

## ELEMENTS BIBLIOGRAPHIQUES (V. Halley des Fontaines)

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### Putting adolescents at the center of health and development

“...Adolescence is a complex period of life with changes in behaviours dependent on societal norms, which are changing from generation to generation. It is easy to become fatalistic or complacent, to concentrate on short-term goals, or to leave healthy development to chance. After all, adolescence is often perceived as the healthiest stage of life and many consequences of risky behaviours or unhealthy lifestyles in adolescence will only be seen later on. Some of these adverse behaviours, such as excessive use of the internet, are completely new to the present generation of adults, with consequences that remain unknown. But adolescence is the best moment to target behavioural preventive efforts. As the third paper in the Series shows, many preventive efforts are highly effective, and even highly cost effective.

Young people are our future assets. They provide energy, innovation, productivity, and progress. We need to invest in our young people by taking four steps. First, we need to measure, and compare nationally, regionally, and globally the health and behaviour of young people. Second, we need to formulate goals for healthy development of young people linked to the non-communicable disease agenda. Third, effective preventive interventions need to be applied and scaled up. And finally, the impact of these preventive interventions on health in young people but also in adults needs to be monitored and reviewed, with gaps and obstacles addressed directly. We hope that this week in New York will be a defining moment, one that puts adolescent health as an equal concern alongside existing health priorities in the world. The future of young people certainly deserves this serious new attention”

#### ➤ Références 1 à 5 in The LANCET

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### 1/Adolescence and the social determinants of health

Prof Russell M Viner PhD a , Elizabeth M Ozer PhD b, Simon Denny PhD c, Prof Michael Marmot PhD d, Prof Michael Resnick PhD e, Adesegun Fatusi PhD f, Prof Candace Currie PhD g

## Summary

The health of adolescents is strongly affected by social factors at personal, family, community, and national levels. Nations present young people with structures of opportunity as they grow up. Since health and health behaviours correspond strongly from adolescence into adult life, the way that these social determinants affect adolescent health are crucial to the health of the whole population and the economic development of nations. During adolescence, developmental effects related to puberty and brain development lead to new sets of behaviours and capacities that enable transitions in family, peer, and educational domains, and in health behaviours. These transitions modify childhood trajectories towards health and wellbeing and are modified by economic and social factors within countries, leading to inequalities. We review existing data on the effects of social determinants on health in adolescence, and present findings from country-level ecological analyses on the health of young people aged 10–24 years. The strongest determinants of adolescent health worldwide are structural factors such as national wealth, income inequality, and access to education. Furthermore, safe and supportive families, safe and supportive schools, together with positive and supportive peers are crucial to helping young people develop to their full potential and attain the best health in the transition to adulthood. Improving adolescent health worldwide requires improving young people's daily life with families and peers and in schools, addressing risk and protective factors in the social environment at a population level, and focusing on factors that are protective across various health outcomes. The most effective interventions are probably structural changes to improve access to education and employment for young people and to reduce the risk of transport-related injury.

## **2/ Worldwide application of prevention science in adolescent health**

Prof Richard F Catalano PhD a , Abigail A Fagan PhD b, Loretta E Gavin PhD c, Prof Mark T Greenberg PhD d, Prof Charles E Irwin MD e, Prof David A Ross PhD f, Prof Daniel TL Shek PhD g

## Summary

The burden of morbidity and mortality from non-communicable disease has risen worldwide and is accelerating in low-income and middle-income countries, whereas the burden from infectious diseases has declined. Since this transition, the prevention of non-communicable disease as well as communicable disease causes of adolescent mortality has risen in importance. Problem behaviours that increase the short-term or long-term likelihood of morbidity and mortality, including alcohol, tobacco, and other drug misuse, mental health problems, unsafe sex, risky and unsafe driving, and violence are largely preventable. In the past 30 years new discoveries have led to prevention science being established as a discipline designed to mitigate these problem behaviours. Longitudinal studies have provided an understanding of risk and protective factors across the life course for many of these problem behaviours. Risks cluster across development to produce early accumulation of risk in

childhood and more pervasive risk in adolescence. This understanding has led to the construction of developmentally appropriate prevention policies and programmes that have shown short-term and long-term reductions in these adolescent problem behaviours. We describe the principles of prevention science, provide examples of efficacious preventive interventions, describe challenges and potential solutions to take efficacious prevention policies and programmes to scale, and conclude with recommendations to reduce the burden of adolescent mortality and morbidity worldwide through preventive intervention.

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### **3/ Child and adolescent mental health worldwide: evidence for action**

Christian Kieling MD a, Helen Baker-Henningham PhD b, Prof Myron Belfer MD c, Gabriella Conti PhD d, Ilgi Ertem MD e, Prof Olayinka Omigbodun FMCPsych f, Luis Augusto Rohde MD a, Prof Shoba Srinath MD g, Nurper Ulkuer PhD h, Prof Atif Rahman PhD i

#### Summary

Mental health problems affect 10–20% of children and adolescents worldwide. Despite their relevance as a leading cause of health-related disability in this age group and their longlasting effects throughout life, the mental health needs of children and adolescents are neglected, especially in low-income and middle-income countries. In this report we review the evidence and the gaps in the published work in terms of prevalence, risk and protective factors, and interventions to prevent and treat childhood and adolescent mental health problems. We also discuss barriers to, and approaches for, the implementation of such strategies in low-resource settings. Action is imperative to reduce the burden of mental health problems in future generations and to allow for the full development of vulnerable children and adolescents worldwide.

### **4/ Health of the world's adolescents: a synthesis of internationally comparable data**

Dr George C Patton MD a c, Carolyn Coffey BSc c, Claudia Cappa PhD d, Dorothy Currie MSc e, Leanne Riley MSc f, Fiona Gore MPhil g, Louisa Degenhardt PhD b i, Dominic Richardson PhD j, Nan Astone PhD k, Adesola O Sangowawa MPH l, Ali Mokdad PhD m, Jane Ferguson MSc h

#### Summary

Adolescence and young adulthood offer opportunities for health gains both through prevention and early clinical intervention. Yet development of health information systems to support this work has been weak and so far lagged behind those for early childhood and adulthood. With falls in the number of deaths in earlier childhood in many countries and a shifting emphasis to non-communicable disease risks, injuries, and mental health, there are good reasons to assess the present sources of health information for young people. We derive indicators from the conceptual framework for the Series on adolescent health and assess the available data to describe them. We selected indicators for their public health importance and their coverage of major health outcomes in young people, health risk behaviours and states, risk and protective factors, social role transitions

relevant to health, and health service inputs. We then specify definitions that maximise international comparability. Even with this optimisation of data usage, only seven of the 25 indicators, covered at least 50% of the world's adolescents. The worst adolescent health profiles are in sub-Saharan Africa, with persisting high mortality from maternal and infectious causes. Risks for non-communicable diseases are spreading rapidly, with the highest rates of tobacco use and overweight, and lowest rates of physical activity, predominantly in adolescents living in low-income and middle-income countries. Even for present global health agendas, such as HIV infection and maternal mortality, data sources are incomplete for adolescents. We propose a series of steps that include better coordination and use of data collected across countries, greater harmonisation of school-based surveys, further development of strategies for socially marginalised youth, targeted research into the validity and use of these health indicators, advocating for adolescent-health information within new global health initiatives, and a recommendation that every country produce a regular report on the health of its adolescents.

#### **5/ Global burden of disease in young people aged 10—24 years: a systematic analysis**

Fiona M Gore MSc , Paul JN Bloem MBA, Prof George C Patton MD, Jane Ferguson MSc, Véronique Joseph MSc, Carolyn Coffey MSc , Susan M Sawyer MD , Colin D Mathers PhD

*The Lancet, Volume 377, Pages 2093 - 2102, 18 June 2011*

➤ **J Adolesc Health. 2010 Nov;47(5):427-32.**

#### **Mapping a global agenda for adolescent health.**

Patton GC, Viner RM, Linh le C, Ameratunga S, Fatusi AO, Ferguson BJ, Patel V.

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Source

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Abstract

Major changes in health are underway in many low- and middle-income countries that are likely to bring greater focus on adolescents. This commentary, based on a 2009 London meeting, considers the need for strategic information for future global initiatives in adolescent health. Current coverage of adolescent health in global data collections is patchy. There is both the need and scope to extend existing collections into the adolescent years as well as achieve greater harmonization of measures between surveys. The development of a core set of global adolescent health indicators would aid this process. Other important tasks include adapting and testing interventions in low- and middle-income countries, growing research capacity in those settings, better communication of research from those

countries, and building structures to implement future global initiatives. A global agenda needs more than good data, but sound information about adolescent health and its social and environmental determinants, will be important in both advocacy and practice.