

Gendered influences on adolescent mental health in low-income and middle-income countries: recommendations from an expert convening



An estimated 67 000 adolescents die each year from self-harm, and far more—an estimated 10% of all adolescents—have intentionally harmed themselves.¹ Suicide consistently ranks among the leading causes of death for older adolescent girls and boys globally, and depressive disorders, anxiety, behavioural problems, and self-harm are among the greatest contributors to young people's burden of disease.¹ Academics, practitioners, and advocates increasingly recognise the importance of mental health to the overall wellbeing of adolescents, and the complex linkages between gender and mental health.² As outlined in a more detailed paper,² gender norms can negatively affect adolescent girls and boys, but particularly limit girls' ambitions and opportunities. Yet policies and programmes, particularly in low-income and middle-income countries, do not adequately address these important issues. To better understand these relationships and identify priorities for adolescent-focused and gender-responsive mental health research and programmes, the International Center for Research on Women and UNICEF convened experts from academia, civil society, donor, and bilateral and multilateral institutions for a consultation in April, 2017 (appendix). In this Comment, we summarise their recommendations.

Firstly, data for and indicators on the gendered drivers of poor mental health in adolescence are required. Age-disaggregated and sex-disaggregated data are necessary to understand the epidemiological burden and unmet need for mental health prevention and care among adolescent girls and boys. However, reviews done for the Global Burden of Disease Study indicate that two-thirds of countries have no data for any mental disorder, and that data for mental disorders in those aged 5–17 years are available for only 6·7% of these countries.³ When also considering the World Health Statistics,⁴ which reports that half of deaths have no recorded cause, it is clear there is a need for improved hospital records, health surveys, and vital registration systems among other data sources. Furthermore, indicators and frameworks for adolescent mental health have mostly been developed and applied only in high-income

countries, with few tested for cross-cultural use, and even fewer for gender-sensitivity.

Secondly, understanding pathways through which gender norms influence adolescent mental health is essential. During childhood, girls are no more likely than are boys to manifest symptoms of depression, but after puberty their risk of depressive disorders increases substantially. Moreover, girls are one and a half to two times more likely than are boys to be diagnosed with clinical depression in adolescence and throughout their life course.⁵ The paper² produced for the expert convening addresses some gendered aspects of adolescent mental health, yet far more research is needed on the mechanisms through which gender norms might affect the mental health of girls and boys differentially. Given the paucity of currently available data, implications for vulnerable adolescents, such as pregnant, married, out-of-school, and LGBTQI (lesbian, gay, bisexual, transgender, queer or questioning, and intersex) adolescents, also urgently require attention.

Thirdly, implementation and programmatic research to improve adolescent mental wellbeing are needed. Mental health and psychosocial support programmes for adolescents in low-income and middle-income countries have largely been confined to humanitarian settings; however, few of these programmes have been rigorously evaluated, and fewer yet specifically incorporate gender considerations.⁶ Although some evidence suggests school-based interventions can reduce depression and anxiety, there is limited understanding of how gender might influence students' mental health in these countries.⁷ Programmes that do not explicitly focus on mental health can provide new opportunities to address the effect of harmful gender norms. At the same time, more information is needed to understand whether and how programmes and interventions that are deliberately designed to be gender-responsive or gender-transformative are, in fact, effective at improving mental health outcomes among adolescents.

Lastly, incorporation of adolescent mental health into national policy agendas is crucial. Mental health and



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See Online for appendix

Panel: Recommendations for creating gender-responsive adolescent mental health research and programmes

- Review existing indicators to determine applicability and adaptability across countries, as well as whether indicators measure the influence of gender norms and attitudes on mental health outcomes
- Include new questions in widely used surveys, such as the Demographic and Health Surveys, Multiple Indicator Cluster Surveys, and Global School-Based Health Surveys, to generate data on the effect of gender norms on adolescent mental health
- Do a systematic review to detail what is already known about how gender norms and discrimination precipitate depression, self-harm, and suicide among adolescents
- Further analyse existing evidence and datasets, and undertake novel research to understand how gender and gender norms, including those at play within the family, among peers, and through contextual and structural factors, might differentially influence mental health and health-seeking behaviours of adolescent girls and boys
- Investigate whether the way in which gender norms are portrayed in the media, as well as use of social media, influence the mental health and wellbeing of adolescent girls and boys
- Adapt and incorporate evidence and tools from successful programming into the design, implementation, and testing of interventions that deliberately aim to address gender norms and improve the mental wellbeing of adolescents in low-income and middle-income countries
- Test and rigorously evaluate interventions at different points of the adolescent developmental life cycle and through different delivery platforms (ie, mass media, social media, schools, clinics, and communities), as they might be differentially effective in reaching adolescent girls and boys and addressing gender norms across contexts
- Engage adolescents and other key stakeholders in all phases of programme design, implementation, and evaluation to ensure programme relevance, sustainability, and effectiveness
- Develop and disseminate evidence on the cost of inaction to strengthen the case for policy makers to prioritise gender-sensitive adolescent mental health policies and programmes

adolescent health have both been neglected in low-income and middle-income countries, due in part to a paucity of funding and overburdened health systems. Country-level policies can drive the coordination of essential services and activities to most effectively and efficiently ensure that prevention, diagnosis, and care are delivered to those in need. As a start, mental health and adolescent health policies that do exist in low-income and middle-income countries should consider the potential impact of gender and gender norms.

Global attention to adolescent health has increased substantially in the past several years. Recently, the UN Secretary General's Every Woman Every Child movement added adolescent health to its agenda, and WHO and its partners issued the Global Accelerated Action for the Health of Adolescents guidance¹ to help countries generate and use data to develop and implement adolescent-focused health programmes and policies. As the evidence base on adolescent health continues to increase, there is a growing recognition of the importance of mental health to the overall health and wellbeing of adolescents,

both now and later in life. Our hope is that improved understanding of the distinct mental health challenges that adolescent girls and boys face, and particularly of how these challenges are influenced by gender norms and inequities, can help spur future research and action (panel).

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