

Bridging the Gap in Global Youth Mental Health

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ORGANIZATION

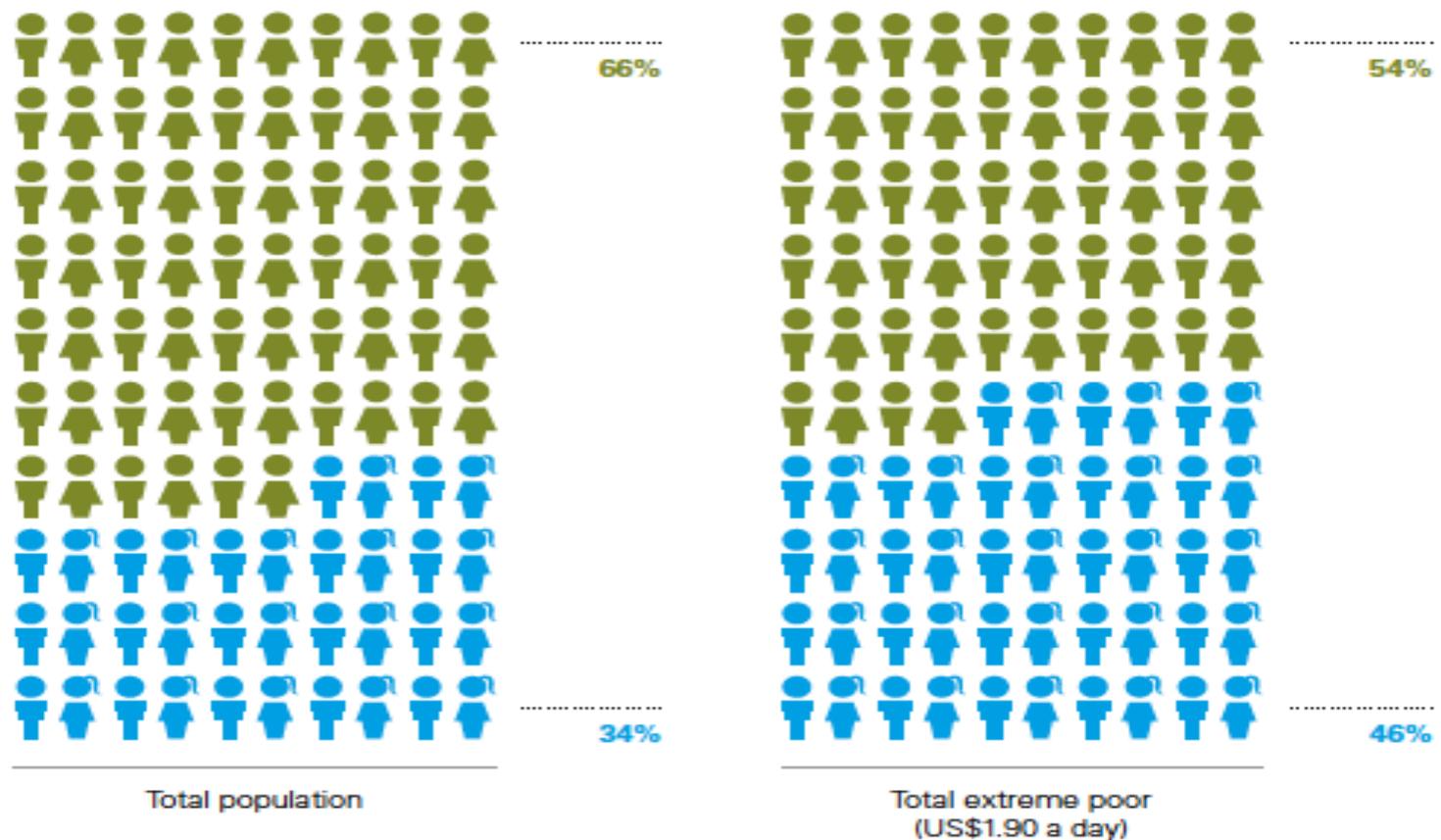
The World's Population of Young People

- ~1/3 world's pop < 18rs
- 10-20% young people experience mental health problem



A disproportionate share of children live in extreme poverty

Percentage of children under 18 among the total population and the extreme poor, in low- and middle-income countries, 2012



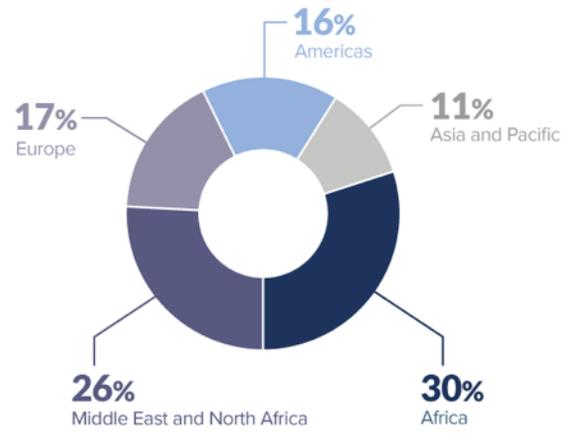
Estimates are presented as the share of children among the total extreme poor. The analysis considers how the age profile of the extreme poor evolves depending on changes in the age composition of the population, and fertility rates by wealth quintile.

The analysis does not include the Middle East and North Africa or Europe and Central Asia due to lack of data and low poverty rates.

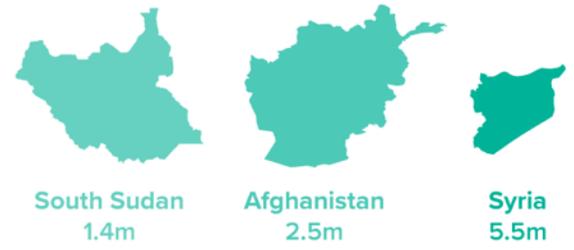
Percentages for all low- and middle-income countries are estimated based on World Bank data for Sub-Saharan Africa, South Asia, and the Latin America and Caribbean regions. Data for other regions were not available at the time of calculation.



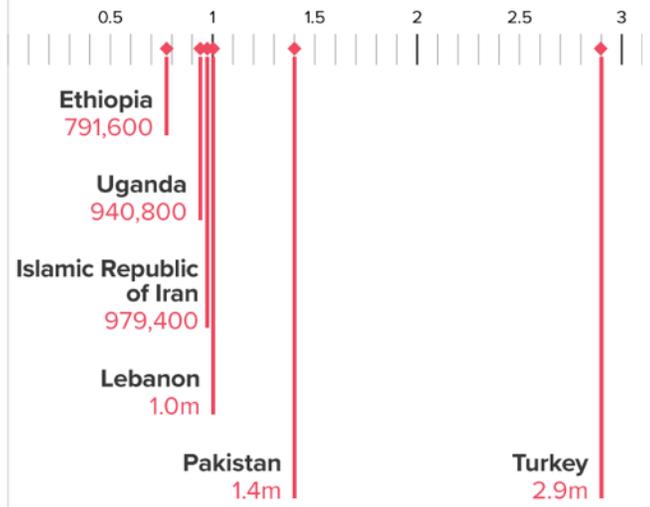
Where the world's displaced people are being hosted



55% of refugees worldwide came from three countries



Top hosting countries



Psychosocial Wellbeing of Young Refugees

- Higher prevalence of psychological distress compared with local populations
- Social and behavioural problems
- Acculturation stress
- Academic problems and disrupted education
- Unaccompanied minors



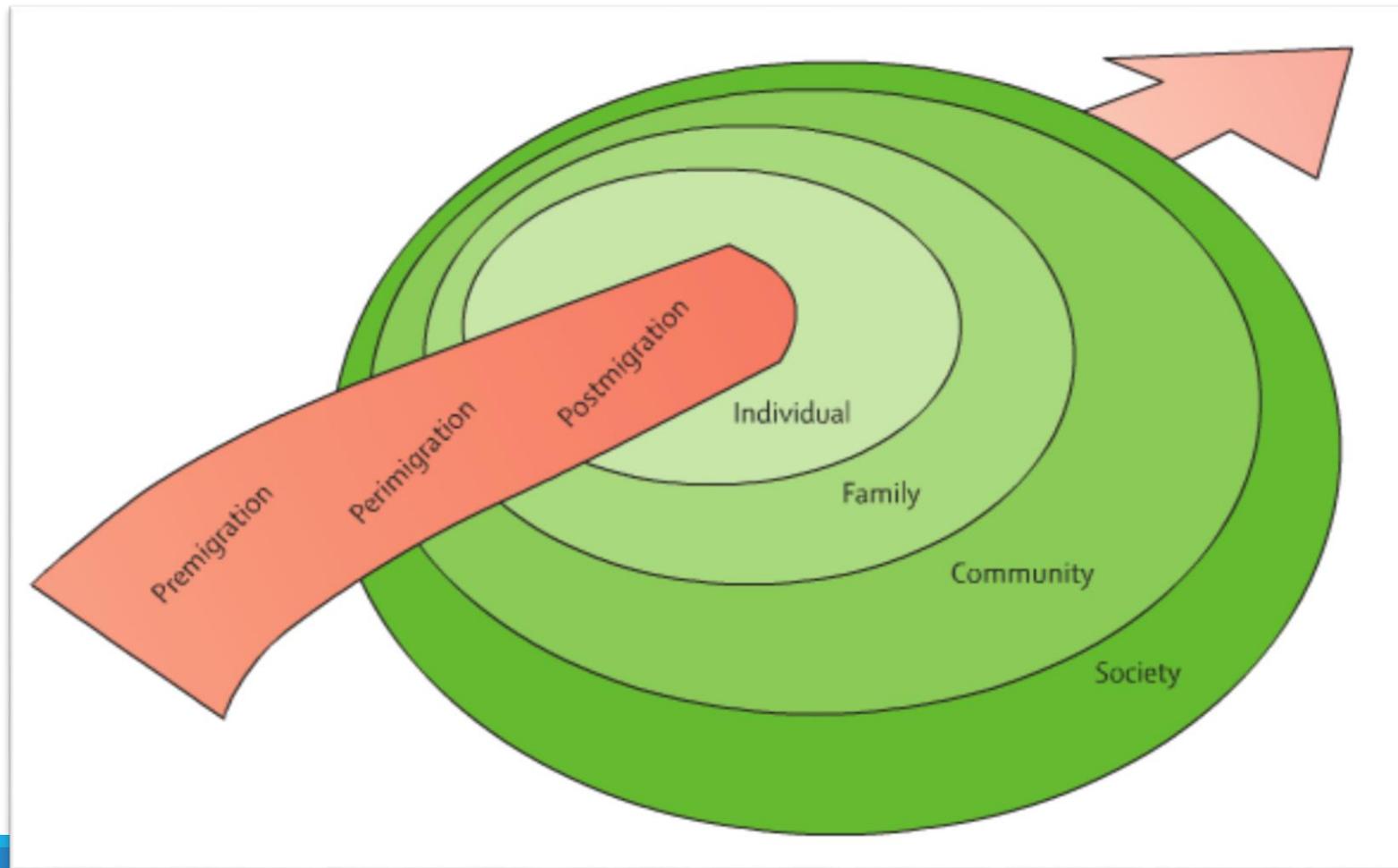
Risk & Meditating Factors

- Past trauma
- Current life adversities
- Family-related factors: parental mental illness, parenting capacity
- Societal and cultural factors: adaptation, language, school, community



*At least 50% displaced
Syrian children in Turkey
had been exposed to 6+
traumatic events and 74%
had experience the death of
a significant other
(Özer et al. 2013)*

Ecological & Chronological Framework



A conceptual framework to understand the ecological and chronological determinants of mental health in forcibly displaced children

Reed, R. Fazel, M., Jones, L., Panter-Brick, C. & Stein, A. (2012). Lancet, 379, 250.

Barriers to Treatment

Client

- Access
- Stigma

Development

- LMICs under researched
- Cultural adaptation
- Divide between academia and operational agencies

Implementation

- Policy and expenditure
- Trained staff

Interventions need to be...

- Easily accessible
- Attractive to young people
- Evidence-based
- Cost-effective
- Transdiagnostic
- Adopt task-shifting approach
- Local organisations and govts involved in development and research
- Tested in LMIC contexts
- Further research on implementation stage

Interventions

1. Addressing past trauma
 - Processing of the trauma memory is key
2. Family-based or parenting programs
 - Little evidence especially in LMICs
3. Multi-tiered or multimodal interventions
 - Show promise

Community-Implemented Trauma Therapy for Former Child Soldiers in Northern Uganda A Randomized Controlled Trial

Verena Ertl, PhD

Anett Pfeiffer, MSc

Elisabeth Schauer, PhD

Thomas Elbert, PhD

Frank Neuner, PhD

Context The psychological rehabilitation of former child soldiers and their successful reintegration into postconflict society present challenges. Despite high rates of impairment, there have been no randomized controlled trials examining the feasibility and efficacy of mental health interventions for former child soldiers.

Objective To assess the efficacy of a community-based intervention targeting symptoms of posttraumatic stress disorder (PTSD) in formerly abducted individuals.

Soc Psychiatry Psychiatr Epidemiol (2013) 48:1851–1859

DOI 10.1007/s00127-012-0630-6

ORIGINAL PAPER

A controlled evaluation of a brief parenting psychoeducation intervention in Burundi

M. J. D. Jordans · W. A. Tol · A. Ndayisaba ·

I. H. Komproe

OPEN ACCESS Freely available online

PLOS MEDICINE

Health in Action

Implementation of a Mental Health Care Package for Children in Areas of Armed Conflict: A Case Study from Burundi, Indonesia, Nepal, Sri Lanka, and Sudan

Mark J. D. Jordans^{1,2*}, Wietse A. Tol^{1,3}, Dessy Susanty⁴, Prudence Ntamatumba⁵, Nagendra P. Luitel⁶, Ivan H. Komproe^{1,7†}, Joop T. V. M. de Jong^{8,9†}

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WHO's Early Adolescent Skills for Emotions

- 10-14 year olds
- Exposed to adversity
- Internalising symptoms
- 7 group sessions
- 3 caregiver sessions (aim to improve child-parent relationship)



EASE: Core Strategies

Youth Sessions	Caregiver Sessions
<ul style="list-style-type: none"><li data-bbox="249 525 677 568">• Identifying feelings<li data-bbox="249 639 652 682">• Arousal reduction<li data-bbox="249 753 937 796">• Behavioural activation (adapted)<li data-bbox="249 868 616 911">• Problem solving<li data-bbox="249 982 677 1025">• Relapse prevention	<ul style="list-style-type: none"><li data-bbox="1299 525 1839 568">• Mental health education<li data-bbox="1299 639 2033 682">• Responding to their child's distress<li data-bbox="1299 753 1600 796">• Quality time<li data-bbox="1299 868 1472 911">• Praise<li data-bbox="1299 982 1717 1025">• Caregiver self-care



**SCALING UP PSYCHOLOGICAL
INTERVENTIONS WITH
SYRIAN REFUGEES**

STRENGTHS

<https://strengths-project.eu/en/strengths-project/>

Further Reading

- Child & Adolescent Mental Health – current issue (Nov 2017)
- Panos Vostanis: CAMH 2017; British Journal of Psychiatry 2014
- Mina Fazel: Lancet Global Health 2014; PLoS One 2014; Clinical Child Psychol & Psych 2009
- Heidi Ellis: J Child Adolesc Trauma 2011