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Empowering Futures: The Role of Youth Mental Health in Advancing the Sustainable Development Goals



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Empowering Futures: The Role of Youth Mental Health in Advancing the Sustainable Development Goals

In 2015, all United Nations member states agreed to an ambitious new agenda: the [Sustainable Development Goals \(SDGs\)](#). All countries would work to achieve 17 goals – focusing on people, the planet, peace and prosperity – by 2030.

However, with just six years left to go, only 17% of the targets set out in the SDGs are on track.^[1] Without urgent action, we will fail to achieve the 2030 promise to “end poverty, protect the planet, and leave no one behind”. This briefing explains how we can take a crucial step towards getting the world back on track: by increasing investment in mental health – particularly young people’s mental health.

Young people aged 15-24 years old constitute 16% of the world’s population. They are the key to building a just and sustainable future. And yet, young people are among those most at risk of being left behind by our failure to achieve the SDGs.

Right now, one in seven adolescents worldwide faces mental health challenges – a problem exacerbated by climate change and our increasingly fragmented societies. Poor mental health reduces young people’s access to educational opportunities and economic resources, and can have a highly detrimental impact on their long-term physical health. All too often it prematurely ends young lives: suicide is the fourth- leading cause of death among 15–29-year-olds.

If we are to achieve the SDGs and create the future we all want, it is critical we take this opportunity to invest in young people’s mental health and wellbeing,

A framework for youth mental health and the SDGs

Mental health is intrinsically linked to all SDGs. Young people’s connections to others, the environment and the socio-economic systems they rely on are vital to their mental health – factors that are also all central to achieving the SDGs. From this understanding, Crick Lund, Professor of Global Mental Health and Development at King’s College London, and his colleagues developed a conceptual framework that links the social and cultural determinants of mental conditions with the SDGs (see figure 1 below).

The framework organises SDGs within five domains of change: demographic, economic, neighbourhood, environmental and social/cultural. It demonstrates how investment in the SDGs can help improve mental health and wellbeing, and conversely, how supporting mental health contributes to progress across a range of SDGs.

The [Being Initiative](#) is a global youth mental health initiative that works alongside young people to improve their mental health and wellbeing. It uses this framework to understand the challenges in young people’s mental health, and areas for action. The Being Initiative believes that those closest to these challenges can better identify and offer impactful and sustainable solutions. So it conducted a year-long locally-driven landscape analysis and stakeholder consultations^[2] to understand and document the most pressing challenges and opportunities for youth mental health across 13 countries.

¹ [Press Release](#) | With less than one fifth of targets on track, world is failing to deliver on promise of the Sustainable Development Goals, warns new UN report - United Nations Sustainable Development

² *Key stakeholders consulted during the Being Initiative landscape analysis included government officials, health professionals, researchers, academics, representatives of non-governmental organizations, youth and people with lived experience of mental illness.*



Figure 1

The result was the [Being Public Good Report](#). Young people and people with lived experience of mental health challenges were at the heart of pulling together the report. They served as advisors and facilitators in consultations, and helped validate the findings. Their perspectives were crucial in deciding the most meaningful investments to prioritise. Drawing on data from the Being Public Good Report, along with policy documents, and interviews with development agencies and academia, this briefing sets out how, if actively integrated, youth mental health can drive progress to achieving the SDGs. Adapting Lund and his colleagues' conceptual framework on mental health and sustainable development [3] this briefing focuses on the interplay between youth mental health and the SDGs, and how we can accelerate progress on both. It also provides links to further information for donors looking to integrate youth mental health into their investments.

Demographic goals

Demographic factors – such as gender, age and ethnicity – are linked to **SDG5 (achieving gender equality)** and **SDG10 (reducing inequality)**. The same factors are also linked to mental health and wellbeing.

³ For the purposes of this policy analysis and to improve synergies with the ways development finance is typically classified by development agencies, the framework has been adapted so that 'reduced inequalities' is classed as a demographic goal instead of an economic goal, and 'peace, justice and strong institutions' is classed as a political rather than an environmental goal.

Promoting mental health is fundamental to achieving gender equality.^[4] Common mental health conditions, like depression, are estimated to be around twice as common among women. Specific mental health challenges, such as perinatal mental health and gender roles in caregiving, can also disproportionately affect women and girls.^[5] ^[6] At the same time, gender-based violence, harmful gender norms, and unequal access to resources – including access to mental health care – can significantly affect how young people experience and respond to mental health challenges. The Being landscape analysis highlights the impact of gender-based norms, violence and societal expectations on young people’s mental health across a range of different countries:

- In **India**, stakeholders highlighted that traditional gender roles contribute to mental distress.
- In **Tanzania, Senegal, Ecuador and Colombia**, they noted that gender-based violence is a critical cause of poor mental health.
- In **Egypt**, they highlighted that persistent gender inequality when it comes to rights and education has a detrimental impact on girls’ mental health.
- In **Pakistan**, stakeholders noted that social restrictions, such as the expectation for women to veil and for men not to express emotions such as sadness are drivers of poor mental health. Pakistan’s transgender community experience discrimination and lack access to healthcare and education, making them especially vulnerable to mental ill health.
- In **Indonesia**, they highlighted that social norms leave young people from sexual and gender minorities facing anxiety and depression, with the bullying of gender non-conforming young people further contributing to mental health issues.
- In **Ghana**, stakeholders noted that confusion around sexual identity and orientation, compounded by strong religious values, leaves many young people feeling isolated and struggling with their mental health. LGBTQ+ individuals in **many African countries** face heightened risks of social exclusion, stigma and violence, putting their mental health under threat.

Across all of these context, mental health and wellbeing challenges often disproportionately affect marginalized and vulnerable populations - highlighting the importance of addressing mental health alongside efforts to reduce inequality. This was a consistent theme shared by stakeholders during the Being landscape analysis:

- In **Ecuador**, they highlighted that migrants and indigenous peoples experience unique mental health stressors linked to displacement and cultural marginalisation.
- In **Ghana**, they said that migrants face poor living conditions and gender-based violence, contributing to mental health challenges.
- In **Tanzania**, they noted that orphans and people with disabilities endure harsh conditions that heighten their mental health risks.
- In **Sierra Leone**, they said that people with physical impairments are often abandoned by their communities, leaving them isolated.
- In **Romania**, they noted that vulnerable groups, including LGBTQ+ individuals and children with ADHD or autism, face unique identity-related mental health risks. While Roma children, immigrants and people from rural or low-income areas have limited access to mental health services, further deepening the gap in care.

Addressing mental health challenges among young people is essential for empowering women, girls and people with diverse identities and is fundamental to achieving both gender equality and reducing inequality.

⁴ Kuehner, C. (2017). Why is depression more common among women than among men?. *The Lancet Psychiatry*, 4(2), 146-158. [https://doi.org/10.1016/S2215-0366\(16\)30263-2](https://doi.org/10.1016/S2215-0366(16)30263-2)

⁵ Ryan, G., Lemmi, V., Hanna, F., Loryman, H. and Eaton, J. (2019). *Mental Health for Sustainable Development: A Topic Guide for Development Professionals*. K4D Emerging Issues Report. London and Brighton, UK: Mental Health Innovation Network and IDS. <https://opendocs.ids.ac.uk/opendocs/handle/20.500.12413/14908>

⁶ Alon, Noy & Macrynika, Natalia & Jester, Dylan & Keshavan, Matcheri & Reynolds, III & Saxena, Shekhar & Thomas, Michael & Torous, John & Jeste, Dilip. (2024). *Social Determinants of Mental Health in Major Depressive Disorder: Umbrella Review of 26 Meta-analyses and Systematic Reviews*. *Psychiatry Research*. 335. 115854. <https://doi.org/10.1016/j.psychres.2024.115854>

Economic goals

There is a strong link between poverty and mental health – and so mental health is closely connected with **SDG1 (ending poverty)**.^[7] Mental ill health can push people into poverty because it prevents them from working or forces them to meet the cost of accessing mental health services. At the same time, mental health challenges can be exacerbated by living in poverty.

Stakeholders during the Being landscape analysis highlighted the connections between poverty and mental ill health in their context:

- In **Senegal**, they noted that poverty – and the resulting financial strain, deprivation, unemployment and food insecurity – is the primary driver of depression and substance abuse, affecting 35.6% of the population.
- **Sierra Leone**'s high rate of youth unemployment is a significant cause of young people's mental health problems. Stakeholders highlighted that poor and unemployed young people are more likely to experience depression and anxiety, and abuse substances.
- In **Tanzania**, they said that poverty, difficult living conditions and lack of job opportunities are key drivers of poor mental health.
- In **Ghana**, they highlighted that inflation, currency instability and the high cost of living make it difficult for parents to support their children financially, leaving young people vulnerable to stress.
- In **Egypt**, they noted that financial pressures, including parents juggling multiple jobs, put a strain on young people's mental health.
- In **Pakistan**, they highlighted that the pressure to conform to traditional career paths and compete for economic status with peers can lead to stress and depression when young people feel forced into unsuitable fields or unable to pursue their true passions.

Poverty and unemployment were also recognised as key drivers of poor mental health and wellbeing in **Colombia and Ecuador**.

Conversely, promoting good mental health is an unexplored and underused way of helping to lift large numbers of people out of poverty.

Mental health and wellbeing are also intrinsically linked with **SDG8 (decent work and economic growth)**. Mental ill health can lead to both absenteeism and presenteeism at work. That's why mental health and substance use interventions do not only improve people's health – they are a vital means of achieving **economic development goals**. For every dollar invested in mental health treatment, the economic return is expected to be up to \$5.70, as a result of improved health and economic productivity gains.^[8]

Stakeholders who took part in the Being Initiative country analysis highlighted the link between decent employment and youth mental health:

- In **India**, stakeholders noted that financial pressures drive young people to seek early employment, which can lead to stress and hinder personal development, contributing to mental health issues.
- In **Pakistan**, they said that high unemployment rates, job scarcity and the prevalence of online job scams exacerbate feelings of frustration, inferiority, mental strain and severe stress.

⁷ Lund, C., De Silva, M., Plagerson, S., Cooper, S., Chisholm, D., Das, J., Knapp, M., & Patel, V. (2011). Poverty and mental disorders: breaking the cycle in low-income and middle-income countries. *Lancet* (London, England), 378(9801), 1502–1514. [https://doi.org/10.1016/S0140-6736\(11\)60754-X](https://doi.org/10.1016/S0140-6736(11)60754-X)

⁸ Cuijpers, Pim & Chisholm, Dr & Sweeny, Kim & Sheehan, Peter & Rasmussen, Bruce & Smit, Filip & Saxena, Shekhar (2016). Scaling-up treatment of depression and anxiety: A global return on investment analysis. *The Lancet Psychiatry*. 3. [https://doi.org/10.1016/S2215-0366\(16\)30024-4](https://doi.org/10.1016/S2215-0366(16)30024-4)

Food security is also significantly associated with mental health conditions – making mental health relevant to **SDG2 (zero hunger)**. Improving access to food and nutrition are likely to have mental health benefits.^[9] So governments and institutions developing food-related policies could acknowledge the relationship between nutrition and mental health, and consider training aid workers to recognise and respond to mental health needs.

One of the key targets of **SDG9 (industry, innovation and infrastructure)** is universal and safe access to information and communications technology – safe access that is critical for young people wherever they are in the world. In low- and middle-income countries (LMICs), there is an increasing focus on 'telemental' health programmes – the use of telecomms or videoconferencing technology to provide mental health services – as an effective way to meet the demand for mental health care and overcome barriers to delivery, such as distance and funding.^[10]

By investing in efforts that prioritize employment opportunities and poverty reduction alongside youth mental health, we can mitigate stressors, foster resilience, and create an environment where youth can thrive mentally, socially, and economically. And ultimately this means accelerated progress toward achieving SDGs 1, 2, 8 and 9.

Neighbourhood goals

Neighbourhood SDGs aim to improve the places where people live. They include **SDG6 (access to clean water)**, **SDG7 (energy)**, **SDG11 (sustainable cities)**, and **SDG12 (reducing pollution)** – all of which are particularly pressing issues in urban areas. More and more young people are living in cities, where they are at a significantly increased risk of mental health problems like depression, anxiety and schizophrenia. At the same time, some of the reasons people move to cities can be risk factors for mental ill health, such as unemployment, homelessness and addiction.

In **Colombia**, a conflict spanning over 60 years has forced millions of people from their homes and driven many into urban areas, where violence is rife, and making it one of the top three drivers of youth mental health. In 2022, young people aged 10 to 29 accounted for almost half (48.15%) of Colombia's 6,474 homicide cases – with a huge impact on youth mental health. Stakeholders consulted also noted that young people living in Colombia's cities lack green and blue spaces – along with dedicated areas for sports and leisure. The absence of safe, engaging environments where they could enjoy healthy recreational activities, reducing their likelihood of substance misuse, had detrimental consequences for their mental health.

Similarly, in **Ghana**, poor urban planning and the lack of gardens, parks and recreational centres severely limit opportunities for young people to engage in activities that promote mental wellbeing.

Understanding and tackling mental health challenges can have benefits in dealing with the issues that arise from urbanisation and associated challenges.

Environmental goals

Environmental goals include **SDG13 (tackling climate change)** and **SDG15 (biodiversity loss)**. Climate change is a significant threat to mental health. The planetary crisis is magnifying existing mental health challenges and creating complex, cumulative and far-reaching new ones. Unless the world changes course, by 2030 the combined global impact of climate-related hazards, air pollution and reduced access to green space on mental health conditions is predicted to reach an annual cost of nearly US\$47 billion.^[9]

During the Being Initiative landscape consultations, young people and experts from various countries said climate change and environmental issues were having a significant impact on young people's mental health.

⁹ Kumar, P., Brander, L., Kumar, M., & Cuijpers, P. (2023). Planetary health and mental health nexus: Benefit of environmental management. *Annals of Global Health*, 89(1). <https://doi.org/10.5334/aogh.4079>

¹⁰ Acharibasam, J. W., & Wynn, R. (2018). Telemental health in low- and middle-income countries: A systematic review. *International journal of telemedicine and applications*, 2018, 9602821. <https://doi.org/10.1155/2018/9602821>

- In **Colombia**, consulted stakeholders highlighted concerns about the effects of climate change on biodiversity.
- In **Ecuador**, they noted feelings of powerlessness, anger and confusion relating to climate change and environmental degradation.
- In **Egypt**, they said that rising global temperatures and natural disasters are increasing daily stress levels. The emotional strain of climate change is growing in Ghana, as floods and droughts destroy property, community infrastructure and farmland.
- Young people in **India** report that monsoon rains and flooding disrupt their daily lives, causing stress and sleep deprivation.
- In **Morocco**, stakeholders said that droughts have led to anxiety, stress and even suicidal ideation among small farmers, as well as school disruption and a rise in child labour and child marriage. Meanwhile, natural disasters, such as the 2019 floods and the 2023 earthquake, have caused high levels of PTSD and eco-anxiety, with significant impacts on mental health and school performance.
- In **Pakistan**, they noted that devastating floods have been traumatic, particularly for young women, causing stress, depression and challenges relating to menstrual hygiene and privacy.
- In **Tanzania**, extreme weather events such as floods and droughts are recognized as sources of trauma and anxiety among young people by stakeholders.

There are considerable mental health co-benefits associated with climate change mitigation and adaptation strategies, and more sustainable environmental policies. Youth mental health needs to be an integral part of adapting to and mitigating against climate change and other environmental crises, to help protect the mental health of people and communities.

Social and cultural goals

Social and cultural goals aim to improve the organisation of society. Principally, they include **(SDG3) health and wellbeing** and **(SDG4) quality education**.

Achieving these goals involves investing in mental health services – but the Being Public Good Report found such investment to be pitifully small in the countries it analysed. For example, **Ecuador** has only 565 registered and certified mental health professionals (psychiatrists, psychologists and occupational therapists) for over 18 million people. Yet nationally, nearly half (45.8%) of all 9- to 18-year-olds have experienced episodes of anxiety or depression at least once in their lives.

The lack of mental health services can have a detrimental impact on physical health. For example, research shows that adverse mental health can impair HIV/AIDS treatment.^[11] Conversely, there is strong evidence for the benefits of integrating mental health services with other health services. Effective depression treatment has been found to improve health outcomes for patients with cardiovascular disease and diabetes.^{[12] [13]}

There is also strong evidence for a bidirectional relationship between education and mental health – again, demonstrating that young people’s mental health is a multisectoral issue. If education programmes are disrupted, children are at increased risk of developing mental health conditions. At the same time, children with mental health conditions are more likely to be excluded from school or drop out.

¹¹ Mayston, R., Kinyanda, E., Chishinga, N., Prince, M., & Patel, V. (2012). Mental disorder and the outcome of HIV/AIDS in low-income and middle-income countries: A systematic review. *AIDS (London, England)*, 26 Suppl 2, S117–S135. <https://doi.org/10.1097/QAD.0b013e32835bde0f>

¹² Banankhah, S. K., Friedmann, E., & Thomas, S. (2015). Effective treatment of depression improves post-myocardial infarction survival. *World Journal of Cardiology*, 7(4), 215. <https://doi.org/10.4330/wjc.v7.i4.215>









¹³ Wang, Y., Hu, M., Zhu, D., Ding, R., & He, P. (2022). Effectiveness of collaborative care for depression and HbA1c in patients with depression and diabetes: A systematic review and meta-analysis. *International Journal of Integrated Care*, 22(3), 12. <https://doi.org/10.5334/ijic.6443>

UNICEF reports school-based social-emotional learning has a strong cost-benefit ratio of improving mental health resilience in children and adolescents in high-risk countries.^[14] Stakeholders consulted for the Being Initiative landscape analysis highlighted various factors impacting student mental health across several countries:










- In **Ghana**, they highlighted that anxiety disorders can affect academic performance, personal adjustment and personality development, and increase the risk of other mental health issues such as depression. Research shows that 41% of students aged 12 to 17 in Ghana have experienced some form of bullying and cyberbullying – ranging from name-calling to physical punishment to emotional and psychological abuse.
- In **Tanzania**, they noted that overcrowded classrooms cause stress and bullying among students.
- In **Morocco**, they said that violence in schools, stemming from poverty and disruptive family environments, affects students' self-confidence and academic results.
- In **Colombia**, consulted stakeholders reported that stigmatisation, academic overload and high dropout rates are detrimental to mental health in schools.
- **Romania's** focus on high academic performance and competition rather than collaboration was reported among consulted stakeholders to affect students' well-being.
- In **Vietnam**, they noted that an overloaded curriculum that prioritises knowledge over emotional and psychological support leads to student stress, anxiety and depression.

Addressing youth mental health requires a holistic, multi-sectoral approach that integrates health, education, and social systems. At the same time, strengthening mental health services within schools and broader health frameworks is critical for fostering resilience and improving outcomes for young people worldwide - particularly those associated with SDGs 3 and 4.

Entry points for youth mental health in the SDG framework

	Cash transfer and microfinance schemes; Community-based mental health support projects; Mental health insurance
	Provide mental health education training for aid workers; Incorporate non-specialist mental health interventions into food security programmes
	Integrate mental health services with other health services; Train lay health workers in mental health; Invest in health systems strengthening, including primary and community care over tertiary mental health services; Incorporate mental health into health communications; Support remote delivery of mental health interventions; Use training packages like QualityRights to ensure human rights-based approach.
	Incorporate socioemotional skills into school curricula; Support early identification of children with developmental disabilities; Tailor education to abilities/interests of children; Provide lifelong learning to people with mental disorders to support recovery.
	Add MHPSS elements to maternal and child health, family planning, violence reduction and community health programmes; Acknowledge the close links between violence against women and girls and mental health in policies and strategies.
	Measure mental health impacts of WASH programmes with accessible mental health survey tools.
	Add mental health key performance indicators to energy programmes.
	Use mental health promotion as a method to achieve economic growth in policies and strategies; Fund mental health treatment for economic development initiatives, not just as an area of global health.

¹⁴ UNICEF. (2023). The global costs and benefits of mental health and psychosocial support (MHPSS) interventions in education settings across the humanitarian-development nexus. <https://www.unicef.org/media/145696/file/The%20benefits%20of%20investing%20in%20school-based%20mental%20health%20support.pdf>

	Combat mental health treatment gaps through telemental health interventions as a co-benefit of increasing access to the internet.
	Include people with lived experience of mental ill health in programme design and governance; Promote awareness of mental health and inequalities among development actors; Support national policies which protect the rights of people with mental health conditions and address ethical concerns in mental health treatment; Improve access to mental health services for marginalised groups.
	Follow the Mind the GAPS Framework to promote mental health in urban design; Add mental health KPIs to infrastructure programmes.
	Fund more research into the emerging link between soil pollution and mental health.
	Support the expansion of mental health services as a form of climate change adaptation; Read the United for Global Mental Health advocacy guide for climate change and mental health.
	Meaningfully consult with communities that rely on the marine environment for their livelihoods to integrate mental health considerations into programming.
	Support LMICs to integrate mental health considerations into national biodiversity strategies and action plans; Assess mental health outcomes of local communities and indigenous peoples in nature programming.
	Follow UN IASC guidelines and include MHPSS as a critical part of humanitarian response; Support countries to decriminalise suicide and develop mental health policies in line with international human rights instruments.
	Acknowledge mental health as an issue that cuts across the SDG agenda; Mention mental health in development strategies with policy teams agreeing to work together at a programmatic level; Form international alliances to spread awareness and share resources on mental health for sustainable development.

Conclusion

Recognition of the need to promote and protect people’s mental health has grown dramatically in the years since the SDGs were launched. Young people do not see mental health as purely a health matter, but as the thread that connects all of their experiences – past, present and future. They are calling out for their mental health to be prioritised by those with power.

Yet mental health financing is nowhere near matching the growing need, and the cries of those most affected go unheard. The global annual gap in public funding for mental health systems is over US\$200bn. ^[15]

In LMICs, a lack of resources means up to 90% of young people’s mental health needs are not met. National health budgets globally only allocate an average of 2% of funds to mental health. Just 2.4% of mental health research funding is spent on LMICs, and only 7% goes towards prevention and treatment research. Mental health resources also often fail to meet the unique and diverse needs of young people because they do not address the social, cultural and economic contexts in which they live.

A new, holistic and context-dependent way of understanding youth mental health is needed.

In the short- and medium-term, funding gaps will not be filled purely with domestic resources, and will not be found in donor or domestic health budgets alone. Investing in mental health as part of the push towards achieving the SDGs provides an opportunity for a range of donors – including trusts, foundations

¹⁵ Financing of mental health: The current situation and ways forward, United for Global Mental Health, 2023.

and private philanthropists – to help fill this gap by increasing, improving and integrating mental health finance. **The Being Initiative is encouraging prospective donors to take a ‘relational wellbeing’ approach that recognises the intersection between youth mental health and all the relevant SDGs.**

Mental health is a prime example of the importance of intersectoral collaboration. This means acknowledging mental health across the SDG agenda. It involves different sectoral policy teams agreeing to work together at a programmatic level. It entails increasing access to mental health services and integrating evidence-based psychological interventions into development programmes to increase their efficacy.

It is time to put mental health – and especially young people’s mental health – at the forefront of building a better world for us all.



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