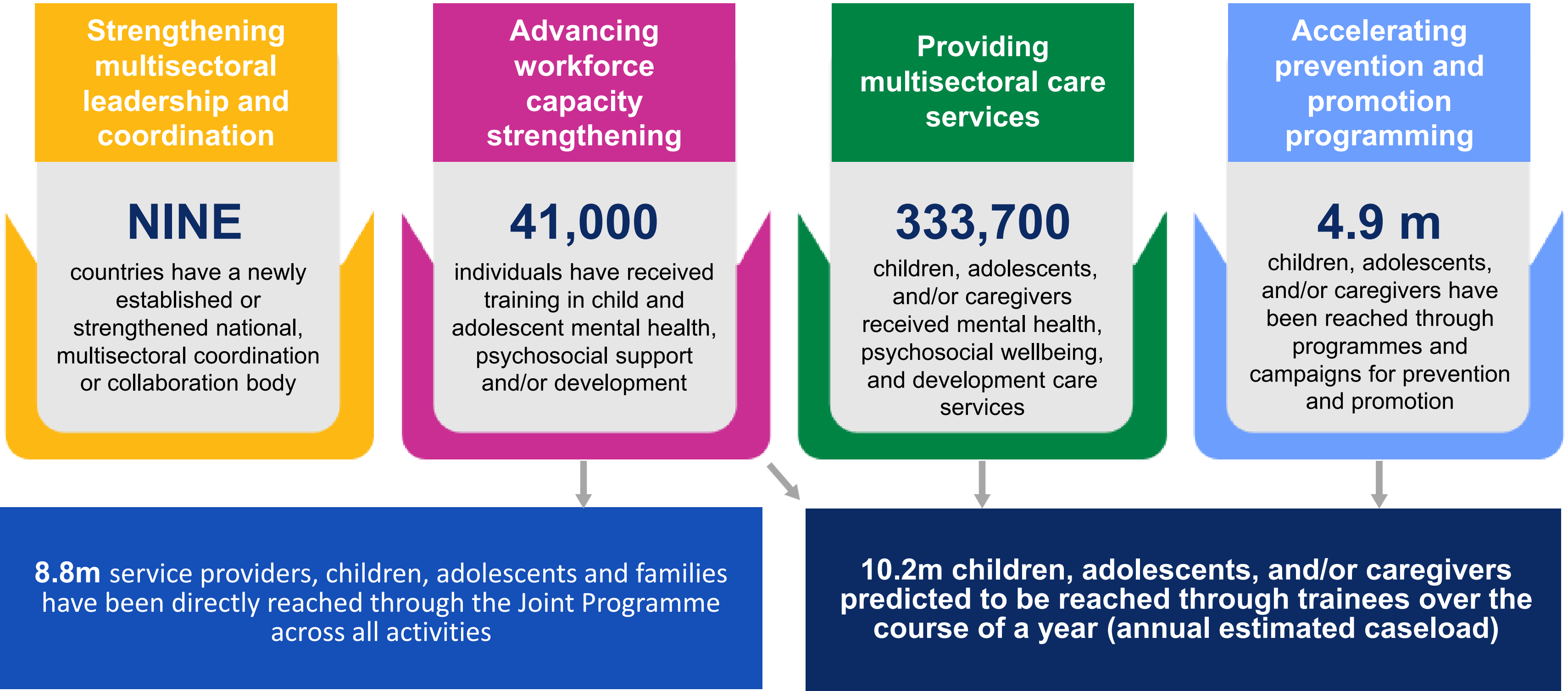
Global and country cases for support and action plans

Partnerships with NGOs, and civil society, young people and caregivers

Core set of priority indicators to effectively capture key results and impact

Mapping reports on resources, quality and availability of services

Key achievements from the foundational phase





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Thank you

