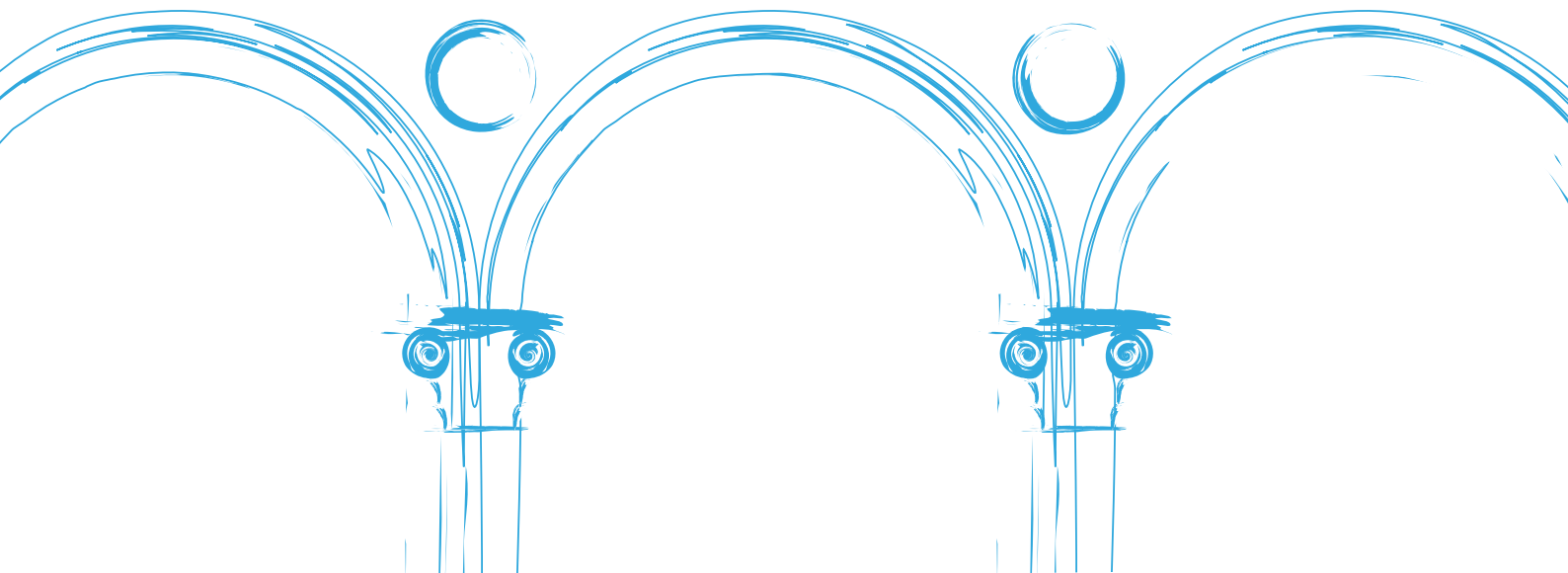# Child and Adolescent Mental Health and Psychosocial Wellbeing Across the Life Course

Towards an Integrated Conceptual Framework for Research and Evidence Generation

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CHILD AND ADOLESCENT MENTAL HEALTH AND PSYCHOSOCIAL WELLBEING ACROSS THE LIFE COURSE: TOWARDS AN INTEGRATED CONCEPTUAL FRAMEWORK FOR RESEARCH AND EVIDENCE GENERATION

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SUGGESTED CITATION

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Introduction

Mental health is largely determined by the social, economic and physical environments in which people live (WHO, 2014). Conceptualized as "a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community" (WHO, 2004, p.11), mental health is intrinsically positive and holistic in nature. While the definition moves away from conceptualizing mental health as solely the absence of illness, the concept also encompases mental health conditions, which can cause distress, suffering and impairment to functioning that may be acute or chronic and can range from mild to severe. Although previously neglected as a core issue for global development, mental health has been recently prioritized in the Sustainable Development Goals (SDGs), which call for promoting mental health and well-being and preventing non-communicable diseases and alcohol and substance abuse (United Nations, 2015). Specifically, SDG 3 advocates a universal commitment to promote well-being for all *at all ages*.

It is estimated that globally mental health conditions affect about one in seven children and adolescents ages 10–19 (Erskine et al., 2016; Kessler et al., 2007; Vos et al., 2020). Depression is among the leading causes of disability among young people, while suicide is the fourth leading cause of death among adolescents worldwide (WHO, 2021). Most mental health conditions originate early in life, with 50 per cent arising before the age of 14 and 75 per cent by the mid-20s (WHO, 2021). In the context of the COVID-19 pandemic, the importance of mental health

and psychosocial support for all has been undoubtedly confirmed (Sharma et al., 2021). Despite the increased attention to mental health issues, there is a growing recognition of the dearth of evidence on *what* determines child and adolescent mental health, *who* is most at risk, and *what works* to foster mental health across contexts, cultures and distinct population groups. Large treatment and evidence gaps have been identified in low-resource settings, where most children live and where they are least likely to access mental health care. To date, most methods and models to assess, identify and respond to child and adolescent mental health have been developed, tested and validated among underrepresented samples, thereby skewing our understanding of child and adolescent mental health, globally. Western, Educated, Industrialized, Rich and Democratic (WEIRD) countries represent only 12 per cent of the world's population but make up 96 per cent of all studied samples of the most influential mental health research (Arnett, 2008). Understanding the scope and nature of mental health problems affecting children and adolescents globally and the effective interventions to promote mental health among these age groups is fundamental to implementing UNICEF's mandate.

UNICEF Office of Research – Innocenti has developed a conceptual framework to inform research on child and adolescent mental health (*see Figure 1*). It incorporates children's developmental stages and the dynamic environment in which they live and grow. The framework is informed by a review of existing theoretical frameworks on mental health and child development, and adapts and integrates elements of other key models in child development and mental health: the socio-ecological model (Bronfenbrenner,

1979); the life course approach (Elder, 1998); the social determinants of health approach (Marmot, 2005); and the UNICEF Office of Research – Innocenti Report Card's Worlds of Influence Framework (Gromada et al., 2020). Combining diverse aspects of these frameworks and approaches, we propose an integrated model to guide UNICEF's research in this area. This framework will inform UNICEF's Global Multisectoral Operational Framework for Mental Health and Psychosocial Support of Children, Adolescents and Caregivers across Settings. We invite further reflection, testing and improvement of this framework.
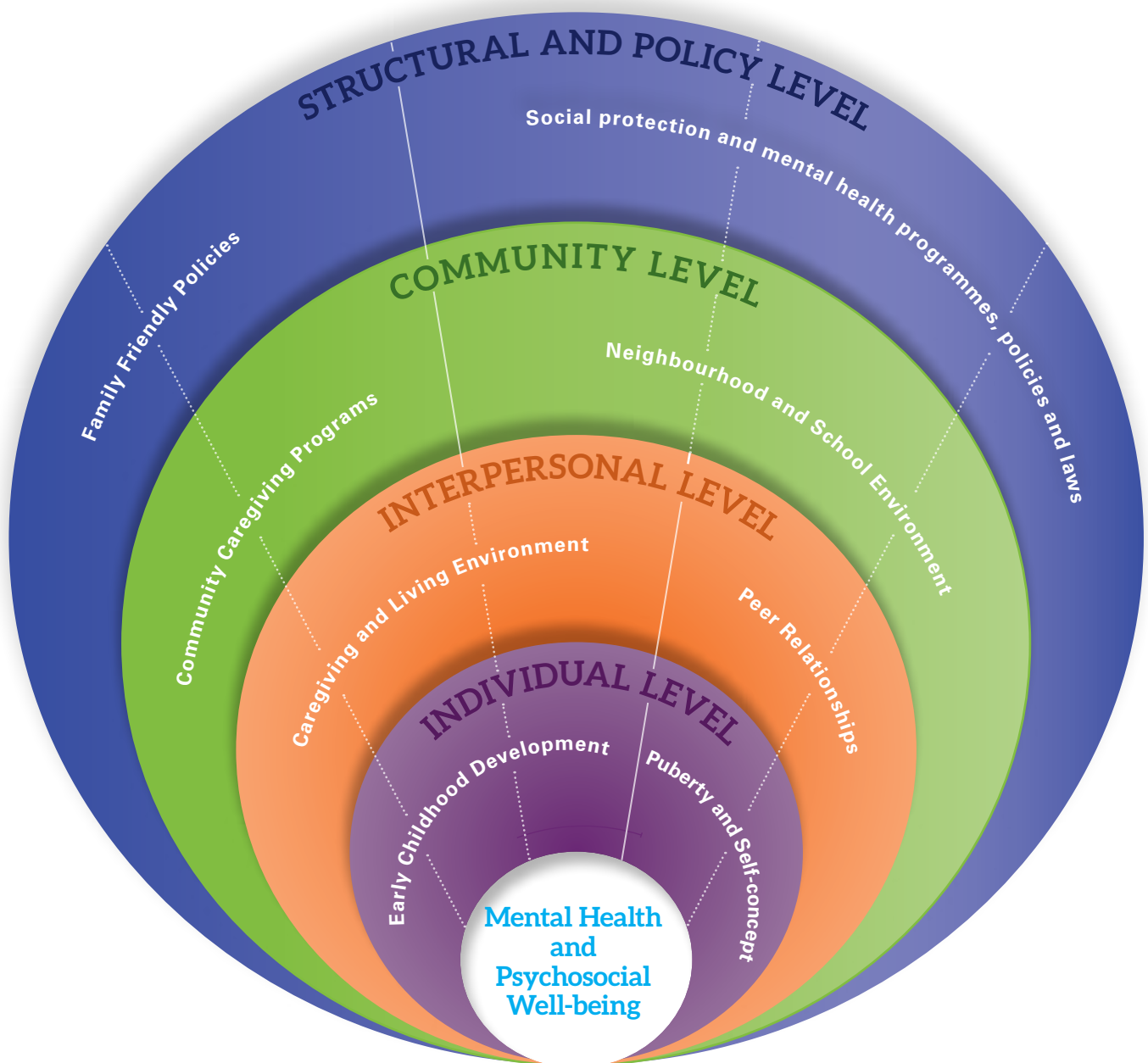
Overview of Existing Frameworks

Bronfenbrenner's **socio-ecological model** posits that a child's mental health and psychosocial well-being depend on a myriad of factors nested within their broader social environment (Bronfenbrenner, 1979). The child is at the centre, nested within the immediate environment of the household and caregivers, which is considered a very influential system. This system is in turn nested within the particular community and society the household is in, and within broader systems, structures, cultures and policies at national and global levels. Although less known, the socio-ecological framework also contains a 'chronosystem' that considers when events occur but does not focus on the widening influences and experiences at various ages and life stages. The **UNICEF Innocenti Report Card Framework** (Gromada et al., 2020) has adapted the socio-ecological model to understand key determinants of child well-being impacting the world of the child, the world around the child, and the outer worlds of influence, but does not account for the variation in experiences of children across

the life course. The **social determinants of health approach** emphasizes the role of circumstances in which people are born and grow up, and the systems in place to deal with illness (Marmot, 2005). These factors are in turn influenced by economic and socio-political forces to shape health outcomes. The **life course epidemiology approach** emphasizes the temporal perspective, especially factors and experiences across the life course and across generations, that impact mental health outcomes at various ages and developmental life stages (Elder, 1998).

Although these frameworks offer valuable applications to the field of child and adolescent mental health, a unified framework is useful. Understanding the factors at each level and linking to a child's stage of development is important for designing research that is age, gender and context appropriate, and for informing programmes and policy, thus contributing to SDG 3. We propose an integrated framework (*see Figure 1*) that recognizes that as children and adolescents grow and develop, their interactions and environmental influences also widen, hence broadening the potential risk and/or protective factors affecting their mental health and psychosocial well-being. Children's spheres of interactions and prominence of influences evolve from perinatal to early childhood, middle childhood, early adolescence and to late adolescence. Their mental health is influenced by multiple dynamic factors at different layers of their socio-ecological environment – individual, interpersonal, community, structural and policy levels – and across their developmental stages. Different factors have different degrees of impact at different ages and across the different socio-ecological levels.

Figure 1: Child and Adolescent Mental Health and Psychosocial Wellbeing:
A conceptual Framework for Research and Evidence Generation and Use

Click on an age group to see more key determinants

STRUCTURAL AND POLICY LEVEL

Social protection and mental health programmes, policies and laws

Family Friendly Policies

COMMUNITY LEVEL

Neighbourhood and School Environment

Community Caregiving Programs

INTERPERSONAL LEVEL

Caregiving and Living Environment

Peer Relationships

INDIVIDUAL LEVEL

Early Childhood Development

Puberty and Self-concept

Mental Health and Psychosocial Well-being

Source: Authors conceptualization based on a review of mental health literature, including on the impact of COVID-19 on mental health of children and adolescents*

*Sharma, M., Idele, P., Manzini, A., Aladro, CP., Ipince, A., Olsson, G., Banati, P., Anthony, D. *Life in Lockdown: Child and adolescent mental health and well-being in the time of COVID-19*, UNICEF Office of Research – Innocenti, Florence, 2021.

Figure 1 presents key determinants for child and adolescent mental health under the intersection of each socio-ecological layer and developmental stage. For visual simplicity, this figure highlights a handful of overarching social determinants of mental health. Under each level and life stage, various interacting factors are at play at any given time, shaping the psychosocial and developmental trajectories of children over time. Several factors are cross-cutting, for example gender and social norms; school environment; caregiver mental health; living with a disability; socioeconomic status; physical, sexual and psychological and emotional violence; experiencing humanitarian and public health crises; and structural and policy environments such as national policies, programmes, resources, and institutional and legal frameworks for coordination and accountability mechanisms. These factors operate at the individual, interpersonal, community, societal, and policy or structural levels.

A Life Course Approach

The framework recognizes key age-specific risk and protective factors at the individual, interpersonal, community, structural and policy levels that have a significant impact on mental health outcomes in children and adolescents (Kieling et al., 2011). The first 1,000 days present an opportunity for cognitive growth and early stimulation, which are central to mental health and emotional development (Patel et al., 2018). During the early years of a child's life (<5 years), the home environment is pivotal for their well-being and healthy growth. Parents and other caregivers shape their child's development and behaviour through adequate nutrition and a nurturing and safe home environment. Individual-level factors such as sex, birth weight, nutrition, and

socioemotional, cognitive and motor skills are critical at this stage. Similarly, community and structural factors are also important in ensuring healthy child development, including parental access to caregiving services in the community, maternal health services, and the flexibility of maternal and paternal leave policies at their workplaces. We must also consider the mental health of children who grow up outside of the family context, including children in institutions of care or reform, living alone or on the streets as well as child migrants and refugees, as these groups are often neglected in formal care systems and face unique psychosocial challenges.

As children enter middle childhood (5–9 years), wider influences start taking a more prominent role, including school, peers, teachers, and the neighbourhood environment. The child starts learning new concepts, social norms and skills, while interacting with others and developing a sense of self and awareness (Kieling et al., 2011). Caregiver factors, including parenting style, caregiver mental health, witnessing or experiencing violence (intimate partner violence or violent discipline) continue to be instrumental in shaping the child's development. In addition, online and offline relationships with peers, teachers and community members start influencing behaviours and well-being (Knerr et al., 2013).

As children transition into early adolescence (10–14 years), individual, home, school and community factors all interact to influence their mental health and psychosocial well-being. The onset of puberty at this stage brings unique mental health challenges compounded by physiological and emotional transitions, as well as self-image, identity issues and risk-taking behaviours which vary

across cultures. Relationships and social roles take prominence, and school and community environments and networks become important influences on adolescent mental health and psychosocial well-being.

During late adolescence (15–19 years), the community and social and cultural expectations of acceptable behaviour, gender norms and roles, including pressure to marry, get employment and a need for social and economic independence take prominence. Adolescents may experience physiological and emotional transitions, as well as self-image, identity issues and risk-taking behaviours (including substance use and sexual activity) that vary across cultures, contexts and population sub-groups. Combinations of these factors can significantly affect their mental health and well-being. The onset of mental health issues, including depression, anxiety, and substance use or abuse, often occur during adolescence.

Cross-cutting Factors

Across all developmental stages and layers of the social environment, children and adolescents may face similar events and experiences but with variable impacts on their mental health, depending on their age and cultural contexts. Adverse childhood experiences such as neglect, domestic violence and parental incarceration increase the risk of social, cognitive and emotional impairments in childhood. These adversities are associated with a range of harmful mental health outcomes in adulthood such as depression, anxiety, post-traumatic stress disorder and increased risk of low socioeconomic status in later life (Hughes et al., 2017). Exposure to or experience of physical, sexual and psychological and emotional violence can occur across all

developmental stages and levels of interaction. Severe and cumulative trauma and stress can lead to long-term mental health conditions in children and adolescents (Haahr-Pedersen et al., 2020). Other determinants across all layers of the social environment and life stages include factors such as access to resources; stigma and discrimination based on race, ethnicity, disability, gender; and socioeconomic status.

Experience of humanitarian crises, such as armed conflict and natural disasters, and public health crises, such as the COVID-19 pandemic and the Ebola outbreak, also affect children and adolescent mental health and well-being. The impact of such crises on child and adolescent mental health may depend on various factors, including age, gender and pre-existing conditions. Moreover, in contexts of high fragility, traumatic experiences such as violence, outbreaks or lockdowns may be cyclical and their impacts felt over protracted periods.

A review conducted by the UNICEF Office of Research – Innocenti on the short-term impacts of COVID-19 on child and adolescent mental health found that older children reported higher and more severe rates of depressive symptoms and anxiety than younger ones during the pandemic (Sharma et al., 2021). Gender differences were also observed: girls reported greater depressive symptoms, anxiety and externalizing behavioural symptoms than boys, while boys reported greater alcohol and substance use during COVID-19 than girls (Sharma et al., 2021). Children and adolescents with pre-existing conditions were more significantly affected by pandemic-related changes. Moreover, children with pre-existing mental health conditions had greater fears and anxiety relating to COVID-19 risk. Mental health

services are also disrupted during health emergencies, in some cases worsening pre-existing mental health conditions (Chatterjee et al., 2020).

Access to and use of digital technologies is widespread and an important cross-cutting issue, providing a means for young people to learn, communicate, and stay connected with the outside world. Experience from the COVID-19 pandemic shows that digital technologies are viable options for children and adolescents to connect with their peers and families during situations of lockdowns and isolation, as well as a means of remote learning and engaging in coping strategies (like watching videos, playing music or learning a new hobby). However, harmful online activities may be associated with psychological distress and poor quality of life, and safeguards are needed to protect children from these effects.

At the national level, the social policies, legal frameworks and institutional structures in a country have an indirect influence on child and adolescent mental health, over which they or their caregivers have limited control. Sound policies can have a positive influence on mental health if an enabling environment exists, with the relevant mental health programmes, financial and human resources, institutional frameworks for coordination and accountability, and legal instruments to protect against stigma and discrimination of people living with mental health conditions and accompanying risk factors. The distribution of such services and resources across the country and the ability of children and adolescents to access and use them can have a significant impact on their mental health and psychosocial well-being (Patel et al., 2013).

Structural, legal and policy considerations of risk and protective factors for mental health – such as early childhood development, family-friendly policies, child welfare and protection policies, poverty alleviation and social protection, and skills development and employment programmes – contribute to the positive mental health and psychosocial well-being of children and adolescents (WHO, 2014). Conversely, the unequal distribution of economic and human resources for mental health adversely affect access and use of such services. Insufficient and inadequate education and employment policies limit opportunities for financial security, which may ultimately lead to stress and feelings of hopelessness among both children and adolescents and their families.

At the community level, variations in the distribution and availability of mental health care and support resources also determine service use. Geographic factors such as rural or urban residence can determine the level of access to mental health information and services and can influence overall child and adolescent mental health and psychosocial well-being. Access to education and information facilities affects literacy and the acquisition and adoption of new knowledge and practices. Government support for promotive and preventive care and support services for mental health is crucial. The ability of the government to provide mental health information and services at the community level is important in efforts to promote mental health and prevent disorders, and to provide care and support services for mental health conditions.

The framework also underscores the influence of socio-cultural factors such as gender, race, religion and social norms, at all levels, an influence that is often underplayed in health behaviour models and over which

individuals may have little control. People who live in the same community may share similar attitudes, beliefs, social norms and information networks that may shape their perceptions of mental health and psychosocial well-being.

Childhood socialization of mental health may carry over into adulthood. Gender perceptions may shape children's identity and self-concept and may significantly affect their mental health and psychosocial well-being, including in adulthood. The cultural context can affect how children and adolescents living with mental health conditions are supported and cared for (Kaushik et al., 2016). In many societies, mental health conditions carry negative connotations, which deter families from disclosing whether their child has a mental health condition and needs help. This fosters persistent stigma and discrimination against people living with mental health conditions, including children and adolescents. The socialization of children in certain beliefs, attitudes and practices about mental health contributes to whether they have knowledge or access to and use relevant care and support services later in life.

Friends and family are often the salient reference group for children and adolescents on their mental health and psychosocial well-being. In contexts where talking about mental health or seeking care is contentious, there may be fear of rejection by family, friends and the community at large for broaching the topic. In these settings, children and adolescents often shy away from sharing their problems and suffer in silence.

Mental Health Outcomes and Impact

Mental health and psychosocial well-being can be conceptualized as a continuum rather than the presence or absence of a specific condition (Keyes, 2002; UNICEF, 2021). On the positive end of the continuum, mental health encompasses diverse factors as subjective well-being, happiness, autonomy, life satisfaction and social connectedness. Further along the continuum, everyday tasks may become more difficult because of more severe mental health conditions and people report feeling poorly and experience mood fluctuations, sadness, fear, or stress reactions. Finally, at the other end of the continuum are people with severe mental health conditions and developmental disabilities.

The position of children and adolescents along this continuum is not fixed but can change at different times, hence they require different forms of support and care. The terms 'internalizing' and 'externalizing' have been widely used to describe behavioural, emotional and social problems, and refer to internally and externally focused behavioural symptoms. These are well established and widely used groupings derived from factor analysis of psychological issues in clinically referred children and adolescents, and encompass a broad range of mental health symptoms. However, these groupings are not mutually exclusive and are often found to correlate (Achenbach et al., 2016).

When faced with stressful life events, most children and adolescents are able to adjust, cope and respond appropriately, especially with caregiver and family support and care (Ager et al., 2010). It is critical to differentiate between common reactions to stressors from more severe reactions that affect functioning and development. This differentiation is to

avoid overmedicalizing psychosocial responses and to target and optimize limited mental health resources appropriately to those who need them the most. Specifically, this may imply investing in universal mental health and psychosocial support interventions that help children and families cope and adapt to stressors brought on by crises or adverse events. Depending on the age and gender of the child, frequency of exposure to specific events, and pre-existing conditions and other social and physical vulnerabilities, children may experience mild, moderate or severe outcomes.

Application of the Framework

Overall, this framework can be applied to support research and efforts to generate evidence, as well as to test and improve measures and methods for child and adolescent mental health in the following five broad areas.

EPIDEMIOLOGY to understand the magnitude of the problem

This framework can be used to guide research to measure the burden of mental health conditions (e.g. anxiety, depression, stress, suicidal behaviour, substance use and abuse) and other forms of evidence generation, including modelling scenarios of investments in mental health and the cost of inaction. This research includes questions like how to identify mental health conditions, how many are affected, who is affected, and where are they, how much will it cost, what are future projections.

RISK AND PROTECTIVE FACTORS to understand the causes

The framework can orient research and evidence to understand the risk and

protective factors or determinants of mental health. These may include, for example, a study of the role of socioeconomic factors, the environment and the interaction of multiple factors, and at different stages of a child's life cycle and the social environment, and the diverse risks and adverse experiences that expand as the child grows. Factors may be more pronounced at each child's developmental stage. Identifying the risk and protective factors for mental health outcomes is important for developing effective interventions and programmes, and for providing an enabling environment. This type of research will answer questions such as: what are the determinants of mental health, how do they impact children at different ages, and how do they vary by social environment and socioeconomic groups and vulnerabilities, and why?

INTERVENTIONS research and evidence to identify solutions

The framework can assist in designing research to identify solutions, either by testing existing interventions in multiple contexts or by developing new interventions. Such studies will answer questions on what works, how, for whom, where, and why? The framework can also assist programme monitoring and evaluation that evaluate the effectiveness or impact of a mental health intervention or programme. Intervention research guided by the framework can answer questions on whether the intervention or programme achieved its intended objectives, effectively and efficiently; whether it is affordable, scalable and sustainable.

IMPLEMENTATION AND SCALING SCIENCE to understand intervention and programme facilitators and barriers

The framework can help develop research on scalability of interventions, research to translate new interventions into policy and practice, and understanding the facilitators and barriers to delivering known interventions in different contexts. This research answers questions on the *facilitators* or *barriers* to delivering the intervention at different developmental stages and at individual, household, community and national levels across different settings, ages, gender, and using online or offline channels.

Conclusion

The conceptual framework outlines the determinants of child and adolescent mental health and psychosocial well-being across the life course and within the social and physical environments in which they live and grow. The social determinants of mental health and psychosocial well-being vary across developmental stages and different layers in the social environment of children and adolescents. At different ages, the sphere of influences and events also expand depending on their living arrangement, interpersonal relationships, community and society at large, and the national policy and structural environments. Research and evidence generation, therefore, should consider and investigate the life course and the social-ecological factors, their connectedness and how they influence child and adolescent mental health and psychosocial well-being.

The framework also shows the importance of cross-cutting factors that influence children's and adolescents' mental health. These may lead to inequalities in mental health knowledge, information, diagnosis, care seeking, and access to care across individual and social groups including gender, racial, ethnic, sexual minority, and socioeconomic groups. The factors at each layer can have direct impacts on individual and interpersonal levels, while those at community, policy and structural levels may have more indirect pathways that affect child and adolescent mental health and psychosocial well-being.

This integrated conceptual framework helps to analyze the layers of the socio-ecological environments that have formative influences on child and adolescent mental health and psychosocial well-being. This framework can be applied or adapted to understand the scale of mental health problems among children and adolescents in a given context, to develop indicators, to generate evidence to inform relevant programmes, and to conduct research on risk and protective factors to child and adolescent mental health. The framework can be applied to develop mental health interventions, assess facilitators or barriers to their successful implementation, and determine intervention effectiveness across multiple settings and contexts. Further reflections and accounts of the utility of this or similar frameworks of child and adolescent mental health across the life course are strongly encouraged.

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