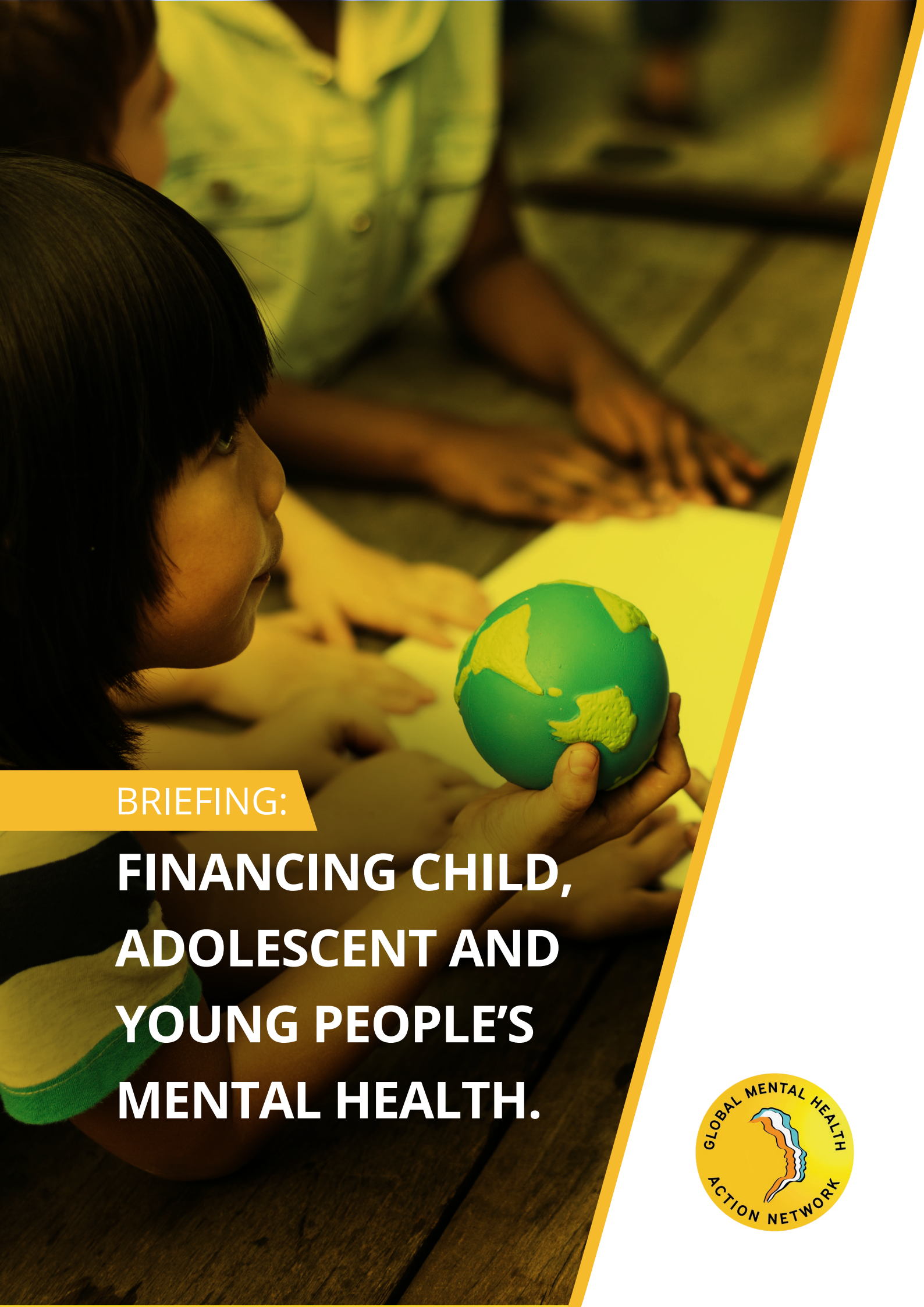


BRIEFING:

FINANCING CHILD, ADOLESCENT AND YOUNG PEOPLE'S MENTAL HEALTH.

GLOBAL MENTAL HEALTH ACTION NETWORK

This briefing – produced jointly by the Global Mental Health Action Network's Child & Youth and Financing Mental Health working groups – looks at investment in child and adolescent mental health and its importance in the global mental health agenda.

1. WHY INVESTING IN CHILD AND ADOLESCENT MENTAL HEALTH MATTERS[1]

Children, adolescents and young people as a population group experience higher rates of mental health conditions than the wider population, but certain groups among this demographic can be at even greater risk of poor mental health. These include:

- **indigenous young people**
- **those living in poverty**
- **those living in humanitarian emergencies**
- **those facing violence, neglect and abuse**
- **members of the LGBTQIA+ community**
- **those living with disabilities**
- **those facing discrimination because of their race or gender.**

The global statistics on children, adolescents and young people's mental health are shocking. Globally, one out of every seven adolescents between 10 and 19 years old experiences a mental health condition. Among the leading causes of disability and illness are depression, anxiety and behavioural disorders.[2] And, tragically, suicide is the fourth leading cause of death for adolescents across the world.[3]

Not only are these impacts felt by individual children, adolescents and young people, but they create ripple effects across families, communities and economies worldwide.

As well as experiencing high rates of mental health conditions, many children, adolescent and young people are navigating daily difficulties that affect their mental health and wellbeing, without access to contextual, individualised and fit-for-purpose services that promote mental health, and prevent, treat and help them recover from mental disorders.

1 In this document, the term children refers to those aged 0-9, adolescents refers to those 10-19, and young people refers to those 15-24.
2 WHO, Adolescent Mental Health, [accessed 20th May 2022: https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health]
3 Ibid.

The cost of this crisis is enormous, preventing children, adolescents and young people from reaching their full potential. The State of the World's Children 2021 report found mental health conditions such as depression and anxiety among children and adolescents, and the loss of lives to suicide, come with a cost in lost human capital – a less healthy, less educated, less job secure generation – of approximately US$387 billion a year.[4] The case for action is urgent and overwhelming. Yet mental health spending is too low for the general population and, despite the lack of disaggregated data, it is apparent that investment in protecting and promoting children and young people's mental health in particular remains negligible.[5]

This is starting to change slightly, as new donors emerge and the Covid-19 pandemic drives a small uplift in general mental health investment. But the limited investment allocated for children, adolescents and young people's mental health, often only addresses surface-level factors through reactive interventions rather than preventative programmes, and frequently does not become available until young people have reached a point of crisis. At best, this delivers short-term wins instead of long-term change.

It is time for that to change. The future of our young people depends on it.

The opportunity exists to not only increase investment in children, adolescents and young people's mental health, but to redirect and improve the access, quality and efficacy of that investment. With such investment, we can:

- **promote the positive mental health and wellbeing that every child, adolescent and young person deserves**
- **establish community-based and youth-informed systems of care for children, adolescents and young people in need of specialised mental health services**
- **create long-term change, so the world increasingly prioritises the prevention of mental health conditions and high levels of distress in the first place.**

Adequate, contextualised, and well-coordinated investments can help address the many factors that affect the mental health of children, adolescents and young people – at their individual (self-esteem, perceived discrimination, etc), social (social support, sense of belonging, social and emotional learning, etc), and environmental (conflicts, climate change, natural disasters, housing crises, poverty, safety) levels.

Policy and investment approaches should aim to minimise the risks children, adolescents and young people face related to these factors, and maximise their protection.

4 United Nations Children's Fund, *The State of the World's Children 2021*: 'On My Mind – Promoting, protecting and caring for children's mental health.' New York: UNICEF; 2021
5 WHO, *Mental Health Atlas 2020*. Geneva: World Health Organization; 2021

2. CURRENT SITUATION AND RECENT TRENDS IN CHILD AND ADOLESCENT MENTAL HEALTH FINANCING

GLOBAL MENTAL HEALTH FINANCING LEVELS

The need for investment in child, adolescent and young people's mental health is clear, but so far the levels and quality of financial resources provided are extremely limited. This is part of a wider issue: mental health is simply not given priority for any population group. On average, governments have allocated just 2% of their health budgets to mental health over the last five years[6] – a figure in no way commensurate with the mental health disease burden. This translates to a global spend of US$7.49 per person each year on mental health services, dropping to just US$0.37 and US$0.38 in lower-middle and low-income countries respectively.[7] And only a small fraction of even this modest expenditure goes to the most vulnerable, such as children, adolescents, young people and caregivers.[8] Most of this spending goes towards tertiary and secondary mental health services, rather than the kind of primary and community-based care that has been found to be more effective.[9]

What does this mean for children, adolescents, young people and families? In low- and middle-income countries, lack of investment means mental health services are often not free of charge, and many individuals and families who need them cannot afford to pay. In Europe, where 98% of people have health insurance (mostly publicly provided), nearly everyone can access mental health services for free or, at most, at 20% of their cost at the point of use.[10] In contrast, in Africa, 41% of people pay mostly or entirely out of pocket for mental health services.[11] This leaves many families facing a terrible dilemma: either not seeking the treatment their children need or going into debt or financial hardship to pay for it. If a parent or caregiver is left caring for a child experiencing high levels of distress because of a mental health condition, this can affect the mental health of the carer, increasing the unmet demand for mental health services even further.

Given that 90% of young people aged 10-25 live in low- and middle-income countries, the lack of investment in mental health is having dire impacts on a huge group of children, adolescents, young people and their families.[12]

6 WHO, *Mental Health Atlas 2020*. Geneva: World Health Organization; 2021
7 Ibid.
8 United Nations Children's Fund, *The State of the World's Children 2021*: 'On My Mind – Promoting, protecting and caring for children's mental health'. New York: UNICEF; 2021
9 WHO, *Mental Health Atlas 2020*. Geneva: World Health Organization; 2021.
10 Ibid.
11 Ibid.
12 United Nations. World Population Prospects: The 2010 Revision. New York, NY: United Nations; 2011

CHILD, ADOLESCENT AND YOUNG PEOPLE'S MENTAL HEALTH FINANCING LEVELS

Donors are not prioritising child, adolescent and young people mental health either. It is estimated that between 2007 and 2015 just US$190.3 million in official development assistance (ODA) was targeted at the mental health of children and adolescents. That is 12.5% of the ODA allocated for mental health and just 0.1% of ODA for health in general.[13] Furthermore, aid was not necessarily concentrated in the countries with the greatest needs. Per capita, 90 low- and middle-income countries received either nothing at all or less than US$0.01 on average for child and adolescent mental health.[14]

ODA finance for child and adolescent mental health is largely spent on humanitarian emergencies. Between 2007 and 2015, the largest investment ODA made in child and adolescent mental health was in the humanitarian assistance sector, accounting for 41% of the total, compared to 20% to the health sector, and 8% to the education sector.[15] The humanitarian funding for mental health goes mostly to new emergencies, and rarely to help systems recover and thrive over the long-term.

Finance for mental health does not just come from governments. Where there are gaps, private donors can play a role in filling them. Philanthropic contributions constitute around a sizeable 30% of total mental health sector funding.[16, 17] However, mental health receives just 0.5% of all philanthropic health spending – the lowest proportion of any branch of health.[18] As things stand, philanthropic spending on mental health is miniscule and fragmented, and does not reflect the needs of the sector.[19] It is also rare for donors to engage directly with young people, which risks basing funding priorities on perceived needs as opposed to actual ones.

This further illustrates the way mental health is not being prioritised as a global issue.

13 Lu C, Li Z, Patel V (2018) 'Global child and adolescent mental health: The orphan of development assistance for health'. PLoS Med 15 (3): e1002524. https://doi.org/10.1371/journal.pmed.100252
14 Ibid.
15 Ibid.
16 Charlson, FJ, et al. (2017). 'Donor financing of global mental health, 1995–2015: an assessment of trends, channels, and alignment with the disease burden.'
17 Iemmi, V. (2020). 'Philanthropy for global mental health 2000–2015.' Global Mental Health, 7, E9. doi:10.1017/ gmh.2020.2
18 Ibid.
19 UnitedGMH, *Funding the Future of Mental Health*. London: United for Global Mental Health; 2021

3. WHAT INVESTMENT CAN ACHIEVE

Common mental health conditions will cost the global economy an estimated US$16 trillion between 2011 and 2030 in lost productivity and economic output.[20] Investing in solutions that ensure children, adolescents and young people develop the capacity and skills to live mentally healthy lives, creates immediate and life-long benefits for individuals, and entire societies. It has the potential to shift the dial for future generations and whole economies.

It is critical to invest in prevention, early intervention and health-promotion initiatives. They have the greatest potential return on investment. One obvious way to do this is by supporting parents and caregivers in their children's earliest years, for example, through:

- **evidence-based parenting programmes to promote responsive caregiving**[21]
- **mental health support delivered through the education sector, which is a natural entry point and environment for promoting the mental health and well-being of children and adolescents, given the amount of time they spend in schools and other education facilities.**
- **the media, both mainstream and social, through child-friendly programmes.**

These are vital opportunities to increase access to mental health support for children adolescents and young people to:

- **improve their mental health literacy**
- **create nurturing, stigma-free environments where they can feel safe**
- **enhance their capacity to develop coping mechanisms to manage present and future stresses**
- **strengthen their relationships with peers, educators and community members.**

Every US$1 invested in school-based programmes to prevent anxiety, depression and suicide among adolescents generates an expected return on investment of US$21.50 in economic benefits over an 80-year period.[22] An evaluation of the impact of prevention and early-intervention programmes in higher education in the US state of California found a net societal benefit – in terms of student retention, accessing support services and future earnings – of US$6.49 for every dollar invested. When focusing on higher education facilities with fewer on-campus mental health resources and a higher demand for services from students, that figure rose to US$11.39.[23]

20 Patel, V., Saxena, S., Lund, C., Thornicroft, G., Baingana, F., Bolton, P., et.a. (2018). The Lancet Commission on global mental health and sustainable development. *The Lancet, 392, (10157).* https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31612-X/fulltext?dgcid=raven_jbs_etoc_email
21 UNICEF 2021 https://www.unicef.org/documents/universal-parenting-support-prevent-abuse-and-neglect
22 UNICEF, *The State of the World's Children 2021.* New York: UNICEF; 2021
23 Ashwood, J. S., Stein, B. D., Briscombe, B., Sontag-Padilla, L., Woodbridge, M. W., May, E., Seelam, R., & Burnam, M. A. (2016). 'Payoffs for California college students and taxpayers from investing in student mental health.' *Rand Health Quarterly, 5*(4), 11.

THE IMPACT ON INDIVIDUAL LIVES

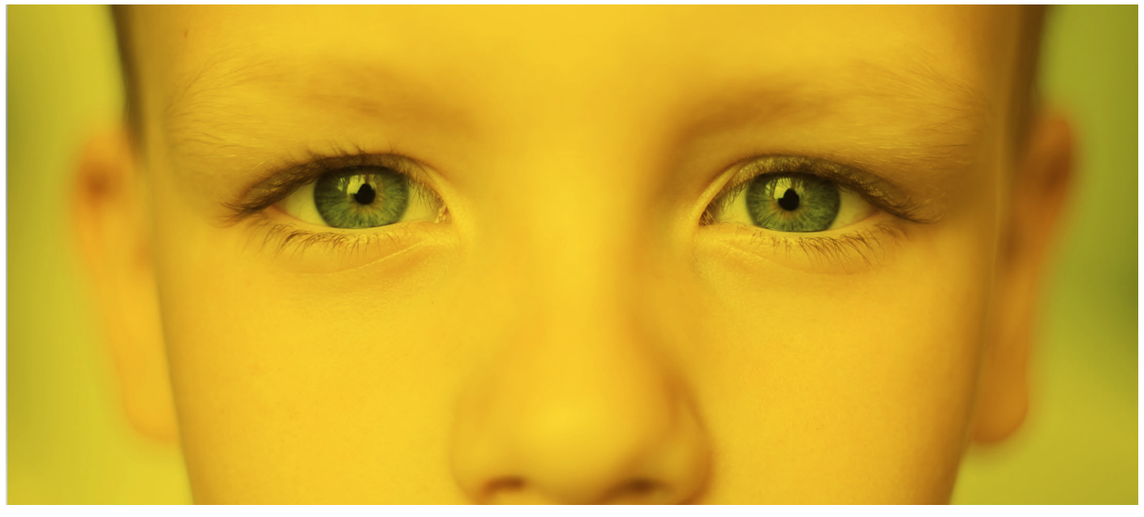
Of course, the most important benefit of investing in child, adolescent and young people's mental health is not an economic one. It's the impact on individual lives. In 2021, the world's national governments agreed to extend and update their commitment to mental health through World Health Organisation's Comprehensive Mental Health Action Plan 2013–2030. It included a pledge to increase mental health service coverage rates across the world by 50% – a move that could have significant implications for the quality of people's lives, particularly those of children and adolescents.

It is estimated that achieving this 50% increase in coverage could contribute to:

- **avoiding nearly half a million deaths**
- **averting around 51.5 million cases of common mental health and neurological conditions**
- **gaining 24 million healthy life years.**

It wouldn't cost the earth either – far from it. It could mean an annual increase in government mental health spending of as little as US$0.20 per person[24] for five of the most common mental health and neurological conditions.

This is a smart investment — not a cost to society. Multiple dividends from investment in mental health: strengthening children, adolescents and young people's agency, supporting them to develop their full potential, breaking intergenerational poverty, to name a few. Not investing sufficiently in reducing mental ill-health & improving mental health and wellbeing comes at a very high cost to society.



24 UnitedGMH, *Financing Mental Health for All*. London: United for Global Mental Health; 2022

4. RECOMMENDATIONS

CHILD, ADOLESCENT AND YOUNG PEOPLE'S MENTAL HEALTH FINANCING

To begin rectifying the historic lack of investment in child, adolescent and young people's mental health and enable young people to reach their full potential, we recommend governments and donors follow these principles:

Principle 1: Integration

Governments must commit adequate domestic finance to ensure that an essential package of mental health services and interventions are integrated into universal health coverage (UHC) plans – with special consideration for vulnerable groups such as children, adolescents, young people, and their caregivers – without causing financial hardship – through public or private service providers. This integration is particularly urgent at the primary and community healthcare level, including perinatal care, and in programmes such as parent coaching. This is where most of these groups already come into contact with the health system[25] and where most of the UHC efforts and reforms are already focused.

Principle 2: Multi-sectoral

Mental health services and support must be integrated across not just health but other relevant sectors such as education, child protection and social welfare. This will ensure a multi-sectoral approach to mental health care for children, adolescents, young people, and their caregivers. Financial provision must be made for this in relevant government ministerial budgets, and for this finance ministries play a key role.[26]

Principle 3: Adequate and sustainable finance

National mental health plans must be fully costed over several years, and ensure sufficient human, financial and technical resources are available to implement the necessary policies at all levels for children, adolescents and young people.

Principle 4: Youth-informed

Adolescents, young people and caregivers who are mental health advocates or are experts by experience of mental ill-health can and should play a central role in informing funding strategies based on local needs. This will help maximise the impact and return on investment of these strategies.

25 See Save the Children (2017), *Primary Health Care First: Strengthening the foundation for universal health coverage* (London: Save the Children), quoting World Bank research that suggests that 90% of all care needs can be covered through primary healthcare

26 Global Mental Health Action Network, *The investment of the generation: the role of finance ministries in improving mental health*. London: GMHAN. 2020

Principle 5: The international community

Child, adolescents and young people's mental health must be prioritised in global discussions, during political processes (such as the World Health Assembly or the G20), and within multilateral funding mechanisms (such as the Global Financing Facility or the Global Fund).

Principle 6: Data

Governments need to collect complete, timely, machine-processable and accessible data on the financial resources for child, adolescent and young people's mental health services. This should be collated in global resources such as the WHO Mental Health Atlas.

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NOTES

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