

Mental Health, Resilience, and Well-Being of Children
Support H.R. 3988 and S. 2105

## Introduction

Across the globe, children and communities are facing increased stress and anxiety stemming from conflict, violence, food insecurity, displacement, and disease. A greater number of children live in areas affected by armed conflict now than at any other point this century. In conflict-affected settings, 1 in 5 people have a mental health disorder—more than twice the global average. At World Vision, we believe mental health is an essential component to holistic well-being. Through the Mental Health in International Development and Humanitarian Settings (MINDS) Act, the U.S. government can lead with a sustainable, integrated approach to tackle this global challenge, ultimately building a more stable future for children.

# Why it matters

Adverse childhood experiences (ACEs) are potentially traumatic events that occur in childhood, such as experiencing interpersonal violence, abuse or neglect, food insecurity, armed conflict, or growing up with a caregiver with a mental health disorder.<sup>3</sup> An estimated 15-23 percent of children globally live with a parent who has a mental health disorder, and in low- and middle-income countries, 75 percent of people with mental health conditions receive no treatment.<sup>4</sup> ACEs can impact children's brain development, nervous and immune system functioning, and the onset of mental health conditions.<sup>3</sup>

Mental health and psychosocial support (MHPSS) supports children's overall well-being through access to adequate mental health care (including personalized talk therapy and pharmacological treatments) and psychosocial support (interventions that relieve stress and can help prevent mental health conditions). Mental health and psychosocial programming is financially efficient and cost effective, creating an incredible benefit for the amount invested. That said, the MINDs Act requires no additional funding from Congress to implement.

**ASK** 

Please cosponsor the bipartisan MINDS Act (H.R. 3988 and S. 2105) to strengthen U.S. leadership in mental health programming, ensure the integration of MHPSS best practices in existing U.S. foreign assistance programs, and support the mental health of vulnerable populations such as children and crisis-affected communities, so that all children can thrive and reach their full potential.

### About the bill

Hundreds of millions of people across the globe—including 14 percent of children and adolescents—experience a mental health disorder. The MINDS Act is the first-ever piece of legislation to address mental health and psychosocial support in U.S. foreign assistance. Introduced in the House by Ted Deutch (D-FL) and Joe Wilson (R-SC) and in the Senate by Bob Casey (D-PA), the bill will:

- Establish a coordinated strategy to ensure all MHPSS programming is evidence-based, culturally appropriate, and responsive to the traumatic experiences of vulnerable children and youth.
- ➤ Focus on vulnerable populations, including children, crisis-affected communities, displaced populations, gender-based violence survivors, and families coping with the consequences of diseases such as Ebola, HIV/AIDS, or COVID-19.
- Reinforce the existing structure of leadership in mental health programming by codifying the appointment of a USAID Mental Health and Psychosocial Support (MHPSS) Coordinator.
- Reduce duplication of efforts by codifying the MHPSS Working Group, tasked with ensuring continuity and integrating MHPSS across USAID and Department of State programs.
- Increase accountability through annual reports on amount of MHPSS funding, evidence of integration into foreign assistance programming, mental health outcomes, and barriers to implementation.

### **QUICK FACTS**



Depression and anxiety disorders alone cost the global economy an estimated \$1 trillion in lost productivity each year<sup>5</sup>—and mental health disorders are projected to cost the global economy \$16 trillion between 2010-2030, in part due to early age of onset.<sup>6</sup>

83% of children reported an increase in negative feelings due to the COVID-19 pandemic. Widespread school closures, affecting 1.5 million children, have placed them at higher risk of exposure to household violence, abuse, neglect, and food insecurity.

#### References

- <sup>1</sup> https://reliefweb.int/report/world/children-affected-armed-conflict-1990-2019
- <sup>2</sup> https://www.who.int/news-room/fact-sheets/detail/mental-health-in-emergencies
- <sup>3</sup> https://www.cdc.gov/violenceprevention/aces/fastfact.html
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- <sup>8</sup> https://en.unesco.org/covid19/educationresponse/consequences
- 9 https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health 10 https://www.worldvision.org/child-protection-news-stories/childhood-lost-found-syrian-refugee-children

# Jouri Builds Confidence through Child-Friendly Space

When 11-year-old Jouri first came to World Vision's Child-Friendly Space, she was fragile: quiet, withdrawn, and often close to tears. Her father had disappeared in Syria, and the harrowing journey to Lebanon with her family involved a close call with a car bomb.

Amidst a humanitarian emergency, it is important for children to remember what it's like to be a child again. Child-Friendly Spaces provide a safe place for children to play, learn about their rights to health and protection, and experience healing from any trauma they've experienced. Children participate in activities that facilitate peer social engagement and teach emotional regulation and stress management skills.

Over time, Jouri built emotional resilience that allowed her to focus on her studies at school—even performing at the top of her class! She says, "Before the center, I didn't have courage, but now I do." 10



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Syrian children in one of World Vision's Child Friendly Spaces in a refugee camp in Lebanon. © 2016 World Vision/photo by Jon Warren

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