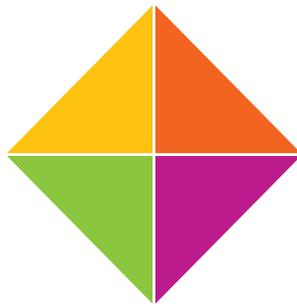


Post-2015 Negotiation Briefs #4: Mental Health



Introduction

The World Health Organization defines mental health as *“a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”*. It is recognized that mental health is an essential component of overall health and well-being not only of individuals but also of communities and societies.

While mental health is multifactorial, there is an intrinsic link between development and mental health with clear evidence that indicators of poverty have adverse outcomes on mental health.¹ In discussing the link between mental health and development, it is vital to recognize the importance of addressing the mental health needs of adolescents and young people as many mental health disorders of adulthood begin in childhood or adolescence.² Adolescence and young adulthood are the crucial space to identify mental health issues and to provide the necessary support to ensure a healthy and productive future life.

When it comes to mental health, adolescents and young adulthood can not be ignored:

- × One in five children and adolescents experience mental disorders globally³
- × 50% of all mental illnesses begin by the age of 14 and 75% by mid-20s⁴

- × Suicide is the leading cause of death for 15-19 year olds in South-East Asia and was the 3rd leading cause of death amongst adolescents globally in 2012
- × Unipolar depressive disorders is the number one cause of years lost to disability in adolescents aged 10-19 globally
- × Adolescents self-identified mental health problems as their most important health problem.⁵

Poor mental health outcomes of adolescents have add on effects to other aspects of their health and well-being and social development. In particular, there is documented evidence that poorer mental health outcomes for young people directly affects their sexual and reproductive health. Adolescents who experience mental health disorders are more likely to experience:

- × higher alcohol, tobacco and illicit substances use
- × adolescent pregnancy
- × school dropout
- × delinquent behaviours.⁶

Young people experiencing poorer mental health are:

- × twice as likely to be sexually active
- × more than twice as likely to not use condoms
- × more likely to have a history of sexually transmitted infections
- × twice as likely to use intravenous drugs.

Participation in these behaviors perpetuates an individual's risk of HIV transmission.⁷ There is additional evidence that young people living with HIV are more likely to experience adverse mental health outcomes, as they are more likely to experience emotional and behavioural problems, including psychiatric disorders. These adverse outcomes are related to a broad range of factors such as stigma and ostracization, medication side effects and the sequelae of the advancement of HIV to AIDS.⁸ Further links between sexual and reproductive health and rights and mental health are seen in key populations experiencing diversity in sexual orientation and gender identity. Adolescents with diverse gender and sexual orientations are more likely to report higher rates of anxiety and depression, self-harm, suicide, substance abuse, homelessness and eating disorders. It is recommended by the American Psychological Association that school-level programming that creates a positive environment for self-exploration and that reduces bullying and harassment should be implemented to reduce adverse mental health outcomes and to improve adolescent sexual and reproductive health.⁹

Despite the overwhelming evidence of the need for youth friendly mental health services, adolescents and young people are not receiving the care they need. For example, recent evidence has shown that less than half of children with mental health issues have access to the treatment or services that they need.¹⁰ Therefore it is essential for governments to commit to the development of affordable and accessible youth friendly mental health services and programming.

Mental Health in UN and Regional Agreements

Member states at the United Nations have long agreed to the importance of mental health. In 1991, member states set out fundamental rights and freedoms for all people in UN General Assembly Resolution A/RES/46/119 entitled *The Protection of Persons with Mental Illness and the Improvement of Mental Health Care*. These basic rights include:

Principle 1.1 All persons have the right to the best available mental health care, which shall be part of the health and social care system.

Principle 8.1 Every patient shall have the right to receive such health and social care as is appropriate to his or her health needs, and is entitled to care and treatment in accordance with the same standards as other ill persons.

In 2003, member states again confirmed “*The right of everyone to the enjoyment of the highest attainable standard of physical and mental health*” in UN Resolution A/C.3/58/L.53. The resolution also connected issues of gender and sexual and reproductive health with mental health:

Para7 Also calls upon States to place a gender perspective at the centre of all policies and programmes affecting women’s health;

Para8 Further calls upon States to protect and promote sexual and reproductive health as integral elements of the right to everyone to the enjoyment of the highest attainable standard of physical and mental health;

This was not the first time governments had recognized the link between mental health and reproductive health. In 1994, when setting out the definition for Reproductive Health in the Conference on Population and Development’s Plan of Action, member states identified that mental health is a key component of reproductive health:

Para 7.2 Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or

infirmity, in all matters relating to the reproductive system and to its functions and processes.

Mental Health in Post-2015 Negotiations

Mental Health is currently included in the Post2015 Negotiations as target 3.4 under the health goal. The language of the target is as follows:

3.4 by 2030 reduce by one-third pre-mature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and wellbeing

Despite, the evidence that many mental health issues first present in adolescence and young adulthood and youth friendly interventions for mental health are key to ensuring mental health wellbeing there is currently no specific language on youth or adolescent mental health or mental health well being in the negotiations.

Youth Positions on Mental Health

Youth statements on post-2015 have consistently recognized that mental health is a key component of overall health and wellbeing, and as such it should be ensured that young people have access to mental health services as part of health services.

The Bali Global Youth Forum Declaration called for mental healthcare as a key component of youth-friendly health services:

Governments must provide, monitor and evaluate universal access to a basic package of youth-friendly health services (including mental healthcare and sexual and reproductive health services) that are high quality, integrated, equitable, comprehensive, affordable, needs and rights based, accessible, acceptable, confidential and free of stigma and discrimination for all young people.

The Children and Youth Major Group's Vision and Priorities for the Sustainable Development Goals and the Post-2015 Development Agenda (2014) also asked for youth-specific mental health services:

Ensure coverage for mental health and substance misuse disorders, which predominantly affect this age group.

Resources

- × WHO. *Mental health: strengthening our response*. 2014.
www.who.int/mediacentre/factsheets/fs220/en
- × Act for Youth. *Mental Health for Adolescents*, Act for Youth. 2013.
- × Centre for Disease Control and Prevention. *Children and Adolescent's Mental Health*, 2013.
- × World Health Organization. *Child and Adolescent Mental Health*, 2013.
- × World Health Organization. *Health for the World's Adolescents: A Second Chance in the Second Decade*, 2014.
- × World Health Organization. *Adolescents and Mental Health*. www.who.int/maternal_child_adolescent/topics/adolescence/mental_health/en
- × Geri R. Donenberg, Ph. D. and Maryland Pao, M.D. *Youths and HIV/AIDS: Psychiatry's Role in a Changing Epidemic*. www.ncbi.nlm.nih.gov/pmc/articles/PMC1634829
- × "Understanding the Mental Health of Youth Living with Perinatal HIV Infection: Lessons Learned and Current Challenges", *Journal of International AIDS Society*, Claude A. Mellins and Kathleen M. Malee, 2012.
- × American Psychological Association. *Resolution on Gender and Sexual Orientation Diversity in Children and Adolescents in Schools*. 2014.
www.apa.org/about/policy/orientation-diversity.aspx
- × American Psychological Association. *Strengthening the Child and Adolescent Mental Health Workforce*. 2013.

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Footnotes

1. WHO. *Mental health: strengthening our response*. 2014.
www.who.int/mediacentre/factsheets/fs220/en
2. Act for Youth. *Mental Health for Adolescents*, Act for Youth. 2013.
3. Centre for Disease Control and Prevention. *Children and Adolescent's Mental Health*, 2013.
4. World Health Organization. *Child and Adolescent Mental Health*, 2013.

5. World Health Organization. *Health for the World's Adolescents: A Second Chance in the Second Decade*, 2014.
6. World Health Organization. *Adolescents and Mental Health*. www.who.int/maternal_child_adolescent/topics/adolescence/mental_health/en
7. Geri R. Donenberg, Ph. D. and Maryland Pao, M.D. *Youths and HIV/AIDS: Psychiatry's Role in a Changing Epidemic*. www.ncbi.nlm.nih.gov/pmc/articles/PMC1634829
8. "Understanding the Mental Health of Youth Living with Perinatal HIV Infection: Lessons Learned and Current Challenges", *Journal of International AIDS Society*, Claude A. Mellins and Kathleen M. Malee, 2012.
9. American Psychological Association. *Resolution on Gender and Sexual Orientation Diversity in Children and Adolescents in Schools*. 2014. www.apa.org/about/policy/orientation-diversity.aspx
10. American Psychological Association. *Strengthening the Child and Adolescent Mental Health Workforce*. 2013.

