

## Short Note

# Let us Address Adolescent Mental Health

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All children are born to grow, to develop, to live, to love and to articulate their needs and feelings for their self protection” - Alice Miller.

World Mental Health Day, hosted by the World Federation of Mental health, supported by WHO, is observed on 10<sup>th</sup> October every year.

Health is defined by WHO as a state of complete physical, mental and social well being and not merely an absence of disease. This includes an ability to lead a socially and economically productive life [1]. Oxford English Dictionary also endorses the same. Mental Health is a state of balance and harmony between the individual and surrounding world [2].

Mental and emotional aspects of humanness are two separate dimensions of human health. Mental and physical health are intertwined and mutually synergistic [3]. Every child has the right to live, get educated and to be treated with dignity. If any of this is not provided it is equal to violation of human rights as well as UN declaration on Rights of Children [4].

In the present century, population hike, mushrooming competitions in education and employment, accessibility to information technology have put the children and adolescents to mental turmoil adding fuel to the fire of identity crisis. Communication facilities, including social media are double edged weapons with more of negative influence on the biologically susceptible adolescents.

One in ten youth suffer from Psychiatric disorder, severe enough to cause significant impairment. Untreated mental illnesses have adverse sequelae such as morbidity, mortality and failure to achieve developmental tasks of life. Apart from being an individual's personal issue, dealing with a person having a mental illness affects the concerned family as a whole. Furthermore, there is a possibility of the genetic transmission of predisposition for mental illnesses. This puts the future generations at risk for the same. All these factors can dwarf the well being of the society [5].

It is a challenge for the parents, teachers or a health worker to identify subtle mental alterations in children because of limited cognitive and expressive language skills in them. Adolescents have above average vulnerability and sensitivity for mental stress. The silver lining is their high level potential to recover,

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provided the mental illness is identified in the early stages. Hence early recognition and complete treatment are mandatory [6].

Parents and teachers should perceive the altered behavior in the child and seek medical help. The challenge for the health worker is to determine whether the presenting signs and symptoms fit into criteria for psychiatric disorder and need for specialist intervention.

Older children present with anger, depression, mood changes, poor concentration, withdrawal, isolation, anxiety, learning problems, truancy and somatisation mainly headache and abdominal pain.

Adolescents present with anxiety, depression eating disorders, risk taking behavior, experimentation with sexuality, drugs, tobacco, issues of independence and identity formation.

Pre existing mental disorder is the basic finding in 90% of suicides among youth. It is estimated that for every documented youth suicide as many as 200 suicide attempts go unrecorded. The numbers are scary [7].

The factors that cause mental disabilities are genetic, interfamilial environment and issues related to the society. Off springs of parents with bipolar disorders and Attention Deficit Hyperactive Disorder (ADHD) are likely to be victims and this is a major genetic predisposition [8].

The thought processes of children are concrete and it is easier for them to dehumanise their adversaries. Alterations among serotonin, dopamine, peripheral catecholamine during stress and activation of cortical brain are some neurobiological factors responsible for mental health disorders.

Family conflicts, divorce, death of parent / sibling, poverty are known to sow the seed for behavioral problems, depression, drug abuse etc in adolescents. Lack of social support, natural calamities, war conflicts act as community triggers.

Worldwide 10 - 20% children and adolescents experience mental disorder. Half of all mental illness begin by age of 14 or even earlier even before signs and symptoms appear and ¾ by mid 20. Hence WHO has formulated a comprehensive mental health action plan during 2013 - 2020 which was adopted by

66<sup>th</sup> World Health Assembly [9,10]. This encourages 'a life cycle approach to prevent and treat mental health issues by stringent policies' 113 member countries have committed for this task.

World Health Day theme for 2017 is - "Depression, Let us talk". The leading cause of ill health and disability is depression. WHO has initiated a one year global campaign on depression.

The findings of a study by Bor et al. [11]. has revealed that the internalizing and externalizing problems have changed in the cohorts of young people. The whistle blowing article by Carli et al. [12]. should make an impact on every human being. Based on risk scores assessment of adolescents, those with low risk for mental illness are 57.8%, high risk are 13.2% and invisible risk are 29% among the assessed population. The parameters such as suicidal tendency, anxiety, depression, sub threshold depression are equal in both high risk and invisible risk groups. Statistically high risk and invisible risk groups are almost similar.

This is high time every parent, teacher and health worker starts focusing on adolescent mental health. This will be the first step to save the future population worldwide.

What can be done?

1. Creating awareness about the prevalence of mental health issues in children and adolescents among general population.
2. Workshops for parents and close family relatives for early recognition of symptoms.
3. Curriculum training for teachers to identify children and adolescents with mental disability in the initial stage itself.
4. Higher level training for medical and paramedical persons regarding the seriousness of adolescents' mental health because they are the primary care providers.
5. Ensuring availability of mental health facilities with specialists and trained paramedical worker for each target group population.
6. Use of communication facilities and social media to create awareness about mental health issues.
7. Stake holders to develop policies and action plans with adequate funds to promote good mental health among young youth.

The theme for world mental Health Day 2017 is "Mental Health in workplace.

The task now is to support adolescents to reach work place in the appropriate age with sound mental health.

The challenge is to be tackled with a highly equipped committed team.

"You will soon break the bow

If you keep it always stretched" -

- Norman Uincent Peale

## REFERENCES

1. WHO 1978: Health for all: Sr.No.1
2. Sattorius N, Bull WHO 61. 1893; 1: 5
3. Emict DE, JI of School Health. 1984; 54: 30-32
4. Eberst RM. Defining health: a multidimensional model. J Sch Health. 1984; 54: 99-104.
5. Heather J. Walter, David R. Demaso, Assessment and interviewing ch.18. In Nelson's Text book of Pediatrics. Ed. Kliegman, Stanton, St Geme, Schor, Behrman; 19th Ed. Elsevier Publications: 2012 PP. 56.
6. Kar N. Psychological impact of disasters on children: review of assessment and interventions. World J Pediatr. 2009; 5: 5-11
7. Joanna CM, Cole, Heather J. Walter, David. R Demaso, Suicide and attempted suicide ch 25 in Nelson Text book of pediatrics; Ed. Kliegman, Stanton, St Geme, Schor, Behrman; 19th Ed. Elsevier Publications: 2012 PP. 87-89.
8. Heather J. Walter, David R. Demaso, Bipolar Disorders Ch 24 in Nelson Text Book of Pediatrics Ed. Kliegman, Stanton, St Geme, Schor, Behrman; 19th Ed. Elsevier Publications : 2012 PP. 85-86.
9. Sadock Benjamin J, Sadak Virginia A, Ruiz, Pedro, Kaplan Harold I, In Kaplan and Sadock's comprehensive text book of Psychiatry; 9th Edition Philadelphia : Ed's Wolters, Kluwer Health / Lippincot Williams and Wilkins; 2009
10. Kessler RC, Chin WT, Demler O, Walters EE. Prevalance, Severity, and Comorbidity of 12 months DSM IV disorder in the national comorbidity survey replication (NCS-R). Arch Gen Psychiatry. 2005; 62: 617-627.
11. Bor W, Dean AJ, Nafman J, Hayatbakhsh R. Are child and adolescent mental health problems increasing in 21st Century? A systematic review. Aust New z J Psychiatry. 2014; 48: 606-616.
12. Carli V, Hoven Cr, Wasserman c, chiesa F, Guia Guffanti, Marco Sarchiapone, et al. A newly identified group of adolescents at invisible risk for psychopathology and suicide behavior : findings from SEYLE study: World Psychiatry. 2014; 13: 78-86.

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