

Child Mental Health Disorder and Its Prevention

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Abstract:

“Mental Health”, the term refers the adjustment of an individual with satisfaction, effectiveness, happiness and socially understanding behavior and has the capability to accept and face the challenges of life. Now these days, both children and adolescent suffer with mental health problem. So, there is need of appropriate tools, services, skills and support to give the contribution as a productive citizens. With improved mental health, it become easy for children to achieve the success at school level. For living in the stable condition and to have the healthy relationships, there is necessary to have the well settled state of mental health and social and emotional well-being. The well mental state also keeps away from jail and the juvenile justice system by their facilities and supports. The psychological state of Children and adolescents have a dissimilar types of disorders i.e., Depression, Anxiety disorder, ADHD disorder, eating, mood disorder etc. and these disorder can be diagnosed and treated in different ways which covers a pediatrician or psychologist, to school to the young justice system. For mental disorder, policies and programs help the children who are broken and have lack direction, money follows idiosyncratic rules, and all these prevention programs hard to provide. This paper present to explore the study of mental health among adolescents and about this disorder.

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Introduction

Mental health is a concept, related to the emotional, social and psychological condition of individual. It has the functions with the satisfaction at the level of passionate and behavioral adjustment because of man's present in the psychological state. People realize their own potentialities that is available in the mental health which refers the state of well-being through which person is able to handle all the situation of life with harmony. The mental health is defined culturally but generally relates to the pleasure of life, sorrows and sadness, capability to manage with daily stresses, the completion of aim and a sense of connection to others. It is a significant aspect of an individual's well-being and health in general.

With a degree of mental complexity, children and adolescents are feeling thinking beings that are only now being recognized. The traumas, toxin, genetic disturbance and illness affect the mental health which remains throughout the life. When danger vulnerabilities and factors overshadow or overwhelmed factors that are increase resilience and that are protective and result are found the metal disorder. Mental disorders can be treated by changing the mood, behavior and thinking of person due to which person feel stress free and capable to hold the situation. Child and adolescent psychological disorders apparent themselves in different ways and in many domains.

The prenatal period i.e. conception to birth, childhood i.e. birth to 9 years and adolescence i.e. 10 to 19 years, mental health was seen. It accepts a broad description of child and teen-age mental health:

“Child and adolescent mental health is the capability to attain and preserve optimal mental working and comfort. It is straight connected to the side by side extended and capability achieved in psychological and social operative”.

Child and adolescent psychological health include a manner of individuality and self-confidence, an ability to be productive and to learn sound family and peer relationships, and a capacity to use development challenges and cultural resources to maximize development. In childhood, good mental health is a prerequisite for optimal psychological development, effective learning, productive social relationships, and an ability to care for self, good physical health and effective economic participation as adults. In this

thing, children and adolescence face many difficulties including social and conduct problem, emotional, leaning abilities and significant mental disorders. The changes in the configuration of childhood health and illness, with the decrease, is a most communicable disease that has highlighted new challenges. The child mental health difficulties is a long undesirable consequence with inferior wages, lower informative accomplishment, lower likelihood of employment and more crime.

Conceptualizing Child Mental Health: Immaturity and Maturity

As per the views of Rice, Stafford, Zeanah, and Nagle (2005), the time of early childhood is full of harmonies that should be prevented from the problem of mental health. According to Zeanah and Zeanah (2001), the term ‘mental health of Infant’ may appeared in the terms of contraction in which infant term shows the innocence while the mental health has negative effects of stigma and mental illness. According to this work, mental health disorder has disruptive behaviors in children that are symptomatic, an idea of parents that may resist in which they assume that their children is young to show psychiatric problems. In high-risk environments, the concept of children as innocent and immature covers the children under the age of five, juvenile courts have the child welfare system for children that seems safe to deal with the mental health problems, although the fact that these children are frequently exposed to multiple possibly harmful effects from birth.

In young children, the mental health problems are recognized by the field of child development. For children's receptivity, most persuasive evidence to environmental influences and for child's mental health, the early experiences are very important because of the affection relationships between teen and caregiver. This theory holds effects of experiences of child in his early life and influence of their relationships and social interaction in later life.

Child mental health is a unique phenomenon that is a link between the child experiences and adult outcomes. In the developmental stage of child, mental health symptoms should be considered. To the child mental health, increasing the awareness of the important of development appropriate conception which gives an idea to reduce problem of mental health. These problems are different in children from the adults. In the context of

development, mental health should be seen to notice the symptoms mental illness which is seen through the developmental lens. The mental disorder's symptoms is varied with the development and the specific cognitive and affective capacities of children.

Mental Health Disorder

It has new development classification disorders that are developed in child and adolescent, which is as follows:

Depression Disorder

In mental health condition, depression is one of the most important factors because it show the large burden on persons, families and society. Sometimes the result of depression is suicide. Depressive symptoms come from the Youth Risk Behavior Surveillance System (YRBSS). This study asked: do you feel sad and hopeless every day or in two weeks and you are not able to do your usual activities? From 2005 YRBSS, the result indicates that high school students show the level of sadness in which 36.7% of female and 20.4% of male are reported. Hispanic students reported higher rates (46.7% of females and 26.0% of males) compare to non –Hispanic Black and white peers.

Symptoms that are comparable to those in adults. These include the following:

- Loss of interest
- Low mood
- Irritability
- Lack of enjoyment in anything
- Tearfulness
- Low self-esteem
- Guilt
- Social withdrawal
- Physical symptoms (pain in the head, abdomen or chest)

Symptoms that are more likely to occur in adolescents or children. These include the following:

- Running away from home

- The decline in school work
- Complaints of boredom
- Requiring excessive amounts of sleep (even for a teenager)
- Antisocial behavior
- Eating more may be a sign of depression as well as eating less

According to Ruston et.al, using the Center for Epidemiological Studies – Depression Scale (CES-D), identifies degrees of depressive symptomology: mold, sever, minimal and moderate.

Anxiety Disorder

Anxiety term is defined as a state of fear or subjective feeling of apprehension or dread. In the general population, concern disorder is among the most mutual mental complaints that affect about 40 million adults in the United States. It contains group of conditions in spite of having single disorder. This condition contains some common features that make up this group is that persons artificial experience determined, excessive worry or fears that typically restricts to perform their daily tasks or take pleasure on every day of life. The most common anxiety disorders are specific phobias, posttraumatic stress disorder, social anxiety, panic disorder, generalized anxiety disorder and other disorders are generally occur in less than 2% of the population.

Level of anxiety

- Mild – sharp perceptions, slight physical arousal and the talent to learn
- Moderate – selective attention, physical signs apparent and narrowing of the perceptual field
- Sever – may develop ritualistic behavior, physical symptoms problematic, very apprehensive and difficulty concentrating
- Panic – difficulty breathing, terror, fear of dying, little ability to concentrate and may be suicidal

In this disorder, exist some disorder that is as follow:

- Social phobia – In this disorder, fear persist, and habit to avoid the social or performance situations cause awkwardness.

- Separation anxiety disorder – In this disorder, the tension regarding the separation from family or whom the child feel comfort or safe.
- Generalized anxiety disorder (GAD) – In this disorder, idealistic or extreme worry about numerous activities or events that conveyed by signs of motor tension, vigilance, and autonomic provocation.
- Posttraumatic Stress Disorder (PTSD) – from exposure to sever, a response results emotionally or physically traumatic event that is characterized by invasive re-experiencing of the shock, evading behaviors and emotional numbing and increased provocation.
- Obsessive-Compulsive Disorder (OCD) – In this disorder, persistent obsessions and compulsions that interfere with functional abilities, social activities, occupation and interpersonal activities.

Hyperkinetic Disorder

Hyperkinetic disorder (HKD) is also one important mental health disorder with the occurrence of 1-6%. It includes some symptoms prominent hyperactivity, increased impulsivity and attention deficit disorder. Children with HKD are easily distracted, and have aggressive behavior in the class room, irregular in class and have focus only on short time span. They also disturb their fellow students or knock down over the chairs. The experience of teachers shows that hyperkinetic behavior is disruptive and stressful behaviour. When HKD notice that their behavior is changed among the children having HKD. By fellow students, they are teased and get into rows. As a result these children are isolated and also punished by their parents for their behavior. Parents and children should be trained for the diagnostic and therapeutic options in the school entry examination if there are indicators of HKD.

According to the diagnostic evaluation of HKD done by the medical specialist, the assessment of teacher should have a special role to treat the children suffering from HKD. The International Classification of Disease (ICD-10) is necessary to diagnose the symptoms occur at school and home. Quantitative and qualitative (description of a child's attention, impulsivity, social competence, motor restlessness and performance ability) standardized behavior and observation sheets at school i.e.,

checklist of Child Behavior (CBCL) are analyzed. Many teachers do not know how to deal with children having HKD. Because of having the agitated behavior at the time of lessons and pauses, there is need of treatment of children with HKD. According to Arzteblatt research, the symptoms of HKD, self-awareness of children and perceptions of teachers are determined by the investigation of effectiveness of school-based involvements.

Substance-Related Disorders

This type of disorder is a bunch of mental disorders which are linked with taking of psychoactive substances, medicines or poisons. In the Diagnostic and Statistical Manual of Mental Disorder (DSM-IV TR), substance-related disorder are categorized into two parts:

- Substance use disorder (abuse and dependence)
- Substance-induced disorder (withdrawal, intoxication, and specific substance-induced conditions)

It contains some sign and symptoms that are as follows:

Dependence – For substance dependence, this criterion established by the Diagnostic and Statistical Manual for Mental Disorders (DSM-IV-TR) that includes in the short period of time of 12 months, the occurrence of these symptoms at least three time:

- Attempts at control
- Use despite recurrent problems
- Use of amount greater that intended
- Extreme time consumed in gaining, expending, recuperating
- For avoiding the substance, the withdrawal symptoms seen

Abuse – Criteria for substance abuse include:

- Frequent substance-related legal issues
- Frequent use in hazardous situations
- Frequent use of substance result in the fail to fulfill his duties
- Criteria for substance dependence hake never been met

- Recurrent social or interpersonal problems

Substances with abuse potential include: sedative/hypnotics, opioids, nicotine, phencyclidine, amphetamines, alcohol, caffeine, inhalants and anabolic steroids

Conduct Disorder and Oppositional Defiant Disorder

For conduct disorder, a complete evaluation of all Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) criteria could not be located and according to AddHealth study in 1955 reported “proxy variable”, includes destruction of property, stealing things and bullying others, linked to the conduct disorder diagnosis. In DSM-IV diagnosis for conduct disorder, AddHealth used a criteria 7 of 15 and found that only 3.4% adults under the age of 12-17 having the conduct disorder.

Eating Disorder

This type of disorder, occur because of medical complications such as weakness, fainting, and coldness. In childhood and adolescence, eating disorders can be classified as follows:

Selective eating (meal refusal) – It can be defined as the adherence to a limited range of foods or a refusal to eat at meal times or both.

Anorexia nervosa – It can be defined as follows:

- Determination of food avoidance
- Losing the weight and unable to maintain the healthy weight as expected for the young person’s age
- Concern with weight and shape, often with a distorted body image.

Bulimia nervosa – It can define as follows as:

- Recurrent binge in which consuming the large amount of food in a short period of time show to have the lack of control.
- Recurrent compensatory behavior i.e., laxative abuse, exercise, self-induced nausea, and fasting.

Obesity – It can be defined as an excessive weight in relation to height and age.

Food avoidance emotional disorder – This type of disorder in which avoidance of food is prominent

such as certain cases of depression, obsessive-compulsive illness or school rejection.

Functional dysphagia – In this disorder, shocking episode of blocking or struggle in swallowing that is followed by food evading.

Pervasive refusal syndrome – This syndrome is very rare that is affected girls aged 8-14 years, who do not only stopping eating but also walking, talking, drinking and caring for themselves.

Mood Disorder

These disorders are critical health care problem that is affecting individuals across the life-span. It is described by a mood disturbance on a continuum from depression to mania. It is an experience feeling tone that is different from impact, showed by the external behavior, come out from internal feelings.

- Generally involves manic (bipolar) and/or single or recurring depressive (unipolar) episodes.
- Also occurs as part of other non-mood conditions (eating, psychotic, anxiety, cognitive and substance-related disorder).
- Level of severity contain:

Mild – having less symptoms which keep away from the diagnosis

Moderate – lie between the mild and sever condition

Severe without psychotic features

Sever: having psychotic characteristics

Mental Health disorder: Risk and Protection

In the investigation, the determining the child mental illness means to analyze those risk factors which increase the possibility of adverse mental health results. On the other side, Protective factors are those factors which give positive mental health outcomes. By investigating the risk and protective factors, the child vulnerability is determined to develop the mental illness.

According to Zeanah, Boris, and Larrieu, the greater the number of risk factors a child and adolescent are subject to, the more likely they face mental health problems. Through the multiple protective factors, the risk of mental health problem is reduced and immunize the capability against the adversity. By the combination of different protective factors,

mental health can be improved and person would be able to live their life with harmony and make able to help other individual for development.

Conclusion: Mental health disorder in children is a severe social problem and public health which is due to the lack of cohesiveness. By these types of disorder, children are affected at different age which can be diagnosed and preserved only in schools,

health-care surroundings, and even justice activities. These disorders contain the prevention and early involvement that have a significant value in child mental health and increasing the discovery evidence at later ages as well. For improving these disorder, increasing policies and plan due to which understand the problems.



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