CHILD & CAREGIVER MENTAL HEALTH:

Using Data to Make Progress

Child & Caregiver Mental Health: Using Data to Make Progress

Child and caregiver mental health has long been neglected. While evidence shows the importance of investing in child and caregiver mental health, policies and practice are lagging behind and available data to guide decision making remains scarce. Launched in September 2021, Countdown Global Mental Health 2030 has been developed to close the data gap, combining data from multiple sources, and capturing a broad range of indicators that shape the mental health of children and caregivers. In future years, Countdown Global Mental Health 2030 will go further to cover all population groups.

This policy brief developed by the Bernard van Leer Foundation and United for Global Mental Health uses the framework of Countdown 2030 - social determinants, factors affecting mental health service demand and need, and factors affecting the strength of mental health systems - to explore child and caregiver mental health. This policy brief also uses the data already gathered by Countdown 2030 to illustrate examples of data that needs to be collected and policy actions that need to be taken, and aligning with the theme of World Mental Health Day 2021 highlights the inequality in those factors affecting child and caregiver mental health across the world.

Achieving significant improvement in the data collection on indicators that address mental health among young children requires collaboration between numerous actors in the field, such as governments and international organisations. Collecting comparable data necessitates widespread support for worldwide collaboration and data collection to encourage alignment of national datasets and surveys.

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The Countdown 2030 is a global indicator set and database that provides data from a total of 238 countries and territories worldwide on 53 indicators to monitor mental health in the general population with a focus on children and caregivers (*for more information see Annex 1*). Using the Countdown 2030 data dashboard, it can be seen that much more needs to be done to improve the mental health of children and caregivers. It is the first step towards systematic data availability that places the mental health of children and caregivers within the broader perspective of social and economic determinants.

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The Countdown 2030 data dashboard can be accessed here.

The following sections draw on the data collected under Countdown 2030.

Determinants of mental health

Child and adolescent mental health is strongly connected to their environment, and especially during the first years in children's lives, their wellbeing is highly dependent on their parents and caregivers. A child's brain, neurological system, and muscular development require a physically and nutritionally healthy start in life, low stress during pregnancy, stable attachment with a parent or caregiver, and proper stimulation and exercise[1]. Furthermore, environmental conditions such as cultural factors, education and the socioeconomic status of a child's family may affect their development and mental health outcomes[2].

An example of a social determinant that directly influences child mental health is the use of violent discipline by caregivers.Violent behaviour towards children can have significant detrimental impacts on their mental health, with anxiety, depression, and suicidal thoughts all linked to violence, as is permanent impairment of brain development due to toxic stress[3]. Among 86 countries with available data, all report instances of violent discipline, although the levels of violent discipline vary greatly across the world. Some of the highest rates of violence are reported in Ghana, Egypt and the Central African Republic (resp 93.6%, 93% and 92% of children experiencing violent discipline). Lowest use of violent discipline is found in Cuba and Turkmenistan, with 36% and 37% respectively[4]. This data provides useful information about potential risk and preventive factors for the developing child and their future mental health.

1 The Lancet, Patel et al. (2018) The Lancet Commission on global mental health and sustainable development https://www.thelancet.com/commissions/global-mental-health
2 The Lancet, Patel et al. (2018) The Lancet Commission on global mental health and sustainable development https://www.thelancet.com/commissions/global-mental-health
3 UNICEF, Violence against children, https://www.unicef.org/protection/violence-against-children
4 UNICEF, Violence against children, https://www.unicef.org/protection/violence-against-children

Poverty and related problems such as low parental education, housing conditions, poor nutrition and lack of stimulating materials such as toys and books, have long-term negative impacts on the psychosocial development of children.[5] [6]. Worldwide, the number of children living in poverty varies widely. Available data show that in countries like China, South Africa and Brazil nearly 30% of children between ages 0 and 17 are currently living in poverty. At the other extreme, in Finland a relatively low proportion of children are living in low-income families, with an overall 3.6% of their young people living in poverty.[7]

Air pollution has been shown to negatively impact mental health, particularly for children[8] [9]. Even very low levels of lead concentration in blood may be associated with decreased intelligence, behavioural difficulties and learning problems in children.[10] Countdown 2030 includes an indicator – mortality rate attributed to household and ambient air pollution, per 100,000 population – collected by the WHO. Data retrieved from 184 countries shows significant differences between countries, further demonstrating the inequality across the world that affects mental health, with a mortality rate attributed to household and ambient air pollution (age-standardised) as high as 324.1 per 100,000 population in Sierra Leone and as low as 7 per 100,000 in Canada. Countdown 2030 also provides information on the ambient air pollution attributable disability adjusted life years (DALYs)[11] - representing the loss of the equivalent of one year of full health - in children under 5 years of age per country where the number for many countries are in the tens and hundred of thousands of years, and in the cases of India (5.5m) and Nigeria (4.3m) millions of years of full health are lost in children.

Factors shaping the demand and need for mental health care

Factors such as the level of burden of a mental health disorder, financial accessibility and attitudes towards mental health all shape the demand and need for mental health care. Caregivers' beliefs and attitudes toward mental illness set the stage for how much importance they place on mental health[12]. While playing a crucial part in the day-to-day

5 Noble et al., Family income, parental education and brain structure in children and adolescents, Nature Neuroscience, 2015; 18: 773-338.
6 Bøe et al., Socioeconomic status and child mental health: the role of parental emotional wellbeing and parenting practices, Journal of Abnormal Child Psychology, 2014; 42: 705-715.
7 OECD, Home and Family Environment indicators, https://www.oecd.org/social/family/child-well-being/data/home-environment/
8 Reuben A, Arseneault L, Beddows A, et al. Association of Air Pollution Exposure in Childhood and Adolescence With Psychopathology at the Transition to Adulthood. JAMA Netw Open. 2021;4(4):e217508. doi:10.1001/jamanetworkopen.2021.7508
9 Herting MM, Younan D, Campbell CE, Chen JC. Outdoor Air Pollution and Brain Structure and Function From Across Childhood to Young Adulthood: A Methodological Review of Brain MRI Studies. Front Public Health. 2019 Dec 6;7:332. doi: 10.3389/fpubh.2019.00332. PMID: 31867298; PMCID: PMC6908886.
10 The UN Environment Programme, 2019, Caring for the environment helps to care for your mental health, https://www.unep.org/news-and-stories/story/caring-environment-helps-care-your-mental-health https://www.unep.org/news-and-stories/story/caring-environment-helps-care-your-mental-health
11 The calculation of disability-adjusted life years (DALYs) provides crucial information about the overall mental health of a person while showing the number of healthy years of life lost due to the disease.
12 Gronholm et al., Mental Health Service Use by Young People: The Role of Caregiver Characteristics, PLoS One, 2015; 10

life of their children, caregivers also have an important role in monitoring mental health of their children, identifying early signs of mental ill health, and helping children access mental health services when needed. Hence, information on caregiver attitudes is crucial and should be taken into account when examining mental health outcomes for children. Data reveal that attitudes in the general population vary greatly between countries, with people in Sweden and the UK most likely to think that mental ill health is like any other illness (74 and 76% respectively) and people from Brazil and Japan least likely to (44 and 41% respectively)[13].

Parental stress and depression, such as postpartum depression, has been shown to impact maternal-infant bonding and is associated with increased risks of psychological and developmental difficulties in the child. Between 15 and 23% of children have parents who suffer from a mental illness[14]. Mental health problems are most common among women who are pregnant or have just given birth. Especially in low-income countries, the prevalence of antepartum and postpartum depression can be nearly twice as high as in high-income countries[15].

Defining the burden of mental health disorders through the measurement of mental health outcomes is necessary to determine the overall demand of mental health services and to optimise mental health services and policies. For instance, every year, over 30 people per 100 000 die by suicide in Guyana and Kiribati, whereas the Bahamas reports lower than 2 people per 100 000 die by suicide annually[16]. While indicators such as prevalence of mental disorders and suicide, or DALYs due to mental health and neurological conditions as proportion of all DALYs in young children are informative, they do not paint the complete picture of mental health burden of disease and much more can be done to understand the need for mental health services in children and caregivers..

Factors shaping the strength of the mental health system

Providing effective mental health services such as pre and postnatal mental health support is crucial to ensure the wellbeing of both children and caregivers. However, most countries currently have no programs in place that focus on promotion of maternal and parental mental health, as shown in the Countdown 2030. Out of available data of 126 countries, only 46 countries report implementing such initiatives. This is also the case with plans or strategies for child and/or adolescent mental health where only 79 of the 170 countries for which data is available have a stand-alone document or as an integrated element of the national policy/plan adopted by the government.[17]

In contrast, prevention programs that focus on alcohol abuse in caregivers are much more common with all of 98 countries with available data reporting to have at least one program in place, with the majority of the countries having three different programs that focus on preventing alcohol abuse in pregnant women, parents and at risk children and their families[18].

Having sufficient workforce capacity is also necessary to respond to the high and growing demand of mental health services and to ensure the sustainability of the mental health system for future generations. Again variance can be seen across the world and also within regions. In sub-Saharan Africa, Kenya has just four child psychiatrists (in government and non-government health facilities) whilst South Africa, with a similar population size, has ten times the number at 46, though this is still far below adequate for the population size. In addition to the presence of child psychiatrists,other mental health workers are fundamental for a strong mental health system e.g. psychologists and social workers. Ecuador has 111 healthcare workers per 100,000 population who have received mental health training (to recognise and to treat patients with severe and common mental disorders during the last year), whereas 21 out of 88 countries reported having less than 1 healthcare worker per 100,000 with additional mental health training.

Improving child and caregiver mental health across the world

The Countdown 2030 on Child and Caregiver Mental Health database provides insight into the current state of mental health services, processes and outcomes in countries, while taking a broad and integrated perspective on mental health for children and caregivers. The amount of information available varies greatly between countries, with data revealing a high variance of services, processes and outcomes on mental health between countries. This is especially the case for data pertaining to child and caregiver mental health where for key indicators such as the levels of mental health education that parents receive as part of prenatal care there is no comparative data available, or where there is little data such as the levels of positive and stimulating home learning environments children experience. There is a need to keep advancing mental health policies and data availability, to better understand and design effective child wellbeing policies.

13 Ipsos (2019), Attitudes Towards Mental Health, World Mental Health Day 2019 https://www.ipsos.com/sites/default/files/ct/news/documents/2019-10/world-mental-health-day-2019_0.pdf
14 United for Global Mental Health (2019) Parental and Carer mental health: the Impact on the Child
15 Scherer, E., Hagaman, A., Chung, E., The relationship between responsive caregiving and child outcomes: evidence from direct observations of mother-child dyads in Pakistan, BMC Public Health, 2019, 252.
16 WHO, The Global Health Observatory, https://www.who.int/data/gho/indicator-metadata-registry/imr-details/4664
17 WHO, Mental Health Atlas 2017, https://www.who.int/publications/i/item/9789241514019

18 WHO, Mental Health Observatory, https://www.who.int/data/gho/indicator-metadata-registry/imr-details/2571

Based on the information provided and the broader desire to advance progress on child and caregiver mental health, we recommend that:

1. **Mental health of children and caregivers is seen within the broader perspective of social and economic determinants**.

   The social determinants of mental disorders are the social and economic conditions that have a direct influence on the prevalence and severity of mental ill health in children and caregivers. Taking a social determinants approach to child and caregiver mental health facilitates actions to promote mental health of children and caregivers and also in adapting mental health services to specific population groups and individuals. By examining the relevant data, countries can identify those determinants (e.g. extreme poverty, violence or environmental factors) that require urgent attention by developing or more effectively implementing policies and programs.

2. **Urgently needed global and national investments are made to promote and protect the mental health of children and caregivers and to provide care guided by accurate and timely data and evidence.**

   Substantial investments are needed globally and nationally in mental health of children and caregivers; these should be guided by the available data to ensure effectiveness and efficiency. Without comprehensive, independent data which can capture the full range of issues that impact and are impacted by mental health, it is far harder to identify gaps in mental health systems, and to develop an investment plan to serve the needs of specific population groups such as children and caregivers.

3. **Increased and improved monitoring of child and caregiver mental health globally and nationally is routinely done, facilitated by the Countdown 2030 set of indicators.**

   Many global and national commitments have been made on mental health of children and caregivers. It is critical that effective monitoring mechanisms are put in place to routinely collect accurate, timely and comparable data to ensure accountability. Measuring successes and failures is critical to making progress. These are essential steps for action to achieve the highest attainable level of mental health for children and caregivers.

Annex 1 - Developing Countdown for Child and Caregiver Mental Health

The indicators selected for Countdown Global Mental Health 2030 recognize mental health as an integral component of the broader SDGs. As such, Countdown indicators consist of mental health as well as health system and services indicators, and also non-health sector social and economic risk factors, determinants, and outcomes relevant for mental health and also aligned with SDGs.

Data for the Countdown has been collected from reliable and credible sources (at the governmental level in both health and non-health sectors, as relevant), as well as from relevant other databases and academic literature. Data from the health sector at the global, national, and subnational levels are routinely collected for the WHO Mental Health Atlas project, and this data has been made available for the Countdown. Where resources permit, grounded data in select countries focusing on human rights, quality of care, and satisfaction with care will also be collected in future years.

The indicator set identified by the Lancet Commission[19] was the starting point for the development of the global indicator set but all the indicators were reexamined for their reliability, validity, data availability and sensitivity to change. The set of indicators used to date has been validated with a group of external experts including former Lancet Commissioners. Additional indicators will be added in the coming years based on further literature reviews and the suggestions of partners, with a specific focus on coverage, equity, and determinants of mental health. Starting in 2022, qualitative indicators will be added to provide additional information that cannot be captured by quantitative indicators.

In the future, in addition to the global indicator set, national indicator sets will be developed based on specific needs for subnational comparisons and national and subnational planning. Priority countries representing geographic and developmental diversity will be selected to generate, pilot, and refine the grounded data, with the goal of developing a protocol for such data generation elsewhere. National indicator sets will be adapted from the global indicator set to allow for country comparison. This will be done on requests by stakeholders, in close collaboration with them, and with further capacity building as needed.

19 The Lancet (2018) The Lancet Commission on global mental health and sustainable development https://www.thelancet.com/commissions/global-mental-health