

# CHILD AND ADOLESCENT MENTAL HEALTH & WELLBEING: CHALLENGES, SCALABLE STRATEGIES, AND SOLUTIONS

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January 18, 2024

Dr. Zeinab Hijazi, MSc, PsyD  
Global Lead on Mental Health  
UNICEF HQ, New York

## Scalable psychological interventions: Quo vadis?

An international symposium on the effectiveness, challenges, implementation and future developments of scalable psychological interventions





# Understanding the Challenges



# The Global Picture

**1 in 4 children** live with a parent who has a mental health condition

**More than 1 in 7 adolescents** aged 10–19 is living with a diagnosable mental disorder globally

Half of all mental health conditions **start by 14 years of age** and three quarters by age 25

Most cases, while treatable, go **undetected and untreated**



**Globally, over 200 million children live in areas affected by armed conflict, while more than 30 million have been forcibly displaced.**

**Children and young people in humanitarian emergencies are facing unparalleled levels of vulnerability.** Children in humanitarian contexts are at a heightened risk of experiencing short- and long-term mental health issues







**Every 11 minutes**  
A child between the ages of 10 and 19 takes their own life  
somewhere in the world.



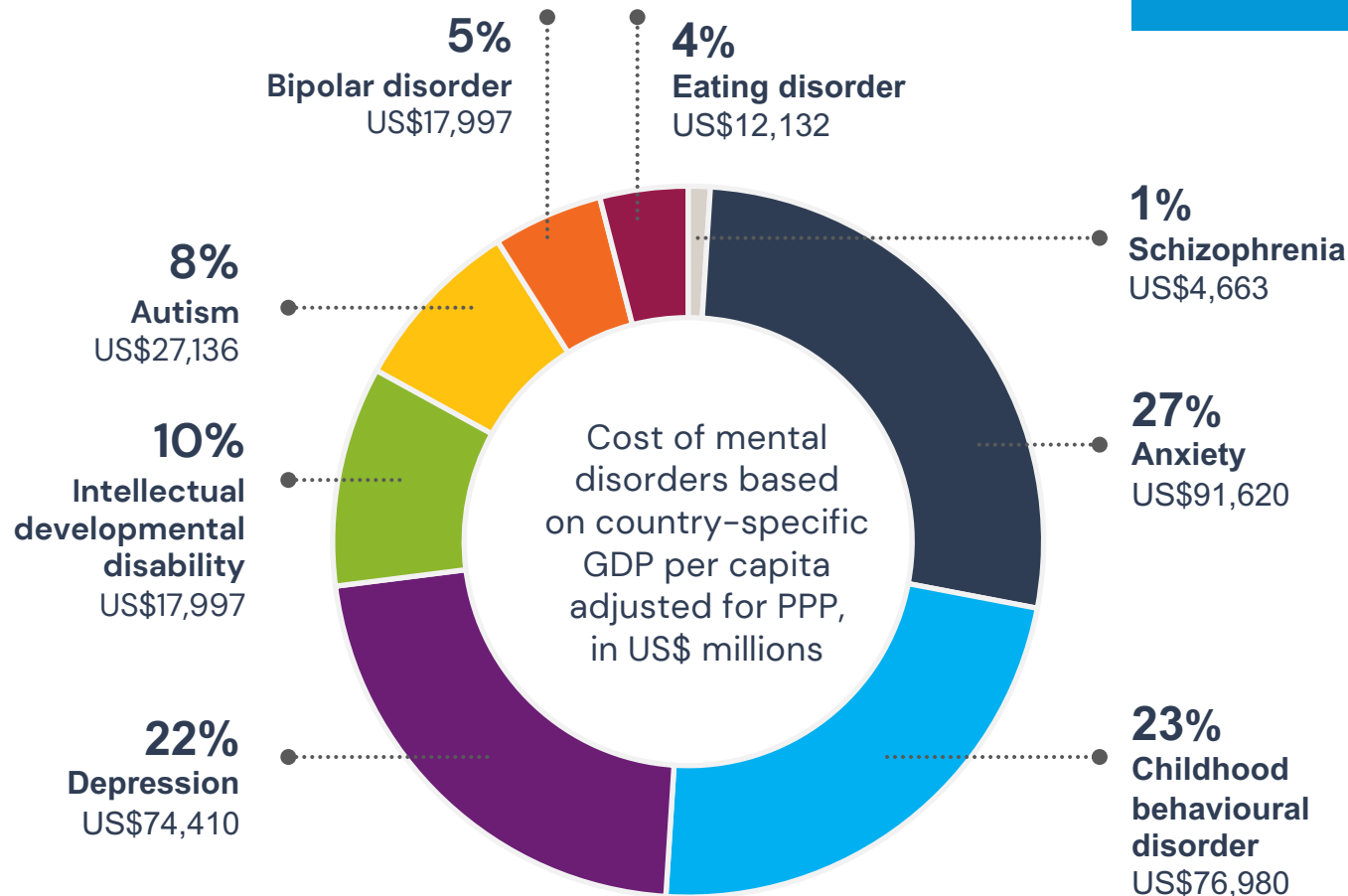
# 2%

the average proportion of  
government health  
budgets allocated to  
mental health



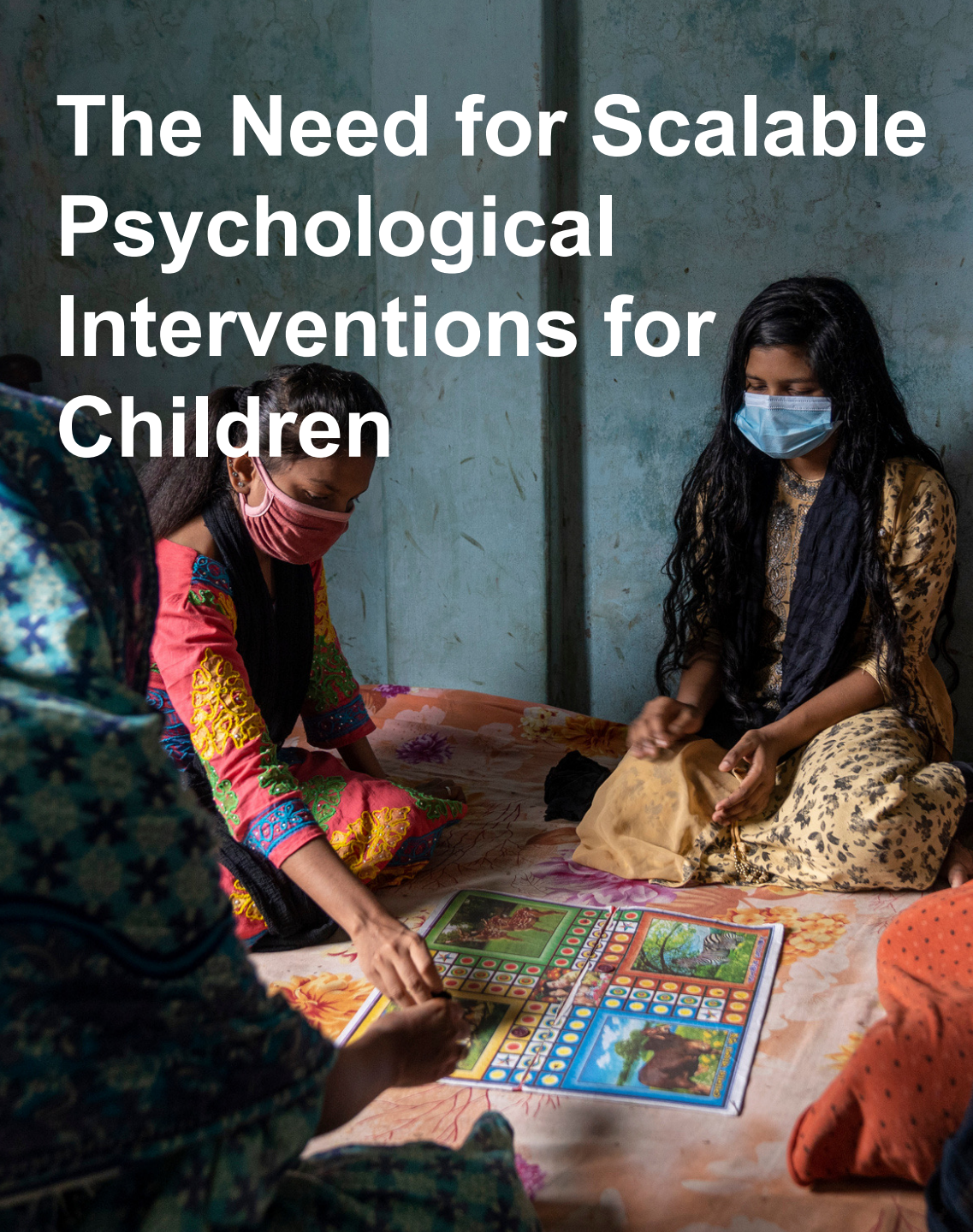
# Cost of human potential lost: **\$387.2 billion/year**

Due to mental health conditions and suicide in children and adolescents





# The Need for Scalable Psychological Interventions for Children



- Poor mental health is a major contributor to the global burden of disease
- The COVID-19 pandemic, as well as forced displacement due to conflicts and climate-related disasters exacerbate inequities
- Exposure to such adversities results in exposure to various stressors leading to increased rates of psychological disorders
- Yet, the mental health treatment gap is estimated to be as high as 90% in some settings, i.e., only 10% of those children needing mental health support receive adequate care





## Treatment Gaps & Barriers to Accessing Care

### LIMITED ACCESS TO SERVICES

Determinants of mental health including geographical, financial, and systemic factors

### SHORTAGE OF MENTAL HEALTH PROFESSIONALS

Exacerbates the challenge of providing timely and effective care

### CULTURAL AND LINGUISTIC BARRIERS

Hinders effective communication and understanding of mental health needs

### STIGMA AND MISCONCEPTIONS

Prevent young individuals from seeking help and support



**Scalable interventions that can be delivered by non-specialised providers and reach more children with fewer resources are essential for reducing this treatment gap and ensuring a more positive trajectory for generations of children**

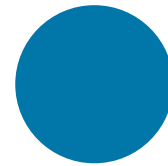
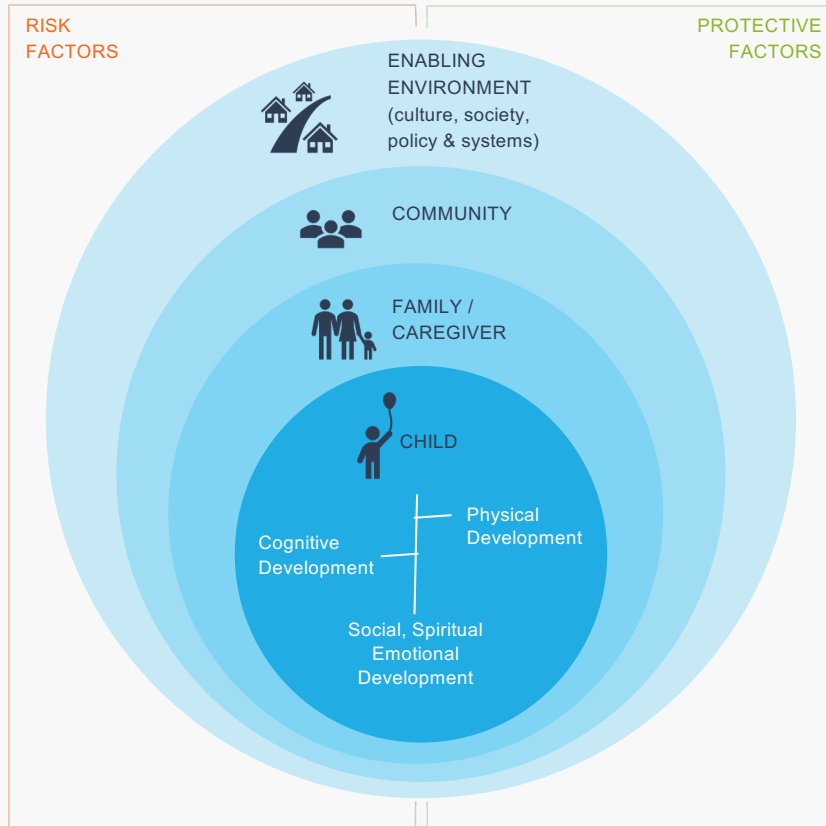


# Scalable Strategies for Mental Health Support

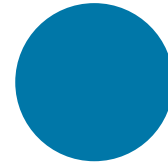




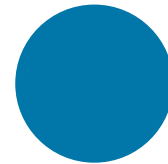
# The good news is we know what works!



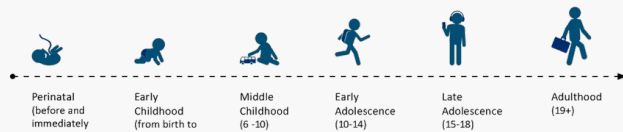
**Multisectoral approach** across Health, Child Welfare and Protection & Education



**Life course & Developmental Stage** Approach from pre-birth to adulthood



**Social Ecological Model** and Enabling Environments





INTEGRATION OF GENDER, DISABILITY AND INCLUSION





# Pillars for successful “Scaling up” & “Scaling Deep” of MHPSS

Pillar	Pillar	What is needed?	 Advocacy & Innovation 
1	CAMH Data & Information Systems	Tools: MMAPP; Integration into routine data systems	
2	CAMH Policy and Legislation	Financing	
3	CAMH Services and Interventions	Research and Evidence Generation	
4	CAMH Competent Workforce	Specialized + Non-specialized support	
5	Child & Adolescent, & Caregiver Perspective	Meaningful & Ethical Engagement + Safeguarding measures	





- Children and adolescents have inherent strengths that are important to understand and leverage in the context of transforming mental health outcomes
- "Nothing about us without us": Young people and youth leaders are critical co-creators when it comes to shaping mental health programmes and policies
- Intergenerational leadership for child and adolescent mental health, especially in cross-cutting areas such as the climate and ecological crisis
- Think locally, act globally: Drawing on expert local knowledge and practices to move beyond one-size-fits-all solutions for youth mental health



- Meaningful youth engagement in programmes and policies that involve them







Roberto Lucas

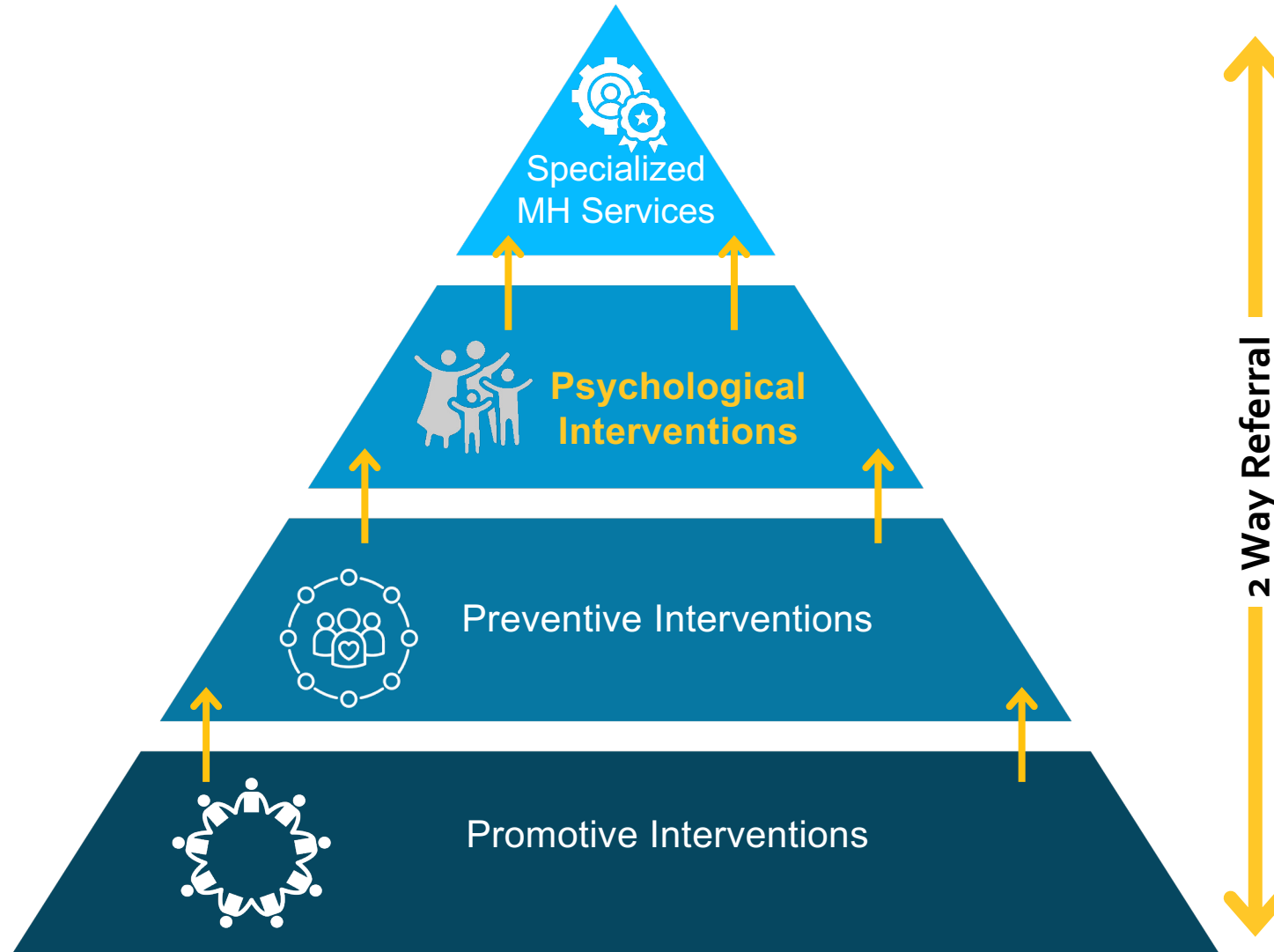
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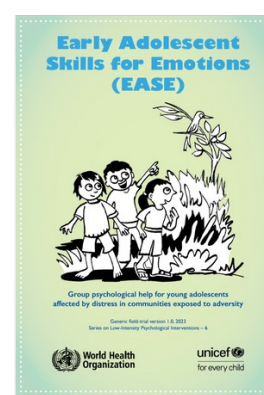
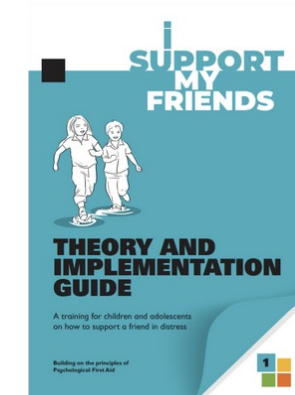
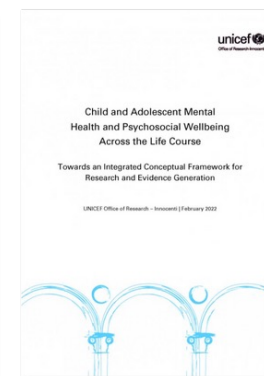
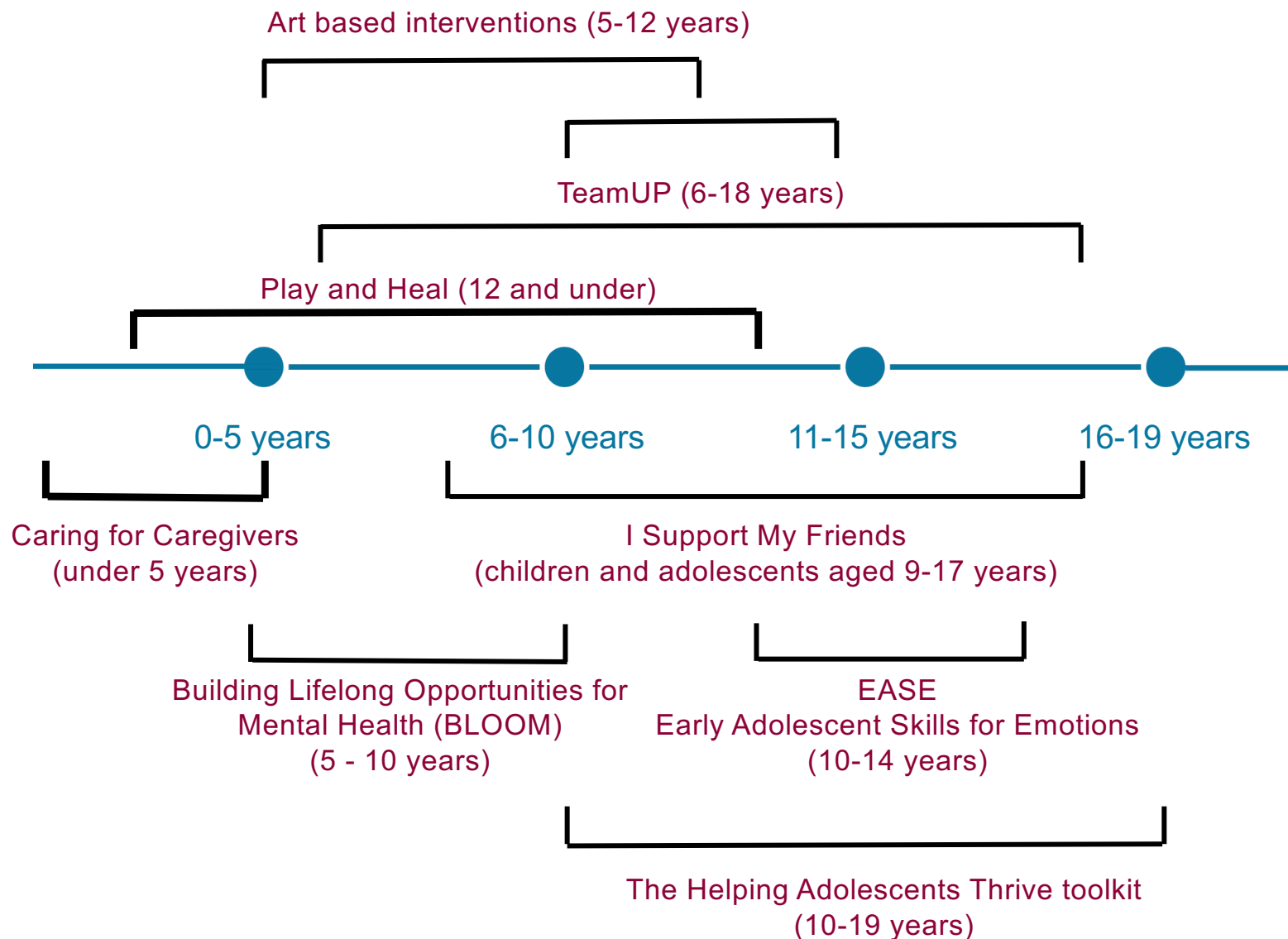


# Comprehensive Evidence Based Scalable MHPSS Interventions



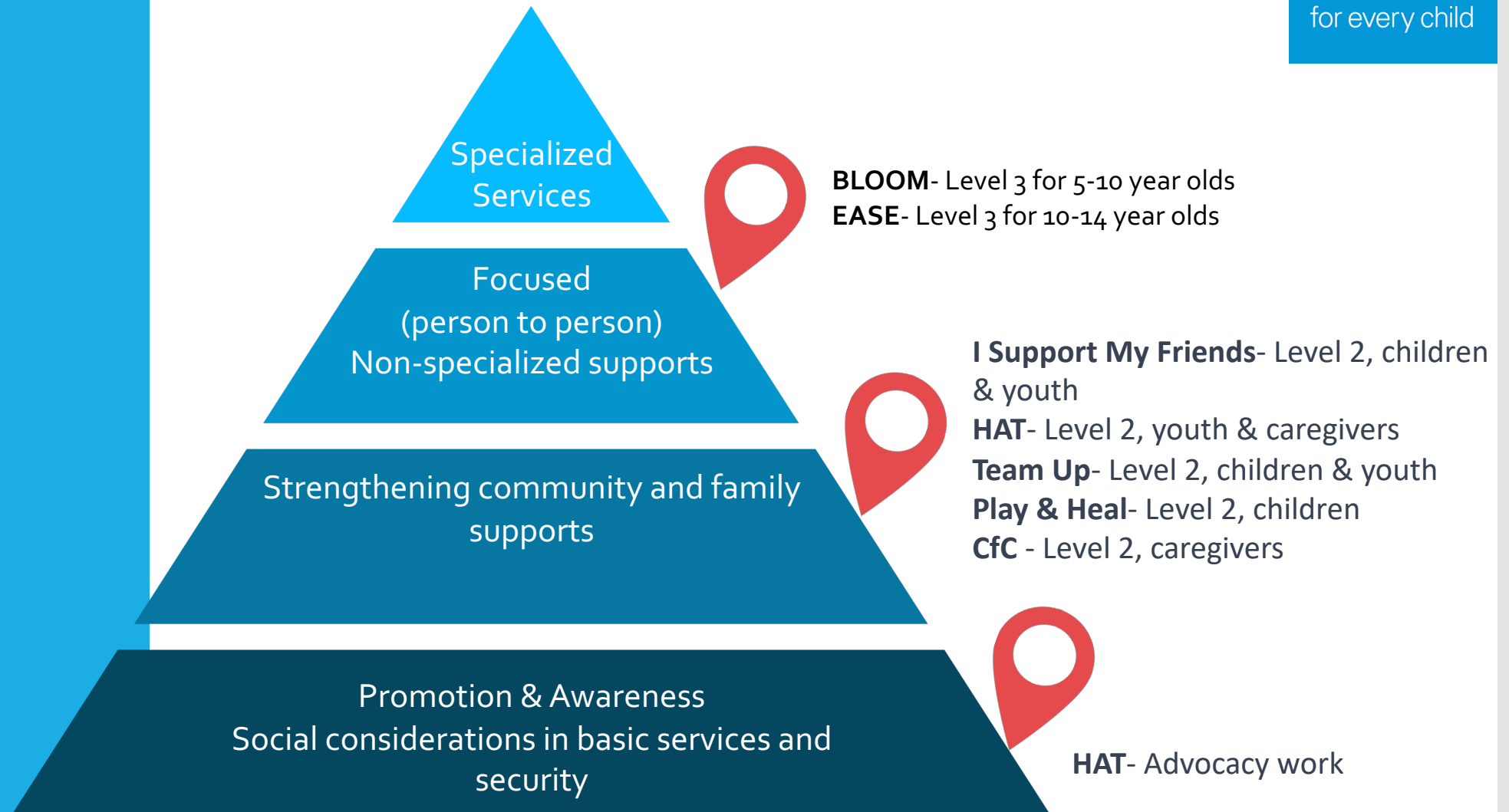


# Resources to Scale Exist!





# Where do these interventions fit?



*Intervention pyramid for mental health and psychosocial support (IASC Reference Group MHPSS, 2010 )*



# Quick Peeks at Some Interventions

unicef   
for every child



# BLOOM: A Psychological Intervention for children aged 5-10 years

- Age 5 – 10 years is a **critical development period**
- Important **social, emotional and cognitive changes**, wide-ranging long-term consequences
- Period for **development of executive functioning skills, growing independence**, more firmly establish **peer** and other **extrafamilial relationships**
- BUT also period in which emotional and behaviour problems often start to emerge-
- **One in three mental health conditions emerge before age 14**

## 5 key design features of BLOOM

- Adaptable
- Draws on evidence-based techniques
- Brief and designed for scale
- Uses task-sharing approach
- Transdiagnostic



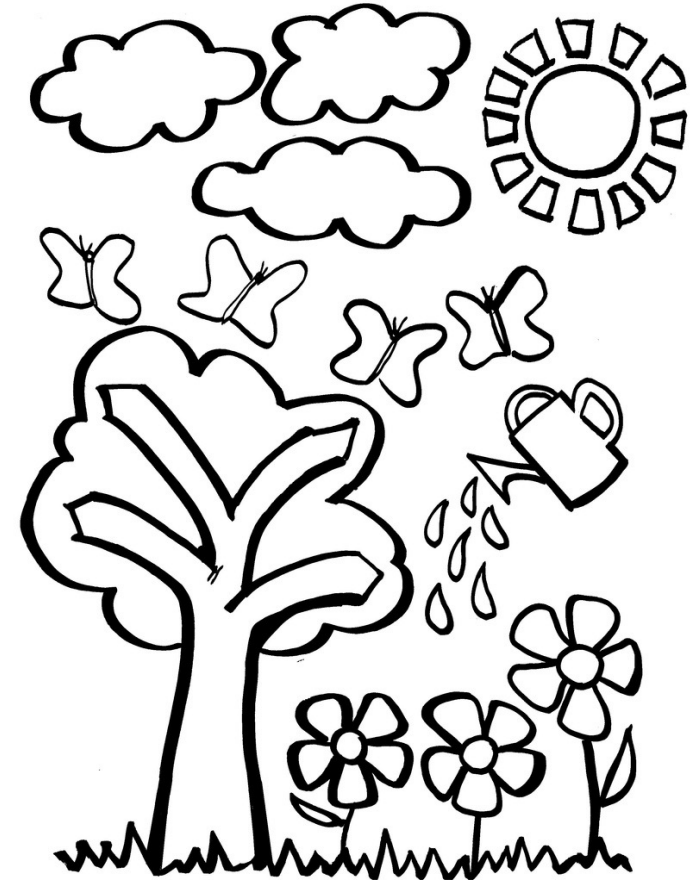
# Key components included

## Children & Caregivers

- Noticing & Naming Feelings (emotion identification)
- Top Goals (goal setting)
- Getting Settled (emotion regulation)
- Trying the Opposite (behaviour change)
- Stop Think Go (problem solving)
- Connecting with social support
- Identifying our strengths, and showing appreciation

## Caregivers

- Understanding children's feelings and behaviours
- Positive attention including praise (positive reinforcement)
- Preparing for the storm (antecedent management)
- Responding to difficult feelings
- Talking about difficult feelings
- Family ground rules (including modelling)
- Consequences (non-violent discipline)



\*\* Strong focus on play, art/craft, and movement to engage children and teach the skills



# Proposed next steps for BLOOM

## 1. Optimization Phase

- Cultural and contextual adaptation
- Development of locally relevant measures and tools
- Small scale implementation to test: acceptability, feasibility, suggestions to improve

## 2. Piloting Phase

- Feasibility randomised controlled trial(s)
- Assess readiness for full trial

## 3. Evaluation Phase

- Fully-powered randomised controlled trial(s)
- Assessment of effectiveness

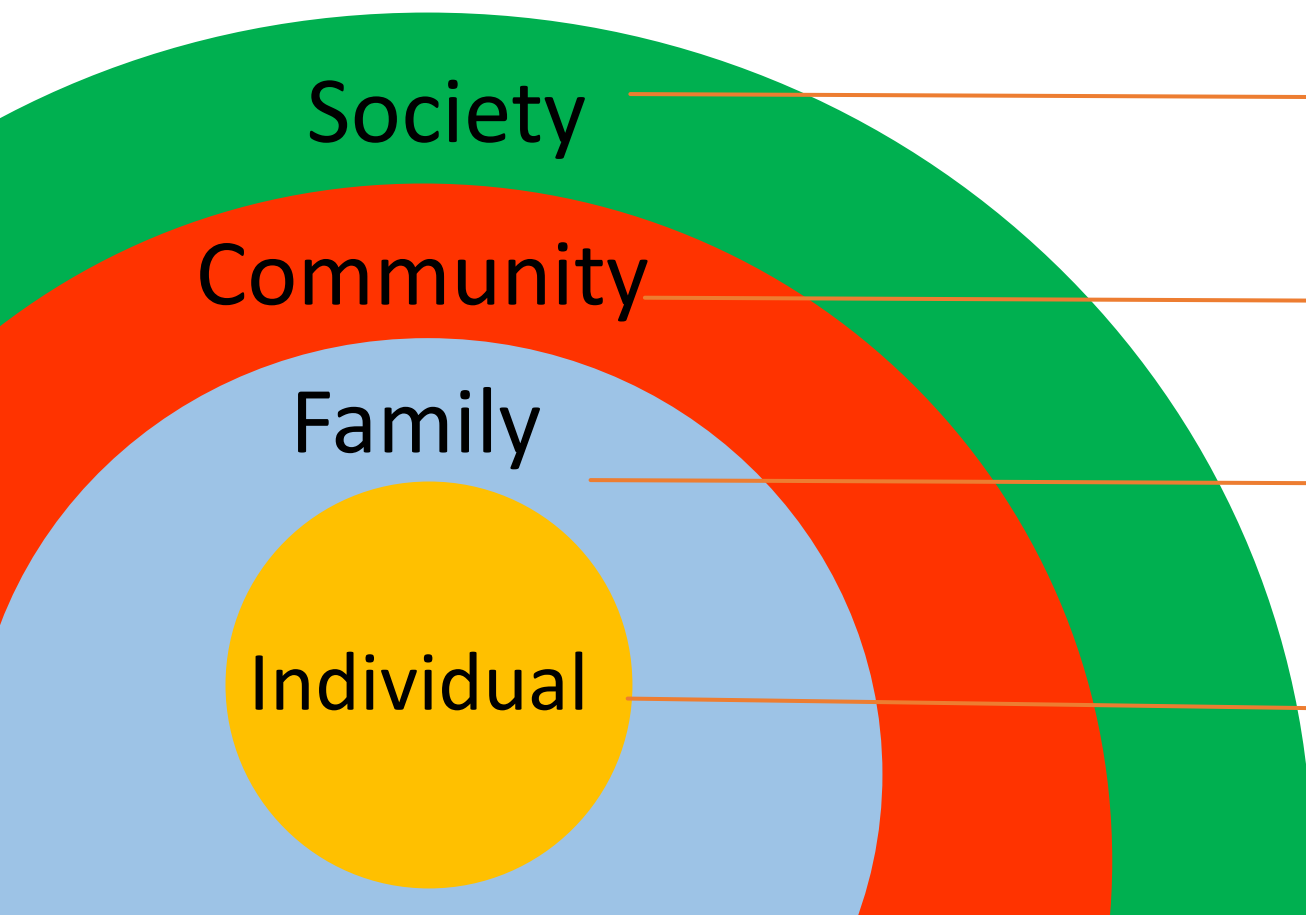
## 4. Implementation Research Phase

- Varied designs depending on research questions
- Assess ways to optimise reach, impact, inclusivity, and scale

Seeking funding

**NOTE:** Location(s) and partners TBD, based on donor, UNICEF-WHO, and partner priorities. Local academic and implementing partners encouraged.

# UNICEF WHO Helping Adolescents Thrive Strategies



## Multisectoral Collaboration

Strategy 1: Implementation and enforcement of laws and policies

Strategy 2: Environments to promote and protect adolescent mental health

Strategy 3: Caregiver Support

Strategy 4: Adolescent psychosocial interventions

## Monitoring and Evaluation



# HAT Scalable Interventions are:

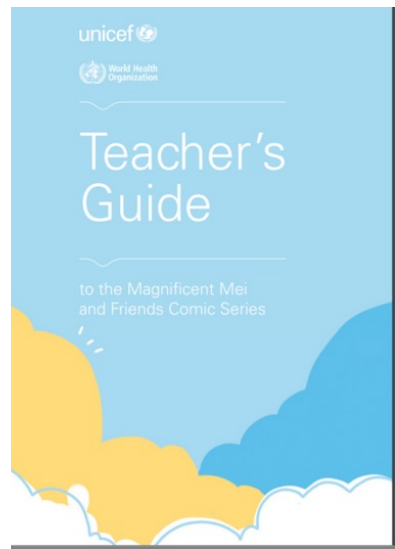
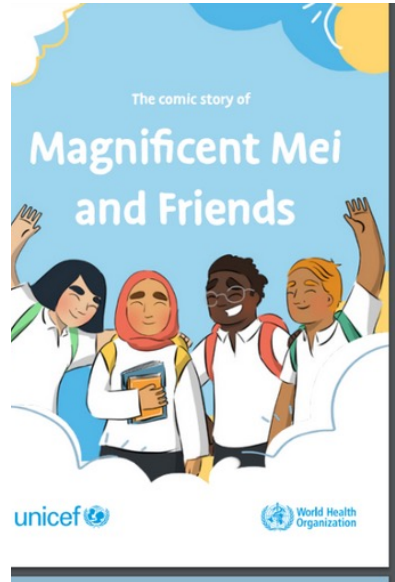
**Open Access:** Widely available to ensure all adolescents worldwide can benefit from them

**Created with young people:** Participatory design approach to address their contextual realities, concerns, preferences

**Developmentally responsive:** Specifically tailored to physical, cognitive and social development that occur during adolescence

**Evidence-Informed:** Based on evidence and research to maximize effectiveness and positive outcomes

## 10-14 year olds

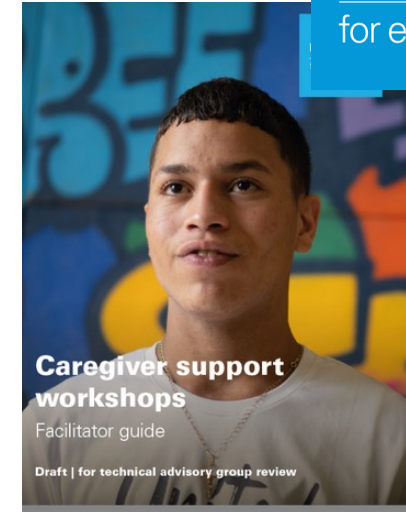


## 15-19 year olds



## Caregivers

unicef   
for every child



# Planting seeds of change

## Mobilized stakeholders

- National and sub national policy makers and ministry program managers
- Young people and caregivers
- Health and education professionals



## Create/Adapt Interventions

- Evidence Based MHPSS Interventions
- Measurement Surveys & tools

## Pilot approaches

- Implementation of child, adolescent and caregiver interventions through school, health, digital, community platforms

## Workforce Development

- Psychologists, counselors, school nurses, youth leaders, teachers, social workers

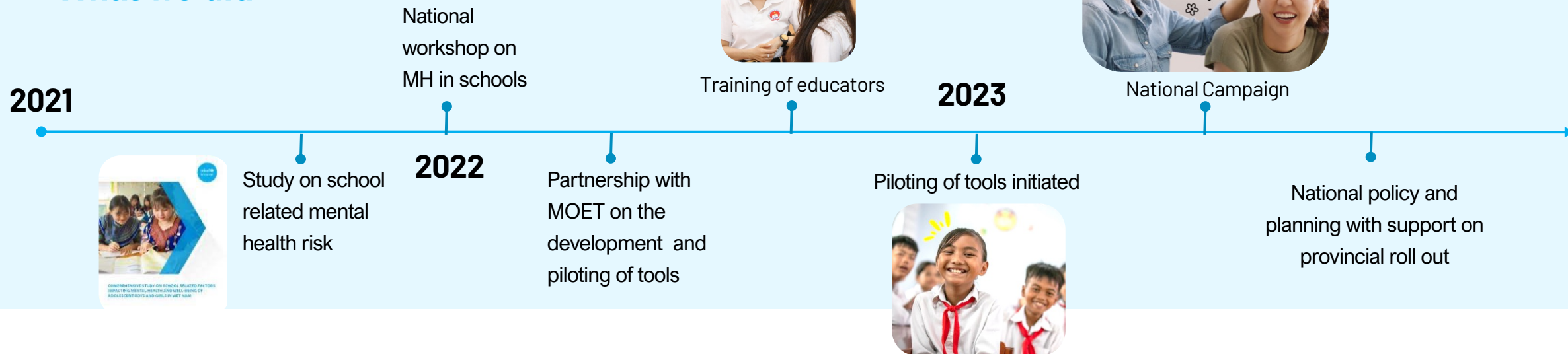


# Country Case Example: Vietnam

## Context

- 1 in 5 young people face a mental health issue, anxiety
- 8.4% access support, 5.1% parental recognition of need

## What we did



## Government led policy and initiative for youth mental health & wellbeing

- National Mental Health Strategy inclusion of promotion and prevention for adolescents
- Human Resource circular on mental health full time staff for each school

# Country Case Example: Ecuador

## Context

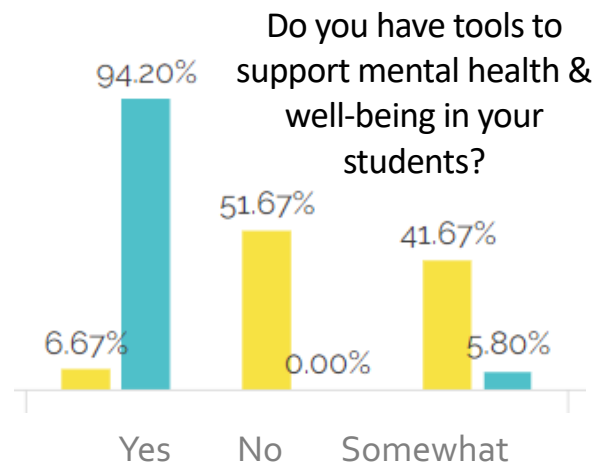
- 1 in 5 adolescents face a mental health problem; 40% anxiety, 36% depression
- Self-harm #1 cause of death 15-19 girls

## What we did

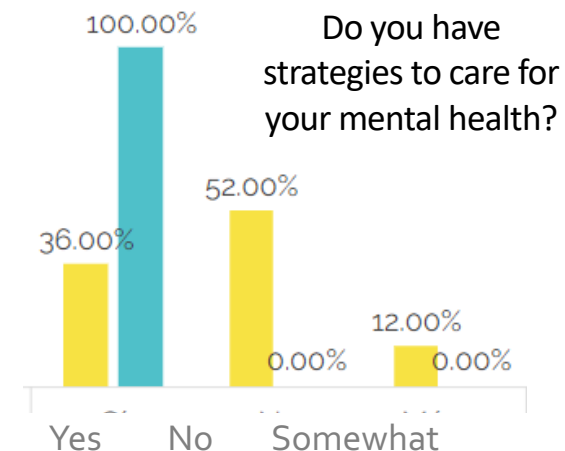


## Supporting well-being of adults to support adolescents

### Teachers



### Caregivers





# Scaling Workforce Capacity in MHPSS

4

CAMH Competent Workforce





# EQUIP: Ensuring Quality In Psychological Support

The EQUIP assessment tools and resources can be used in existing or new training, supervision programs, and on-the-go for site observations on laptop, tablet & mobile phone.

Foundational helping competencies: Core competencies across programs and manualised interventions

**01**

Intervention-packaged competencies: Competencies packaged and tailored to manualised interventions

**02**

Technique-specific competencies: Competencies grouped by specific techniques that may vary across programs and manualised intervention

**03**



# Mapping the core competences

## Foundational helping competencies

- ENhancing Assessment of Common Therapeutic Factors (ENACT) (adult)
- Working with children - Assessment of Competencies Tool (WeACT)WeACT (child/adolescent)
- Group facilitation Assessment of Competencies Tool (GroupACT) (both adults and children/adolescents)

## Intervention-packaged competencies

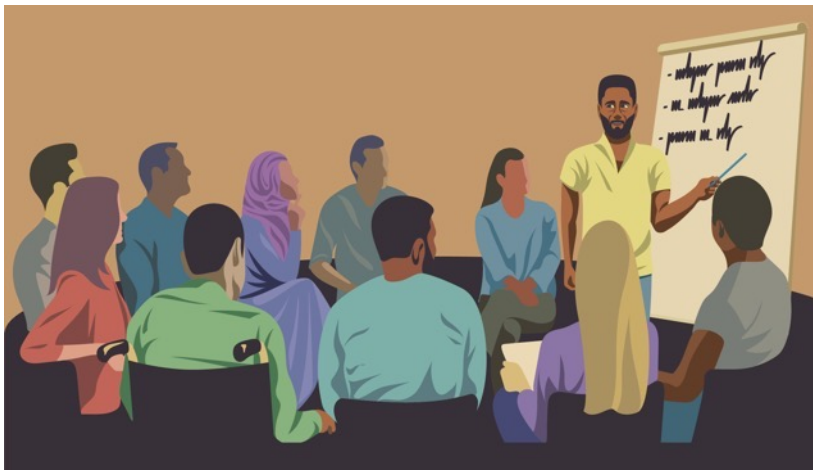
- PM+
- Thinking healthy
- mhGAP (currently being field tested)
- Family ACT (currently being field tested)

## Technique-specific competencies

- Behavioral activation
- Cognitive
- Interpersonal
- Motivational enhancement
- Problem solving
- Stress management and relaxation

# Competency assessment tools can be used...

before, during or after training...



during training practice...



during supervision...



with client sessions...



In pre-service training...



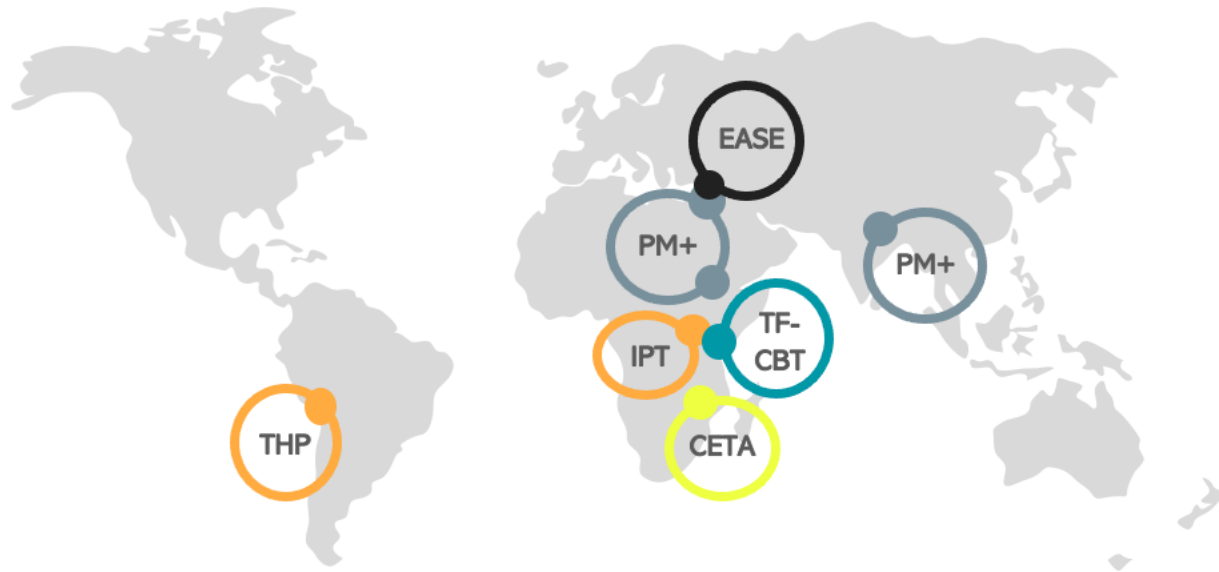
during site observations





# The Evidence Base for EQUIP Development:

## I. EQUIP Tools testing (for 3 years) in 8 countries:



### ● Peru

THP – Thinking Healthy Program for maternal depression

### ● Lebanon

EASE – Early Adolescent Skills for Emotions

### ● Ethiopia, Jordan, & Nepal

PM+ - Problem Management Plus

### ● Uganda

IPT – Group Interpersonal Psychotherapy

## II. Key foundational helping skills found across 18 psychological intervention manuals

### ● Kenya

TF-CBT – Trauma-Focused Cognitive Behavioral Therapy for adolescents

### ● Zambia

CETA – Common Elements Treatment Approach



# Conclusion

