



**African Regional Convening to Support Parents and Caregivers**

# **Adolescent perinatal mental health in LMICs: Gaps, Barriers, Facilitators and Opportunities for change**

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**Brain & Mind Institute**  
from neuron to neighbourhood

# Mental Health systems in resource constraint contexts

- Health systems in developing countries are very vulnerable and limited by paucity of human and financial resources
- Adoption of evidence-based interventions require, an extensive process of adaptation + multimodal capacity building
- Mental health is a human right- not all human rights are respected in high adversity contexts
- Approx 25% of countries have no mental health legislation, more than 40% of countries have no mental health policy and over 30% have no national mental health program

**HEALTH SYSTEMS STRENGTHENING FOR MENTAL HEALTH**

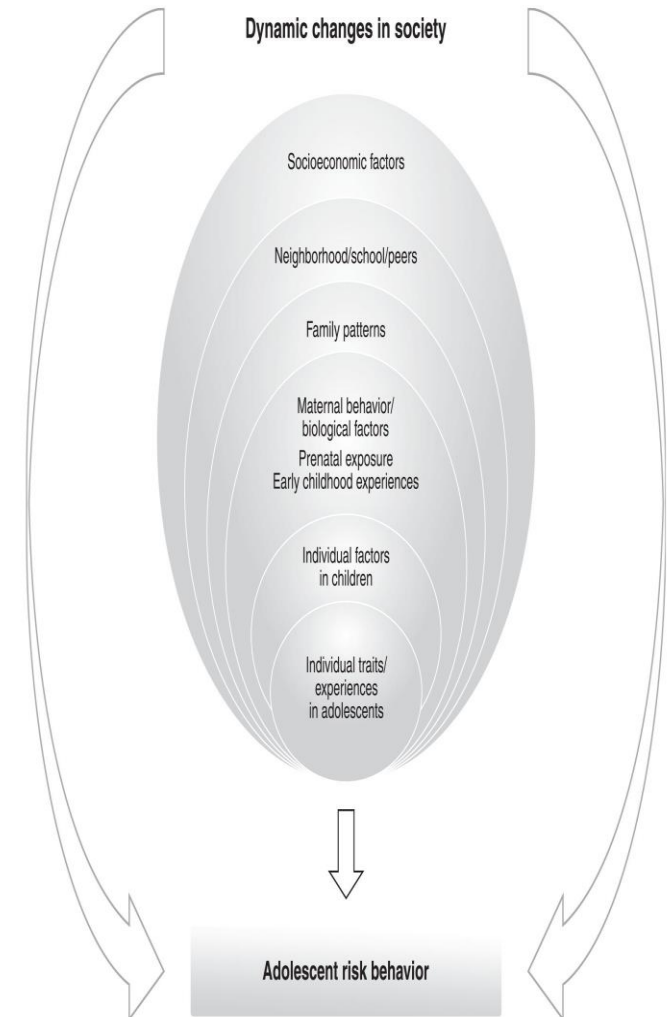
Access to high-quality, community-based mental health care is a fundamental human right. But how do we make it a reality? Here are three tools that can help.

- 1 QualityRights**  
Engage people with lived experience in rights-based mental health system reform
  - › Monitor UN CRPD compliance
  - › Build capacity for rights advocacy
  - › Develop recovery-oriented care
- 2 The Pyramid**  
Plan for more efficient services that keep people well in their communities
  - › Integrate mental health into primary care & general hospitals (mhGAP can help)
  - › Reinforce opportunities for self-care and community care (Think outside the health sector!)
- 3 The Building Blocks**  
Include mental health in broader efforts to strengthen health systems  
The Mental Health Policy and Service Guidance Package advises on everything from information systems to financing, and beyond!  



WHO

# Mental Health and Behavioral Risks

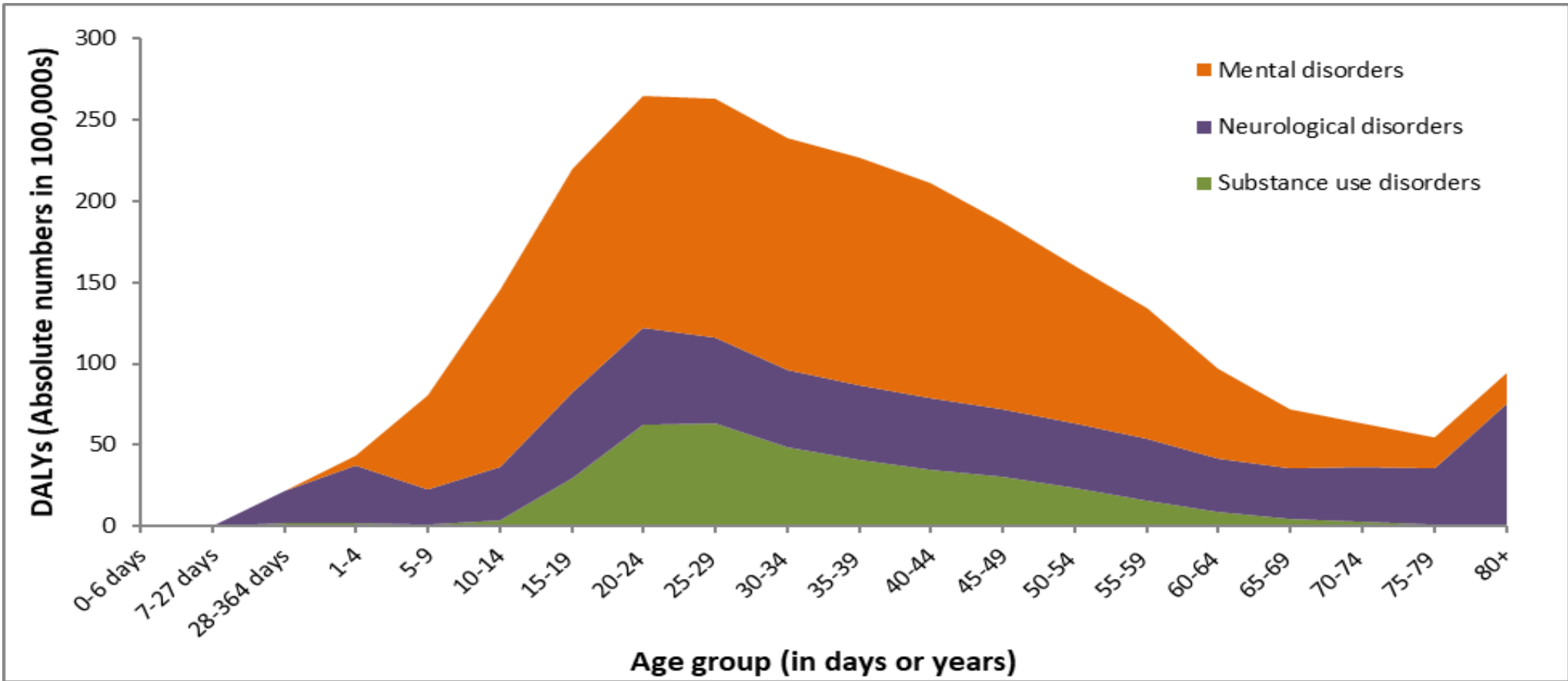
- **Depression and GBV/IPV** have attracted attention of researchers and policy makers with regards to pregnant and parenting adolescents
- Limited research/ programmatic work on substance abuse, impact of childhood sexual abuse, adverse childhood experiences, bullying, and harmful peer influences in adolescents
- More research to verify **whether GBV has similar SRH ramifications for adolescent girls, young women, and adult women, and whether consequences vary based on timing, severity, and frequency**



# Adolescent Peripartum Health

- Over 16 million girls worldwide give birth -ages 15-19 and around 1 million in LMICs
- Over 3 million girls undergo unsafe abortions and child birth complications are amongst the second leading cause of mortality in girls aged 15–19 years
- pregnant adolescents are 2-9 times to have perinatal depression
-  PPD in adolescent mothers (26%–50%)
- Poor mental health, including depressive, anxiety, and stress disorders contribute significantly to the burden of disease in SSA and other LMICs
- associated with negative SRH outcomes for women, such as unintended or early pregnancy, and increased risk behaviors for HIV

# Disproportionate burden of Mental Illness in youth



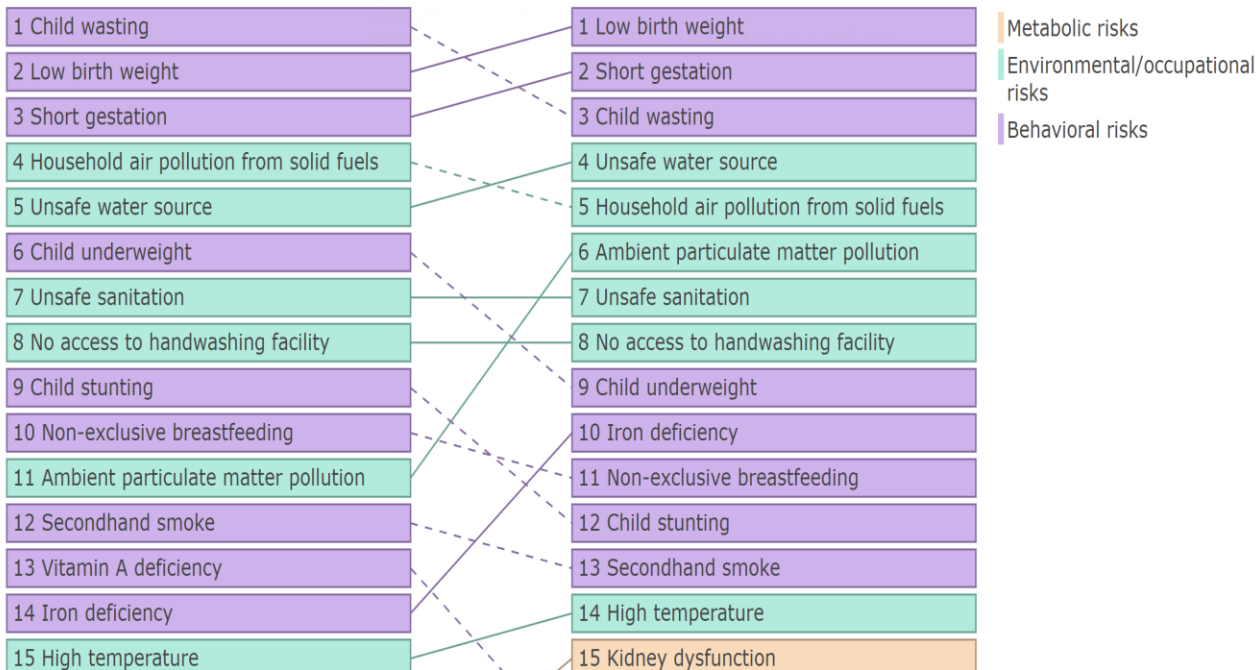
DALYs attributable to mental, neurological and substance use disorders across lifespan, GBD 2010 data (source: Whiteford et al 2015)

## All causes

Low-middle SDI  
Both sexes, <20 years, DALYs per 100,000

1990 rank

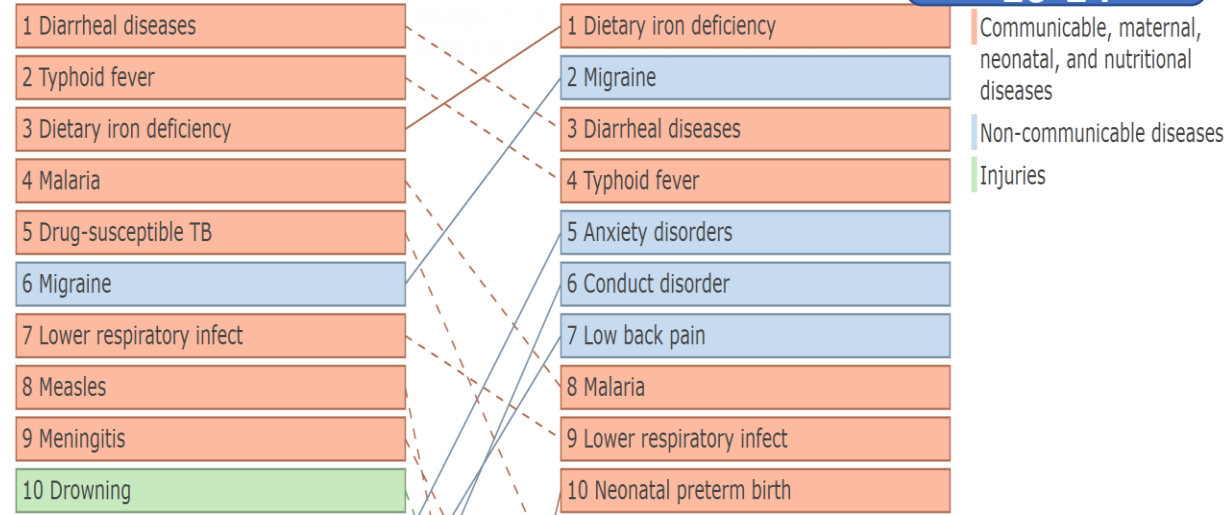
2019 rank



Low-middle SDI  
Females, 10-14 years, DALYs per 100,000

1990 rank

2019 rank



## All causes 10-14

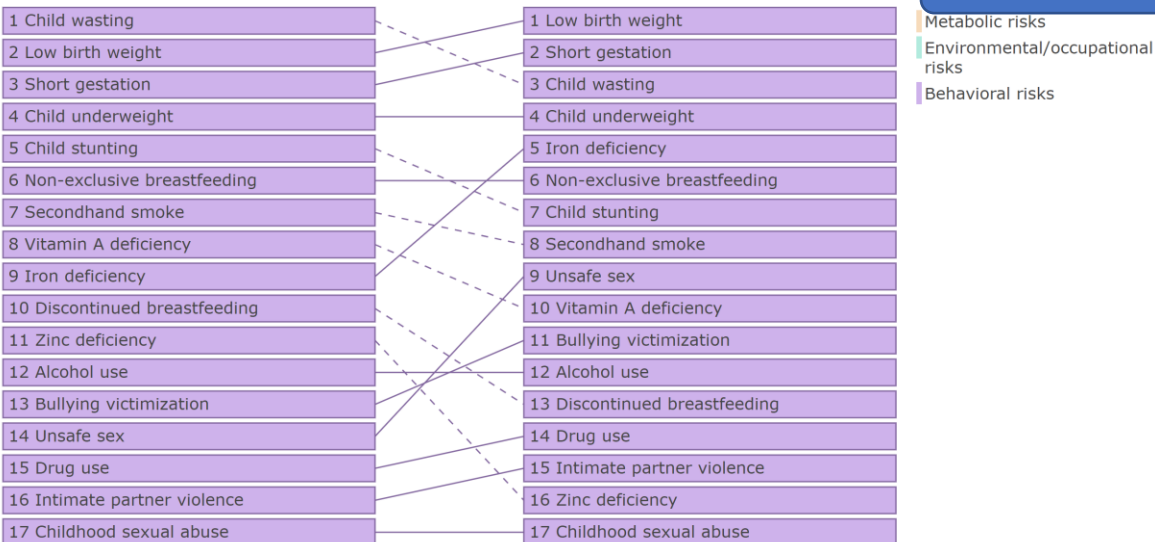
## 10-24 mental disorders DALYs

## Behavioral risks

Low-middle SDI  
Both sexes, <20 years, DALYs per 100,000

1990 rank

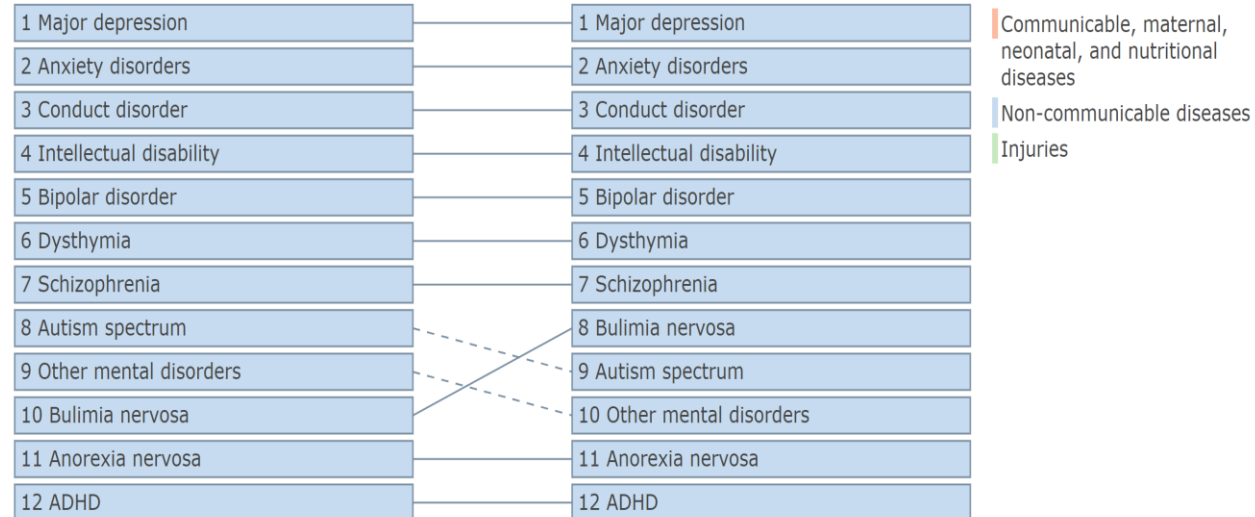
2019 rank



Low-middle SDI  
Females, 10-24 years, DALYs per 100,000

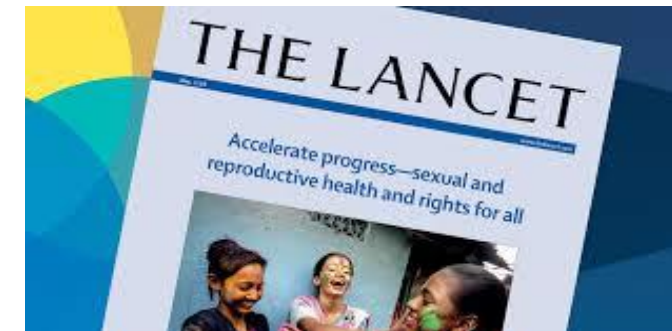
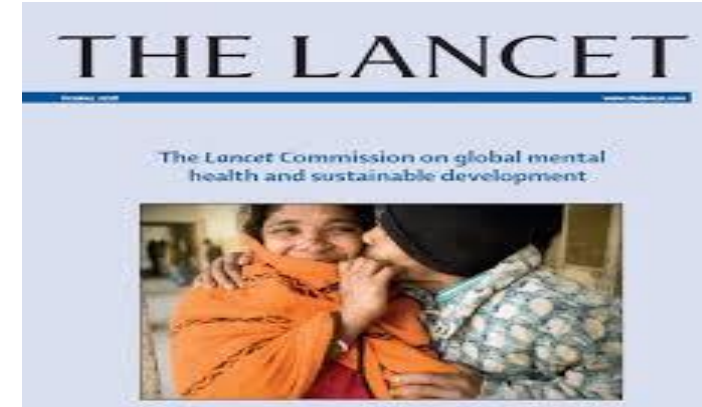
1990 rank

2019 rank



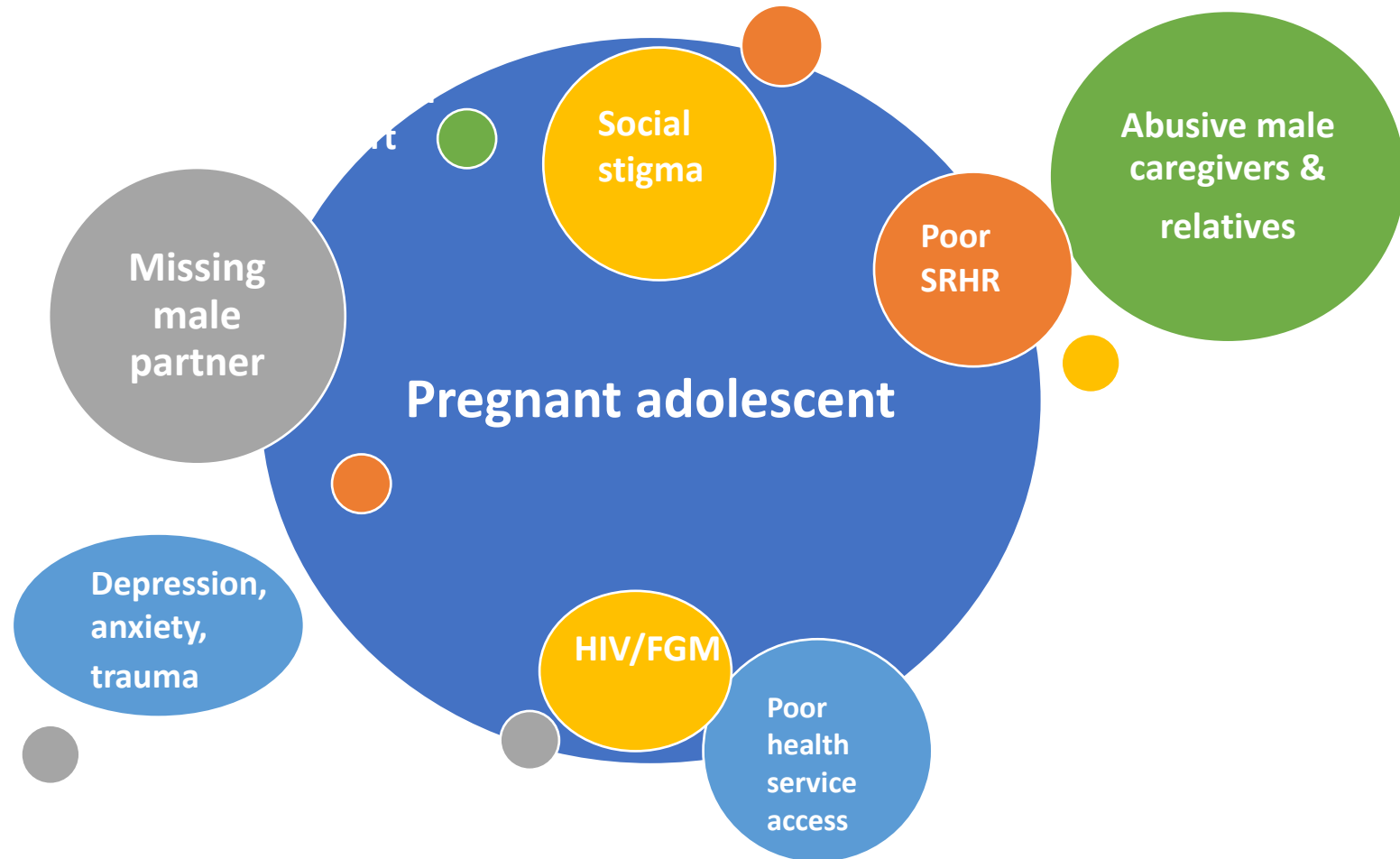
# Lancet-Guttmacher on SRHR and Lancet Commissions on sustainable development and mental health, adolescent well-being & development

- **Disease burden has decreased in many countries, but demographic shifts mean many more adolescents face major health problems** (Azzopardi et al 2019)
- Acceleration of progress therefore requires adoption of a more holistic view of SRHR and **tackling of neglected issues, such as adolescent sexuality, gender-based violence, abortion, and diversity in sexual orientations and gender identities** (Starrs et al 2018)
- **Mental health problems exist along a continuum from mild, time-limited distress to chronic, progressive, and severely disabling conditions.** The binary approach to diagnosing mental disorders, although useful for clinical practice, does not accurately reflect the diversity and complexity of mental health needs of individuals or populations (Patel et al 2018)



# Web of adolescent pregnancy with its psychosocial challenges

- Need to engage with adolescent boys and men
- Address double-triple stigma burden – pregnancy, mental health, social status
- Return back to school/livelihood training – to reduce second early pregnancy and improve quality of life, outcomes for infant



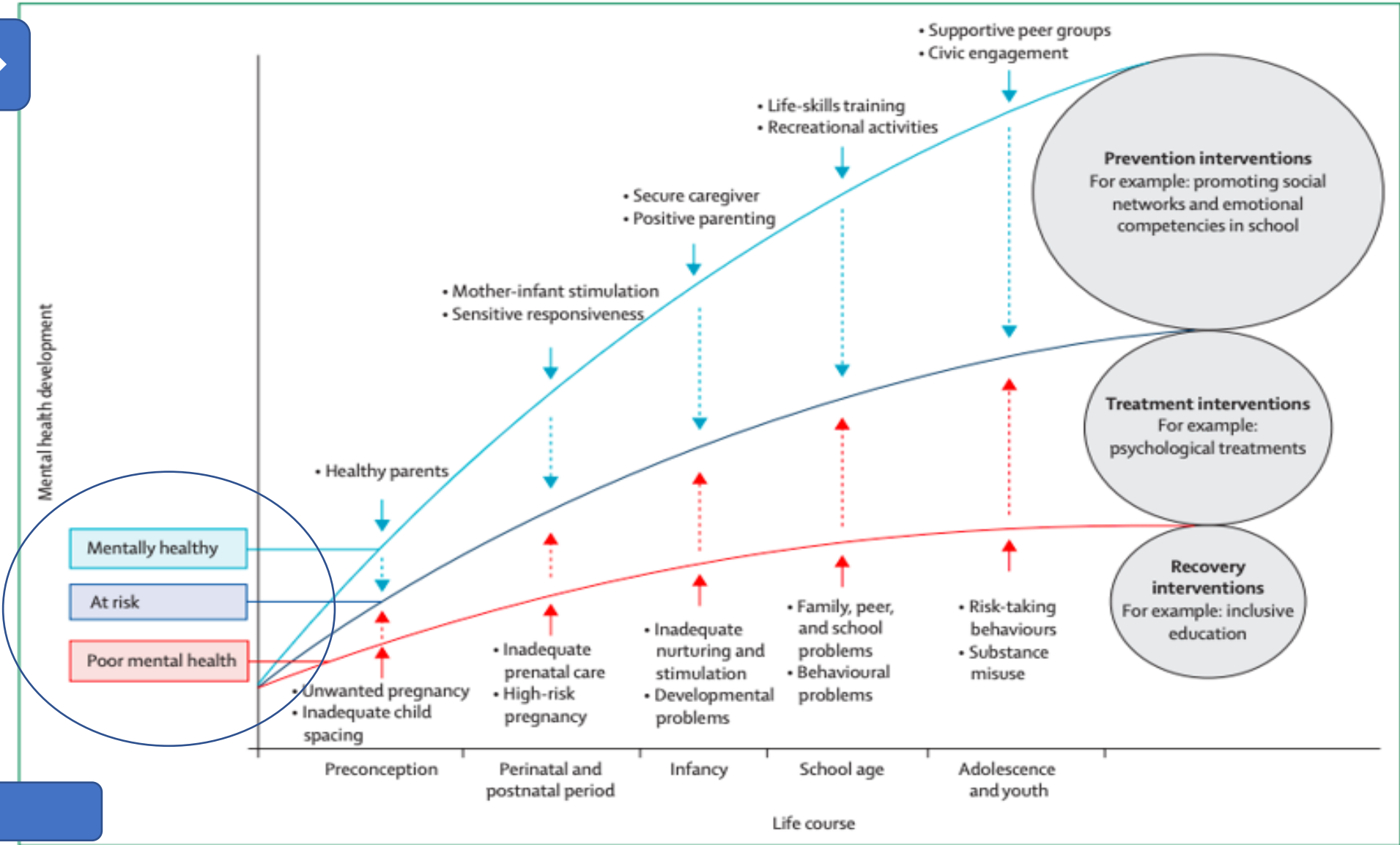


# One health: a vision for integrated services

- Mental health is a global public good and all countries, societies, and individuals benefit from its inclusion
- It needs to be part of the universal health coverage, but that is not the only entry point
- UHC political declaration to address-
  - Gender inequalities and girls access to health and relevant protection services
  - Rethinking poverty and health decision making
  - Impact of marginalization, poverty and violence on freedom of choice

# Lancet Commission on global mental health and sustainable development (2018)

Protective →



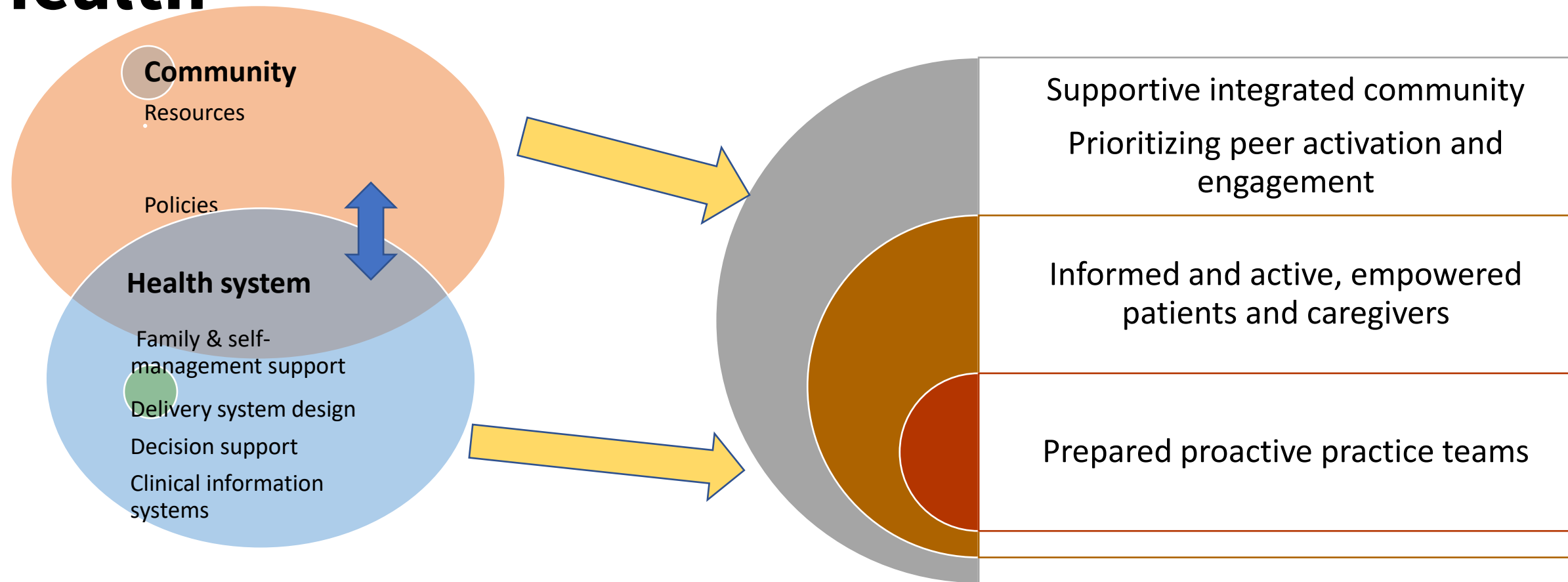
Risk →

Figure 9: Protective factors and risk factors in the early life course

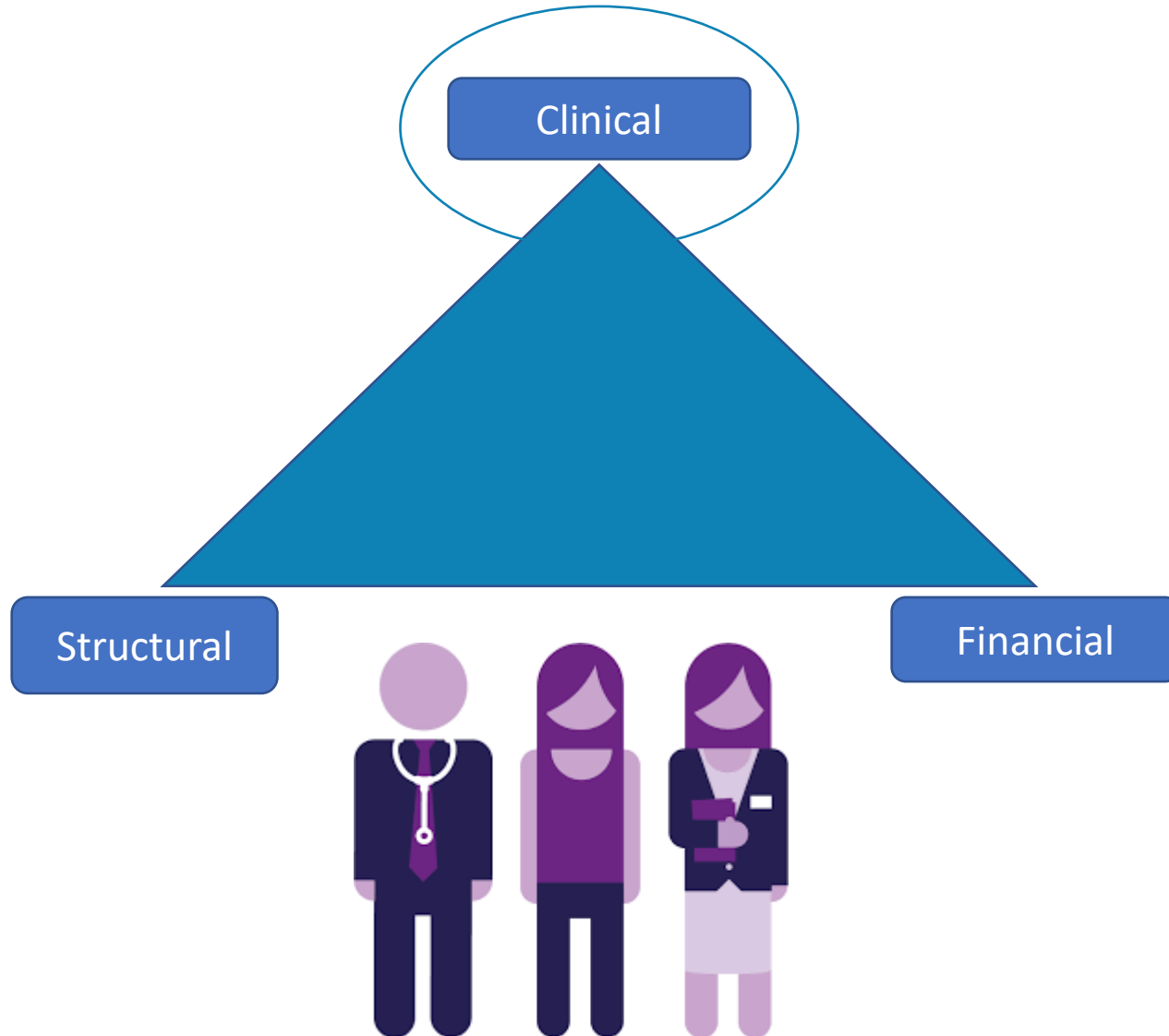
# Adolescent preferences and co-designing solutions

- Co-designing solutions from users is recommended to developing contextualized approaches to SRH and mental health care
- Understanding risk factors that perpetuate further mental distress and understanding from adolescent vantage point
- Youth/peer engagement, youth support and youth navigators as a crucial piece in development of solutions, strategies and programs
- Bringing them on the table and considering them as key development stakeholder

# Advocating for Integrated and Collaborative Care Model for Perinatal adolescent Mental Health



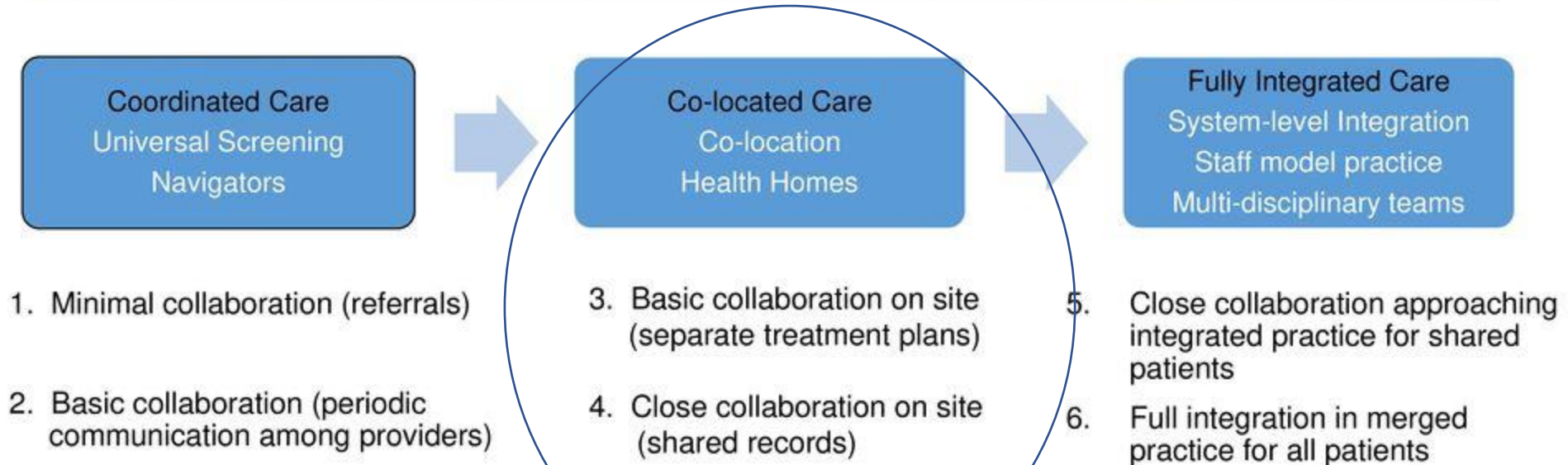
# Integrating Peripartum Adolescent mental health in primary care



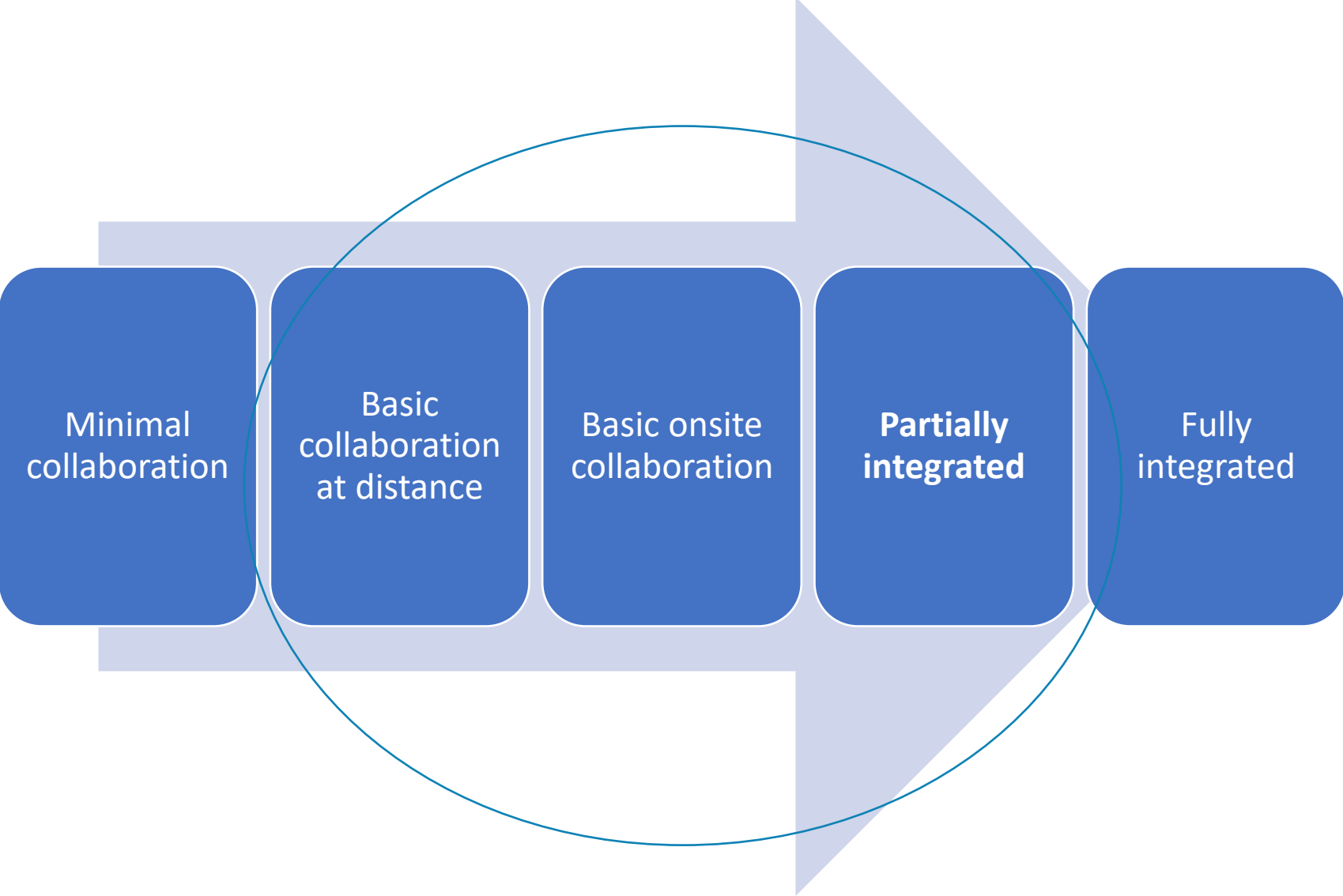
**Clinical Integration** - extent to which patient services are coordinated across people, functions, activities and sites

- Occurs in the **way service delivery and working relationships between providers are organized**
- Spectrum of integration from **enhanced referral relationships, to co-location, to staff models and fully integrated multidisciplinary care teams**
- Clinical integration would not be possible without structural and financial mechanisms

## A Conceptual Framework for Integration: Three Practice Structures - Six Levels of Integration



The terms *integrated care* and *collaborative care* are used somewhat interchangeably throughout the literature



# Actions needed for change

- Train health workers and non-specialist cadres in comprehensive understanding of mental, neurological, and substance use (MNS) disorders, along with SRH program officers and nurses in MNS disorders and interventions.
- Integrate basic psychotropic medications and SRHR treatments into primary and secondary care with an eye on combining behavioral interventions for vulnerable and at-risk populations.
- Test task-sharing and task-shifting methodologies in delivery of psychosocial interventions targeting common mental disorders and behavioral risk factors
- Train specialist mental health providers in SRHR principles and interventions aside from continuous professional development in MNS disorders, stigma reduction practices, and evidence-based strategies in improvement of quality of care, adolescent responsive maternity services



# Response strategies

- **Be and do Multi-sectoral (whole of govt/whole of society)**
  - Bringing key community, educational, vocational and facility level stakeholders together in programming (whole-of-society approach)
  - Mental health not well understood- treatment, prevention and promotion differences
- **Provider level capacity barriers and capacity building**
  - Engaging providers on the meaning and relevance of collaborative care, adolescent friendly care, patient centered care (human centered design)
  - Exposing them to adolescent mental health burden and associated social determinants of health connections
  - Pointing to resources including mentorship and case management structures
  - Engaging providers on continuous professional development opportunities
- **Adolescent treatment and health care preferences**
  - How do we know what they want without asking or involving them?
  - Tendency to dilute

**Thanks for your attention!**