My eye was caught recently by a summary of major changes in the causes of death, in the USA: “Increasing overdose, suicide, and liver disease deaths are fatal outcomes of a culture increasingly plagued by hopelessness and despair, with its victims killing themselves either overtly, recklessly, or gradually through high-risk behaviours” (Stein and Remington, 2018).

This mortality is concentrated in poor populations. Stein and Remington (2018) predict over 400,000 American suicides as just one outcome of “failed prevention”. In both the USA and the UK, adverse childhood experiences (Bush, 2018) are major factors in suicidal behaviour. There is already quite a lot of evidence about effective mental health promotion and child protection (Caan, 2014), but this evidence is rarely reflected in health policy and even more rarely incorporated into workforce development. In July, I responded to this consultation from the Department for Education in England: “New relationships and health education in schools to prepare young people for modern world”. Since the last guidance for English schools came out back in 2000, it was good to see some new thinking. However, the tone of the draft guidance seemed focussed on making individuals virtuous and it seemed disconnected from the child’s community environment or their trajectory from birth to adulthood. Sadly, many children grow up in an unstable environment and follow an uneven trajectory. Nonetheless, the World Federation for Mental Health has announced as this year’s theme, for World Mental Health Day (10 October 2018):

- Young people and mental health in a changing world.

The following are among many global aspects of change that are likely thought to impact on young people:

- Climate change (which can also intensify local problems of air pollution or extreme weather events).
- Migration (which can also separate family members and destroy traditional community links).
- Modern slavery and trafficking young people across borders (which profits organised crime networks).

The JPMH has long had a concern for vulnerable, socially excluded young people such as those “not in education, employment or training” or those exposed to modern traumas like cyberbullying or school shootings.

More frequent extreme events, like hurricanes, are a consequence of climate change. Their impact on children’s mental health lasts much longer than the storm itself (Holpuch, 2018). Some effects are only apparent with careful epidemiology, for example, the increase in injuries to children during a heatwave (Sheffield et al., 2018). If global warming continues unabated, daytime life in many cities may soon become unbearable (Watts and Hunt, 2018).

Changing climate, for example, prolonged drought, also drives new types of migration (Caan, 2017) creating “climate refugees”. Policy-makers in both the USA and UK have recently, deliberately, enforced the cruel separation of migrant children and their parents (Waggett, 2018). Lasting psychological damage may follow such abrupt separations, even if families are eventually reunited.

Children separated from their parents are at increased risk of intimidation or enslavement. Even in the quiet, rural area in which I am writing this, there has been trafficking of young people who did not speak any English, for slave labour in illicit, indoor cannabis farms (e.g. www.cambridge-news.co.uk/news/cambridge-news/danger-modern-day-slavery-after-13227845).
Reliable demography is hard to come by for child slavery, but criminal justice anecdotes suggest a large proportion of children are exploited for sex. Across Europe, it is crucial to make all professionals in contact with children aware of the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (the Lanzarote Convention).

In attempting to improve public mental health, I am fortunate to work in an affluent nation with long-established health systems. These are lacking for public health professionals in many poorer countries, for example, Sankoh et al. (2018) report that in Africa, 46 per cent of countries lack “standalone mental health policies”. However, many developing countries have welcomed the WHO Global School Health Initiative (Mackie and Sim, 2018). In such an environment, developing awareness of children’s mental health and promoting well-being for schoolchildren may be a good starting point. A key challenge in promoting mental health in schools is to reduce the stigma young people associate with seeking help (Gronholm et al., 2018).

Here, in the UK, the National Health Service just celebrated its 70th birthday. However, there is a widespread concern that young people’s mental health systems are “in crisis” (Gunnell et al., 2018). The president of the Royal College of Psychiatrists identifies an unfair devaluing of mental health (compared to physical health) as an underlying problem for the NHS (Burn, 2018). Launching shortly before World Mental Health Day, a new, inter-professional collaborative called Equally Well UK (www.centreformentalhealth.org.uk/equally-well) aims specifically to address this unfairness.

A vital aspect of World Mental Health Day is the recognition that we need to learn from experience in other countries. For example, services in the Netherlands have been much more effective than the UK at responding to different trajectories of children during development (Caan, 2011). This year, it is clear that responsiveness takes place in the context of “light-touch parenting” (Boztas, 2018). New work from Brazil (Martinelli et al., 2018) shows how a childhood history of adverse experiences combines with a maternal history of depression to make behavioural problems at school more likely.

One behaviour that blights many societies is inter-personal violence. The international review of Fazel et al. (2018) found the life history factor which most strongly predicts later violence is “witnessing or being a victim of violence in childhood”. Perhaps we should all learn from the late American Psychiatrist Betty Hamburg (Stafford, 2018):

[...] a global expert on teaching children not to hate?

**What a difference a day makes**

Out of sight, out of mind
Is an old expression for convenient forgetting.
Disrespected, neglected:
How easy to “conceal”, without overtly “rejecting”.
One fine Day, at the least
Our policy-makers must accept that perfecting
Health esteem (not a dream), Means that Mental Health will get a sure, Equal footing.

**References**


