



Mini Review

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# The Psychological Stress Affecting Youth Mental Health and Wellbeing

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## Introduction

This brief provides a high-level overview of the current status of youth mental health globally and in Aotearoa New Zealand. There is a growing global youth mental health pandemic that has seen a rapid rise over several years in mental morbidity and frequency of psychological distress among children and young people and this has been exacerbated by the COVID-19 pandemic [1].

The World Health Organisation (WHO) 2019 report 'Adolescent Mental Health: Time for Action' noted that 16% of the global burden of disease and injury for young people aged 10-19 years is attributable to mental morbidity such as depression and anxiety. It is estimated that half of all mental health conditions start by aged 14 with most cases undetected and untreated. It is noted that approximately 10-20% of youth world-wide will experience mental illness, risk of injuries, self-harm and substance abuse. WHO also noted that young people belonging to disadvantaged and marginalised communities experienced higher risks of injury, self-harm and substance abuse. Other social determinants impacting on youth mental health and wellbeing include for example, ethnicity, gender, sexual orientation, family circumstances and whether or not they are living in poverty [1].

The United Nations International Children's Emergency Fund (UNICEF) Report Card series ranks 41 of the richest European Union (EU) and Organisation for Economic Co-operation and Development (OECD) countries in a league table according to data produced on children's and young people's mental and physical health, academic and social skill sets. UNICEF Innocenti 2020 report 'Worlds of Influence: Understanding what shapes child wellbeing in rich countries, Report Card 16' noted that the COVID-19 global pandemic presents ongoing lifelong threats to young

people's mental health and wellbeing. Prior to the outbreak of COVID-19, young people experienced mental health issues such as stress, anxiety and depression, trailed behind their peers at school, and were physically unwell and these issues have been exacerbated by COVID-19 pandemic [2]. In March 2021, UNICEF reported that the crisis has had a profound adverse effect globally on young people's education, employment, physical and mental health. It was also noted that young women in poorer countries and/or poorer circumstances are likely to be disproportionately affected [3].

The UNICEF report card 16 used pre- COVID-19 data to rank countries according to young people's mental and physical health, academic and social skill sets. New Zealand ranked 35th out of 41 countries surveyed for overall child wellbeing outcomes and 38th for mental health outcomes [4].

New Zealand youth suicide rates are the second highest in the developed world, with 14.9 deaths per 100,000 adolescents. This rate is more than twice the average among the 41 OECD countries surveyed, being 6.5 deaths per 100,000 adolescents [2].

The results of a recent University of Otago-led intergenerational study on the prevalence of teenage depression in New Zealand showed that it has more than doubled since the 1980s. The Dunedin Study also revealed children whose parents have depression are also four times more likely to be depressed at age 15 [5].

The 'Youth19' national survey results provide compelling evidence about the rising self-reported rates for depression and suicidality [6]. The 2019 survey evidenced an increasing equity gap between rangatahi Māori and Pākehā and other European youth. Rangatahi Māori have a higher proportion with significant depressive symptoms (28%) compared to Pākehā and other

European youth (20%); 38 percent of Māori and 37 percent of Pacific females reported depression compared to 24 percent of Pākehā females [6].

The New Zealand Ministry of Social Development (MSD) noted that children and young people's mental health and wellbeing are affected by numerous different factors that impact on how they experience COVID-19 including: economic and social determinants of wellbeing such as household income and family financial security; employment status of parents and caregivers and their ability to work and/or be paid during the different levels of lockdown; childcare arrangements and extended family support; housing quality; and the physical and mental status of household members. Young people's rights to health, education, housing, safety, play, food, culture and financial are affected as a result of the local and global impact of the COVID-19 pandemic [7].

[8] Menzies R, et al. (2020) in their paper 'Youth Mental Health in Aotearoa New Zealand: Greater Urgency Required' note there is pressing need to conduct research into identifying the risk and protective factors influencing youth mental health and wellbeing and to design effective sustainable solutions that recognise youth as experts of their own needs and preferences. Furthermore, it is suggested that there is a need for the Government to meet its obligations under the Treaty of Waitangi (founding document between indigenous Māori and the Government) and to prioritise a more equitable future to support Maori rangatahi's mental health and wellbeing [8].

The Government established the 'Youth Plan 2020-2022: Turning Voice into Action – Rebuilding and Recovering' which outlines the actions it will take in collaboration with others in order to mitigate the impacts COVID-19 for over 800,000 rangatahi aged 12-24 years [9]. It is aimed at consulting with rangatahi about decisions to do with their recovery and wellbeing and their whānau, as part of enabling innovative community-led solutions and encouraging rangatahi leadership to drive transformative and sustainable change [10].

The Youth Plan complements the following government strategies and plans that are designed to help mitigate mental health and wellbeing issues that young people are facing: the 'Child and Youth Wellbeing Strategy'; the National Strategy to eliminate

family violence and sexual violence; the Youth Employment Action Plan (established as part of the Employment Strategy); the Oranga Tamariki Action Plan: the Psychosocial and Mental Wellbeing Recovery Plan; the Homelessness Action Plan; and the Disability Action Plan [10].

New Zealand along with other countries in the world are working to mitigate the growing global youth mental health pandemic and reduce mental morbidity and frequency of psychological distress among children and young people [11]. In the wake of the COVID-19 pandemic it is vital that countries continue to mitigate intergenerational mental health issues by identifying causal risk factors and develop policies and interventions that support young people world-wide and especially those who are marginalised and vulnerable. Promoting and protecting positive mental health in young people is critical to everyone's future.

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