

Youth mental health in Tunisia: challenges and resources



Tunisia is a small, lower-middle-income country in north Africa with a population of 12 million and a large proportion of young people. There are currently around 1.6 million adolescents (aged 15–24 years), constituting 13.4% of the population. Tunisia, the birthplace of the 2011 Arab Spring revolution, has been experiencing a period of political instability against a backdrop of economic and financial crisis. For Tunisian adolescents, this poses challenges that have affected their mental health. According to the 2018 Multiple Indicator Cluster Survey, almost 20% of young Tunisians aged 15–17 years have anxiety and around 5% have depression.¹ Since the revolution, the overall suicide prevalence has increased by 1.7 times, from 1.8 (in 2007–10) to 3.12 (in 2011–14) suicides per 100 000 people per year.² Similarly, the consumption of psychoactive substances has been increasing; for example, the prevalence of cannabis use in high school students aged 16–18 years increased from 1.4% in 2013 to 7.9% in 2021.³ In addition, there has been a remarkable increase in school violence as an entirely new phenomenon, especially in marginalised neighbourhoods in urban areas.⁴

In 1990, the Tunisian Ministry of Health initiated a National Mental Health Plan, which was developed into a National Multisectoral Action Plan in collaboration with WHO, finalised in 2024 and due to be published in 2025. It includes a national plan for the promotion of mental health in children and adolescents, launched in 2022. Priorities for the period 2022 to 2025 included the promotion of perinatal mental health; early detection and care for neurodevelopmental disorders; the promotion of wellbeing and management of neurodevelopmental disorders in the educational system; the prevention of suicidality; the prevention of violence in schools and multisectoral care for victims; and the prevention of addictive behaviours.

To accomplish these goals, a multisectoral strategy will be implemented with targeted mental health interventions throughout the lifecycle, especially in vulnerable groups of the population and to reduce stigma and discrimination. The rationale is that so far in Tunisia, one of the main obstacles in implementing effective and sustainable mental health interventions has been the lack of collaboration between stakeholders in mental health and related fields, such as social

services, education, justice, and religious affairs. Progress in this area requires continuous collaborative effort to advocate for human and financial resources with the authorities.

Several other challenges to meeting the goals of the 2022 mental health plan have been encountered. First, although a large mental health workforce exists, with 1026 mental health professionals recorded in 2020, including psychiatrists, psychologists, social workers, and mental health nurses, 78 of whom are working in child and adolescent mental health care,⁵ these professional resources are unequally distributed over the country, being concentrated in big cities along the coastline. Second, there is a lack of specialised services for adolescents aged 16–24 years, and help-seeking delays are long owing to insufficient knowledge of mental disorders among the general population and the stigma associated with mental health problems.⁶

To meet these challenges, several steps have been implemented. First, financial and career incentives have been put in place by the Ministry of Health for young specialist doctors to work in underserved regions. Second, several services for early detection and intervention of mental health problems have been developed, specifically aimed at reaching adolescents. One strategy is to use existing infrastructure, and to combine and add services through close collaboration and specialisation. An example is the Clinical High-Risk Program (CHiRP) at Razi University Hospital, Tunis, which was established in 2018 and has grown into a network of 15 child and adolescent psychiatrists and adult psychiatrists and psychologists from mental health services in the Greater Tunis area.⁷ The aim of CHiRP is the detection and treatment of young people at clinical high risk of severe mental illness, training of health professionals in early intervention, and awareness raising for the public on early signs and symptoms of mental illness. Collaboration agreements with the Ministry of Health and the Ministry of Higher Education and Research provide for cooperation with the mental health professionals working in schools and universities. So far, 95 young people have benefitted from the assessment service and rehabilitation interventions such as cognitive training or an aerobic physical activity programme. The feasibility and efficacy of these interventions are currently being evaluated.

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For Tunisian population statistics see <https://www.ins.tn/statistiques/111>

For CHiRP see <https://chirp.tn/wp/>

Another example is the national plan to screen and provide services for autism spectrum disorder, which was launched in collaboration between the Tunisian Ministry of Health, the Ministry of Women, Children, Family and Elderly Persons, and the Ministry of Education. In 2023, training in the use of the Modified Checklist for Autism in Toddlers was provided to 80 primary care physicians of all Tunisian regions, who will, in turn, train nurses. The autism screening is embedded in the 18-month compulsory vaccination appointment and will be performed by the trained nurses. A guidebook for parents and educators was developed and distributed, aiming to facilitate the integration of children with autism spectrum disorders into kindergartens.

In 2015, the Ministry of Health initiated a National Suicide Strategy. About 500 primary care physicians in all 24 Tunisian governorates were trained in the management of suicidal behaviour, and journalists were educated in responsible media coverage.⁸ To fully implement the strategy, 99 physicians and psychologists working in school medicine were trained in 2019 and 2022 in postvention techniques. For each death by suicide of a student belonging to an educational institution, the postvention group of the region is activated, which then provides psychosocial support to the individual's family and peers.

To maintain collaboration between the different stakeholders and guarantee the sustainability of the national multisectoral plan, an interministerial mental health committee headed by the Minister of Health will be created, composed of 40 stakeholders, and one interministerial commissioner will be nominated. Considering all the financial and structural challenges,

the hope is that the judicious use of existing resources and sustained collaboration of all the different sectors involved in mental health will help to achieve the goal of good mental health for all Tunisian youth.

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