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Child Mental Health Disorder and Its Prevention

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Abstract:

"Mental Health" term refers to as the individual's adjustment with a maximum of satisfaction, effectiveness, happiness and socially understanding behavior and has the ability to face and accept the reality of life. With mental health problem, children and adolescent are suffered and their families need the appropriate tools, services, skills and support to reach their full potential as contributing and productive citizens. Improve mental health have the ability to attain school success, mental health and social and emotional well-being, to remain in stable living situations, to maintain healthy relationships, to stay out of jail and the juvenile justice system by their services and supports. Children's and adolescent's mental health cover a wide range of disorders such as Depression, Anxiety disorder, ADHD disorder, eating, mood disorder etc. and these disorder may be detected and treated in any number of settings, from a pediatrician's or psychologist's to school to the juvenile justice system. With mental disorder, policies and programs to help children that are fragmented and lack coordination, funding follows idiosyncratic rules, and all of this prevention programs hard to deliver. 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 positive concept that is related to an individual's emotional, social and psychological well-being. It contains the functioning at a satisfactory 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 is defined as a state of well-being, can manage with every day's normal stresses and work productively as well as fruitfully and are able to make a contribution to her on his community. The culturally define of the concept of mental health but generally relates to the enjoyment of life, sorrows and sadness, ability to cope with daily stresses, the fulfillment of goal and potential and a sense of connection to others. It is an important 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. It can be affected by traumas, toxins, genetic disturbance and illness that these same stressors can affect mental health and have long-lasting repercussions which have long-lasting acceptance. When risk vulnerabilities and factors outweigh or overcome factors that are increase resilience and that are protective and result are found the metal disorder. Mental disorders are diagnosable conditions characterized by changes in mood, behavior (some combination of these) and thinking that can cause a person to feel stressed out and impair his or her ability to function and these disorders are common to see in adolescence. Child and adolescent mental disorders manifest themselves in different ways and in many domains.

In the prenatal period (conception to birth), childhood (birth to 9 years) and adolescence (10 to 19 years), mental health was seen. It adopts a broad definition of child and adolescent mental health:

"Child and adolescent mental health is the capacity to achieve and maintain optimal psychological functioning and well-being. It is directly related to the level reached and competence achieved in psychological and social functioning".

Child and adolescent mental health include a sense of identity and self-worth, 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 problems is a long negative consequence including lower wages, lower educational attainment, lower likelihood of employment and more crime.

Conceptualizing Child Mental Health: Immaturity and Maturity

According to Rice, Stafford, Zeanah, and Nagle (2005), most people believe that early childhood is a happy time and conclude that this happiness prevents to children from having a mental health problem. According to Zeanah and Zeanah (2001), the term 'infant mental health' may seem like a contraction in terms and the term 'infant' implies hope and innocence while 'mental health' has negative implications of stigma and mental illness. According to this literature, mental health disorder has disruptive behaviors in children that are symptomatic, an idea of parents that may resist because of the assumption that the child is too young to exhibit psychiatric problems. In high-risk environments, this conception of children as innocent and immature extends even to children-under the age of five, juvenile courts generally consider children in the child welfare system that to be immune to mental health problems, although the fact that these children are frequently exposed to multiple possibly harmful influences from birth.

In young children, the field of child development itself only recently recognized the possibility of mental health problems. For children's receptivity, most persuasive evidence to environmental influences and for child's mental health, the importance of early experiences is the fundamental nature of attachment relationships between child and caregiver. This theory holds that a children's early experience with their caregiver's guides and influence children's later relationships and social interactions. In infancy, the patterns of relationships established that are thought to be stable across the lifespan. But its experience may add to or modify the model of interaction, the original attachment relationship serves as the most prominent influence on a person's expectation, perceptions and behaviors in social interaction.

Child mental health is a unique phenomenon that is a link between the child experiences and adult outcomes. In relation to a child's specific development stage, symptoms of mental health must be considered. To the child mental health, increasing the awareness of the important o development appropriate conception that provides evidence for the idea in which children suffer mental health problem, these problems present

differently from those of adults. In the context of development, mental health must be viewed, it is also important to recognize the symptoms of mental illness that must be viewed through a developmental lens—symptoms of the mental disorder can change with development and depend on children's specific cognitive and affective capacities.

Mental Health Disorder

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

Depression Disorder

Depression is one of the most widely studied in mental health conditions because of its large burden on individuals, families and society and its link to suicide. It is the most widely reported disorder, with over a quarter of adolescents affected by at least mild depressive symptoms. Depressive symptoms come from the Youth Risk Behavior Surveillance System (YRBSS). This study asked: Have you ever felt so sad or hopeless almost every day, for two weeks in a row, that you couldn't do some of your usual activities? From 2005 YRBSS, the result indicates that 36.7% of female and 20.4% of male high school students reported this level of sadness and Hispanic students reported higher rates (46.7% of females and 26.0% of males) than their 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, anxiety disorder is among the most common mental disorders that affect about 40 million adults in the United States. It refers to as a group of conditions rather than a single disorder. Of this condition, contain common characteristics that make up this category is that individuals affected experience determined, excessive worry or fears that typically interferes with their ability to carry out their daily tasks or take pleasure in day to day 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 ability to learn well
- Moderate – selective attention, physical symptoms 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, persistent fear or avoidance of social or performance situations in which embarrassment may occur.
- Separation anxiety disorder – In this disorder, concerning separation from home or from those to whom the child is attached.
- Generalized anxiety disorder (GAD) – In this disorder, unrealistic or excessive anxiety or worry

about several activities or events that accompanied by symptoms of motor tension, vigilance, and autonomic arousal.

- Posttraumatic Stress Disorder (PTSD) – from exposure to sever, a response results emotionally or physically traumatic event that is characterized by intrusive re-experiencing of the trauma, avoidance behaviors and emotional numbing and increased arousal.
- 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 one of the most important common mental health disorder problems with the prevalence of 1-6%. It includes some symptoms pronounced hyperactivity, attention deficit disorder, and increased impulsivity. Children with HKD are easily distracted, shout out into the classroom, miss information in class, jump up in class, and are able to focus their attention for a short timespan only, drop class materials, disrupt their fellow students or topple over with their chairs. With HKD, basic school requirement of being able to adhere to structured behavior over several hours and to focus their attention is asking too much from children. The experience of teachers and describe the hyperkinetic behavior as disruptive and stressful. When HKD notice that they are "different" and not able to control their behavior in children with HKD suffer greatly. By fellow students, they are teased and get into rows. Such children often become socially isolated if the symptoms persist; their fellow students do not invite them to play and adult punishes them for their behavior. Parents and children should be given advice on the diagnostic and therapeutic options in the school entry examination if there are indicators of HKD.

In the medical specialist's diagnostic evaluation of HKD, the school report or teacher's diagnostic assessment should have a special role. The International Classification of Disease (ICD-10) requires for the purposes of diagnosis that the symptoms occur in more than one situation like at school and at 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 such as Child Behavior Checklist (CBCL) are used. Many teachers are ambiguous about how to deal with children with HKD. Because of their hyperactive behavior during lessons and breaks, children with HKD require treatment that includes the school. According to Arzteblatt studies, investigated the effectiveness of school-based interventions for the key symptoms of HKD, children's self-awareness and teacher's perceptions of school success and social skills.

Substance-Related Disorders

This type of disorder is a cluster of mental disorders that are associated with exposure to or excessive use of psychoactive substances, medications or toxins. In the Diagnostic and Statistical Manual of Mental Disorder (DSM-IV TR), substance-related disorder divided into two groups:

- 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 include the occurrence of at least three of the following within the same 12 month periods:

- Attempts at control
- Use despite recurrent problems
- Use of amount greater that intended
- Excessive time spent in obtaining, using, recovering
- Presence of withdrawal or use to avoid or relieve withdrawal symptoms

Abuse – Criteria for substance abuse include:

- Recurrent substance-related legal problems
- Recurrent use in hazardous situations
- Recurrent use resulting in a failure to fulfill major role obligations
- 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", including damaging property, stealing and threatening others which were linked with conduct disorder diagnosis. In DSM-IV diagnosis for conduct disorder, using 7 of the 15 criteria in which AddHealth found that 3.4% of adolescents ages 12-17 met the criteria for the diagnosis of a 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:

- Determined food avoidance
- Weight loss or failure to maintain the steady weight gain expected for the young person's age
- Preoccupation with weight and shape, often with a distorted body image.

Bulimia nervosa – It can define as follows as:

- Recurrent binge in which a large amount of food eaten in a short time, accompanied by a sense of lack of control.
- Recurrent compensatory behavior such as laxative abuse, exercise, self-induced vomiting, 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 disorder or school refusal.

Functional dysphagia – In this disorder, traumatic episode of choking or difficulty in swallowing that is followed by food avoidance.

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 characterized by a mood disturbance on a continuum from depression to mania. It is an experience feeling tone that is distinguished from affect which is an external expression of the internal feeling tone.

- 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 include:

Mild – limited symptomatology beyond those needed for diagnosis

Moderate – intermediate severity between mild and sever

Severe without psychotic features

Sever with psychotic features

Mental Health disorder: Risk and Protection

In the investigation, the determining the child mental illness in which risk factors are those features of a child or her environment that increase the possibility of negative mental health outcomes. Protective factors, on the other hand, are those feature of either child or her environment that promote positive mental health outcomes. By investigating the risk and protective factors, determine a child's vulnerability to developing 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 are to suffer mental health problems. It is unlikely to single risk factors significantly compromises a child's future mental health outcomes but multiple risk factors increasing the likelihood of mental health problems. The multiple protective factors can "directly reduce the effects of risk, enhance competence or immunize an individual against adversity". Combine the different protective risk factors that help to mental health and effects of these protective factors often endure throughout the life, helping to combat various individual and environmental challenges throughout development.

Conclusion: Child mental health disorder is a serious public health and social problem, however, are notable for their lack of cohesiveness. These types of the disorder can affect children at different ages and can be detected and treated in health-care settings, schools, and even justice agencies. These disorders contain the prevention and early intervention that play an

important role in child mental health and increasing the finding evidence at later ages as well. For improving these disorder, increasing policies and plan due to which understand the problems.

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