# Research report

Forum: UNICEF – United Nations Children's Fund

Issue: Strengthening mental health support systems for children and adolescents experiencing

psychological distress

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# Introduction

Across the globe, children and adolescents are facing unprecedented levels of psychological distress, a crisis fueled by multiple converging pressures. Economic instability, social isolation, displacement, armed conflict, climate change, and the relentless pace of the digital environment have combined to create an environment of heightened mental strain. According to UNICEF, up to one in seven adolescents currently lives with a diagnosable mental disorder, while millions more struggle silently with stress, anxiety, depression, or trauma-related symptoms. The scale of

this problem is staggering, yet mental health support for young people often remains a neglected area of public health policy. On average, countries allocate only 2% of health budgets to mental health, despite the fact that mental disorders account for nearly half of the global disease burden among individuals aged 10–24. This mismatch between need and resources leaves millions of young people without timely or adequate support, with profound personal and societal consequences.

Mental health challenges in childhood and adolescence not only affect emotional well-being, but also academic performance, social relationships, and long-term physical health. Left unaddressed, they can limit educational attainment, reduce workforce participation, and perpetuate cycles of poverty and inequality. In many contexts, support systems are hindered by chronic underfunding, shortages of trained professionals, stigma surrounding mental health, and fragmented service delivery. Rural areas, low-income countries, and humanitarian settings face even steeper barriers to care. Strengthening mental health support systems for children and adolescents therefore demands more than isolated interventions—it requires systemic change. Effective approaches must be accessible, culturally appropriate, and embedded in environments where young people already spend their time, such as schools, community centers, and online spaces. By reframing mental health support as an essential foundation for human development, societies can protect the well-being of their youth while building resilience for the future.

# **Definitions of key terms**

#### **Psycological Distress**

A state of emotional suffering marked by symptoms like anxiety, sadness, or difficulty concentrating, which can hinder a young person's ability to learn, socialise, or function day-to-day. It may not meet the threshold for a diagnosed disorder but still requires timely support.

#### Mental health support system

Networks of services, professionals, and policies that work together to promote mental well-being, prevent worsening of mental health conditions, and provide accessible care for those in need. They often span health, education, and social sectors.

#### **WHO mental health Gap Action Programme**

A World Health Organization initiative aimed at scaling up care for mental, neurological, and substance use disorders, especially in low-resource settings, by training non-specialist workers to deliver proven interventions.

#### **Stigma**

Negative beliefs and discrimination toward people with mental health conditions, which can stop children and adolescents from seeking help and lead to underfunding of mental health services.

### **General overview**

Mental health challenges among children and adolescents are an urgent and growing global concern. According to the World Health Organization (WHO), one in seven individuals aged 10–19 is living with a mental disorder, making mental health conditions among young people a leading cause of disability worldwide [1]. Disorders such as depression, anxiety, post-traumatic stress disorder (PTSD), and behavioral conditions can have long-lasting effects on educational outcomes, social relationships, and overall well-being.

The onset of mental health conditions is often shaped by a combination of biological vulnerability, environmental stressors, and life experiences. These include bereavement, neglect, abuse, displacement, and exposure to violence [2]. Early adolescence, in particular, is a sensitive developmental period when interventions can significantly alter life trajectories. Yet, despite the scale of the issue, up to 90% of children and adolescents in low- and middle-income countries (LMICs) who need mental health care do not receive it [3]. The lack of accessible, affordable, and stigma-free support systems continues to widen the gap between need and care.

Mental health is now recognized as central to overall health and development. UNICEF's 2021 *State of the World's Children* report emphasized that mental health disorders account for 16% of the global burden of disease and injury among adolescents [4]. Depression alone is among the top three causes of illness and disability for adolescents aged 15–19 [1]. Suicide is the fifth leading cause of death among 10–19 year-olds globally, underscoring the severity of untreated mental distress [1].

While high-income countries struggle with service bottlenecks, the divide is starkest in LMICs. WHO estimates that more than 75% of people with mental health conditions in LMICs receive no treatment at all, largely due to the absence of specialized staff and services [5]. On average, countries allocate less than 2% of their health budgets to mental health, leaving child and adolescent services chronically underfunded [5].

The urgency of strengthening mental health systems has been amplified by recent global crises. Prolonged school closures, social isolation, and economic instability during the COVID-19 pandemic triggered sharp increases in psychological distress. UNICEF reported that in some countries, more than one in three young people felt worse mentally during the pandemic [4]. Children exposed to armed conflict and forced migration are significantly more likely to

experience PTSD, depression, and anxiety. UNHCR highlights that the trauma of conflict, coupled with the disruption of community networks, leaves displaced youth particularly vulnerable [6]. Increasingly frequent natural disasters and climate anxiety have added new layers of psychological strain on young people [7]. These crises exacerbate pre-existing conditions while creating new cases among children who previously did not struggle with mental health issues.

Despite growing awareness, several barriers hinder access to mental health care for children and adolescents. Globally, the median number of psychiatrists specializing in children and adolescents is 0.1 per 100,000 population [5]. Support is often scattered across health, education, and social systems with little coordination, leading to gaps and inefficiencies [4]. Misconceptions about mental health discourage children and families from seeking help, and in many contexts, discussing mental illness remains taboo [4]. Many systems also fail to provide early intervention in schools and primary care facilities where children spend most of their time.

Experts emphasize that strengthening systems requires a holistic, multi-sectoral approach. School-based mental health programs can provide safe spaces, early detection, and counseling, reducing barriers to access [8]. Expanding the number of health workers trained in child psychology is essential, particularly in LMICs [5]. Raising awareness, reducing stigma, and empowering families to support children improves long-term outcomes [4]. Finally, allocating greater portions of health budgets to mental health is necessary to ensure sustainability and accessibility of care [5].

Mental health challenges among children and adolescents are widespread, debilitating, and often invisible. Without timely support, conditions like depression, anxiety, and PTSD can persist into adulthood, reducing life opportunities and perpetuating cycles of poverty and exclusion. The current mental health infrastructure—particularly in LMICs—is grossly inadequate, with severe shortages of staff, funding, and integrated systems. Strengthening mental health support requires coordinated action across governments, schools, families, and international agencies. With the scale of unmet needs and the intensifying pressures of global crises, expanding and integrating mental health systems for children and adolescents is no longer optional—it is urgent and essential.

# Major parties involved

World Health Organisation (WHO)

The WHO plays a central role in shaping the global agenda for mental health by setting international standards, producing research-based guidelines, and offering technical assistance to countries. Its Comprehensive Mental Health Action Plan 2013–2030 outlines specific targets for integrating mental health services into primary care, promoting school-based mental health programmes, and reducing stigma. The WHO also coordinates with governments to ensure that youth-focused mental health services are evidence-based, culturally appropriate, and sustainable, making it a primary driver for policy alignment across nations.

#### *United Nations Children's Fund (UNICEF)*

UNICEF is one of the most influential actors in child-focused mental health work due to its direct operational presence in over 190 countries and territories. It integrates mental health and psychosocial support into its education, child protection, and humanitarian aid programmes, ensuring that children in both stable and crisis contexts have access to safe spaces, trained counsellors, and community-based support. By influencing both grassroots interventions and national policy frameworks, UNICEF acts as a bridge between on-the-ground needs and high-level advocacy, ensuring that children's mental health is addressed as a human rights priority.

#### The Lancet Commission on Global Mental Health and Sustainable Development

While not an implementing agency, The Lancet Commission is a highly influential research coalition whose publications shape the way governments, NGOs, and UN bodies approach mental health policy. Its landmark reports highlight the treatment gap, the long-term economic and social impacts of poor youth mental health, and the cost-effectiveness of early intervention. Because its work directly informs decision-makers and funding bodies, the Commission effectively sets the evidence-based narrative for why mental health, especially for young people, must be integrated into health, education, and social policy at both national and international levels.

# Previous attempts to solve the issue

WHO Comprehensive Mental Health Action Plan 2013–2030

Adopted by the World Health Assembly, this plan provides a global blueprint for improving mental health systems, emphasizing promotion, prevention, treatment, and rehabilitation. It specifically highlights the need to integrate mental health services into primary care and community-based settings, ensuring children and adolescents have access to early identification and support. The plan also encourages countries to strengthen information systems, monitor outcomes, and develop policies that reduce stigma and promote inclusion.

### The Lancet Commission on Global Mental Health and Sustainable Development (2018)

This commission produced evidence-based recommendations for scaling up mental health services, with particular attention to low- and middle-income countries where gaps are greatest. It emphasized the importance of early intervention and preventive strategies for children and adolescents, highlighting the long-term social and economic benefits of supporting youth mental health. Its work has influenced governments, NGOs, and international organizations in prioritizing policy changes, funding allocations, and programmatic interventions.

#### WHO-UNICEF School Mental Health Framework (2021)

This joint framework provides guidance for integrating mental health promotion and psychosocial support into school systems worldwide. It encourages the development of safe, supportive educational environments, training teachers to recognize signs of distress, and linking schools with local health services. By embedding mental health into the daily lives of children and adolescents, the framework aims to reach large populations and provide preventive support before issues escalate

#### **Possible solutions**

- 1. Mental Health Services Integration into Schools and Primary Care
  - a. Develop school counseling programs and train primary care providers to recognize and treat mentally ill children and adolescents, supporting early intervention.
- 2. Capacity Building and Expert Training

- a. Enhance training in mental health practitioners working in child and adolescent care, particularly in low- and middle-income countries, to close the deficit of qualified personnel.
- 3. Awareness and Stigma Reduction
  - a. Implement public education campaigns and community interventions to reduce stigma surrounding mental health, encourage families and children to seek help, and improve psychosocial well-being at home and in communities.

# **Further reading**

- 1. <a href="https://en.wikipedia.org/wiki/Refugee children">https://en.wikipedia.org/wiki/Refugee children</a>
- 2. https://en.wikipedia.org/wiki/Education in emergencies and conflict areas
- 3. <a href="https://en.wikipedia.org/wiki/Newcomer education">https://en.wikipedia.org/wiki/Newcomer education</a>

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- [7] UNICEF (2021). The Climate Crisis Is a Child Rights Crisis: Introducing the Children's Climate Risk Index. https://www.unicef.org/reports/climate-crisis-child-rights-crisis
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https://chat.whatsapp.com/DfEihEFhsoaKC6sTT3afl8