Commentary

You Can’t Manage What You Do Not Measure - Why Adolescent Mental Health Monitoring Matters


a Division of Psychiatry, University College London, London, United Kingdom
b Division of Data, Analytics, Planning and Monitoring, Data and Analytics Section, UNICEF, New York, New York
c Programme Division, UNICEF HQ, New York, New York
d Department of Neurobiology, Care Sciences and Society, Karolinska Institutet, Stockholm, Sweden

Small circles

Despite growing awareness of mental health conditions in recent years, funding for mental health science has not increased. The 2020 International Alliance of Mental Health Research Funders report “The Inequities of Mental Health Research Funding” [1] reveals some stark inequalities and highlights issues with resource allocation. Although the global cost of mental health conditions is projected to exceed $6 trillion by 2030 [2], global investments in mental health research have remained approximately $3.7 billion per year in real terms between 2015 and 2019, equating to roughly 50 cents per person per year. Only 2.4% of this research funding is spent in low- and middle-income countries (LMICs), despite accounting for 84% of the world’s population. Only 33% of the total is invested in mental health research involving young people, despite this being the peak age of onset of the majority of mental health conditions, and where prevention and early intervention can avert the lifelong disability and suffering that underlie the tremendous cost.

Because research expenditure is so at odds with the burden of mental ill-health experienced globally, major knowledge gaps persist: (1) data on prevalence of adolescent mental health conditions is sparse, especially in LMICs. Data about mental health conditions among adolescents that are available are representative of a very small proportion of the population and more than 100 countries have no data [3]; (2) solid evidence on scalable approaches for mental health care, for prevention of mental health conditions in children and adolescents, promotive mental health strategies, and for addressing mental health determinants is limited, particularly from LMICs. These data and evidence are urgently needed to guide strategic actions to address the burden of mental health problems among adolescents through effective national policies and programs.

Better collection and management of mental health data, through routine data collection platforms, has become a major focus of large research agencies including the US National Institute of Mental Health and the Wellcome Trust. Together they have formed the Common Measures in Mental Health Science Governance board and outlined an initial core list of research questionnaires that should be used by funded researchers.

Funding: This work was supported, in whole or in part, by the Bill & Melinda Gates Foundation [INV-001395]. Under the grant conditions of the Foundation, a Creative Commons Attribution 4.0 Generic License has already been assigned to the Author Accepted Manuscript version that might arise from this submission.

Conflicts of interest: PM.D. has served as a paid advisor to several biotechnology companies, government agencies and advocacy groups in this field. He has received grants from several health and biotechnology companies. He owns shares in several health and technology companies whose products are not discussed here. He has received travel support from WEF. The authors have no conflicts of interest to disclose.

* Address correspondence to: Liliana Carvajal-Velez, M.Sc., Department of Global Public Health, Karolinska Institutet, Stockholm, Sweden.
E-mail address: lcarvajal@unicef.org (L. Carvajal-Velez).

https://doi.org/10.1016/j.jadohealth.2021.04.024

© 2022 Society for Adolescent Health and Medicine. Published by Elsevier Inc. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).
Health Organisation, to adapt and validate these common measures for use at the population level in LMICs, through the MMAP initiative (Measurement of Mental health among Adolescents at the Population level) [4]. Field work for the MMAP initiative currently involves implementation of the MMAP protocol for transcultural translation, adaptation, and clinical validation in four settings: Belize, South Africa, Kenya, and Nepal. Transcultural translation and adaptation work is ongoing in Angola.

However, this project and similar attempts to improve our understanding of adolescent mental health in LMICs require sustained engagement at the country level, sustained advocacy at all levels, and sustained funding. Each of these elements is precarious; however, the two former components cannot occur without the latter. There is some evidence that certain research funding sectors, including philanthropists, are reluctant to invest in mental health, which can be taken as an indication for a low position on the agenda. This may be due to fragmentation of advocacy efforts around the issue of parity, and perceived complexity, and may also relate to stigma and insufficient mobilization of persons and their families with mental health conditions to form powerful constituencies, and to press for the availability of effective and humane mental healthcare [5]. The International Alliance of Mental Health Research Funders report shows the inequalities that exist in this area, and the UNICEF initiative shows what is possible if research funding is allocated to such major public health issues.

Prior to the COVID-19 pandemic, there was evidence of increasing adolescent mental health needs in high-income countries [6,7]. We are yet to see the full effects of the pandemic, the necessary restrictive measures, or longer term economic consequences on mental health. However, it seems likely that there will be significant increases in mental health problems [8]. It is unclear if LMICs will follow this pattern, but their recovery may be more protracted [9] and addressing mental health problems may be more challenging [10].

In 2020, UNICEF and the World Health Organization signed a joint programme agreement for the 2020–2030 period on Mental Health and Psychosocial Wellbeing and Development of Children and Adolescents, in which one of the four core programme strategies is to strengthen information systems, evidence and research [11]. We agree that this is imperative, and that research funding allocation needs to be considered as a key element of achieving the “Grand Challenges in Global Mental Health” [12]. We believe that, to catalyze sustained, large-scale investment in the science and services that will lead to prevention and cure, funders need to first commit to support for the data generation that will crystallize global knowledge of the crisis. The ultimate metric of impact, of course, is the research-driven reduction of the global burden of mental health conditions, but this impact can only be measured with the sustained funding for projects that will close the data gap.

Funding Sources

This work was funded by the Wellcome Trust grant 211085/Z/18/Z (J.H.).

References