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Improving the Mental Health Literacy of Young People in Resource-limited Settings: A Systematic Review

Background: Young people aged 15–29 experience a substantial mental health burden, with 23.7–25.6% of years lived with disability in this age group attributable to mental disorders. In Kenya, mental disorders are a leading cause of disability in young people, accounting for 182,039 disability-adjusted life years in those aged 15–24 years in 2019. ~37% of this burden was due to major depressive disorder (MDD) and schizophrenia, identified by the WHO as priority conditions to address.

Young people with mental disorders living in low- or middle-income countries (LMICs) face challenges to improving their mental health. A substantial mental health gap exists, driven by resource constraints and shortages in the workforce available to address mental health concerns. Addressing mental health and mental health literacy through public health interventions has the potential to reduce the burden of mental disorders in young people. Understanding how best to design mental health literacy interventions is key to effectively using resources and maximising benefits.

Objectives: To identify characteristics of successful mental health literacy interventions for young people with severe mental health disorders in resource-limited settings.

Methods: The systematic literature review (SLR) protocol was prospectively registered on PROSPERO (CRD42024579598). Electronic database searches (MEDLINE, Embase, Cochrane Central Register of Controlled Trials [CENTRAL], PsycINFO, Global Index Medicus, African Journals Online) were supplemented with searches of conference proceedings, bibliographies of relevant SLRs and websites of NGOs. Eligible interventional or observational studies were conducted in resource-limited settings, reported characteristics of public health interventions targeting mental health literacy and ≥80% of the study population was required to be aged 15–29 years, with MDD and/or schizophrenia.

Results: 30 studies (26 on MDD and 4 on schizophrenia) were included. Most studies (25 of 30) presented a behaviour therapy intervention, usually based on an existing framework (e.g. CBT, behaviour activation). For MDD, behaviour therapies were often delivered by trained lay facilitators, students or graduates and supervised by qualified mental health practitioners.

10 studies used digital health in their programme design, including electronic/computerised versions of behaviour therapy interventions (8 studies) and use of messaging services or phones to allow participants to contact facilitators (therapists or trained laypersons) for support, guidance or skills training (4 studies). Intervention outcomes were assessed using pre-existing validated tools such as Beck Depression Inventory-II (BDI-II), often adapted to the local context. 26 studies reported statistically significant improvements in mental health outcomes following intervention compared to baseline and/or usual care. 13 studies discussed intervention replicability or scalability. Training lay facilitators was noted as a low-cost approach to scaling an intervention. When replicating programmes across settings, adaptation to the local context was considered key for ensuring acceptability. Online programmes and digital health allowed more participants to be reached with the same resource use (human and financial) as usual care.

Conclusions: These findings demonstrate the potential for public health interventions, enabled by digital health, to improve mental health literacy and outcomes in LMICs. Other key considerations for programme design included adaptation of pre-existing intervention frameworks and use of validated tools to evaluate outcomes.

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