



## **Policy analysis and research consultancy**

### **Adolescent mental health and NCD risk prevention**

Project	Adolescent mental health and NCD risk factors:
Assignment	Policy analysis, literature review and consultation with young people: adolescent mental health, access to preventative and treatment services, and linkages to NCD risk behaviours
Location	Desk research and consultations
Timeframe	March – July 2020
Budget	£30,000

### **Terms of reference**

#### **About Plan International UK**

Plan International UK strives to advance children's rights and equality for girls all over the world. We recognise the power and potential of every single child. But this is often suppressed by poverty, violence, exclusion and discrimination. And its girls who are most affected. As an independent development and humanitarian organisation, we work alongside children, young people, our supporters and partners to tackle the root causes of the challenges facing girls and all vulnerable children.

#### **About the Young Health Programme**

The Young Health Programme is AstraZeneca's global community investment initiative. It has a unique focus on young people and primary prevention of the most common non-communicable diseases (NCDs), such as type 2 diabetes, cancer, heart, respiratory disease and mental health conditions. Starting in 2010, the programme has reached more than 20 countries, in collaboration with over 30 organisations. Plan International currently delivers the YHP in India, Kenya, Brazil, Indonesia, Vietnam, Myanmar and Thailand.

Working with other expert organisations and combining on-the-ground programmes, research and advocacy, it targets the risk factors such as tobacco use, harmful use of alcohol, physical inactivity, unhealthy diet and air pollution that can lead to these diseases in adulthood. In addressing the health needs of young people, the YHP takes a holistic approach which mainstreams gender equality, and also addresses sexual and reproductive health and rights (SRHR) and emotional well-being. In this way the programmes address underlying social, economic, cultural and psychological determinants that can cross over with NCD risk factors and create an environment in which young people have access to the support, information and services they need.

## **Background**

Mental health conditions are one of the major groups of noncommunicable diseases (NCDs) with crucial relevance in efforts to control and prevent NCDs. Mental health also has links to cancer, diabetes, cardiovascular and respiratory diseases and other NCDs.

Risk factors for NCDs often cluster together. This can be particularly in people with common mental disorders and they can have multiplicative effects. Physical inactivity, unhealthy diets and alcohol and tobacco use are linked to a range of mental disorders, including serious mental disorders.

The World Mental Health Surveys found an excess mortality of 8-12% among people with common mental disorders through smoking, diabetes, history of myocardial infarction, and hypertension (BMJ 2019, Integrating mental health with other non-communicable diseases).

Mental health was formally included within the NCD agenda at the UN High Level meeting on NCDs in 2018. The NCD and mental health agenda were combined in a 5x5 model which draws a link between 5 main NCD risk factors (tobacco use, harmful use of alcohol, unhealthy diet, physical inactivity, and air pollution) and 5 main NCDs (cardiovascular diseases, type 2 diabetes, cancer, chronic respiratory diseases, and mental health).

Statistics show that choices and behaviours established in adolescence profoundly impact lifelong health prospects. An estimated 70% of preventable deaths from non-communicable diseases in adults have been linked to behaviours commonly established in adolescence (Adolescent Health: the Missing Population in Universal Health Coverage, 2018). Social and cultural norms, particularly regarding gender, as well as ethnicity, sexual orientation, or disability, determine social patterns of behaviour and can both limit and enable everyday choices, needs and expectations.

## **NCDs, mental health and young people**

Research shows:

- The number of overweight or obese children under 5 increased by 28% between 1990 and 2016 (Commission on Ending Childhood Obesity 2017).
- An estimated 25 million young people, ages 13-15, smoke cigarettes (The Tobacco Atlas 2018)
- Worldwide, the prevalence of episodic drinking among adolescents aged 15–19 years was 13.6% in 2016, with males most at risk. (WHO Child and Adolescent Mental Health 2018)
- In 2016, based on data available from 130 countries, it was estimated that 5.6% of 15–16-year-olds had used cannabis at least once in the preceding year (World Drug Report 2018)
- Half of all mental illnesses begin by the age of 14 and three quarters by mid-20s (WHO Child and Adolescent Mental Health 2018)
- Mental health conditions account for 16% of the global burden of disease and injury in people aged 10–19 years (WHO Child and Adolescent Mental Health 2018).

The WHO Mental Health Action Plan 2013-20 does not give a great deal of attention to young people and adolescents but does state:

- Children and adolescents with mental disorders should be provided with early intervention through evidence-based psychosocial and other nonpharmacological interventions based in the community, avoiding institutionalization and medicalization
- There is increasing evidence on the effectiveness and cost-effectiveness of interventions to promote mental health and prevent mental disorders, particularly in children and adolescents.

#### Cost effectiveness:

In WHA72(11) (2019), WHA confirmed the objectives of the mental health action plan and extended the implementation period to 2030. It requested the Director-General to propose updates to the appendices to the action plan in consultation with Member States and to take into account the views of other stakeholders. The Secretariat has, in response to this, prepared a menu of cost-effective mental health interventions. These are predominantly clinical but include three population level interventions, including school based learning. In September 2019, a discussion paper presenting the draft menu of cost-effectiveness interventions was opened to consultation with Member States, UN organisations, other international organisations and non-state actors. The discussion paper and feedback from the consultation have been published on the WHO website: [https://www.who.int/mzental\\_health/cost-effectiveness\\_consultation\\_2019/en/](https://www.who.int/mzental_health/cost-effectiveness_consultation_2019/en/) . A limited number of countries participated.

The menu of policy options and cost-effective interventions was considered at the WHO Executive Board meeting in February 2020 and will be considered at the WHA in May 2020.

### **Purpose and objectives of the consultancy**

This policy analysis and research project will support Plan International UK and the YHP's programme, policy and advocacy work around adolescent mental health and the linkages with NCD risk factors. It will enable the YHP team to gain a thorough understanding of the global policy environment in addition to listening to young people themselves on their mental health and their access to appropriate mental health services.

The policy analysis and research have the following objectives:

1. To gain a complete picture of the global policy environment around adolescent mental health, identifying good practices, gaps in policies and plans, and barriers to their implementation.
2. To understand the linkages between adolescent mental health, gender norms and NCD risk factors and behaviours.
3. To gain insight into young people's gendered experiences of mental health and their access to appropriate mental health services in three countries.

### **Desk based research questions**

1. To what extent are adolescents included in global policies, strategies and assessments around mental health, and to what extent is mental health included in global policies, strategies and plans around adolescents? What are the key gaps and opportunities for advocacy?
2. To what extent is gender considered in existing global and national policies, strategies and programmatic approaches for adolescents' mental health?
3. How does existing research show the linkages between adolescent mental health and NCD risk behaviours?
4. How comprehensively is adolescent mental health covered in the policy environment of the three selected countries?

### **Primary research questions**

1. How do adolescents, both girls and boys, (in 3 YHP programme countries – probably Brazil, India, Kenya) feel about their access to mental health services?
2. What do adolescents, both girls and boys, see as the key issues affecting their mental health?

3. Do adolescents, both girls and boys, identify a linkage between their mental health and the extent of their NCD risk behaviours (physical inactivity, unhealthy diets, tobacco and alcohol use)?

### **Suggested research methods**

1. Desk based literature review
2. Key informant (Skype) interviews with key global stakeholders including WHO, United for Global Mental Health, NCD Alliance and NCD Child
3. Small focus Group Discussions in 3 countries: particularly with adolescent girls and boys themselves, to understand their concerns, perspectives and barriers. The consultant/s should suggest appropriate and safe FGD participatory methodologies. It should be a national consultant leading these FGDs.
4. Potentially a small number of semi-structured interviews with individual adolescent girls and boys alongside the focus group discussions. (Researchers should consider peer-to-peer approaches and also safeguarding considerations)
5. Collecting key messages from adolescents on postcards (already designed) setting out what they want to see change in their country around mental health
6. Support with the development of questions for a 'polling questionnaire' to be carried out with adolescent girls and boys across the 3 countries.
7. Writing up of a research report at the end, combining the results from the consultants' research alongside the polling findings and some key recommendations for stakeholders.

### **Countries**

The countries in which the research will take place will need to be discussed and agreed with Plan International UK. However, it is likely to be Brazil, India and Kenya

### **Expected outputs**

<b>Output</b>	<b>Details</b>	<b>Deadline</b>
Short policy analysis report answering the secondary research questions above	Desk based: policy, research and programmatic approaches review	21 <sup>st</sup> April 2020 if possible
Polling questions	Support with development of appropriate questions for polling	30 <sup>th</sup> April 2020

Delivery / co-ordination of in-country FGDs/semi-structured interviews led by national consultant/staff	With support from YHP country staff and the Policy and Advocacy Manager	End of June 2020
Country specific data analysis and summaries alongside a full summary report	Reports should feature evidence and findings of the consultations, including the polling data.	July 2020

## Research Management

Consultant(s) will report directly to the YHP Policy and Advocacy Manager.

The work will be carried out in close collaboration with the YHP team both in country and globally.

## Skills and qualifications

- Excellent understanding and knowledge of mental health including adolescent mental health specifically
- Knowledge and understanding of participatory research methodologies and qualitative data analysis
- Significant experience in both policy analysis and research
- Key contacts across Government, UN Agencies and NGOs working on global health
- Demonstrably strong analytical, writing and communication skills, with an excellent track record of writing high quality research reports for consumption by external policy and programme audiences
- Fluent spoken and written communication skills in English

## Budget

Please shape your proposal based on a maximum available budget of £30,000 including all time and travel costs as well as any other associated costs. All expenses will need to be covered by this budget.

## Application process

Plan UK welcomes a response to these Terms of Reference, with CVs and short written statement including:

- the consultant(s)' suggested approach including methodology, schedule and proposed research matrix
- an outline of costs & timescales
- examples of relevant previous work

Responses should be sent to: Jen Williams ([jen.williams@plan-uk.org](mailto:jen.williams@plan-uk.org)) no later than 5pm on Tuesday 10<sup>th</sup> March. Phone interviews will be conducted that week.