

Protecting the Mental Health of Young People: Opportunities for Social Policy and Program Impact

Background

- Mental health conditions, such as depression and anxiety, account for 16% of the global burden of disease and injury among the world's 1.2 billion 10-19-year olds^{1 2}
- Suicide is among the top 5 leading causes of adolescent deaths in high, middle, and low-income countries, with higher rates among adolescent girls³
- 75% of mental illnesses manifest by age 24, and 50% by the mid-teens⁴
- Indirect costs of mental disorders, including stigma and barriers to mental health care, amounted to \$1.7 trillion USD in 2010 due to lower economic growth and worker productivity.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.^{5 6} The burden of suboptimal mental health is enormous both during adolescence and into adulthood, and it also influences the well-being of the next generation.⁷ Furthermore, the rising epidemic of mental ill health impacts the ability of countries to leverage human capital that is critical for sustainable development. Young people are susceptible to the risk factors of mental ill health today more than ever, one of which includes homelessness and displacement which is increasingly on the rise among this population.^{2 3}

Addressing the mental health of young people today requires a comprehensive response that built upon:

Multisectoral collaboration in tackling common risk factors and systems barriers to accessing quality services and support. Firm commitment to coordinate on policies and programmes across sectors (e.g. health, education, social protection, finance, urban planning, technology and communication) are needed to curb the rising global trends in mental ill health.^{4 5}

Mental health and social policies can be linked through an approach of addressing social determinants of mental health, and in mainstreaming mental health considerations into social policies. In some member states, whole of government approaches to mental health have enabled service points such as the education, child protection, social welfare systems to refer customers with mental health issues to relevant services, and to address risk factors that can worsen mental health. This side event will explore some of these linkages and successful cross-sectoral collaborations.

Partnership with adolescents and youth to create youth friendly, stigma-free cultures of care. Young people are potentially the most powerful agents in determining their own well-being and meaningful engagement of young people helps to create policies and services which improve health and broader

¹ Trautmann, S., Rehm, J., & Wittchen, H. U. (2016). The economic costs of mental disorders: Do our societies react appropriately to the burden of mental disorders?. *EMBO reports*, 17(9), 1245–1249. doi:10.15252/embr.201642951

² Kataria, I., Hale, J., Watkins, D., Kulkarni, N., Hutchinson, B. and Nugent, R., Reducing Noncommunicable Disease Risk Factors in Adolescents: An Investment Case for Kenya.

³ Nugent, R., Hale, J., Hutchinson, B., & Watkins, D. Investment Case for Reducing Noncommunicable Disease Risk Factors in Adolescents.

⁴ Juma, Pamela A., et al. "Multi-sectoral action in non-communicable disease prevention policy development in five African countries." *BMC public health* 18.1 (2018): 953.

⁵ Global accelerated action for the health of adolescents (AA-HA!): guidance to support country implementation. Geneva: WHO 2017

societal outcomes.^{6 7} Greater engagement by adolescents in their health and well-being is positively associated with improvements in quality of care, overall programme effectiveness and equity.^{8 9}

Objective:

This side event aims to raise awareness on mental health among young people and highlight opportunities for social policy and programmatic action. The event will bring to the forefront voices of young people and those who have worked beside them to shaping the discussion on public policy and programming.

Format: Facilitated Q&A discussion with a panel

Opening Remarks: Permanent Mission of Ecuador to the United Nations

Panelists:

- Dr. Willibald Zeck, Chief of Maternal Newborn Adolescent Health, UNICEF
- Daniel Zavala Porras, Minister Counselor, Permanent Mission of Costa-Rica
- Amb. Richard Arbeiter, Deputy Permanent Representative of Canada to the United Nations
- Aminata Fall, Youth Representative, Senegal
- Olivia Tan, Youth Representative, Singapore

Moderator: Li Zhou, Division for Inclusive Social Development, UN DESA

Lead Discussants:

- Tarek Enzzine, International Federation of Medical Students Associations
- Razan Alaqil, Youth Representative, Saudi Arabia

Questions from the floor:

- Satvik Sethi, Youth Representative, India
- Dr. Enes Efendioglu, PMNCH, Turkey

⁶ Global accelerated action for the health of adolescents (AA-HA!): guidance to support country implementation. Geneva: WHO 2017

⁷ Patton GC, Sawyer SM, Santelli JS, Ross DA, Afifi R, Allen NB, et al. Our future: a Lancet commission on adolescent health and well-being. Lancet. 2016;387(10036):2423–78.

⁸ Lal A, Bulc B, Bewa MJ, Cassim MY, Choonara S, Efendioglu E, et al. Changing the narrative: responsibility for youth engagement is a two-way street. Lancet Child Adolesc Health. 2019;3(10):673–518.

⁹ Sebastian RA, Ramos MM, Stumbo S, McGrath J, Fairbrother G. Measuring youth health engagement: development of the youth engagement with health services survey. J Adolesc Health. 2014;55(3):334–40.