



Commentary

Adolescent mental health: Global data informing opportunities for prevention

Eve Griffin^{a,b,*}, Elaine McMahon^{a,b}

^a School of Public Health, University College Cork, Cork, Ireland

^b National Suicide Research Foundation, Cork, Ireland

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Mental disorders are one of the leading causes of disability worldwide [1], with the onset of most occurring during adolescence. In this issue of EClinicalMedicine, Biswas and colleagues present data from the Global School-based Student Health Survey (GSHS) on the prevalence of anxiety and suicidal ideation in a large global sample of adolescents across 82 countries [2]. The past-year prevalence estimates reported (14% for suicidal ideation and 9% for anxiety) provide the numbers to further justify considering youth mental health and suicide as major public health concerns. In addition, important correlates of suicidal ideation and anxiety were identified. Mental health problems were more common among females and older adolescents, while the strongest protective factors were parental and peer support.

The focus on suicidal ideation within this study is important, given that suicide is the second leading cause of death among young people and several countries have reported increases in youth self-harm in recent years [3]. Despite this, many previous population-based studies have neglected to assess suicidal thoughts and behaviours, for various reasons. The United Nations High Commissioner for Human Rights [4], in advocating for a rights-based approach to suicide prevention, has called for holistic support for individuals and populations as a whole and highlighted the need to address the structural and psychosocial determinants of distress. Therefore the move away from an exclusive focus on intra-personal factors towards the inclusion of a wide range of inter-personal factors, as well as the examination of potential protective factors within this study, and a growing number of others, is welcome.

The findings presented highlight the central importance of relational factors as correlates of adolescent anxiety and suicidal ideation, including peer relationships, peer conflict, victimisation and isolation. Other recent longitudinal research revealed that key social contexts

in early adolescence, involving family and peer relationships, have far-reaching influence on levels of suicidal ideation in later life [5]. Findings relating to elevated levels of anxiety and suicidal ideation among young people who had experienced peer conflict and peer victimisation can also be viewed alongside recent research within the GSHS study which reported associations between bullying victimisation and suicidal thoughts and behaviours [6]. Also interesting are the findings relating to the associations between poorer mental health and high levels of parental control on the one hand and better mental health and parental understanding and monitoring on the other. Such findings offer potential in terms of avenues for intervention, particularly through family-based interventions, and highlight the importance of family-sensitive practice as a guiding principle of youth mental health services [7].

Despite variations between regions reported in this study, it is clear that the majority of adolescent distress up to and including suicidal thoughts and behaviour occurs and stays in the community without becoming known to clinical services. Therefore, “upstream” approaches which may be effective in reducing risk factors and promoting protective factors are of particular importance. There is evidence for the efficacy of some school-based programmes, including universal mental health awareness programmes [8]. However, greater emphasis is needed on implementation and evaluation of such programmes, as access is a significant barrier.

Furthermore, most of the evidence for such interventions come from high-income countries (HICs), and global developments have been hampered by several factors, including a lack of reliable, country-specific data. Given that low- and middle- income countries (LMICs) account for 75% of global suicides [9] and young people account for almost half of the population in these countries, the mental health of young people in LMICs is an important research priority [10]. A strength of the GSHS is to provide accurate country-specific estimates, given that the translation of the survey has taken into account diverging cultural interpretations. The varying prevalence of the outcomes across different regions reminds us that treatment and

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* Corresponding author at: School of Public Health, University College Cork, Cork, Ireland

E-mail address: evegriffin@ucc.ie (E. Griffin).

prevention strategies must always be culturally informed and relevant.

Population-based surveys such as GSHS should be repeated regularly with timely publication of data in order to allow for examination of emerging trends. Future iterations of these surveys should consider how to include difficult to access populations and sub-groups of young people, as well as taking into account the cultural context of the countries themselves when reporting global prevalence estimates. Further research is needed to examine the potential mechanisms through which identified factors may be protective of mental health, including examination of whether these factors may mediate or moderate associations between childhood trauma or deprivation and these important outcomes. Through the continuing search for modifiable factors affecting young people's mental health and the development of evidence-based interventions, progress can be made in reducing the prevalence of mental ill-health in adolescence and into adulthood.

Declaration of Competing Interest

The authors declare no conflicts of interest.

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