



LOOKING INTO ADOLESCENT MENTAL HEALTH & TO PRESERVE IT FOR DAYS TO COME

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Abstract :

Adolescence is a transition phase from childhood to adulthood, which includes biological, cognitive, and psychosocial changes. It is a period of storm & stress for the young adults, with newly acquired matured body of an adult but with the maturity of a child, in intellect & mind, to adjust to new demanding environmental situations. They take time to adjust with themselves & the environment. They are cautious about their interpersonal & intrapersonal relationship. They are vulnerable. Again, they want independence. There is a strong peer group bondage, but less of guardian acceptance which is normal at this age. They want to belong in a group and are worried about peer acceptance. At the same time they suffer from identity crisis which is a common feature during the time. They try to behave like adults but are economically not independent & settled in life.

Hence, this period of storm & stress & has to be looked after specially with care, love & affection, as this period has the capacity to make or break the child, who carries innumerable potentials. Adolescents are the future of tomorrow & are the carriers of baton of a nation or country, so their wellbeing has to be looked after both from individual level & community or state level for the advancement of a nation.

It is a critical period characterized by neurobiological and physical maturation leading to enhanced psychological awareness and strong social and emotional interactions with peers and adults.

From neurobiological perspective also adolescents steadily works with academic, interpersonal, and emotional challenges, exploring new territories using their talents, and experimenting with social identities.

It is a phase of tremendous growth in preparation of adults' roles and skills to sustain pressures and challenges.

When viewed from another perspective, it is transition phase that can increase risk of various psychological disorders, adjustment problems, and suicidal tendencies. Positive and promotive mental health in this period ensures a smooth progress to later adult life.

OVERVIEW OF ADOLESCENTS AT RISK FROM DIFFERENT SOURCES

It is estimated Worldwide that 10%–20% of adolescents' experience mental health conditions, & in maximum cases it remains underdiagnosed and undertreated. Signs of poor mental health conditions go ignored because of stigma attached to it & because of the inefficiency of health workers for not being able to identify it.

According to the 2011 census, around one-fourth of the Indian population suffering from mental health issues are adolescent i.e.(253 million), which is quite high.

As per the National Mental Health Survey of India (2015–2016), the prevalence of psychiatric disorders among adolescents (13–17 years) is reported around nearly 50% of adult psychiatric disorders, which begin before the age of 14 years , or adolescent years.

Pre-existing psychiatric disorders during childhood may act as predisposing or precipitating factor for mental illness during the adolescent period. These impairing psychiatric disorders emerge in approximately 20% of the adolescent population, which is 7.3%. Yet, very little attention has been paid to the mental health issues of this age group, which is very pathetic.

Depressive disorders become more prevalent, behavioural disturbances, such as suicidal tendencies, eating disorders, and substance abuse, begin to emerge in these adolescent years. The prevalence rates increase from 1% to 2% in childhood to around 10%–20% by late adolescence, similar to adults.

Depression and stress are more common among school-going adolescent girls. Approximately 40%–90% of adolescents with depression have a comorbid psychiatric disorder such as anxiety disorders, conduct disorders, substance abuse, and personality disorders in the case of adolescents. These unfortunately leads to mental diseases.[under DSM V section II diseases]

Anxiety disorders are also commonly encountered among the adolescent population, but we do not pay heed to it even today, which is highly unacceptable , in this age & pathetic.

In India, suicide is a leading cause of death among young people as 25% of deaths in adolescent boys and 50%–75% of deaths in adolescent girls is due to suicide. Every hour, one student commits suicide in India, according to the National Crime Records Bureau report in 2015.

DRUG ABUSE ON THE RISE ,FOUND FROM DIFFERENT SOURCES

Community surveys suggest that tobacco and alcohol are prevalent substances of abuse among Indian adolescents. The experimentation with “gateway” drugs such as tobacco, alcohol, and inhalants leads to indulgence in high-risk behaviours. The substance use has spread to India and is increasing in adolescents' age groups even in the distant regions

Majumder *et al.* and Keyho *et al.* have found psychiatric morbidity in adolescent patients and school-going adolescents in North-Eastern India.

Majumder *et al.* have assessed psychiatric morbidity in 474 consecutive adolescent patients (10–19 years) attending to psychiatric services at tertiary care centre in Manipur, and reported

the most common disorder as neurotic, stress-related, and somatoform disorders (41%), followed by psychotropic substance use disorders (21%) (including opioid dependence in 14% and cannabis dependence in 3% of adolescent).

Most common disorder was substance use disorders (37%) in adolescent boys, and neurotic, stress-related, and somatoform disorders (61%) in adolescent girls.

Keyho *et al.* have reported the mental health status of 702 school-going adolescents (13–19 years) in Kohima and found emotional problems in 17%, hyperactivity in 16%, and conduct problem in 15%.

Another important issue which is found from research, needs focus and active intervention is sexual abuse which is directly connected to the field of mental and social health. It is also found that, nearly one-third of higher secondary school-going adolescents reported experiencing some form of sexual abuse over months, and 6% reported experiencing forced sex.

TODAYS BOON OR MENACE AFFECTING ADOLESCENTS BOTH POSITIVELY &NEGATIVELY

The Internet and social media are popular & unavoidable, among adolescents and serve as platforms to socialize and to communicate.

The “digital revolution” has shown, how the adaptive nature of the adolescent brain is quickly taking in or absorbing these technologies, in their system.

Reports had also indicated that about 90% of adolescents use the Internet in many ways, like messaging, blogging, posting photos, videos, and stories.

Positive effects of the Internet identified for adolescents include increased communication, increased access to academic information, and familiarity with social and cultural habits of people worldwide.

On the other side, pathological Internet use/Internet addiction is reported high in Indian schools (prevalence of 11.8%) and college settings (prevalence of 42.9%). How they are using these social media in a wrong way through whatsapp, facebook & getting into different kinds of problems.

The consequences of all these are huge, ranging from substance use to self-harm, and even death, or suicide.

FACTORS THAT AFFECT ADOLESCENT MIND

There is a complex biopsychosocial framework of risk factors effecting the lives of adolescents, they are-

Their Own self

Home Settings

School& Environment**Peer group,****Neighbourhood****These may lead to or be associated with the mental health disorder.**

Risk factors include all variables that increase the probability that a given child or adolescent will develop psychopathology while protective factors decrease the risk of developing psychopathology.

Other significant factors effecting on the mental health of adolescents are :

recent sociocultural changes**poor social support,****the breakdown of extended and joint families,****the ambiguity of societal values,****increasing gap between aspirations and actual achievements,****substance abuse****MENTAL HEALTH & ITS IMPORTANCE IN ADOLESCENTS LIFE**

According to World Health Organization, mental health is a "state of well-being in which the individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and contributes to his or her community". It is the capacity of the individual to handles stress, manage in their interpersonal relationships, and help in decision-making. Mental health includes total well being of an individual his independence , adjustment, competence, perceived self worth.

Mental health problems can affect many areas of students' lives like-

Reducing their quality of life,

Adversely affecting their academic achievement,

Harming their physical health,

Negative peer pressure or influence.

Negative impact on relationships with friends and family members.

Negatively affecting their future employment, earning potential,

Overall negative ill health complaints

BARRIERS IN THE SERVICE DELIVERY

Stigma about mental health and lack of education and awareness forms one of the factors for not seeking psychiatric consultation.

Personal beliefs about mental illnesses influence help-seeking attitudes and patterns in people.

In India, it is found from sources that only one-third of the families (37.5%) of children and adolescents with mental disorders understood & accepted that their children had any psychiatric problem.

At the stakeholder levels there are limited existing policies and programs, there is a, lack of co ordination across them and bifurcation and fragmentation of governance of adolescent mental health between ministries and departments, which act as barriers to their effective and efficient implementation.

EMPHASIS TO BE GIVEN TO THE PROBLEM

There is a need for a special emphasis on adolescent mental health, at different levels which has to be dealt with coordinated efforts.

Overall improvement of child and adolescent mental health care in a country,& it is to be supported by the necessary policies, programs, legislation, policy- budget, primary-care system, training programs, and service delivery system.

Interventions are needed preferably from young age to address psychiatric disorders in youth, & also to look out for pre existing problems during child hood. This has to be universal, target oriented & clinical.

Universal interventions is also termed primary prevention, are received by all children and families within a specific geographical distribution. There is potential scope for primary or preventive interventions at this age.

Targeted interventions are to be designed for children at increased risk for psychiatric disorders.

Clinical interventions provide treatment to adolescent with psychiatric disorder which includes psychosocial, psychopharmacological, and other environmental interventions

Preventive efforts not only improve the mental health of young but also may have far-reaching consequences in reducing adult psychiatric morbidity.

WHAT TEACHERS & PARENTS CAN DO --

Schools and colleges may play a vital role in the development of adolescents mental health programmes, through seminars ,talks ,workshops ,rallies

Parents have to take pivotal role in directing ,guiding, helping & loving their wards & always encourage & motivate them positively, rather than finding their faults. and provide a room and scope for intervention.

Family as an institution continues to play a large role in influencing adolescents across all sections of the society in India.

Parental support and healthy parenting have been identified as contributors to better mental & emotional health outcomes .

Sensitization and training of teachers and counsellors to handle adolescent mental health issues can further help in early identification of mental health problems.

Drug awareness campaigns should be regularly conducted in schools and colleges with the facility of screening in the high-risk population.

There should be a focus on enhancing social skills to resist peer pressure and the ability to say “no” to drugs.

Special attention should be devoted to children with scholastic difficulties or poor academic achievements with an encouraging and supportive approach,some vocational courses can be encouraged for these children.

Life skill development programmes & reading them can help them build resilience.

Resilience-focused interventions such as capacity building strategies, and coping skills may be designed to enhance resilience thereby positively influencing mental health.

Interventions such as “health education” pertaining to adolescent health, sex education, and pubertal changes have shown improvement in knowledge among adolescent girls, in various researches, has to be addresse

Model-based health delivery approaches such as mental health promotion such as yoga, life skills approach in secondary schools has shown significant results and can be further strengthened.

Skilled and competent workforce is needed, especially in dealing with adolescent mental health at various levels.

COLLABORATIVE ROLE OF HEALTH PROFESSIONALS

Professionals such as physicians, pediatricians, and nurses can be trained in relevant aspects of adolescent mental health promotion and preventive activities.

With development of effective linkages along with adequate referral system may further help in management of priority mental health disorders in children and adolescents and dealing with emergency conditions like suicide.

There is also a need to build on indigenous ways of child and adolescent health promotion.

Computer-assisted interventions may be employed, especially for urban adolescents, which are becoming popular these days.

Policies and programs need to be better aligned with evidence-based practices emerging from both scientific studies and experience with the regular update of practice.

Guidelines will further help in increasing the competence in this direction.

INTER SECTORAL LINKAGES TO BE ESTABLISHED

There is a need to develop effective inter-sectoral linkages. This will consist of the educational, legal and juvenile justice system, social welfare, and voluntary organizations and nongovernmental organizations with more effective linkage of adolescent mental health. The national programmes such as National Rural Health Mission and the Reproductive and Child Health Programme, has to be implemented thoroughly.

PUBLIC HEALTH APPROACH

Programmes can be implemented through mobile health camps, regular screening and health check-ups like other medical morbidities at primary levels with the involvement of Anganwadi workers or primary care clinics under district mental health program.

It is important to establish a body at centre and state levels to have an effective mechanism for coordination and monitoring of services to facilitate an effective connection with different organizations on adolescent mental health issues.

To conclude, child and adolescent mental health is a shared responsibility. For any interventions to be effective, there is a need for synergy between different stakeholders.

Adolescents having mental health problems and disorders, need to have access to timely, integrated, high-quality, multi-disciplinary mental health services to ensure effective assessment, treatment, and support.

The preservation and promotion of mental health in the young population have conventionally been viewed as an individual or family responsibility; There is a need to promote the concept of positive health with public health approaches including expansion of the community services for mental disorders.

There is an urgent need to explore newer models of service delivery apart from standard models of hospital-based care. The newer service delivery models should incorporate cross-cultural, multilingual, and multiregional requirements.

A positive step in this direction could be the formulation of mental health policy specifically for the younger population to provide a developmental framework to enhance adolescent mental health to start from higher secondary schools & colleges, which is very necessary.

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