Advancing Research to Action in Global Child Mental Health

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KEYWORDS

• Global mental health research • Research capacity building • Children
• Adolescents • Grand challenges • Child development

KEY POINTS

- Research plays an essential role in global mental health.
- The knowledge and interventions generated by research must be translated to action to achieve public health impact.
- Global research relevant to child and adolescent mental health requires multidisciplinary collaboration and the capacity to conduct research activities that range from basic neuroscience to health policy research.
- Equitable research collaborations can facilitate research capacity building and ensure full participation of high-income country (HIC) and low- and middle-income country (LMIC) researchers to solve problems.

INTRODUCTION

Child and adolescent mental health (CAMH) problems are largely neglected in the wider realm of global public health, and this lack of attention has implications for young people's health, well-being, and longevity. The World Health Organization (WHO) estimates that more than 800,000 people committed suicide in 2012. Suicide is the second leading killer of people aged 15 to 29 years,[1] and in regions of the world where targeted interventions have successfully reduced rates of maternal

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mortality, it is the leading killer of young women aged 15 to 19 years.[2] Within countries, suicide rates differ among subpopulations, and young people in some communities are distinctly vulnerable. A regional analysis of suicide from 1999 to 2009 among Alaska Native and American Indian populations showed particularly high rates among Alaska Native communities and suicide rate among people younger than 44 years was 5 times the suicide rate of White Americans in the United States.[3] In Nunavut, the northernmost territory of Canada, around 65% of suicides among the Inuit population between 1999 and 2014 occurred among people aged 10 to 24 years.[4]

Evidence-based interventions implemented through regional, national, and global suicide prevention plans provide one example of how health systems can use data to generate strategies for control and to stimulate policy responses from decision makers. The WHO's Comprehensive Mental Health Action Plan 2013–2020 sets a global target of 10% reduction in suicides by 2020 across member states and calls for strengthened information systems, evidence, and research on mental health.[5] In the United States, the Prioritized Research Agenda for Suicide Prevention calls for a 20% reduction in suicides over the next 5 years and 40% reduction over the next 10 years.[6] The investigators note, "A research document alone cannot reduce suicide deaths or attempts; rather, its intent is to identify the research needed to guide practice and inform policy decisions across many areas."[6]

These efforts call attention to the role that research can play in supporting and stimulating a public health agenda. Research provides the evidence base for successful interventions, data for monitoring progress, and, over the long run, makes solutions available to complex problems. Globally, research is needed to spur public health action to reduce the mortality and morbidity associated with poor mental health in childhood and adolescence. Children, adolescents, and youth represent more than one-third of the world's population. In 2010, 35.4% of the world's population was aged between 0 and 19 years and 44.3% was aged between 0 and 24 years.[7] In the least developed countries, these populations represent 51.6% and 60.8% of the total population, respectively.

Most mental and substance use disorders begin during childhood and adolescence,[8] with 75% of cases beginning before the age of 25 years in the United States.[9] Developmental disabilities, conduct disorder, attention deficit-hyperactivity disorder, anxiety, and depression confer the greatest burden of disease for children younger than 10 years[10]; these are disabling disorders of youth across continents with vastly different health profiles and remain the leading causes for disability worldwide.[11] At the same time, the periods of infancy, childhood, and adolescence represent opportune times for interventions to reduce risk for mental disorders and enhance social, emotional, and cognitive functioning.[12] Researchers seeking to understand developmental trajectories of brain development and their relationship to mental disorders increasingly view these disorders as neurodevelopmental.[13] Researchers are exploring how changes in neural architecture correspond to developmental stages and respond to contextual and environmental exposures.[12] This work opens the door to better understanding risk and protective factors and to the development of effective multilevel interventions.

Optimizing this research enterprise to ensure global representation has been challenging. The 10/90 research gap, which refers to the inequity in distribution of research investments and activities, highlighted 20 years ago by the Commission on Health Research for Development,[14] is particularly striking in the area of child mental health. Although 90% of the world's children live in developing countries, only 10% of randomized controlled trials testing mental health interventions for children occurred in