

MENTAL DISORDERS IN CHILDREN AND ADOLESCENTS: AN EPIDEMIC IN SILENCE

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ABSTRACT

The National Mental Survey of 2015-16 indicated that nearly 100 million people in India might be in need of professional care for their mental wellbeing. That is around 8 to 9% of the total population of India. The survey also indicated that a significant fraction of these 100 million people were in fact children and adolescents. Other surveys such as those conducted by the Centre for Mental Health Law and Policy indicate similar (but slightly) higher figures for mental wellbeing of people, in general, and children and adolescents, in particular. Yet another set of studies indicate that nearly a fifth of all children and adolescents in India and across the globe might have experienced some mental disorder in the past one year. On the other hand, very few in India tend to receive mental healthcare service. This could be due to a number of factors including non-awareness and non-availability of such health services. In 2017, the Parliament of India passed made an appreciable move by passing the Mental Health Care Act, 2017. The legislation makes it a right of a mentally diagnosed person to seek healthcare or receive monetary compensations from the State Govt. in order to be able to seek professional care from private service providers. Secondly, the act also makes provisions and sets deadlines and guidelines for providing public mental healthcare services at district and panchayat level. Other developed and developing countries have also, of late, made positive steps and provisions to provide mental healthcare service to a larger population. In this light, this article makes an attempt to draw attention towards a silent epidemic Regarding rampant cases of untreated child and adolescent mental illnesses in India and around the world.

Keywords: Mental healthcare, NMHS, Children, Adolescents, Mental Disorders

1. COMMON MENTAL DISORDERS IN ADOLESCENTS & YOUNG CHILDREN

Mental disorders (or mental illnesses) refer to medical conditions that may affect your brain functions. These disorders affect our thoughts, moods, how we feel, and what we do (our behaviour). We may either experience these conditions occasionally or these may also be long-lasting. Broadly, we all experience such conditions sometimes during our lifetime. But mental illnesses can be chronic (needing clinical diagnosis and professional care), as well. These disorders may affect our ability to relate with and function with other every day. These may even disable us in our day to day life activities.

According to NMHS 2015-16, nearly 10 million adolescents (between the age of 13 & 17) need some active and professional interventions for their mental wellbeing. That is about 7.3% of all pupils in this age group and is similar among the two binary genders. Unfortunately, the national survey does not interview very young children, and that is why, we will need to rely on other sample-based survey done partly here and there in some or the other State.

This paper also discusses hundreds of articles from all over the world to help conclude that mental health issues are common in young children and young adults around the globe. (and not just India). Yet, at the same time, there is a focus on the severe situation in India.

There was a considerable difference between the statistics and the results on mental illness incidence in children and adolescents across different literatures. The various methodologies and concepts adopted by the scientists have been used to find this. The worldwide statistic for the prevalence of mental illnesses in children and adolescents had also been difficult to achieve. However, a popular metric has been established, with one-fifth of all children and teenagers in the world expected to have some mental disorder during the past year. Sadly, in India (and less than half worldwide), only about 10% of these children and teenagers receive care and specialist medical services.

In children and teenagers, there are various types of mental illnesses. That include anxiety disorders, depression, Bipolar disorder, Panic Disorder, OBD, personality disorder, PTSD, among others.

1.1 Anxiety Disorders

Broadly, anxiety may refer to feelings of worry and nervousness. That is a normal emotion and a way in which our brain reacts to stress situations (such as stage performance or an interview). We all feel anxious every now and then. It could be before an interview or a live performance. Children and adolescents experience anxiety before important examinations. But that is the normal process our brain reacts to such stress filled situations.

There are clinical conditions of anxiety disorders as well. As such, anxiety disorders refer to a group of mental diagnoses. These conditions cause constant and overwhelming anxiety and fear. Such excessive fear or worry may make a child avoid school and making friends. In adults, these conditions affect their ability to retain and/or grow in their career. Forcing oneself to be in these situations that cause anxiety may sometimes have an opposite effect and may trigger and even worsen one's symptoms. With professional care and medication, these anxiety disorders are manageable.

Further, there are different types of anxiety disorders and these include **generalised anxiety disorder**, excessive tension and fear for no reason; **panic disorder** that refers to sudden and intense fear and that may disable one's ability to perform during, say, a test; **social anxiety disorder** that is becoming frequent with time in children and adolescents, these tend to trigger when in a social cohort; specific **phobias** to sometimes water, heights, or other triggers; **agoraphobia** that causes extreme anxiety during emergency situations; **separation anxiety**, these are frequent among smaller kids but can also be experienced as an adult and excessive of this may require professional care; **selective mutism** is a kind of social anxiety very common among younger children and that tend to make children unable to speak in public; and **medication-induced anxiety disorder**, these refer to conditions where withdrawal of certain medication or drug may trigger anxiety.

1.2 Depression

Again, we all may feel sad or lost sometimes but clinical disorder is different. Clinical depression refers to a class of mood disorders. In general, these are feelings of sadness, melancholy, loss, and/or anger that tend to interfere with the diagnosed's everyday activities.

Symptoms for depression include excessive and constant feeling of sadness or melancholy. In critical conditions, among children, the following symptoms related to the following could be identified.

- a) **Mood**, such as irritability, anger, and mood swings.
- b) **Behaviour**: refusing to instructions, getting into trouble with peers, suicidal thoughts.
- c) **Cognitive**: Unable to concentrate, and/or deteriorating academic performance
- d) **Sleep patterns**: sleeping either too long and too frequent or not at all
- e) **Emotional wellbeing**: intense sadness, helplessness, among others
- f) **Physical wellbeing**: laziness, digestion problems, weight gain or loss

1.3 Eating Disorders

Frequently found among adolescents and females, eating disorders are complex medical health conditions. There are again different types of eating disorder, and, all of them have some common symptoms.

Children either tend to eat a lot and gain weight or eat too less and lose weight. The disorders are more than about eating behaviour and food. These disorders may begin with a simple obsession for food but turn critical sometimes later. During other times, these disorders may have been passed on inheritance.

Depression due to loss of a loved one and other causes may also develop into eating disorder. Personality traits are another common reason found for such disorders.

1.4 Psychotic Disorders

Psychotic disorders refer to a group of mental disorders that affect the cognitive functions of a person's brain. It may affect the person's ability to think clearly and make judgements. The diagnosed tend to respond on impulse and the disorder affects their communication, comprehension abilities. The patient may also be unable to behave appropriately, sometimes.

Severe conditions may disable the diagnosed to perform day-to-day activities and the diagnosed tend to lose touch with reality. There are several types of psychotic disorders. Perhaps the most frequent and common of them all among adolescents are Schizophrenia, Schizoaffective Disorder, Brief Psychotic Disorder, and Delusional Disorder.

In brief, **Schizophrenia** tends to affect the behaviour of the diagnosed and may make the diagnosed delusional at times. If symptoms persist for more than 6 months, these may affect the diagnosed at their school and in their relationships.

Patients diagnosed with **Schizoaffective Disorder** show symptoms of Schizophrenia as well as some mood disorder (e.g., depression or bipolar disorder).

The key symptom for **Delusional Disorder** is having a delusion. Delusion refers to a false but established belief involving a real-life situation (very similar to hallucinations).

1.5 Post-traumatic Stress Disorder

Surprisingly (and unfortunately), PTSD is quite common among adolescents. PTSD or Post-traumatic Stress Disorder refers to a mental health condition whereby some people (adolescents, in our case) tend

to trigger stress upon seeing or experiencing something due to a past traumatic experience. For adolescents with PTSD, these traumatic experiences may be related to childhood abuse, some accident, or natural disaster. It may also happen that the past traumatic experience may not necessarily be a life-threatening one.

Children may recover from this over time, without a professional treatment, however, at times, professional care is critical to the mental wellbeing of the patient.

1.6 Behavioural Disorders

The two most common behavioural disorders among children include Attention Deficit Hyperactivity Disorder (ADHD) and the Conduct & Oppositional Disorder.

Impulsivity is the most frequent occurring symptom for **Attention Deficit Hyperactivity Disorder (ADHD)**. Children suffering from this disorder tend to have troubles concentrating their attention on a single task and tend to get diverted. Such children often face trouble with their academics and learning at school (or at home).

It is common for children to argue, get aggressive, and be defiant of adults' instructions. It is when such behaviour is persistent is when parents may seek medical attention. Such children may be diagnosed with what is termed as **Conduct & Oppositional Disorder**.

2. RISK FACTORS & CONCLUSION

The risk factors for behavioural disease in children are classified by children and the characteristics of their parents / family. Child characteristics include sex, age, race, physical fitness, cognitive and psychological capacity, pre and perinatal exposure to disease and illness, physical discomfort, alcohol, drugs, diet, conditions, environmental pollutants, heat, disease, social atmosphere and life events;

Extensive clinical evaluation of multiple contribution factors and specific psychiatric conditions includes: lead toxicity and cognitive results; parental divorce and a divorce and psychopathology, neglect of childhood and adolescence; the impact of the adverse environment upon childhood and mental health. There are also signs that family groups in large groups are different in mental diseases.

Including well established patterns of young adults, the number of family members in the household increases with physical illness, the proportion of household children and mental well-being impaired mothers predict the growth of mental disorders. Predictors of behavioural disorder include low wages, rental housing, lowered maternal schooling, a re-established household life, child-specific learning environments and changes in motherly mental well-being over time. Accumulation of childhood traumatic events predicted the development of any disease. Overall, inadequate mental well-being, low socio-economic status and housing is expected to cause a prevalence of mental illness.

The economic impacts of behavioural disease in young people have not been thoroughly analysed in relation to adult mental disorders. Youth behavioural costs include costs for therapy, additional school conditions, strain on the youth justice system and social services. Many studies detailing mental disorder for children focus exclusively on direct counselling costs and do not consider group indirect costs.

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