

ON MY MIND

Promoting, protecting and caring
for children's mental health



BROKEN
CHALK



for every child

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The Covid-19 pandemic has fueled what was an already existing issue – mental health. The problem has been ignored consistently throughout governments around the world for far too long, but it has now reached deeply concerning levels. Suicide is the fourth leading cause of death among 15- to 19-year-olds. Every year, almost 46,000 children between the ages of 10 and 19 end their own lives. This is equivalent to about 1 every 11 minutes. The issue must no longer be pushed away. The State of the World’s Children Report is a UNICEF initiative calling for commitment, communication, and action as part of a comprehensive approach to promote good mental health for every child, protect vulnerable children, and care for children facing the greatest challenges. By means of examining child, adolescent, and caregivers’ mental health, it focuses on risks and protective factors at critical moments in their life course and delves into the social determinants that shape mental health and well-being.

Upon its publishing in October 2021, it has been translated into a limited number of languages, namely French, Spanish, and Arabic. This poses restrictions upon readers that might not be familiar with these languages.

Broken Chalk is an Amsterdam-based NGO working towards removing the barriers to education in the world, bringing together individuals, groups, communities, and organizations working on this issue, and collaborating with educators around the world to create community-based solutions and to act as a catalyst in creating a sustainable change.

Broken Chalk has summarized every chapter of UNICEF’s ‘The State of the World’s Children 2021’ *Report and is in the process of translating it into as many languages as possible for the team.

Written by Olga Ruiz Plato

**The link for the original report as pdf: <https://www.unicef.org/reports/state-worlds-children-2021>*

0. INTRODUCTION

Summary of the Introduction on "The State of the World's Children 2021"



1. A time for Action

As a result of the Covid-19 pandemic the world has witnessed a significant increase in mental health issues in children and their families. The pandemic highlighted how events throughout the world can affect the world inside our heads. However, it also offered an opportunity to build back better. According to the report, the international community has been provided with a historic chance to commit, communicate, and take action to promote, protect and care for the mental health of a generation.

2. The Ignored Challenge

Mental health issues are still considered by many international governmental leaders as minor challenges. In light of this, governments have been systematically underfunding mental health and unwilling to invest more in the issue. Indeed, studies show that national economies benefit from positive mental health amongst their population. To pursue prosperity and equal opportunities, it is important to recognize the connection between mental and physical health and well-being, and the importance of mental health in shaping life outcomes. The latter was acknowledged in the Sustainable Development Goals (SDGs). The neglectful approach towards this matter is highly costly to the

economies of the international community. Indeed, the world pays approximately US\$387.2 billion a year, according to calculations for this report by David McDaid and Sara Evans-Lacko of the Department of Health Policy of the London School of Economics and Political Science. In other words, national economies lose a whopping amount of US\$387.2 billion in uncontributed human potential.



3. Interview of the Person of Concern

It is important to listen to the experiences, concerns, and ideas of children and adolescents when it comes to mental health. UNICEF teamed up with researchers from the Global Early Adolescent Study at the Johns Hopkins Bloomberg School of Public Health (JHU) to host focus group discussions on mental health and well-being. Support for the project came from the Wellcome Trust. From February to June 2021, local partners facilitated focus group discussions for adolescents aged 10 to 14 and 15 to 19 in Belgium, Chile, China, the Democratic Republic of the Congo, Egypt, Indonesia, Jamaica, Jordan, Kenya, Malawi, Sweden, Switzerland, and the United States. The discussions followed a guide developed by UNICEF, JHU, and local partners. From these discussions, qualitative data were coded using an inductive thematic analysis approach and refined throughout the data analysis process.

4. Unheard Calls

Worldwide, surveys highlight that four out of five people worldwide believe that no one should have to deal with mental health challenges on their own. Instead, a median of 83% of young people (15- to 24-year-olds) agreed that the best solution is to share experiences and seek support. According to a survey conducted by UNICEF and Gallup in 21 countries in the first half of 2021, a median of one in five young people (19%) reported often feeling depressed or having little interest in engaging in activities.

5. A time for Leadership

At the heart of our societies' failure to respond to the mental health needs of children, adolescents and caregivers is an absence of leadership and commitment. We need commitment, especially financial commitment, from global and national leaders and from a broad range of stakeholders that reflects the important role of social and other determinants in helping to shape mental health outcomes.

Summarized by: Faical AlAzib

1. MENTAL HEALTH

1.1 What is mental health, and why should we refine our understanding of the issue?

The State of the World's Children 2021

Part I

A pressing issue

According to UNICEF's report on today's children, good mental health amounts to a positive state of wellbeing. Indeed, an individual's mental state provides the lens through which an individual experiences the world and profoundly impacts lived experiences.¹

In this sense, mental health underlies activities such as thinking, feeling, learning, working, and connecting with fellow individuals. In the same vein, an individual with precarious mental health and suffering from a mental illness may not experience life healthily and positively. Accordingly, mental health is a right that must be preserved.

This text points to the worrying amount of children and adolescents living with mental health conditions, such as depression, anxiety, and conduct and attention disorders in today's world. These disorders will significantly hinder

their life experience. Appropriate care and the right to a healthy life are fundamental rights.

However, the notion of mental health and the need for its protection is often ignored by policymakers as it is still stigma-ridden, and their nature is not properly understood by all members of society. By extension, policymakers tend to opt for silence rather than a comprehensive policy-drafting addressing mental illnesses.

Most notably, the life of those who suffer from mental illnesses can be counted in days, months, or years of missed opportunities and lost lives. This loss could be calculated in human capital, as these individuals would participate in their communities more fruitfully if they were cared for appropriately. Societies need to recognise their direct interests accordingly and improve access to mental health care.

¹ 'The State of the World's Children 2021'
<https://www.unicef.org/reports/state-worlds-children-2021>

What is mental health?



This section of the report aims to define and explain the concept of mental health. Interestingly, the notion of health has historically encapsulated physical understandings and still triggers images of physical capabilities such as exercise. The term ‘mental health’, on the other hand, often generates gross misconceptions akin to ‘crazy’ and ‘unstable’, reinforcing a binary notion of mental health. Thus, a person is viewed as either stable or ‘crazy’. In other cases, mental health care is often relegated as a luxury rather than a right. Indeed, as opposed to physical health that has become very salient with technology development, poor mental health is

rarely assessed as such. Instead, diagnostics such as ‘thinking too much’ and ‘it is all in your head’ find their way into common generalisations. Despite this, ‘mental health’ refers to the actual state of health rather than the lack of disorder. The positive understanding of mental health has been defined as “a dynamic state of internal equilibrium” which involves the ability to use social, emotional, and cognitive skills to navigate efficiently through life, as well as the capacity to “enjoy life and deal with the challenges we face”.²

Mental disorder is defined as comprising a range of conditions with different symptoms.³ The World Health Organisation has defined mental illness to include “anxiety, depression, schizophrenia, and alcohol and drug dependency”.⁴

In the case of children and adolescents, mental health and wellbeing stem directly from their caregivers’ intimate involvement in their life.

1.2 The spectrum of mental health

² United Nations Children’s Fund Regional Office for Europe and Central Asia, All Children Returning to School and Learning: Considerations for monitoring access and learning participation during and beyond the COVID-19 pandemic, UNICEF Europe and Central Asia, Geneva, 2020; United Nations Children’s Fund Brazil, Cenário da exclusão escolar no Brasil: Um alerta sobre os impactos da pandemia da COVID-19 na Educação, UNICEF Brazil, Brasília, April 2021; United Nations Children’s Fund, COVID-19: A threat to progress against child marriage, UNICEF, New York, 2021; International Labour Organization and United Nations Children’s Fund,

COVID-19 and Child Labour: A time of crisis, a time to act, ILO and UNICEF, New York, 2020; Azevedo, Joao Pedro, et al., ‘Learning Losses due to COVID19 Could Add Up to \$10 Trillion’, World Bank Blogs, 10 September 2020, <https://blogs.worldbank.org/education/learning-losses-due-covid19-could-add-10-trillion> .

World Health Organization, updates for the 2020 World Mental Health Atlas, forthcoming.

³ World Health Organization, Mental Health Action Plan 2013–2020, WHO, Geneva, 2013, p. 38.

⁴ WHO, Social Determinants of Mental Health, p. 13.

The State of the World's Children 2021 Part II



The following section emphasizes the different shades and levels of mental health and mental illness. Indeed, a mental disorder and mental wellbeing can co-exist. On the other hand, an individual exhibiting no diagnosed disorder can have feeble mental health. For this reason, seeing mental health as a binary with mental disorders on one side and mental stability on the other is an inaccurate depiction of the continuum of human experience with mental health.

Firstly, the report looks at the myriad of possibilities in the absence of mental disorders. Scales have been invented in order to measure the level of positive or negative mental health. Some indicators are self-acceptance, optimism, resilience, positive relations with family and

peers, a sense of purpose in life, and feelings of growth or achievement.⁵ Other frameworks focus on how people see themselves in their public life, including their sense of social acceptance and integration into a community. Interestingly, mental health is not linear, such that a child will know different levels of mental health in their life.

Secondly, the article sheds light on the variety of mental health conditions. Disorders exist on a continuum, and, indeed, conditions may be manageable, progressive, or severe such that a child could exhibit any one of those. The most common disorders on this spectrum are anxiety, depression, psychosis, and alcohol and drug dependency disorders. We can also find bipolar, food, autism spectrum, conduct, substance abuse, idiopathic intellectual disability, attention-deficit/hyperactivity disorder (ADHD), and groups of personality disorders.⁶ Terms such as ‘anxiety’ and ‘depression’ have found their way into everyday language in a way that does not always refer to the diagnosable and life-interfering disorders.

Lastly, this work emphasizes the importance of context in understanding the mental health

⁵ Barry, ‘Addressing the Determinants of Positive Mental Health’.

⁶ World Health Organization, WHO Methods and Data Sources for Global Burden of Disease Estimates 2000–2019, WHO, Geneva, December 2020, p. 25.

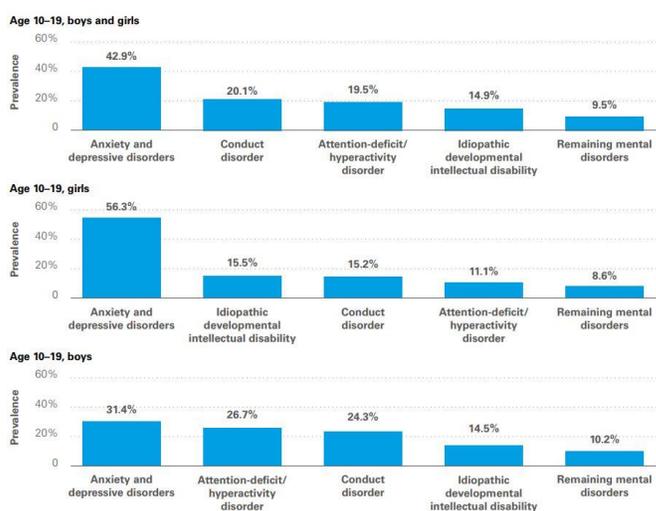
continuum. Indeed, understanding a child’s mental state means understanding their particular cultural context. Societal and family values, age, and class shape expectations and influence both the individual’s mental health state as well as the broad understanding of the notion of it. Expectations regarding personal growth and fulfilment evolve throughout a child’s life and depend on the child’s environment, community, and peers. Accordingly, to appropriately assess mental health, the cultural, social, and political contexts need to be considered.

1.3 Concerning numbers on mental health and mental disorders in children

The State of the World’s Children 2021 Part III

This section uses numbers to illustrate the human cost of poor mental health and disabilities. Mental health conditions and its lack of appropriate care are the leading cause of death, disease, and disability in most countries, regardless of their development. This is especially the case for older adolescents.

FIGURE 1.3. Estimates of key mental disorders among adolescents globally, 2019



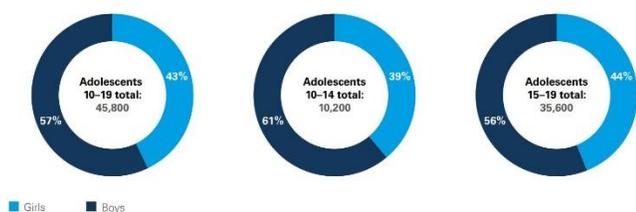
Note: The sum of the prevalence of individual disorders exceeds 100 per cent due to the comorbidity between the disorders; calculations are based on these disorders: depression, anxiety, bipolar, eating, autism spectrum, conduct, schizophrenia, idiopathic intellectual disability, attention deficit/hyperactivity disorder (ADHD) and a group of personality disorders.
Source: UNICEF analysis based on estimates from the Institute for Health Metrics and Evaluation (IHME), Global Burden of Disease Study, 2019.

Main takeaways:

- An estimated 86 million adolescents 15-19 years old and 80 million 10-14 years old (or 13% of adolescents in total) lived with a mental disorder as of 2019.
- Adolescent boys are more likely to experience disorders, regardless of the age group. However, girls were more likely to experience psychological distress, a lack of life satisfaction, or a sense of flourishing and happiness (40) in 2021.
- North America, the Middle East, and North Africa, followed by Western Europe, exhibit the highest percentages of mental disorders (18.6% for boys and 16.3% for girls; 17.3% for boys and 16.8% for girls; 17% for boys, and 16.1% for girls, respectively). The pattern is the same within the two adolescent age groups.

- Globally, anxiety and depression disorders are the most common disorders for adolescents aged 10-19 (56.3% for girls and 31.4% for boys). [Figure 1.3, p. 37]
- Around 45,800 adolescents a year take their own life. This equates to one every eleven minutes, and the risk increases with age.
- Suicide is the fifth most prevalent cause for adolescents aged 10-19 and the fourth for the ages 15-19. [Figure 1.4, p. 38]
- Suicide is responsible for the death of 5 out of 100,000 girls per year, and 6 in the case of boys. [Figure 1.4]
- In Eastern Europe and Central Asia, suicide is the number one cause of death for adolescents aged 15-19. It is the second most prevalent cause in North America, Western Europe, and South Asia.

FIGURE 1.4. Estimates of suicide as a cause of death, globally, by age and sex, 2019



Note: Results are rounded to the nearest 100; confidence intervals for adolescents aged 10-19 are 32,641-63,068, 10-14 are 6,517-15,490, 15-19 are 26,124-47,578.
Source: UNICEF analyses based on WHO Global Health Estimates, 2019; global estimates were calculated using population data from the United Nations Population Division World Population Prospects, 2019.

Data-reading precautions

In this section, the report stresses the risks of interpreting data as the ultimate truth. Indeed, suicide has historically been underreported to the point that statistics are considered to be of poor quality. Additionally, the stigma around

suicide, paired with its criminalisation in certain countries, majorly affects data availability. Often, the cause of death is registered as an ‘unknown cause’. This is particularly the case with child suicides, as families fail to report the death as a suicide to minimise social stigma.

Underreporting is, in addition, found in mental health issues as, in most places, data is not collected nor used to develop the appropriate policies. Moreover, in countries where information is collected, an array of methods is used, rendering comparison challenging.

Data accuracy is the first step in grasping the gravity of the problem and drafting the necessary response to it. In order to generate this data, the investment must increase. Nonetheless, investment in research remains stuck at around 3.7 billion USD per year, which equates to \$0.50 (USD) per person per year. Only 33% of the budget is spent on research on mental health and young people. Notably, only 2.4% of this research funding is spent in low and medium-income countries, in which 84% of the world population lives. However, the cost of addressing mental health was predicted to reach \$6 trillion by 2020, consequently maintaining the gap between what is needed and what is done.

1.4 Stigma as the main obstacle to mental health research and policies and the overwhelming costs it ensures

The State of the World's Children 2021 Part IV

Whereas recent years have been marked with growing awareness of mental health and mental illness, the stigma surrounding it is still prevalent. Specifically, stigma prevents the implementation of better support systems for young people. In fact, young people have claimed that speaking out about mental conditions is often more disabling than the condition itself. Often, they do not seek help out of fear. This stigma is deeply embedded in the culture as, from the age of six, children already associate mental conditions with words such as 'crazy' and 'mad'.⁷ This phenomenon is emphasized for boys as societal masculine gender norms deem vulnerability as 'unmanly'. Boys are in this respect more susceptible to stigmatization and to stigmatise in return.

The individual and structural risks of stigma



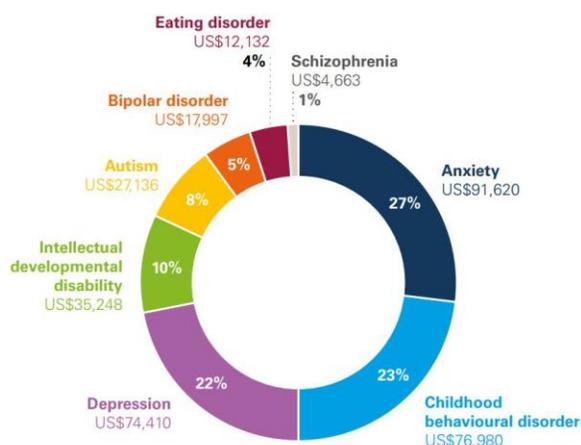
Stigma can have an influence both an individual and a collective level. On the individual scale, a child might internalise feelings of guilt, shame, or lower self-esteem.

Stigma influences children's actions, emotions, and coping strategies as well as the sense of identity. Mainly, the stigma will obstruct the individual from getting help and disclosing their conditions to relatives and friends. Stigma influences mental health at both ends; it can trigger a mental disorder and exacerbate an existing one. It is structural in nature, embedded in legislation through a lack of research, budget amounts, and medical coverage for treatments. An example of this can be seen in France, where psychologists do not receive reimbursements from Social Security. Furthermore, stigma may lead to a lack of institutional response to mental health issues.

⁷ Kaushik, Anya, et al., 'The Stigma of Mental Illness in Children and Adolescents: A systematic review', *Psychiatry Research*, vol. 243, 2016, pp. 469–294.

The costs of inaction

FIGURE 1.7. Cost of mental disorders based on country-specific GDP per capita adjusted for PPP, in US\$ millions



Source: McDaid, David and Sara Evans-Lacko, 'The Case for Investing in the Mental Health and Well-being of Children', background paper for *The State of the World's Children 2021*, United Nations Children's Fund, May 2021.

The institutional ignorance of mental health issues has a human and financial cost, which has been calculated by estimating the value children and adolescents aged 0-19 would contribute to their economies if they did not suffer from mental health conditions. These calculations are based on years of life lost to disability and death. McDaid and Evans-Lacko calculated that the annual loss in human capital due to mental health conditions amounts to 340.2 billion USD. This number considers the financial burden these conditions bear on

health education and criminal justice systems, meaning it is merely a small representation of the actual cost.⁸

Return on investment

Investing on mental health results in positive returns. For instance, companies that invest in their employees' wellbeing will receive a \$5 return for every \$1 invested. This return does account for the financial improvement, but there is additionally a return in happiness and productivity. Similarly, school programs on mental wellbeing for children and adolescents provide a return of \$21.5 for every \$1 invested over a period of 80 years.⁹ The most significant return on investment was in lower-middle-income countries, with an \$88.7 return on every dollar invested. Lower-income countries exhibit a larger share of the population of children and adolescents.¹⁰ This result provides further rationale for the investment in mental health in their case.

Summarized by: Maya Shaw

⁸ Ibid, 8.

⁹ RTI International, 'The Return on Investment for School-Based Prevention of Mental Health Disorders', background paper for *The State of the World's Children 2021*, United Nations Children's Fund, May 2021.

¹⁰ United Nations Department of Economic and Social Affairs Population Dynamics, 'World Population Prospects 2019: Data query', <https://population.un.org/wpp/DataQuery/>.

2. THE FOUNDATION



2.1 Part 1

Spheres of influence

Children and young people's mental health is one of the most critical human assets. The combination of human biology and exposure to experiences impacts and shapes the mental health of children and young people in three spheres of influence. These spheres are:

1. **The World of the Child:** From birth to adolescence, immediate impacts on mental health reside in the child's world - the world of mothers, dads, and caregivers. Appropriate nutrition, secure and safe families, skilled and active caregivers, and loving and enriching settings are all crucial factors in the child's world.
2. **The World Around the Child:** As a child's universe expands, their circles of influence expand to encompass the world. In addition to the elements of mental health developed in the child's world, the world around the child must be rooted in a safe and secure environment (both in-person and online), as well as in healthy relationships within their preschools, schools, and communities.
3. **The World at Large:** The world at large, the third main area of influence, has a significant impact on shaping mental health. Poverty, disaster, conflict, discrimination, migration, and pandemics are examples of large-scale socioeconomic factors that impact the lives of children and young people throughout the world. The world at large affects the lives of mothers, fathers, and caregivers. As children grow into teenagers and adults, the world at large will directly affect their mental health and futures.

The major developmental stages of childhood and adolescence provide unique possibilities to improve and protect mental health.

According to UNICEF's study in Sierra Leone, community health workers play an essential role in ensuring the emotional wellbeing of caregivers since their mental health and emotional wellbeing will contribute to their child's wellbeing.



2.2 Part 2

Critical moments of the child's development

Children's brains develop as part of a dynamic interaction between their genes, experiences, and the environment in which they live. Cultivating mental health can also be linked to critical developmental stages in children. Important moments are at the start, during the perinatal period, early childhood, childhood, and adolescence.

At the start

This contact occurs before conception and impacts genetic, biological, and developmental processes. Neurodevelopment begins in the womb, and nervous systems are developed. For example, the cells involved in the reproduction process can be transformed by an epigenetic process driven by psychological stress, toxicants, and drug exposure.

As a newborn, the brain develops at an astonishing rate, creating more than one million neural connections each second. Positive events and circumstances can foster brain growth, while negative ones might become dangerous factors.

Development and mental health are tightly tied to the environment in which a child is nurtured during prenatal and early childhood. Fathers are progressively undertaking increased caregiving responsibilities in various regions of the world. The role of parental influence in children's and young people's mental health is currently enduring extensive examinations.

First decade

At the initial stage of the first decade, skills that will help children understand, solve problems, interact, express themselves and perceive emotions, and create relationships are acquired in their early childhood. The children's world expands during middle childhood, and learning environments begin to impact children's development of transferrable skills and physical and mental health.

Second decade

Adolescence is critical for realizing human potential and ensuring long-term mental health. During adolescence, various brain parts undergo dynamic neurological changes that impact social perception and cognition. Puberty typically occurs between 8 and 12 years old for girls and 9 and 14 for boys.

Early physical maturity is linked to early sexual initiation, delinquency, and substance use in both boys and girls. Early puberty is associated with anxiety, sadness, and eating disorders for girls. The development of mental health disorders tends to occur during puberty, yet the relationship between the two remains uncertain.

Influences on mental health during adolescence are no longer concentrated on parents, caregivers, and houses. Poverty, conflict, gender norms, technology, and labor have a more substantial impact on how young people learn and work. Peer influences such as classmates, schools, and their communities play significant roles in the lives of young people.

Though socioeconomic factors of mental health have a role throughout one's life, children might become direct dangers during adolescence, resulting in a decreased set of opportunities in the educational and employment realms.



Part 3

Connecting the critical moments

Significant developmental moments are linked by critical challenges in child development, including attachment, developmental cascades, cumulative risks, and biological embedding.

Attachment

When a child feels safe and comfortable enough to step out and experience the world, they develop attachment. Strong attachment strengthens the child's capacity to build curiosity, emotion management, and empathy skills. Whenever attachment is positive, responsive, and sympathetic, the child learns a model to create a sense of self, identity, and a foundation for subsequent relationships. Children conclude their attachment to a primary caregiver between 6 and 9 months. Attachment to a caregiver does not have to be instantaneous or physical in middle childhood. Secure bonds with peers are recreated during adolescence. A child's bond to its parents is crucial, even if it then begins to seek increased independence.

Adolescent parenthood is frequently associated with risks, such as poverty and a lack of prenatal care and social support. Teenage pregnancy can negatively influence the development of the emotional and cognitive abilities needed to create a healthy connection with a newborn. Newborn's attachment requirements might clash with an adolescent parent's increasing demand for independence.

Developmental cascades

Positive and negative experiences and environments may drastically impact a child's development from infancy through adolescence. Negative experiences, on the other hand (neglect, abuse, and continuous severe stress), raise exposure to additional dangers that may surface later in life. Negative experiences can have long-term effects on cognitive development, physical and mental health, as well as educational and career performance.

Cumulative risk

The higher the amount of risk factors a child is exposed to in their early childhood, the likelier mental health issues will develop at a later stage. Risk clusters are most prominent among children from low-income families, ethnic minorities, and immigrants. For instance, a child who has a toxic home environment will probably experience difficulties at school.

Biological embedding

According to research, stress and trauma can affect a child's brain and make them more vulnerable to physical and psychological harm. Adverse events and settings that alter biology or brain development can erode resilience and increase vulnerability. These alterations can either aid or limit stability in the face of adversity.

A study has shown that children adopted from orphanages still have higher levels of cortisol (a hormone released in response to stress) than other children six years after adoption. The study was carried out on Romanian children who had lived in orphanages for over eight months in their first year of life.

Early deprivations: A life-course effect

Several studies have found a significant connection between the length of time spent in a facility and signs of mental health disorders at the age of six. Children who faced hardship were more likely to struggle in school and at work. On the other hand, those who were adopted by well-resourced and supportive families were less likely to develop mental health problems.

Part 4

Trauma and stress: How do they affect to a child's mental health?

Stress and trauma are major factors determining children's learning and development and young people's mental health. When stress and trauma occur, they pose a mental health risk. However, they can trigger responses with long-term biological and cognitive health effects when they appear early in life.



Toxic stress

Stress is necessary for healthy brain growth and mental health in small doses, yet, at significant levels, it is toxic. Anxiety presents itself in varying degrees during a child's life, from the womb to adolescence. According to the National Scientific Council on the Developing Child, there are three types of stress: positive, tolerable, and toxic.

Positive stress is moderate, short-lived, and a normal aspect of daily life. It is activated when a child obtains an immunization or encounters a new caregiver.

Tolerable stress is more severe but short-lived, giving the brain time to recover.

Toxic stress is the activation of a person's stress management mechanisms in a powerful, frequent, or prolonged manner. Toxic stress in children arises when no caring adult is around to provide safety

and comfort. According to existing research, maternal stress might impact a child's later stress response even during the prenatal period. In contrast, damage caused by toxic stress can last a lifetime.

Adverse childhood experiences

Dangers leading to toxic stress in childhood are often categorized as adverse childhood experiences (ACEs). ACEs are defined as persistent, frequent, and intense sources of stress that children may suffer early in life. The word ACE refers to encounters that occur outside of one's home and family boundaries.

WHO broadly defines ACEs as "multiple types of abuse; neglect; violence between parents or caregivers". Toxic stress caused by ACEs can damage physical and mental health, social development, and educational success. ACEs are also tragically frequent, and the harm increases as they accumulate. Reports show that more than two-thirds of the population in the United States have experienced at least one ACE in the United States, and a quarter has experienced three or more.

According to research conducted in Cambodia, Malawi, and Nigeria, intimate partner violence in children can increase the risk of mental health problems.

Children and young people might be traumatized by conflict and social and political instability. As roles in families and communities shift during adolescence, new traumas might occur in young people's lives, such as underage marriage, interpersonal violence, gender-based violence, and intimate partner violence. Some of these traumas are caused by a direct connection to war or violence, while the destruction of families and communities causes others.

A case study in Kenya showed that since the spread of the Covid-19 pandemic, children were the victim of abuses such as domestic, sexual, neglect, and physical abuse. National helplines for children, such as Childline Kenya, address mental health and violence and have played an enormous role in providing help and protection for children victimized by constant abuse, especially during the Covid-19 pandemic.

Summarized by Zinat Asadova

Revised by Olga Ruiz Pilato

3. CHILDREN AND MENTAL HEALTH



Part I

Chapter 3 - Factors that help and harm

Researchers have identified various risk factors known as ‘risk markers’, namely their causes and potential effects on children’s mental health. The results of these risk factors vary significantly from child to child since their experiences, and social,

economic, and environmental conditions differ. There is a proportional relationship between the risk factors and their causes. As the duration and intensity of these causes increase, so do the risk factors.

Since understandings of mental health vary culturally, researchers, despite gathering large amounts of data, are still

limited in identifying common risks to mental health.

Environments can act as both a risk factor and a protective factor for a child, making it hard to generalize understandings of mental health. For example, a school can prove to be an empowering surrounding for a child where he is motivated by his teachers

and teaches courses that broaden his personal and academic horizons. However, in the same settings, a child can experience severe bullying, criticism, and trauma, harming their mental health.

However, despite these complexities, this chapter of

A life-course approach to prevalent mental health risks

Despite the difficulty in obtaining standardized information regarding mental health factors across regions, a team of experts from Universidade Federal do Rio Grande do Sul in Brazil examined standardized data from the Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS), and the Global School-based Student Health

the ‘The State of the World’s Children 2021’ identifies three critical factors relevant to understanding children’s mental health. These factors are not biological and can easily be changed. Therefore, they must be understood prudently. These include:

- Nurturing care from parents/ caregivers

Survey (GSHS), in order to find commonalities in the distribution of risk factors across regions. They did so with the aim to develop and implement better interventions and methods to address mental health risks in children. The experts found 23 factors in the perinatal, early childhood, childhood, and adolescent periods of a person’s first two decades. Some of the factors include bullying, child labor, subject to violence, and lack of proper nutrition.

- External environment
- Relationships with peers (as they grow older)

This chapter navigates through thoughts presented by adolescents in mental health discussion groups directed by the John Hopkins University.

Risk and protective factors: Parenting (the world of the child)

The role of parents is identified as the most critical and primary role in a child’s mental health development. This is the first point of contact of the child. Particularly with regard to how they go on to view themselves and the world around them. Parents can create a safe, protected, and stable environment for a child as well as provide them with opportunities and

platforms to grow in the world. However, the limited world of a child expands greatly during adolescence where other external risks enter.

The world around the child

Some of these risks exist in the world, majorly stemming from poverty and conflicts. Most of the time, parents struggle to help adolescents navigate these external risks, making it difficult for children to cope with the world around them.



Part II - Big changes start small

Not spending on mental health costs England alone £16.13 billion a year. There is a lack of priority and initiative at the early stages of a child where violent behavior that later causes widespread damage and aggression can be curtailed at a significantly lower cost if

addressed and prioritized from the beginning. The Royal Foundation gives six recommendations to curtail these £16.13 billion losses per year. These include:

1. Raising awareness on the impact of a child's early years;
2. Building a more nurturing society;

3. Creating communities of support;
4. Creating a workforce that uplifts families of the affected;
5. Gathering and interpreting more data to improve care for children and their caregivers;
6. Promoting long-term changes that provide stable yearly childhood support.



At the start

Low birth weight and malnutrition can adversely affect a child's mental health as they grow older. High levels of depression, anxiety, shyness, and low cognitive development often result from a mother's use of drugs and alcohol or early child marriages. Paternal depression during the early years of a child's development is an additional cause of emotional distress in a child.

Nutrition, physical activity, and body weight

Nutrition is the basic building block of lifelong mental health stability. Lack of proper nutrition acts as a risk factor to the cognitive development of a child, while adequate nutrition serves as a protective factor. To counter the risk factor of inadequate nutrition, nutrition interventions for mothers during their pregnancy such as Calcium, Vitamin A, and Zinc are provided to reduce the risk

of low birth weight and malnutrition.

Lack of physical activity and increased screen time in adolescents is a global cause of impeded brain development. One study of adolescents in the United States of teenagers aged 14–18 showed that, for each hour of sleep lost, the changes of feeling sad and hopeless rose by 38 % to 42 %. Warmth, love and affection, adolescent development, respectful communication, positive discipline, safe

environments, provision of basic needs, and caregivers' and parents' mental health are a few of the factors identified by UNICEF to bolster children's cognitive abilities development.

Medication and children

Between 2005 and 2012, prescription rates for antidepressants for children younger than 19 are estimated to have increased as follows:

In Denmark: 60.5%

In Germany: 49.2%

In the Netherlands: 17.6%

In the United

Kingdom: 54.4%

In the United States: 26.1%

These results indicate that mental health facilities are readily becoming available in many countries and that the youth are increasingly making use of them. However, the high prices of these drugs entail that many children do not often have access to them. Moreover, these drugs merely aid in countering mental health effects but do not address the root cause of the problems, so issues such as violence, poverty, and inequality that threaten children's mental health ought to be addressed.

Case study: Ireland

MindOut: Social and emotional learning for adolescent well-being

When Ireland developed its National Youth Strategy in 2015, many young people identified mental health as one of the top three issues.

MindOut is an evidence-based universal social and emotional learning (SEL) Programme and part of Ireland's Health Service Executive. It offers an opportunity to target mental health and general well-being issues important to young people in Ireland. MindOut is provided to 15 to 18-year-olds in schools. It is included in the Social, Personal, and Health Education (SPHE) curriculum, a compulsory part of the school curriculum.

MindOut has helped children develop social and emotional skills, including self-awareness, self-management, social awareness, relationship management, and responsible decision-making.

Violence and mental health

Violence has been identified as one of the major causes of

mental distress in children. Often, one or more forms of violence can co-exist in the same family, jeopardizing the child's mental health. Over a billion children between the ages of 12 and 17 are estimated to be exposed to interpersonal violence with consequences including depression, anxiety, suicide, and behavioral and social problems. Preventing exposure to violence in childhood is crucial to promoting mental health. The World Health Organization (WHO) strongly suggests that healthcare providers must consider exposure to violence while examining children's health, particularly when facing conditions that may be complicated by maltreatment

Summarized by Mahnoor

Traiq

4. THE WORLD AT LARGE (summary)



Part 1: POVERTY

Poverty is not just about the lack of money – it is multidimensional, involving deprivations in education, health, food, water, and sanitation. The relationship between poverty and mental health can be a two-way street: poverty can lead to mental health conditions, and mental health conditions can lead to poverty.

The stress of poverty can interfere with caregivers' capacity to consistently provide positive parenting, as one of the primary effects. Time also matters. The longer a child lives in poverty, the greater the risks to mental health. Poverty can additionally have a profound psychological impact on children's and adolescents' capacity to seek opportunities and envision their dreams. It affects long-term decision-making by depriving young people's attention of their immediate needs.

The main elements of poverty, access to opportunity, and income inequality can also impact mental health and behavior. The most common association is between income inequality and depression, as income inequality erodes social trust and social interactions.

Poverty and mental health demand complex and multisectoral responses that protect and promote good mental health. Cash transfer programmes, for example, have shown promising

results for educational attainment, use of health-care services, food security, and child labor.

Part 2: DISCRIMINATION

Recognizing the intersectionality of different kinds of discrimination can help highlight interlocking disadvantages that affect the experience of discrimination and mental health.

Gender – Gender-based discrimination can define roles and responsibilities that limit opportunity, restrict behavior, and constrain expectations and self-expression – all of which can affect mental health and, in most societies, places girls at a disadvantage. Boys may

also face restrictive gender roles, insofar as harmful concepts of masculinity can hamper their ability to express emotions or seek support.

Race – In general, racism exposes children and young people to discrimination, disadvantage, prejudice, stereotyping, microaggressions, and social exclusion based on race or ethnicity. Experiences of racism can cause a ripple effect through families and communities, transmitting trauma from caregiver to child. Overall, tackling racism as well as the roots of discrimination is essential to safeguarding the mental health of many children and young people.

Disability – Far too often, children and young people with disabilities face discrimination based on multiple and intersecting identities. They are often victims of pervasive practices such as segregation from other children and young people, over-medicalization, and institutionalization. Addressing these forms of discrimination demands a human rights model that recognizes the complexity of intersecting forms of discrimination and considers the child’s best interest.

LGBTQ+ – A meta-analysis of mental health for LGBTQ+ young people showed elevated suicide attempts, anxiety, and depression rates. Young people who identify as non-binary can experience worse mental health outcomes, less social support, and a greater risk of abuse and victimization. In particular, males are at greater risk of school-based victimization, which affects their development.

Indigenous groups– At a worldwide level, indigenous groups face discrimination-based risks to mental health, facing racism, disparities, etc. A 2018 systematic review of studies from 30 countries and territories found that many indigenous adult populations have elevated rates of suicide compared to non-indigenous people.

Part 3: HUMANITARIAN CRISIS

The impact of a humanitarian crisis on children’s and young people’s mental health involves a complex mix of risks. Crises can entail educational disruption, poverty exposure, and separation of children from primary caregivers, amongst others. The specific characteristics of experiences within a crisis can have different consequences, as incidents accumulate, resulting in a so-called ‘dose-effect’ - the greater the exposure, the greater the risk to mental health.

Part 4: THE COVID-19 PANDEMIC AND MENTAL HEALTH

Globally, at least one in seven children has been directly affected by lockdowns. Children and adolescents who faced the most significant mental health risks came from disadvantaged families, had pre-existing mental health conditions, or had a history of adverse childhood experiences. There was a difference in

response: girls were at greater risk of depressive symptoms, anxiety, and behavior issues, whereas boys were at greater risk of substance abuse. Overall, the review indicates that the pandemic did fuel some increases in depression, although in the majority of studies, the symptoms oscillated between mild and moderate.

The fact that the pandemic could have improved life satisfaction for some children and families by relieving them of school pressure or allowing them to spend more time together tends to be overlooked.

To conclude, the COVID effects include, but are not limited to:

- Stress and anxiety;
- Depression and suicidal behavior;
- Behavior problems;
- Alcohol and substance use;
- Lifestyle changes;
- Positive mental health

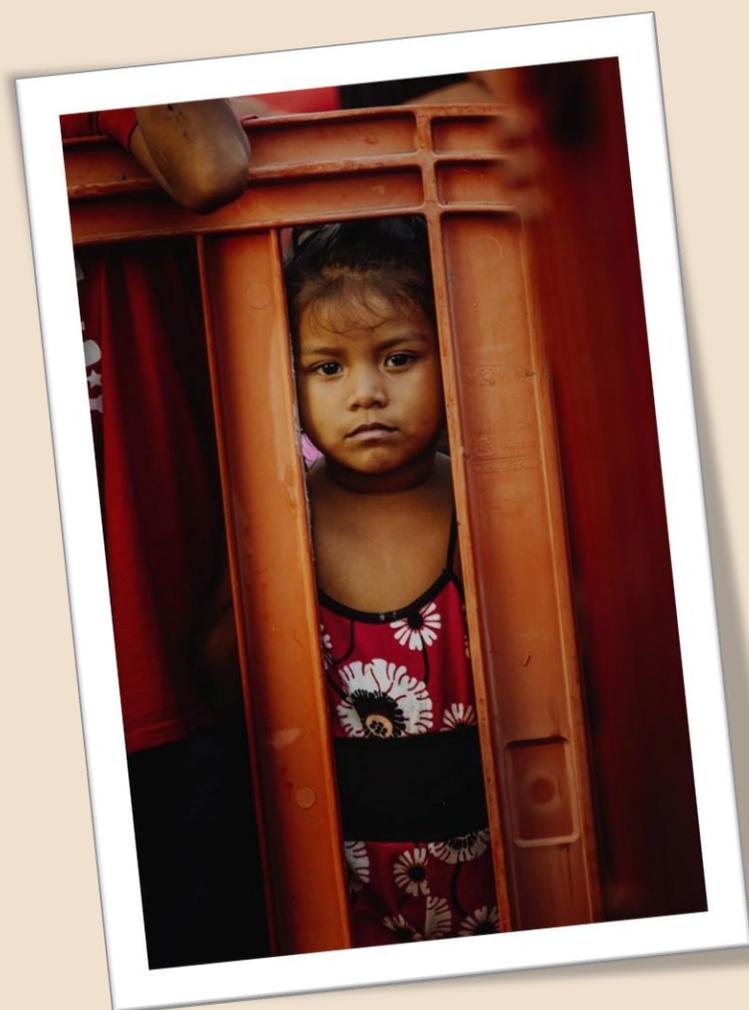
Part 5: DIGITAL TECHNOLOGIES

Digital technologies and mental health

The COVID-19 pandemic changed the dynamic between technology and education by bringing the digital home. For a number of families, the absence of digital access has never been more acutely felt. However, digital technologies have raised their fair share of

concerns amongst parents and young adults. How justified are these concerns? Two key issues, namely social media and screen time, can help illustrate some of the broader themes in this research.

Overall, there is now a substantial body of research indicating only a minimal association between social media use and mental health, including depression, anxiety, and well-being. There is so far limited evidence of a strong association between poor mental health conditions in relation to screen time. As more of the world becomes digitally connected in the years to come, it is hard to disentangle offline experiences from those online.



In the focus group discussions directed by JHU, participants described how digital technology was both helpful as well as harmful to overall well-being. The main arguments include the impact of social media on self-esteem, cyber-violence, the damaging effect of receiving hurtful comments, and how digital technology helped their mental health.

Digital technology can be used in capacity-building. EMPOWER, a digital training platform that uses digital technology to train and provide real-time guidance for community health workers, including nurses, social workers, and midwives, shines as one of today's promising digital interventions in use.

In addition, digital technology is being used to provide treatment. For example, computerized cognitive behavioral therapy (c-CBT) can moderately treat depression and anxiety among young people aged 10–24, and is particularly effective when coupled with in-person components to encourage adherence.

CLIMATE CHANGE AND MENTAL HEALTH

Climate change will profoundly impact young people's futures. Extreme weather events such as floods and heatwaves raise crop uncertainty, water insecurity, and widespread conflict. In essence, these

dangers expose young people to significantly stressful experiences. But will their mental health be affected?

Part 6: RESILIENCE

What makes a child or young person resilient in the face of adversity? Evidence shows that resilience is fundamental to mental health. In a cross-cultural study of strength published in 2007, Michael Ungar and colleagues interviewed 89 young people at 14 sites throughout 11 countries. They concluded that stability requires the ability to navigate seven tensions, namely;

1. Access to material resources
2. Healthy relationships
3. Identity
4. Power and control
5. Cultural adherence
6. Social justice
7. Cohesion

Evidence has shown that multiple factors combine to bolster resilience and mental health. On cultivating resilience, some themes point to critical elements for action, including

- The importance of supporting the needs and well-being of parents and caregivers
- Adopting a multisystem, multidisciplinary approach to equitably providing services that bolster resilience
- Understanding and tailoring interventions to multiple diverse contexts
- Support schools as protective, inclusive environments for child learning and development

Part 7: THE FACE OF ILL-TREATMENT

Children and young people are deprived of their human rights and subjected to detention and ill-treatment that, in many cases, can undermine their mental health or aggravate an existing condition. Mental distress in such settings may be interpreted as a reflection of underlying mental health issues, although it can often respond to ill-treatment itself. Of particular concern for mental health are the care institutions. There are multiple reports of abuse of children in institutions. There is also

extensive evidence of ill-treatment in homes, prayer camps, and religious institutions.

Far too often, mental health services perpetuate stereotypes of people with precarious mental health as dangerous. However, people with psychosocial disabilities are much more likely to be victims of violence than perpetrators.

WHAT CAN BE DONE?

It is crucial to adopt legislation tackling mental health issues, based on the rights on individuals suffering from it. Children and young adults with mental health conditions must not only be treated as patients but as individuals with rights; individuals who, under their evolving capacities, can play an active role in their care through direct or supported decision-making. In addition, communication, advocacy, and collaboration are required with community leaders, including faith healers.

Summarized by By Xhina Çekani

5. WHAT IS BEING DONE

In the past decade, global mental health advocates have come together to promote initiatives that raise awareness and address children and young people's mental health. The World Health Organization (WHO) has also been involved in such efforts.

WHO has made significant contributions in the past decades through the 'WHO Comprehensive Mental Health Action Plan', or MHAP. Established in 2013, the MHAP features four objectives that guide countries in effective leadership and governance; comprehensive and integrated services in communities, implementation strategies for promotion and prevention; and strengthened information systems, evidence, and

research. In 2019, the MHAP extended to 2030 to align the timeline for the Sustainable Development Goals. In addition, WHO has also issued guidance on interventions for preventing and managing precarious mental health, neurological, and substance use disorders such as depression, suicide, and behavioral disorders.

Beyond the realm of healthcare, there have been additional efforts to tackle mental health issues. Various international organizations, including the UNICEF, WHO, and the World Bank, have developed the Nurturing Care Framework to address early developmental challenges. In addition, UNICEF has provided parenting guidance to provide support to caregivers and adolescents' parents.



The financial aspect of mental health initiatives remains one of the world's great issues, particularly in the developing world. A reason for it is the lack of money to afford such financing. WHO indicates that, in some of the world's poorest countries, governments spend less than US\$1 per person on treating mental health issues. Per capita income refers to the average income of individuals in the country. In upper-middle-income countries,

expenditure is around US\$3 per person. Likewise, in low-income countries, median government spending on mental health per capita was US\$0.08; in lower-middle-income countries, it was US\$0.37; in upper-middle-income countries, it was US\$3.29; and in high-income countries, US\$52.73. The stark difference in the expenditure on mental health per person between developing and developed countries illustrates an evident lack of capital investment by developing countries on mental health issues.

Across the developing world, various governments have tackled mental health problems across multiple sections of society, including young people. An example of this is the SEHER Strengthening Evidence Base on School-Based Interventions for Promoting

Adolescent Health. SEHER, the Bihar-based Indian program is a whole-school, multicomponent mental health promotion program operating and testing on a large-scale basis. It features activities for all students while offering individualized counseling for students in need. It works in conjunction with a life-skills training program integrated into classrooms. Evaluations showed that the program succeeded by creating a positive school atmosphere that featured strong, nurturing relationships between teachers and students and fostered a sense of belonging among students, resulting in lower rates of depression, bullying, and violence. In contrast, when teachers delivered the intervention, there was little effect.



Parenting support: A mother receives counselling at a routine health check in El Salvador.
© UNICEF/UN0499578/Segovia Prado

Furthermore, the 'Ujana Salama' program in Tanzania seeks to address mental health issues through its implementation in tandem with social services, combining a cash transfer program for adolescents aged 14-19 along with in-person training, mentoring, grants, and healthcare services. An evaluation of the

program indicated that the program led to a reduction in depressive symptoms. After a year, male and female adolescents exhibited improved mental health and self-esteem and demonstrated greater knowledge about sexual and reproductive health and HIV. Studies of the program also indicated decreases in sexual violence and increases in school attendance among girls. These examples suggest that efforts to improve the mental health of the world's population are being addressed beyond the World Health Organization.

PART 2 - Dealing with data

How WHO and other institutions have contributed to the improvements in efforts to collect mental health related data

Part of the data and research problem is the lack of funding. In 2019, investment in mental health research amounted to about 50 cents per person per year, based on a population of 7.7 billion, and stark inequalities mean that only 2.4% of this funding was spent in low and middle-income countries. Only 33% of the total spent on mental health research involves adolescents.



Care pair: The nurturing care from this father in the Dominican Republic will support his son's mental health.

© UNICEF/UN0505385/Cury

Collecting data requires definitions of mental health conditions that can be applied in different settings and cultural contexts. Indeed, context can determine how mental health conditions present and how symptoms are interpreted. In addition, it is essential to capture information on experiences that do not necessarily meet the definitions of diagnosable disorders.

UNICEF, WHO, and other key partners have embarked on the 'Measurement of Mental Health Among Adolescents at the Population Level', or MMAP, a robust and methodological approach to collecting and managing mental health data for adolescents.

Research efforts are also underway to make critical links between mental health

and social determinants that put children and young people at risk. For instance, CHANCES-6, a project of the Care Policy and Evaluation Centre at the London School of Economics, has engaged in a large-scale research program investigating the link between poverty, mental health, and life chances for young people from low-income backgrounds. The program was underway from 2018 to 2021 in Brazil, Colombia, Liberia, Malawi, Mexico, and South Africa. Their methods focused on examining the impact of cash transfer programs on mental health and the impact of mental health programs on poverty.

Summarized by Aniruddh Rajendran

6. WHAT CAN BE DONE



There are three main components necessary to promote, protect and care for the mental health of children, namely:

- Commitment to strengthen leadership and scale-up investment;
- Communication to tackle stigma and engage with young people;
- Action to minimize risk factors, maximize protective factors in families and schools, strengthen the capacity of social protection and improve research in the area.

Commitment, broadly speaking, implies the need for **more vital global leadership**, development of financing models to bridge the investment gap, and partnerships to share knowledge and build capacity, gather data and evidence, monitor, and evaluate progress. Additionally, it entails increased funding. In many countries, mental health is underfunded, as most of the budget is invested in psychiatric

services, leaving a small amount to mental health prevention and promotion. Countries have focused on setting specific budget targets for mental health issues within the healthcare realm in recent years. These are typically at least 5% in low and middle-income countries (LMICs) and at least 10% in higher-income countries.

Countries must increase funding in both education and social protection. They should set more precise targets and develop new and innovative sources of funding and financing, involving international agencies and donors, in line with human-rights approaches based on people's needs.



Improving communication can lead to better results. It tackles misconceptions about mental health issues that fuel stigma and prevent children and adolescents from seeking support and fully participating in their communities. Governments and media must work together to end the stigma around mental health and promote the view that it is essential to talk about mental health. This would increase people's recognition of signs of distress and inform citizens on seeking help. Communication is critical since it provides

young people with the means for active and meaningful engagement, namely through investing in community youth groups or co-creating peer-to-peer initiatives and training programs. Listening to young people's needs will improve measures aiming to help children, young people, and caregivers throughout their lives.

Action should concern **four main aspects**. The first aspect is to support a child's family as their fundamental figure. Stable

relations at home can help protect children against toxic stress and promote resilience and overall wellbeing. Parenting programs need to be scaled up, focusing on Social and Emotional Learning (SEL) to support families and children in developing positive attachments and create a positive home environment. Children who live under grave home conditions, including violence or severe stress, should have specific targeted support. Their respective parents ought to be provided with knowledge (such as training programs, counseling on health, nutrition, and child

Secondly, **schools** are a big part of children's lives, and as such, should be one of the leading institutions ensuring mental health support. Violence, bullying, stress, and pressure to perform are the main underminers of mental health. In this sense, schools must implement a holistic approach to enhancing children's development and wellbeing. They should encourage a warm, positive climate that makes children feel safe and connected and empowers them to express their opinions, support other students in expressing theirs, and seek help when needed. It should provide regular mental health and psychosocial wellbeing training for teachers and other personnel as well as for children, adolescents, and families. Schools should further strengthen

development) and resources such as paid parental leave, breastfeeding support, available and accessible high-quality childcare, and child benefits. This will consequently enhance the caregiver's engagement with their children throughout their childhood and adolescence as well as foster their social, emotional, physical, and cognitive development. Caregivers need skills training to improve the developmental, behavioral, and familial outcomes for children and adolescents' health issues.

teachers' **knowledge and socioemotional competencies** in order to help children and adolescents learn about mental health, develop healthy habits, and recognize students who might need additional support. They should, in addition, provide school staff with training aiming at identifying suicidal students and assist them accordingly. National suicide prevention programs should restrict access to means of suicide, encourage responsible media reporting, and identify and remove harmful content on social media.



Thirdly, **multiple systems and workforces** should be strengthened to address mental health challenges. Mental health services should be provided across different sectors and delivery platforms, including education, social protection, and community care. Community-based interventions such as child protection and gender-based violence case-management should be endorsed particularly to identify and support at-risk children who require

specialized care. Local women’s organizations should be a crucial source of psychosocial support for women and girls, especially survivors of gender-based violence. MHPSS interventions should be upgraded so they provide children with the necessary means and resources to cope with anxiety and severe forms of distress. Child rights must be respected in the design and provision of mental health services, with service users treated not as patients but as individuals with rights. Care

should be person-centered and recovery-oriented.

The fourth key factor for action is to **improve data, research, and evidence**. The lack of data on the mental health of children, adolescents, and caregivers, especially in the LMICs with most of the world's adolescents, poses a challenge to policy development and planning. Countries must thus increase research budgets to apply to all ages and ethnicities, adapt to local realities, and capture diverse experiences. Qualitative research can help reduce gaps in evidence generation and provide a solid account of children's and adolescents' wellbeing.

It is crucial to monitor and assess mental health through a consensus-based set of core **indicators** around the child, adolescent, and caregiver's mental health, covering the prevalence of mental health conditions, the provision of mental healthcare, and the extent of efforts to address issues protect at-risk children and adolescents. Research should aim to understand various needs and investigate the factors that halt or accelerate policy implementation and intervention. Increased research would provide governments with insight into the issue of mental health, turning ideas into action.

*Summarized by Elizaveta
Rusakova*



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