



Commentary

Bringing a Wider Lens to Adolescent Mental Health: Aligning Measurement Frameworks With Multisectoral Actions



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The majority of mental health problems commonly emerge in adolescence, coinciding with a pivotal point in individual development that lays the foundations for future and intergenerational health [1]. As a result, poor mental health in adolescence can impact on educational attainment, social relationships, societal productivity, and quality of life in the short and long term, and potentially across generations [2,3]. Yet, policy and practice responses to address poor adolescent mental health have been inadequate almost everywhere. Even in high income countries where there have been substantial investments in early clinical intervention, there has been little shift in the population prevalence of adolescent mental disorders [4]. There is a growing need to rethink mental health problems in this developmental window, both in strengthening treatment responses, and also investing in mental health promotion and prevention. Programmatic and policy actions must include efforts to measure the burden of adolescent mental health problems and their determinants so as to ensure that actions are responsive to varying and often complex needs. Furthermore, there is a need to both monitor the impact of any investments to ensure accountability, and to build the evidence base for effective actions [2].

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World Health Organization's (WHO) widely accepted definition affirms that good mental health is more than the absence of disease. To be mentally healthy is to have "the capacity for thought, emotion and behaviour that enables individuals to realise their own potential, cope with normal stresses, to study or work productively, and to contribute to society" [5]. There are challenges however in translating this holistic definition into country policies and programming. If mental health is the embodiment of a life well lived, what does a scalable approach (across age, gender, and culture) include? Clinical guidelines (such as WHO's mental health Gap Action Programme [mhGAP]) [6] focus on identifying and managing mental disorders through primary healthcare services. This approach helps to address disease [3], but risks neglecting opportunities across sectors and within communities for broader mental health promotion and prevention that are perhaps most critical during adolescence, a time characterized by rapid change in interpersonal relationships, identity, health behaviors, and service access [2]. Importantly, how do we operationalize a framework that recognizes that adolescent mental health is situated in a broader environment that includes family, peers, and community, all of which should be taken into account when working toward enhancing the psychosocial well-being of adolescents? And what are the opportunities for sectors outside of health, particularly education and social welfare? We propose a pragmatic conceptualization that enables a public health response, framing adolescent mental health around broader opportunities for intervention (Figure 1).

Mental health promotion: addressing the structural determinants of adolescent mental health

The determinants of adolescent mental health include structural factors such as poverty, social inequality,

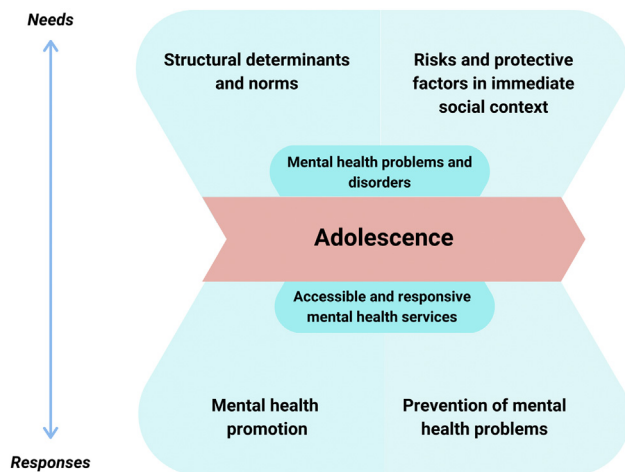


Figure 1. A conceptual framework for adolescent mental health aligned with public health responses. This figure shows key adolescent mental health needs and actions for response. Adapted from conceptual framework for adolescent health [2].

marginalization, exposure to war and social upheaval, educational availability, and quality employment and training opportunities for older adolescents. Other determinants of mental health include norms (cultural, social, and gender), which are informal rules that govern behaviors and perceptions. Social norms of relevance to adolescent mental health include those related to adolescent autonomy, community participation and voice, gender identity, educational participation, sexual activity, substance use, and other risk behaviors, and those relating to exposure to violence. Shifting these norms and promoting positive mental health require a comprehensive approach that ensures legislation is enacted to protect young people from adverse exposures to violence, abuse, and incarceration, and increase access to treatment and support services. Further to adolescence being a developmental period shaped by structural determinants and norms [7], adolescents and their engagement as “social actors” can also powerfully shift determinants and norms for societies [8].

Prevention of mental health problems in the immediate social context

Social and structural determinants shape the immediate social context of adolescents (including communities, peers, families) which can provide accessible opportunities for prevention of mental health problems. For example, recent high-quality school-based trials with a focus on positive school engagement and reducing bullying have demonstrated significant improvement in adolescent mental health [9,10]. Helping adolescents increase their capacity and skills for interacting with their social context can also be important. Results from a meta-analysis also showed that universally delivered interventions with components that strengthen adolescent interpersonal skills, emotional regulation, substance use education, mindfulness, problem solving, assertiveness, and stress management can improve adolescent mental health outcomes and reduce risk behaviors [11]. Digital platforms have also emerged as an important focus of interventions. From staying connected to peers to learning new skills, accessing education and job

opportunities, the internet and digital tools can promote and protect adolescents’ mental health and well-being. However, the increasing uptake of digital media can also heighten emotional risks from cyberbullying and other forms of online abuse. This rapidly shifting engagement with the world through digital platforms requires novel approaches to safeguarding our children and young people.

Accessible and responsive mental healthcare to address mental health problems and disorders

Mental health problems are best conceptualized on a spectrum; at one extreme is positive mental health (or a positive sense of well-being) while at the other is mental health problems and disorders (or poor psychosocial well-being). Symptoms of mental health problems include disturbances in thought, emotion, behavior, and relationships with others, leading to disruption of daily life [3]. Common mental disorders are often characterized by symptoms of unhappiness, loneliness, excessive worries, anxiety, sleep disturbance, and poor social functioning [6]. Adolescent mental disorders can be externalizing in nature (including conduct disorder and attention deficit disorder that have clear behavioral impacts) or more internalizing (such as depression and anxiety), and as such, be less conspicuous. All heighten risks for suicide and self-harm, especially in adolescence. Responsive health services [12], characterized by accessibility, acceptability, and affordability (physical and financial enabling of confidential care), and developmentally appropriate healthcare, are foundational to addressing and managing mental health problems.

Improved strategies for adolescent mental health

Figure 1 highlights the opportunities for adolescent mental health promotion and prevention at a population level across sectors including health, education, and social welfare. It places structural determinants and the immediate social context side-by-side rather than the more traditional hierarchal configuration, reflecting the reciprocal relationships between the two. Many interventions for mental health promotion and prevention of mental disorders are packaged together (e.g., WHO-UINCEP Helping Adolescent Thrive), while also facilitating access to mental healthcare [13]. This perspective focuses not only on intervention at the individual level, but places greater emphasis on the social ecology conducive to positive mental health that young people grow and live in, rooting mental health support within family and community systems. Structural determinants must be met with structural interventions. For example, young people of diverse sexual and gender identities are at risk of poor mental health, but this risk largely stems from the stigma and discrimination they experience rather than being intrinsically related to their identity [14]; interventions must therefore focus on shifting norms.

The availability of appropriate data remains a foundation for broader action in adolescent mental health. Limited data collection efforts to date have focused on adolescent health risks (such as bullying), with sparse data on adolescent mental health outcomes [15], and even less on key determinants, including norms. Efforts to develop validated adolescent measures of population mental health (including through United Nations Children’s Fund’s Mental Health Among Adolescents at the Population Level initiative) [16] will enable the inclusion of high-quality measures in population or school-based surveys, enabling more nuanced understandings of risks and determinants. UN initiatives, including through the

forthcoming UN Youth Health Report, are bringing an emphasis on inclusive social policies to address the structural determinants of mental health. These efforts will ultimately have benefits that extend beyond a reduction in mental disorders, optimizing the capabilities and quality of life of this generation.

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