5-2023

Strengthening the understanding of south partnerships and rigor in addressing social determinants of child and adolescent mental health

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Journal of Adolescent Health 72 (2023) S1–S2

ELSEVIER

JOURNAL OF ADOLESCENT HEALTH

www.jahonline.org

Editorial

Strengthening the Understanding of South Partnerships and Rigor in Addressing Social Determinants of Child and Adolescent Mental Health

The *Journal of Adolescent Health*'s current supplement presents the work of a highly active team of researchers who are focusing on developing a strong body of evidence around child and adolescent mental health in Sub-Saharan Africa. The supplement lays out scholarship generated through years of partnership between researchers based in the United States—some of whom are from Sub-Saharan context, specifically Uganda—in connecting applied social work, community mental health for children and adolescents, and family development. The work comprises a series of articles embedded within several National Institutes of Health–funded grants by authors based in the United States in partnership with various academic and nongovernmental organizations in Uganda and Ghana.

A rich collection of information and ideas around HIV-associated physical health, psychosocial, and educational challenges across child and adolescent populations are presented. Mental health outcomes and aspects of community and family cohesion, as well as health, are assessed via multimodal interventions. The strength of this group's work is the focus on poverty and ameliorating adversities through structured economic and psychosocial empowerment. The article entitled "The post-intervention impact of Amaka Amasanyufu on behavioral and mental health functioning of children and adolescents in low-resource communities in Uganda: analysis of a cluster-randomized trial from the SMART Africa-Uganda study (2016–2022)", led by Ssewamala et al., presents improvements in depressive symptoms, self-concept, and externalizing behaviors in a school-based multiple family group (MFG) intervention tested in a three-arm cluster randomized controlled trial delivered by parent, peers, or community health workers versus control condition [1]. Another articles led by Nabayinda et al. explored "The relationship between family cohesion and depression among school-going children with elevated symptoms of behavioral challenges in Southern Uganda" and found that family cohesion was a protection against depression [2]. Both articles were built on the same SMART Africa cluster randomized controlled trial. Nabunya et al., in the article "Stigma by Association, Parenting Stress and the Mental Health of Caregivers of Adolescents Living with HIV in Uganda", find that HIV-associated stigma in caregivers of adolescents is associated with poor caregiver mental health and parenting stress [3]. Byansi et al. extend the focus on adolescents in Uganda in their article "Patterns of and factors associated with mental health service utilization among school-going adolescent girls in southwestern Uganda: A latent class analysis", reporting on latent class analysis findings testing MFG on adolescent girls [4]. Patterns in attendance of sessions and family demographic factors were associated with improved mental health service utilization. Implications for implementation of intervention are drawn from the approach taken in the article "Effects of a combination economic empowerment and family strengthening intervention on psychosocial well-being among Ugandan adolescent girls: analysis of a cluster randomized controlled trial (Suubi4Her)" [5]. Filiatreau et al. present findings of another trial testing youth development account intervention with MFG in a three-arm study, with results suggesting that economic empowerment when augmented with culturally engaged psychotherapy is more efficacious [5]. "A Structural Equation Model of the Impact of a family-based economic intervention on ART Adherence among adolescents living with HIV in Uganda" reports findings of an older trial that tests a variety of financial strengthening strategies and finds that these improve treatment adherence and mental health outcomes in young girls [6]. In the article "The Impact of Family Economic Empowerment Intervention on Psychological Difficulties and Prosocial Behavior among AIDS-orphaned children in southern Uganda", deeper insights are offered around mental health programming infused with family-based economic empowerment for younger orphaned children [7]. It appears from this article that even small steps toward strengthening routine care and provision of services goes a long way in improving child outcomes. The final article focuses on Ghana and uses the World Health Organization school health survey to identify "Correlates of Suicide Among Middle and High School Students in Ghana" [8]. The resulting younger age of onset of suicide and disaggregation of various suicide behaviors provide an impetus toward research that addresses suicide risk factors, treatment, and mental health promotion for children and adolescents.

The articles make a compelling case around strengthening economic empowerment by directly providing economic incentives to support vulnerable populations and high-risk

Conflicts of interest: The author has no conflicts of interest to declare.

Disclaimer: This article was published as part of a supplement supported by the National Institute of Mental Health. The opinions or views expressed in this article are those of the authors and do not necessarily represent the official position of the funder.

https://doi.org/10.1016/j.jadohealth.2023.02.005

children and youth. The themes that require more attention with time include addressing more contextualized mental health constructs such as triggers and idioms of distress, understanding child and adolescent development from African cultural perspective, disentangling intersectional stigma and its impact on caregiver and child mental health, and grasping the significance of the adversities these communities and children face by reflecting on economic vulnerabilities and stressors more closely. A system-level appraisal of how these economic strengthening approaches are independently evaluated and evaluation by partners from economic and social development sectors of the Ugandan government or civil society would be important next steps. There is room to report on implementation outcomes that focus on the process of developing these integrated interventions and whether mental health and economic empowerment approaches need a different strategy, community, or youth engagement framework.

As a guest editor, my commentary here is to buttress the importance of such well-funded, well-aligned scholarship in Africa and also to highlight that South-to-South partnerships are not only about US-funded research from largely northern partners. It should also become a venture where Southern countries (often "sites of intervention and need") deliberate and build joint priorities, co-create solutions that are relevant to them, and frame research articles in a manner that reflects how multistakeholder priorities were identified and addressed. The title of South-to-South partnerships could be a misnomer when most of the key authors are from limited northern institutions. Southern researchers working within the global north is not the only model for south-south partnerships. Most of these articles are led by individuals based in global North, including senior, first, and second authors. That is where a sea-change is needed. Building capacity to publish more articles within research teams and for improved representation would also serve accomplished teams that are generating enormous evidence-based research in these constrained geographies. How young people will respond to such complex interventions, and if these are designed, vetted, and improved by their feedback, has become a big theme in global health. While developing strong, outcome-informed evidence, we need process indicators. Multilevel community, economic, and family-level analyses that speak to multidimensional and interconnected social determinants would be other opportunities to consider. My hope would be to see more attention to these areas of framing and partnerships. It will be important for funders, publishers, and global health consortiums to ask for a score card on inclusivity, equity, representativeness, and a focused direction toward addressing social determinants of child and adolescent mental health.

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