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EXECUTIVE SUMMARY

THE STATE OF THE WORLD'S CHILDREN 2021

ON MY MIND

Promoting, protecting and caring for children's mental health

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Cover photo: A girl and her mother in Belmopan, Belize, attend a check-up that includes counselling as part of the Care for Child Development programme.

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EXECUTIVE SUMMARY

THE STATE OF THE WORLD'S CHILDREN 2021

ON MY MIND

Promoting, protecting and caring for children's mental health

The COVID-19 pandemic has raised huge concerns for the mental health of an entire generation of children and young people and parents and caregivers. But the pandemic may represent only the tip of a mental health iceberg – an iceberg we have ignored for far too long.

For the first time in its history, *The State of the World's Children* examines mental health, with a special focus on how risk and protective factors in the home, school and community shape mental health outcomes. Against a backdrop of rising awareness of mental health issues, and growing demand for action, the report argues that we now have a unique opportunity to promote good mental health for every child, protect vulnerable children and care for children facing the greatest challenges.

The report demands urgent investment in child and adolescent mental health across sectors, not just in health. It argues for proven interventions in areas like health, education and social protection, such as parenting and whole-school programmes. And it calls for societies to break the silence surrounding mental health, by addressing stigma, promoting understanding, and taking seriously the experiences of children and young people.

FOREWORD

Children around the world have been locked out of classrooms, sequestered in their homes and robbed of the everyday joy of playing with friends – all consequences of the COVID-19 pandemic. Millions more families have been pushed into poverty, unable to make ends meet. Child labour, abuse and gender-based violence are on the rise.

Many children are filled with sadness, hurt or anxiety. Some are wondering where this world is headed and what their place is in it.

Indeed, these are very challenging times for children and young people, and this is the state of their world in 2021.

But even absent a pandemic, psychosocial distress and poor mental health afflict far too many children – including millions who, each year, are forced from their homes, scarred by conflict and serious adversity, and deprived of access to schooling, protection and support.

In fact, the COVID-19 pandemic represents merely the tip of the iceberg when it comes to poor mental health outcomes.

It is an iceberg we have been ignoring for far too long, and unless we act, it will continue to have disastrous results for children and societies long after the pandemic is over.

When we ignore the mental health of children, we undercut their capacity to learn, work, build meaningful relationships and contribute to the world. When we ignore the mental health of parents and caregivers, we fail to support them to nurture and care for their children to the best of their ability. And when we ignore mental health issues in our societies, we close off conversation, reinforce stigma and prevent children and caregivers from seeking the help they need.

In the face of this reality, we are too often silent, too often unwilling to embrace the full complexity of what it is to be human. Or, as human rights advocate Lea Labaki, a contributor to this project, puts it: We fail to acknowledge that "psychological distress is not deviant behaviour to be repressed and hidden away, but just a normal aspect of human experience."

We must be silent no longer.

We must listen to the young people all around the world who are increasingly raising their voices and demanding action.

And we must act.

With this edition of *The State of the World's Children*, the first ever to focus on mental health, UNICEF is signalling our determination to listen – and to act.

In recent years, we have worked to help safeguard the mental health and psychosocial well-being of children, adolescents, parents and caregivers in some of the world's most challenging settings. We have worked, too, to address the sweeping impact of the pandemic on mental health. In 2020, we reached 47.2 million children, adolescents and caregivers with community-based mental health and psychosocial support, including targeted community awareness campaigns in 116 countries – or almost twice as many countries as in 2019.

This engagement will only grow in the years to come, as will our efforts to secure investment for mental health and to tackle the scourges of neglect, abuse and childhood trauma that undermine the mental health of far too many children.

Because we know we *all* must do more.

Now, with key partners like the World Health Organization, governments, academics and many others, we all must show commitment to leadership and investment to better support mental health.

We all must work to help break the silence around mental health – challenge stigmas, raise mental health literacy and ensure the voices of young people are heard, and especially those with lived experience of mental health challenges.

And we all must commit to action in key areas, like better supporting parents, ensuring schools are kinder and safer places, and – through investment and workforce development – addressing the mental health needs of families in areas like social protection and community care.

Crucially, we all must work to improve data collection, routine monitoring, and research – a key challenge for all of us in the United Nations system. The picture we have of children's mental health is a partial one, and it is one that is skewed heavily towards the world's wealthiest countries. That means we know too little of how children and young people in most parts of the world experience mental health. It also means we know too little of the potential strengths and support that diverse communities and cultures may be able to offer children and families.

The challenge we face is immense. It is one that – despite the best efforts of so many, especially the young people who have shared their stories, ideas and passion for change – our global community has barely begun to address. When it comes to mental health, every country is developing.

But if the challenge is great, the rewards of meeting it can be greater still – for every child, for every family and for every community.

We can wait no longer. We cannot fail another generation. The time to act is now.

Henrietta H. Fore
UNICEF Executive Director

KEY MESSAGES

Around the world, mental disorders are a significant and often ignored cause of suffering that interfere with children's and young people's health and education and their ability to reach their full potential.

- It is estimated that more than 13 per cent of adolescents aged 10–19 live with a diagnosed mental disorder as defined by the World Health Organization.
- This represents 86 million adolescents aged 15–19 and 80 million adolescents aged 10–14.
- 89 million adolescent boys aged 10–19 and 77 million adolescent girls aged 10–19 live with a mental disorder.
- Prevalence rates of diagnosed disorders are highest in the Middle East and North Africa, North America and Western Europe regions.
- Anxiety and depression make up about 40 per cent of these diagnosed mental disorders; the others include attention deficit/hyperactivity disorder, conduct disorder, intellectual disability, bipolar disorder, eating disorders, autism, schizophrenia and a group of personality disorders.
- Children and young people also report psychosocial distress that does not rise to the level of epidemiological disorder but disrupts their lives, health and prospects for the future.
- According to research carried out by Gallup for UNICEF's upcoming *Changing Childhood* report, a median of 19 per cent of 15- to 24-year-olds in 21 countries self-reported in the first half of 2021 that they often feel depressed or have little interest in doing things.

The cost of inaction is great – in terms of the toll it takes in human lives and on families and communities and financially.

- An estimated 45,800 adolescents die from suicide each year, or more than 1 person every 11 minutes.
- Suicide is the fifth most prevalent cause of death for adolescents aged 10–19; for adolescent boys and girls aged 15–19, it is the fourth most common cause of death, after road injury, tuberculosis and interpersonal violence. For girls aged 15–19, it is the third most common cause of death, and the fourth for boys in this age group.
- New analysis for this report indicates that the annual loss in human capital arising from mental health conditions in children aged 0–19 is US$387.2 billion (purchasing power parity dollars). Of this, US$340.2 billion reflects disorders that include anxiety and depression, and US$47 billion reflects the loss due to suicide.
- Of the US$340.2 billion, anxiety disorders account for 26.93 per cent; behavioural disorders 22.63 per cent; and depression 21.87 per cent.

Despite widespread demand for responses that promote, protect and care for children's mental health, investment remains negligible.

- Research carried out by Gallup for UNICEF's upcoming *Changing Childhood* report indicates strong demand for action. A median of 83 per cent of young people aged 15–24 in 21 countries believe it is better to address mental health issues by sharing experiences with other people and seeking support than by going it alone.
- Despite demand for support, median government expenditure on mental health globally is a mere 2.1 per cent of the median government expenditure on health in general.
- In some of the world's poorest countries, governments

spend less than US$1 a person *treating* mental health conditions.
- The number of psychiatrists who specialize in treating children and adolescents was fewer than 0.1 per 100,000 in all but high-income countries, where the figure was 5.5 per 100,000.
- Investment in promoting and protecting mental health – as distinct from caring for children facing the greatest challenges – is extremely low.
- Lack of investment means workforces – including community-based workers – are not equipped to address mental health issues across multiple sectors, including primary health care, education, social protection and others.

Mental health is widely stigmatized and misunderstood: It is, in fact, a positive state of well-being and a foundation that allows children and young people to build their futures.

- Despite growing awareness of the impact of mental health conditions, stigma remains a powerful force. Stigma – whether purposeful or not – blocks children and young people from seeking treatment and limits their opportunities to grow, learn and thrive.
- Like physical health, mental health should be thought of as a positive: It underlies the human capacity to think, feel, learn, work, build meaningful relationships and contribute to communities and the world. It is an intrinsic part of individual health and a foundation for healthy communities and nations.
- Mental health exists on a continuum that can include periods of well-being and periods of distress, most of which will never evolve into a diagnosable disorder.
- Mental health is a basic right and essential for achieving global objectives, including the Sustainable Development Goals.

Risks and protective factors influence mental health at critical developmental moments.

- At critical moments of child development, factors based on experience and environment can represent a risk to mental health or can help to protect it. Policy approaches should aim to minimize risk and maximize protective factors.
- Risk and protective factors can be organized into three spheres of influence: The world of the child focuses on home and caregiving settings; the world around the child involves safety and security and healthy attachments in preschools, schools and communities; and the world at large includes large-scale social determinants – such as poverty, disaster, conflict and discrimination.
- Mental health is tied to critical moments of brain development, which can be affected by factors such as toxic stress triggered by adverse childhood experiences (ACEs), such as physical and emotional abuse, chronic neglect and violence.
- Research has shown that exposure to at least four ACEs is strongly associated with sexual risk taking, mental health conditions and alcohol abuse; it is even more strongly associated with problematic drug use and interpersonal and self-directed violence.

Parenting is crucial to laying strong foundations for children's mental health, but many parents need more support.

- Parenting is foundational to children's mental health. However, for many caregivers, fulfilling this critical role requires support from parenting programmes, which can include information, guidance, and financial and psychosocial support.
- Many caregivers also need support for their own mental health.
- Before conception and in early childhood, risk factors for the child's mental health include low birthweight, maternal malnutrition, maternal mental health and adolescent parenthood. Globally, 15 per cent of children are born at a low birthweight, while about 15 per cent of girls become mothers before age 18.
- In childhood, risk factors include poor nutrition and violent discipline. Globally, around 29 per cent of children do not have minimum dietary diversity.
- In the world's least developed countries, 83 per cent of children experience violent discipline from caregivers and 22 per cent are in a form of child labour.
- In adolescence, nurturing and supportive parenting remains one of the strongest protectors of mental health.

Schools and learning environments can provide opportunities to support mental health, but can also expose children to risks, including bullying and excessive exam pressure.

- Schools can be healthy and inclusive environments where children learn critical skills to bolster their well-being, but also places where children experience bullying, racism, discrimination, peer pressure and stress about academic performance.
- Despite links between early learning opportunities and child development, about 81 per cent of children in the least developed countries do not attend early childhood education.
- Among older children, absence from school or dropping out before finishing is linked to social isolation, which in turn can lead to mental health conditions, including self-harm, suicidal ideation, depression, anxiety and substance use.
- An analysis by RTI International for this report indicates that school-based interventions that address anxiety, depression and suicide provide a return on investment of US$21.5 for every US$1 invested over 80 years.

Socioeconomic and cultural factors in the wider world, as well as humanitarian crises and events like the COVID-19 pandemic, can all harm mental health.

- The relationship between poverty and mental health is a two-way street. Poverty can lead to mental health conditions, and mental health conditions can lead to poverty. Globally, nearly 20 per cent of children younger than 5 live in extreme poverty.
- Gender norms can impact the mental health of both girls and boys. Girls may face restrictive stereotypes about work, education and family as well as the risk of intimate partner violence; boys may experience pressure to suppress emotions and to experiment with substance use.
- Children are far too often on the front lines in humanitarian crises – 415 million in 2018, each exposed to stress and trauma. The impact of such crises can differ from child to child, with some showing resilience and others

experiencing extreme and lasting distress.

- There are multiple reports of abuse of children in institutions, a high proportion of whom have disabilities, including developmental or mental health disabilities. There is also extensive evidence of the continued use of shackling of children and young people with serious mental health conditions, and of the use of coercion and restraint in mental health services.
- There is wide concern about the impact of the COVID-19 pandemic on mental health. Research indicates some increases in stress and anxiety among children and adolescents. The mental health of caregivers, especially young mothers, is also a concern.

Interventions across a range of systems and sectors – including in families, communities and schools, and through social protection – can help to promote and protect mental health.

- Evaluations of parenting programmes indicate that they help deepen attachments between caregiver and child, reduce harsh parenting practices and improve children's cognitive development.
- In schools, social and emotional learning approaches that include whole-school interventions and specific interventions for at-risk children and young people have proven effective.
- Cash transfer programmes can indirectly influence children's and adolescents' mental health by increasing school participation, food security and access to health care and social services.
- In humanitarian settings, the careful implementation of brief, structured interventions that provide immediate responses to depression, anxiety and post-traumatic stress disorder can bolster children's and young people's mental health.

***The State of the World's Children 2021* concludes by calling for commitment, communication and action to promote good mental health for every child, protect vulnerable children and care for children facing the greatest challenges.**

COMMITMENT means strengthening leadership to set the sights of a diverse range of partners and stakeholders on clear goals and ensuring investment in solutions and people across a range of sectors.

COMMUNICATION means breaking the silence surrounding mental health, addressing stigmas, improving mental health literacy, and ensuring children, young people and people with lived experience have a voice.

ACTION means working to minimize risk factors and maximize protective factors for mental health in key areas of children's lives, as well as investment and workforce development to:

- Support families, parents and caregivers
- Ensure schools support mental health
- Strengthen and equip multiple systems and workforces to meet complex challenges
- Improve data, research and evidence

ON MY MIND

Fear. Loneliness. Grief.

As the coronavirus pandemic descended on the world in 2019, these powerful emotions enveloped the lives of many millions of children, young people and families. In the early days especially, many experts feared they would persist, damaging the mental health of a generation.

In truth, it will be years before we can really assess the impact of COVID-19 on our mental health.

For even if the potency of the virus fades, the pandemic's economic and social impact will linger: over the fathers and mothers who thought they had left the worst of times behind them, but are once again struggling to put food in a baby's bowl; over the boy falling behind in school after months of disrupted learning; and the girl dropping out to work on a farm or in a factory. It will hang over the aspirations and lifetime earnings of a generation whose education has been disrupted.

Indeed, the risk is that the aftershocks of this pandemic will chip away at the happiness and well-being of children, adolescents and caregivers for years to come – that they will pose a risk to the foundations of mental health.

For if the pandemic has taught us anything, it is that our mental health is profoundly affected by the world around us. Far from being simply a question of what is going on in a person's mind, the state of each child's or adolescent's mental health is profoundly affected by the circumstances of their lives – their experiences with parents and caregivers, the connections they form with friends and their chances to play, learn and grow. Mental health is also a reflection of the ways their lives are influenced by the poverty, conflict, disease and access to opportunities that exist in their worlds.

If these connections were not clear before the pandemic, they certainly are now.

This is the reality that is at the heart of *The State of the World's Children 2021*.

Safe: Living on the streets in Côte d'Ivoire exposed Fidel, 11, to mental health risks. He is now in a centre, where, he says, "I feel safe … protected."
© UNICEF/UNI362880/Dejongh

A challenge ignored

Indeed, what we have learned is that mental health is positive – an asset: It is about a little girl being able to thrive with the love and support of her family, sharing the ups and downs of daily life. It is about a teenage boy being able to talk and laugh with his friends, supporting them when they are down and being able to turn to them when he is down. It is about a young woman having a sense of purpose in her life and the self-confidence to take on and meet challenges. It is about a mother or father being able to support their child's emotional health and well-being, bonding and attaching.

The links between mental and physical health and well-being, and the importance of mental health in shaping life outcomes, are increasingly being recognized. They are reflected in the connection between mental health and the foundations of a healthy and prosperous world acknowledged in the Sustainable Development Goals. Indeed, that agreement among the nations of the world positioned the promotion and protection of mental health and well-being as key to the global development agenda.

Despite all this, governments and societies are investing far, far too little in ***promoting***, ***protecting*** and ***caring*** for the mental health of children, young people and their caregivers.

In some of the world's poorest countries, governments annually spend less than $US1 per person on ***treating*** mental health. Even in upper-middle-income countries, annual expenditure is still about US$3 per person. Each of these figures falls far short of treating the mental health conditions of children, adolescents and caregivers, especially those facing the greatest mental health challenges. And it means that nearly nothing is left to promote the positive mental health of children and their caregivers.

We pay a high economic price for this neglect – around US$387.2 billion a year, according to calculations for this report by David McDaid and Sara Evans-Lacko of the Department of Health Policy of the London School of Economics and Political Science. That is US$387.2 billion of lost human potential that could be contributed to national economies.

The cost in terms of how it affects real lives, however, is incalculable.

It is there in the families, schools and communities touched by suicide – the fourth leading cause of death among 15- to 19-year-olds. Every year, almost 46,000 children and adolescents between the ages of 10 and 19 end their own lives – about 1 every 11 minutes.

It is there in the daily challenges of the estimated 13 per cent of adolescents living with a mental health condition. For 15- to 19-year-olds, in particular, it can be seen as mental health conditions begin to emerge and contribute to lost years of life and healthy life.

It is there in the voices of young people as they talk about their experiences of depression and anxiety and their significant generalized distress, which may not cross the threshold into disorder. For *The State of the World's Children 2021*, UNICEF collaborated with researchers from the Global Early Adolescent Study at Johns Hopkins Bloomberg School of Public Health to listen to some of those voices.

A girl in a discussion group for 15- to-19-year-olds in Jamaica said she believed that everyone goes through periods of low-level depression that stem from the challenge of finding out "who you are as a person". The problem, she said, is that those feelings can be "boosted or fuelled" by experience in the world.

"I think that it starts there," she said. "When I think that it becomes serious is when those sorts of feelings or emotions are neglected."

A girl in the discussion group in Egypt in the same age group was clear about how neglected mental health – or, as she put it, "being tired psychologically" – affects a young person's future.

"It means that you feel that you are not living life and [are] unable to do anything," she said. "Even if you are ambitious, you will not be able to achieve your ambitions because you are psychologically totally defeated."

Unheard calls

Young advocates for mental health, including contributors and advisors to this report, have been brave in calling for mental health to be addressed in different settings across the world. Some have spoken out about their lived experiences with mental health and well-being, the challenges of their friends and peers, and the need for children and adolescents to be able to reach out to get help.

They are not alone. Worldwide, a survey for UNICEF by Gallup shows that large majorities of younger and older people in most countries – typically around four out of five people – believe no one should have to deal with mental health challenges on their own. Instead, they believe, the best solution is to share experiences and seek support.

BOX 1.
Ready to reach out?

Young people overwhelmingly believe it is better to seek help from others with mental health issues than to try to deal with them on their own, according to a survey carried out for UNICEF by Gallup in 21 countries in the first half of 2021.

A median of 83 per cent of young people (15 to 24 years old) agreed it was better to deal with mental health problems by sharing experiences with others and seeking support; by contrast, only 15 per cent felt such problems were personal and should be dealt with on one's own.

Among the 21 countries, India was the only exception, with 41 per cent of young people supporting the sharing option.

Overall, attitudes differed relatively little between the generations: In the 21 countries, around four out of five older people (40 years and older) also supported the sharing option. However, differences were more marked in some countries: Even though majorities of both younger and older people supported the sharing option in Japan, Germany and Ukraine, there was a gap of at least 14 points between the two age groups.

This raises interesting questions as to how else attitudes towards mental health may vary between generations and are evolving over time in different parts of the world.

Full findings from The Changing Childhood Project will be released in a report from UNICEF in November 2021.

Median percentage of people in 21 countries who believe sharing experiences with others and seeking support is the better way to address mental health issues:

	15- to 24-year-olds	Older adults (40+)
Sharing experiences with others and seeking support is the best way to address mental health issues	**83**	**82**
Mental health is a personal matter that people can best work through on their own	**15**	**17**

Source: *Changing Childhood* (forthcoming).

Note: As part of the Changing Childhood Project, Gallup interviewed over 20,000 people by telephone in 21 countries between February and June 2021 in two distinct populations – people aged 15–24 and people aged 40 and older. Average margins of error were calculated at 6.7 per cent for the younger age group and 6.4 per cent for the older age group. Full details of the methodology and research methods will be included in the forthcoming *Changing Childhood* report from UNICEF.

And yet, for many millions around the world, there is no one to talk to, nowhere to turn for help.

Why?

Multiple barriers get in the way of promoting, protecting and caring for children's and adolescents' mental health. Some of these barriers are systemic, blocks established by a lack of funding, leadership, coordination among sectors and trained workers.

Far too often, our ability to address mental health is stymied by our inability to talk about it. Children, adolescents and caregivers may struggle to find the language they need to talk about how they are feeling. They might fear the harsh words, laughter and abuse engendered by stigmas and misunderstandings around mental health.

High on the long list of misunderstandings is the failure to understand that mental health – just like physical health – is positive. Alex George, a medical doctor and reality television star in the United Kingdom, is well acquainted with suffering related to mental health. His brother lost his life to suicide at the age of 19. He puts it this way: When people describe physical health, they talk about exercise and healthy foods. When they talk about mental health, they mean depression, anxiety and sadness.

"Actually, mental health can be resilience," he told a British newspaper in February 2021, "It could be happiness, it could be courage."

The failure to see mental health as a positive often reflects the influence of biomedical thinking, where the focus is on conditions to be diagnosed and medicated. Instead, mental health needs to be understood as a continuum. At any stage of our lives, any one of us may find ourselves at different points on that continuum. We will experience positive mental health – the ability to enjoy life and cope with good and bad days. But we may also encounter periods of serious distress. And some may suffer long-term and disabling mental health conditions.

In a real sense, then, **we all have mental health**.

And yet, for some, mental health is a luxury or an issue for other people – it is not considered a problem for ***me or my*** community. Certainly, culture and contexts shape how mental disorders are experienced, understood and addressed. Far from these different perspectives and understanding being ignored – and they often are – they must instead inform responses to mental health challenges. When that happens it can lead to responses that are more beneficial and acceptable in different societies and that draw on the strengths of those societies. But there are, nonetheless, common and universal aspects to the experience of mental health: As the 2018 *Lancet* Commission on global mental health and sustainable development noted, "emotional pain is as fundamental to human experience as physical pain."

A time for leadership

At the heart of our societies' failure to respond to the mental health needs of children, adolescents and caregivers is an absence of **leadership** and **commitment**. We need commitment – especially financial commitment, from global and national leaders and from a broad range of stakeholders that reflects the important role of social and other determinants in helping to shape mental health outcomes. The implications of such an approach are profound. They demand that we set our sights on a clear shared goal of supporting children and adolescents at crucial moments in their development to minimize risk – and maximize protective – factors.

As well as **commitment**, we need **communication**: We need to end stigmas, to break the silence on mental health, and to ensure that young people are heard, especially those with lived experience of mental health conditions. Without their voices being heard and their active participation and engagement, the challenge of developing relevant mental health programmes and initiatives will not be met.

And we need **action**: We need to better support parents so

that they can better support their children; we need schools that meet children's social and emotional needs; we need to lift mental health out of its 'silo' in the health system and address the needs of children, adolescents and caregivers across a range of systems, including parenting, education, primary health care, social protection and humanitarian response; and we need to improve data, research and evidence to better understand the prevalence of mental health conditions and to improve responses.

BOX 2.
Feeling down?

A median of one in five young people (19 per cent) reported often feeling depressed or having little interest in doing things, according to a survey conducted by UNICEF and Gallup in 21 countries in the first half of 2021. The proportion ranged from almost one in three in Cameroon to as low as one in ten in Ethiopia and Japan.

At a time of great concern over the mental health of young people during the COVID-19 pandemic, the findings provide an interesting insight into young people's *own* feelings. It is important to note, however, that these numbers only represent the perceptions of young people themselves, not diagnoses of depression by health professionals.

They are also based on just a single question, not the multiple questions used in dedicated mental health research, and so cannot provide satisfactory estimates of prevalence. Finally, there are no comparable pre-pandemic estimates, which means they cannot be read as reflecting the impact of the pandemic on young people's mental health.

Full findings from The Changing Childhood Project will be released in a report from UNICEF in November 2021.

Percentage of 15- to 24-year-olds reporting often feeling depressed or having little interest in doing things:

Cameroon	32
Mali	31
Indonesia	29
Zimbabwe	27
France	24
Germany	24
United States	24
Brazil	22
Lebanon	21
United Kingdom	20
Argentina	19
Kenya	19
Peru	16
Bangladesh	14
India	14
Morocco	14
Nigeria	14
Ukraine	12
Spain	11
Ethiopia	10
Japan	10
21-country median	**19**

Source: *Changing Childhood* (forthcoming).

Note: As part of the Changing Childhood Project, Gallup interviewed about 20,000 people by telephone in 21 countries between February and June 2021 in two distinct populations – people aged 15-24 and people aged 40 and older. Margins of error were calculated at 6.7 per cent for the younger age group and 6.4 per cent for the older group. Full details of the methodology and research methods will be included in the forthcoming *Changing Childhood* report from UNICEF.

A time for action

The COVID-19 pandemic has upended our world, creating a global crisis unprecedented in our lifetime. It has created serious concerns about the mental health of children and their families during lockdowns, and it has illustrated in the starkest light how events in the wider world can affect the world inside our heads. It has also highlighted the fragility of support systems for mental health in many countries, and it has – once again – underlined how these hardships fall disproportionately on the most disadvantaged communities.

But the pandemic also offers an opportunity to build back better. As this report sets out, we know about the key role of parents and caregivers in shaping mental health in early childhood; we know too about children's and adolescents' need for connection; and we know about the dire impact that poverty, discrimination and marginalization can have on mental health. And while there is still much work to be done in developing responses, we already know the importance of key interventions, such as challenging stigmas, supporting parents, creating caring schools, working across sectors, building robust mental health workforces, and establishing policies that encourage investment and lay a solid foundation for mental health and well-being.

We have a historic chance to commit, communicate and take action to promote, protect and care for the mental health of a generation. We can provide support for a foundation of a generation equipped to pursue their dreams, reach their potential and contribute to the world.

Strong signals: Communication and conversations are essential to breaking stigma around mental health.
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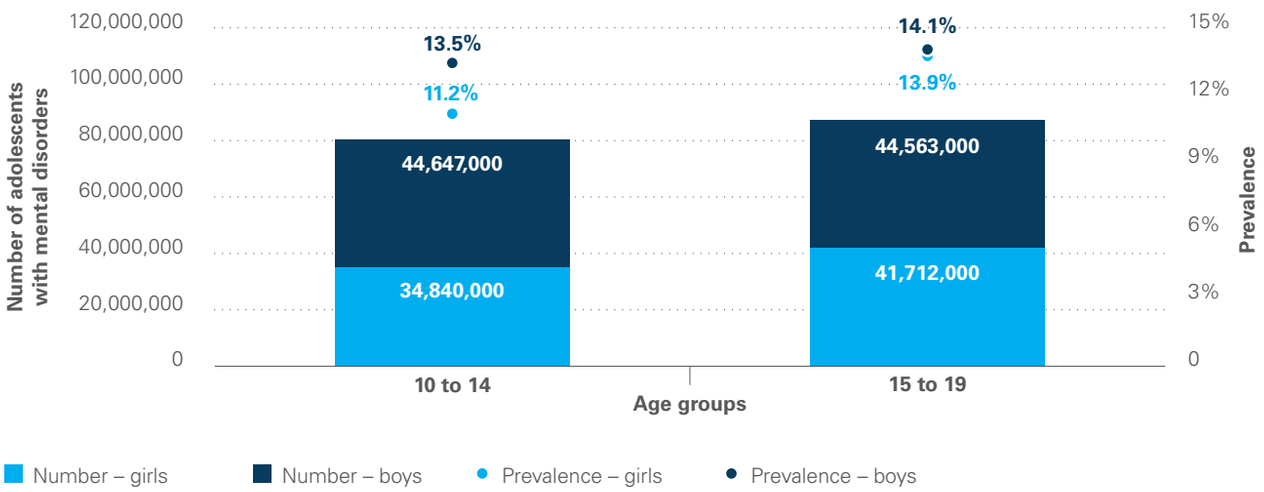
By the numbers

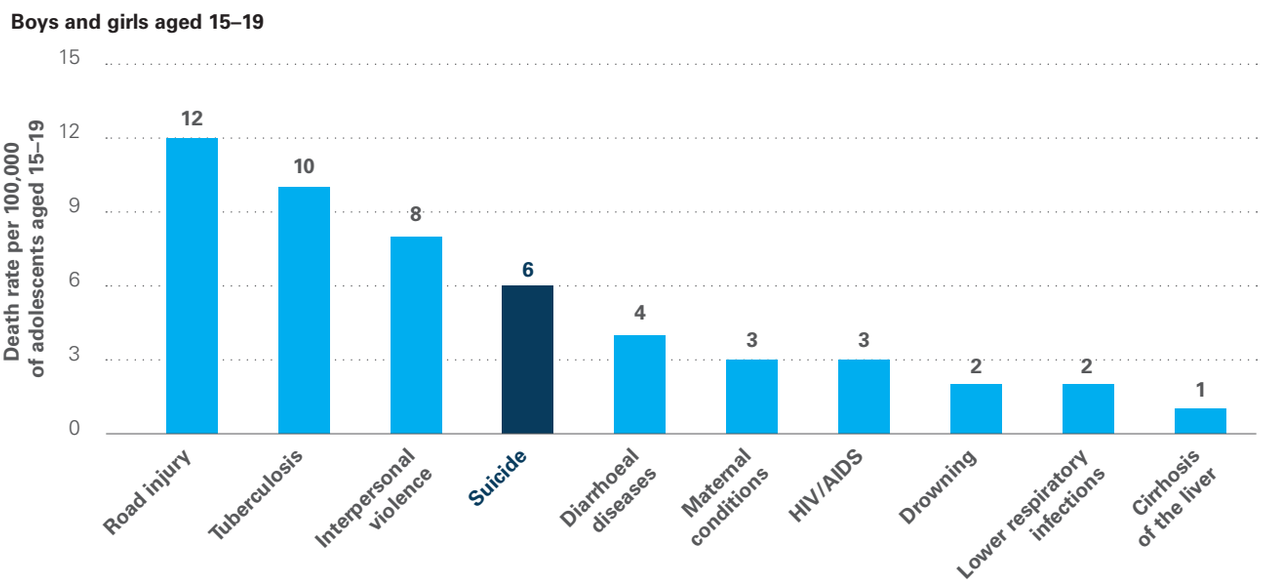
More than 1.2 billion adolescents aged 10–19 lived in the world in 2020. Estimates indicate that more than 13 per cent of them had a mental disorder.

Estimated prevalence and number of adolescents aged 10–19 with mental disorders globally, 2019



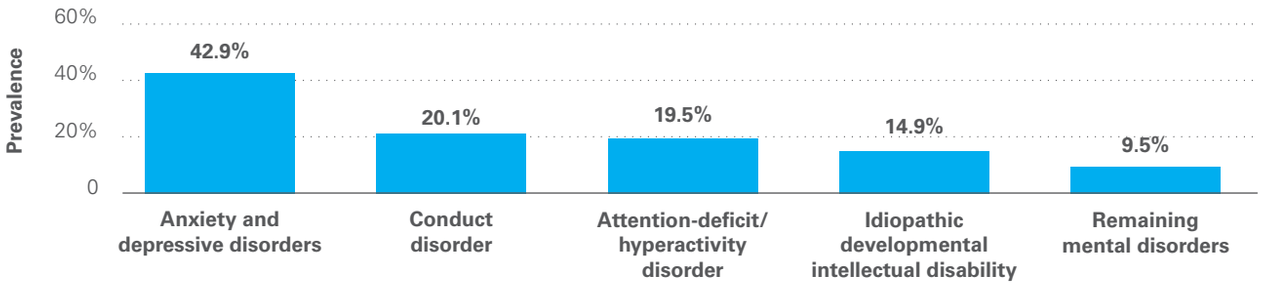
Note: Numbers are rounded to the nearest 1,000; calculations are based on these disorders: depression, anxiety, bipolar, eating, autism spectrum, conduct, schizophrenia, idiopathic intellectual disability, attention deficit/hyperactivity (ADHD) and a group of personality disorders.
Source: UNICEF analysis based on estimates from the Institute for Health Metrics and Evaluation (IHME), Global Burden of Disease Study, 2019.

Top 10 causes of death for adolescent boys and girls aged 15–19, 2019



Source: UNICEF analysis based on WHO Global Health Estimates, 2019; global estimates were calculated using population data from the United Nations Population Division World Population Prospects, 2019.

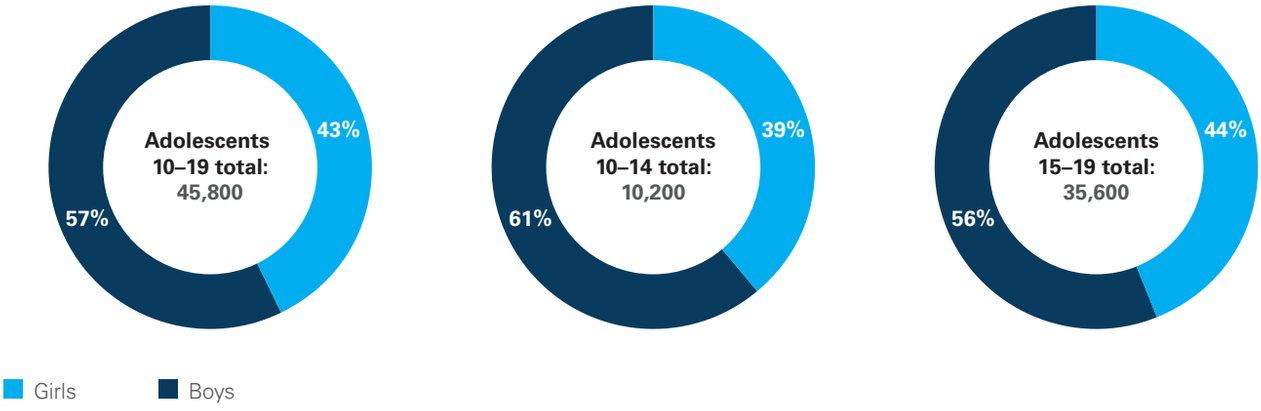
Among girls and boys aged 10–19 with mental disorders, prevalence of anxiety, depression and other disorders, 2019



Note: The sum of the prevalence of individual disorders exceeds 100 per cent due to the co-morbidity between the disorders; calculations are based on these disorders: depression, anxiety, bipolar, eating, autism spectrum, conduct, schizophrenia, idiopathic intellectual disability, attention deficit/hyperactivity (ADHD) and a group of personality disorders.
Source: UNICEF analysis based on estimates from the Institute for Health Metrics and Evaluation (IHME), Global Burden of Disease Study, 2019.

Estimates of suicide as a cause of death, globally, by age and sex, 2019

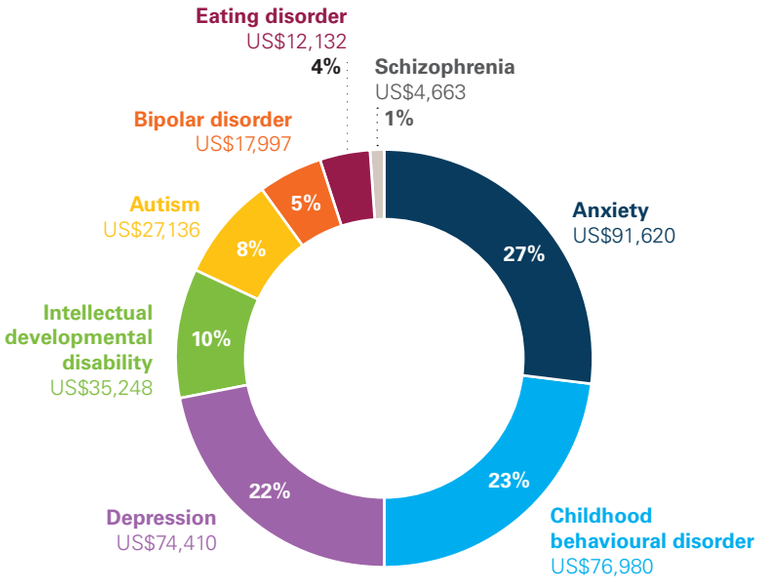
Tragically, almost 46,000 children and adolescents between the ages of 10 and 19 end their own lives every year – about 1 every 11 minutes – according to the most recent WHO estimates that were available for this report.



Note: Results are rounded to the nearest 100: confidence intervals for adolescents aged: 10–19 are 32,641–63,068; 10–14 are 6,517–15,490; 15–19 are 26,124–47,578.
Source: UNICEF analysis based on WHO Global Health Estimates, 2019; global estimates were calculated using population data from the United Nations Population Division World Population Prospects, 2019.

Though the human costs of ignoring mental health can be devastating for individuals, families and communities, the financial costs of not addressing mental health conditions – the costs of inaction – are also destructive.

Cost of mental disorders based on country-specific GDP per capita adjusted for PPP, in US$ millions



Source: McDaid, David and Sara Evans-Lacko, 'The Case for Investing in the Mental Health and Well-being of Children', background paper for *The State of the World's Children 2021*, United Nations Children's Fund, May 2021.

Doing better: A community health centre has helped this adolescent in Peru with his mental health: "I feel much better," he says, "and I don't want to give up."
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What young people say

For *The State of the World's Children 2021*, UNICEF collaborated with researchers from the Global Early Adolescent Study at Johns Hopkins Bloomberg School of Public Health to listen to the voices of adolescents about mental health. From February to June 2021, local partners facilitated focus group discussions for adolescents aged 10–14 and 15–19 in Belgium, Chile, China, the Democratic Republic of the Congo, Egypt, Indonesia, Jamaica, Jordan, Kenya, Malawi, Sweden, Switzerland and the United States. Here is what they had to say:

Mental health: As young people talked about their experiences of depression and anxiety, some described generalized distress, which may not cross the threshold into disorder.

> *"Being tired psychologically… It means that you feel that you are not living life and [are] unable to do anything. Even if you are ambitious, you will not be able to achieve your ambitions because you are psychologically totally defeated."*

– A girl in the discussion group for 15- to-19-year-olds in Egypt

Stigma: Young people discussed stigma as a detriment to dealing with mental health.

> *"With stress and mental illness, for many it's a very anxious subject. And you don't really want to talk about it."*

– A girl in the discussion group for 15- to-19-year-olds in Sweden

Learning environments: Though often a protective factor, some adolescents discussed the risks to mental health that arise in schools.

> *"The teachers harass girls even in primary or preparatory school. He touches her in ways, and she is unable to talk, because if she does, he will fail her and if she tells her people, they will say, 'You are wrong, no teacher would do that'."*

– A girl in the discussion group for 15- to 19-year-olds in Egypt

Poverty: For many young people, poverty has a complex impact on their mental health.

> *"At school, there are rules that everyone should dress up completely… you need a good shoe. You find that at your home they cannot provide that for you, and you are putting on 'crocs'. Others… they get that croc and start throwing it at each other: "Look at this!" And the whole class starts laughing at you. It is so painful for us young people… it is so terrible."*

– A boy in the discussion group for 15- to 19-year-olds in Malawi

Peer relationships: Relationships with other adolescents can be positive, but they also have negative effects on mental health.

> *"I was being bullied by my friends… Once I felt hurt and I got disappointed, it really made me feel indifferent towards them."*

– A girl in the discussion group for 15- to 19-year-olds in Indonesia

Gender norms: Both male and female participants discussed the role of gender norms on mental health. Many agreed that girls were more impacted by norms, but that expressing mental distress was less acceptable for boys.

> *"They say, 'there is a boy, so a girl will not have any benefit in [the] future'. So they make the girl do all the household chores at home and the boys do nothing."*

– A girl in the discussion group for 15- to 19-year-olds in Malawi

COVID-19: The pandemic was a significant source of stress for many young people, though the long-term effects are unclear.

> *"When I think about everyone that has died because of the disease, it makes me sad and when I learn the number of cases is increasing, it makes me stressed."*

– A boy in the discussion group for 10- to 14-year-olds in the Democratic Republic of the Congo

UNICEF recognizes the support of Wellcome for this project.

Nurturing care: Supporting parents, such as this mother in India, to better support their children is crucial for mental health.
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Recommendations

At an age and stage of life when children and young people should be laying strong foundations for lifelong mental health, they are instead dealing with risks and experiences that can undermine those foundations. The cost for us all is incalculable.

The response to this challenge – the challenge of promoting, protecting and caring for children's and young people's mental health – has been underwhelming. There is a lack of leadership and investment, and an unwillingness to confront the challenges and, all too often, to even speak about them.

We may not have all the answers, but we know enough to be able to act now to promote good mental health for every child, protect vulnerable children and care for children facing the greatest challenges. *The State of the World's Children 2021* establishes a framework to guide coordinated action to achieve these goals. It is based on the need for **commitment**, **communication** and **action**.

▶ **COMMIT** means strengthening leadership to set the sights of a diverse range of partners and stakeholders on clear goals and ensuring investment in solutions and people across a range of sectors. It involves strengthening global leadership and partnerships and investing in support to mental health.

▶ **COMMUNICATE** means tackling stigmas around mental health, opening conversations and improving mental health literacy. It means amplifying the global conversation on mental health to raise awareness and mobilize all stakeholders to take action and facilitate learning. It also means ensuring children, young people and people with lived experience are part of the conversation, that they have a voice and can meaningfully engage in the development of mental health responses.

▶ **ACT** means working to minimize the risk factors and maximize the protective factors for mental health in key areas of children's and adolescents' lives, especially the family and school. More broadly, it also means investment and workforce development across some key sectors and systems, including mental health services and social protection, and the development of strong data collection and research.

- Support families, parents and caregivers
- Ensure schools support mental health
- Strengthen and equip multiple systems and workforces to meet complex challenges
- Improve data, research and evidence

The COVID-19 pandemic has raised huge concerns for the mental health of an entire generation of children. But the pandemic may represent only the tip of a mental health iceberg – an iceberg we have ignored for far too long. For the first time, *The State of the World's Children* examines the mental health of children and adolescents. Against a backdrop of rising awareness of mental health issues, there is now a unique opportunity to promote good mental health for every child, protect vulnerable children and care for children facing the greatest challenges. Making that happen will require urgent investment in child and adolescent mental health across sectors – not just in health – to support proven interventions. It will also need societies to break the silence surrounding mental health, by addressing stigma, promoting understanding, and taking seriously the experiences of children and young people.

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