

Editorial

Child and adolescent mental health: Need for a public health approach

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Children are one third of our population, but all of our future

As highlighted in the recently organized IPS-North zone CME on childhood and adolescent psychiatric disorders, the young population forms the biggest asset for the progress of a nation. India has one of the largest proportions of young people in the world, with those aged 0-14 years constituting 35.3% of total population.¹ Children and adolescents account for 45% of the entire population. The preservation and promotion of mental health in young population has traditionally been viewed as an individual or family responsibility, however it is important to emphasize it as a matter of national interest and priority. More importantly, there is a need to go beyond the clinical approach to a public health approach to reduce negative health consequences and to promote positive health.

The period of childhood and adolescence is extremely crucial for the biological and psychological development. Various experiences and influences gradually shape up their personality throughout the developing years. The educational or extracurricular achievements prepare them for a larger and meaningful role in society. Adequate mental health in this period ensures a smooth progress, while any ill health is likely to have negative repercussions in later adult life. Few available epidemiological studies^{2,3} from India suggest

that nearly 10-15% of those aged 16 and below suffer from a diagnosable psychiatric disorder. Nearly 5% have a significant disability attributable to mental disorders. Suicide rates in Indian adolescents appear to be several-fold higher than anywhere else in world, accounting for 25% of deaths in boys and 50-75% of deaths in girls aged 10-19 years.⁴

Another issue of concern is that many psychiatric illnesses make their onset in adolescence. Studies show that nearly 50% of adult psychiatric disorders begin before the age of 14 years.⁵ Certain familial or psychological factors operating in childhood may interact with genetic vulnerability to increase the predisposition for mental disorders. Some of these are modifiable and amenable to intervention at an early stage. Preventive efforts may not only improve the mental health of young, but could have far-reaching consequences in reducing adult psychiatric morbidity.

Several mental disorders are associated with maladaptive behaviours originating early in life. Inadequate development of coping repertoire and social skills deficiencies may enhance the vulnerability to stress. Behavior and skill training at an early age is likely to facilitate adjustment and enhance functioning in various spheres of life.

Though Indian society is traditional in its outlook and values, however things are slowly

changing in urban areas. More and more couples are working, nuclear families are on rise, single-child families are common, Time is increasingly becoming a commodity and so-called quality time is replacing quantity of time spent with children. With breakdown of extended and joint families, social support systems are diminishing. With industrialization, child labour is on its increase. All these societal changes are also likely to have an influence on child and adolescent development. A country places a major stake in the younger population and issues affecting their mental health are indeed a public health challenge.

Even at its best, the clinic-based treatment-oriented approach in young remains limited in its scope. In contrast, the public health approach relies on

- (a) a primary focus on populations,
- (b) emphasizes promotion and prevention,
- (c) addresses determinants of health, and
- (d) engagement in a process that involves a series of action steps, including assessment, policy development, and assurance.⁶

An public health intervention means a broad environmental and policy change. The public health principles allow us to focus on reducing mental health problems among children for whom a problem has been identified and helping *all* children *optimize* their mental health. Here are a few steps that needs to be taken in this regard.

First, India does not have a child mental health policy, or a mental health policy for that matter. There is an urgent need for a mental health policy for young as well as adult population. It will provide a developmental framework to enhance mental health resources and guide adequate development of services, advocacy, proper access to care, prevention, promotion and appropriate budget allocation.

Second, the five year plans, until recently, have set aside only a few crores for mental health of entire country. The National Mental Health Programme (NMHP) had not specifically focused on issues related to children and adolescents. However, with recent increase in budgetary allocation and expansion of programme, it is logical to divert some of the budget, services and efforts towards children and adolescents. The 11th five year plan had the addition of school mental health services through life skill education and counseling services. There is a need to pay more attention to such issues in the 12th five-year plan. There should be adequate provisions for promotion, prevention, early identification and interventions to cover *all* children and adolescents, including those who are 'drop-outs' or never attended a school or college. A most crucial need is to integrate and collaborate with primary health (including Integrated Child Development Scheme-ICDS), social welfare and education sectors.

Third, lot of complexities exist in multi-plexities of laws related to child mental health or associated disabilities. These may be simplified to make one law or single window for child mental health needs. Fourth, there is a need to expand the community services for child mental disorders. It may be through mobile health camps, involvement of *Anganwadi* workers or primary care clinics under district mental health programme. The development of a social services network to identify children in abusive or violent home environments will be of great use in fighting and curbing child abuse.

Fifth, schools play a large role in development of children and adolescents and provide a room and scope for intervention. There is a need to impart skills aimed at mental health promotion. In addition, regular screening and health check-ups may assist in early identification of

emotional and psychological problems. The school teachers and counselors should be sensitized and trained to handle child mental health issues. Special attention should be devoted to children with scholastic difficulties or poor academic achievements with an encouraging and supportive approach. Help should be sought wherever indicated and a school teacher can provide a lot of information about the kind of academic difficulties a child is experiencing, which can assist in early identification. Similarly, such programmes should also be run in colleges.

Sixth, adolescence is an age of experimentation and several drugs of abuse make an onset at this age. Inhalants are commonly abused in late childhood or early adolescence. Tobacco and alcohol use often begin during adolescence and may be a 'gateway' to harder drugs. Drug awareness campaigns should be regularly conducted in colleges. There should be a focus on enhancing social skills in order to resist peer pressure and ability to say 'no' to drugs. An important aspect is the encouragement of alternate activities e.g. participation in sports, body building etc which can encourage positive lifestyle behaviours.

Seventh, there is a need to train manpower in child and adolescent mental health at various levels. Formal courses and short term training programs can be organized to impart necessary skills. It is important to include anganwadi workers and primary care physicians to train them in early identification as well as promotion of child mental health. Eighth, it is important to create and establish a permanent body at Centre and State levels to have an effective mechanism for coordination and monitoring of services. It will also facilitate an effective liaison with different organizations and ministries dealing with child mental health issues.

Ninth, child and adolescent research has not

received the deserved attention so far. Only a handful of Indian researchers are currently working in child psychiatry. The course and outcome of disorders are not much studied in Indian context. We need to generate quality evidence for cost-effective preventive, promotive and treatment strategies. There is also a need to build upon indigenous ways of child and adolescent health promotion.

Last, there is a great need to coordinate our efforts. The non-governmental organizations have an important role to play in advocacy and awareness. The support of families and emergence of a broad range of leadership from various sectors are crucial steps to optimize the child and adolescent mental health. During the 10th year plan, some policy and programme attention had been devoted to adolescents as a group. Intersectoral linkages have been recommended under the National Rural Health Mission and Reproductive and Child Health II. It is important to integrate efforts for child and adolescent mental health with the ongoing efforts for general health and welfare of this group. With next five-year plan around the corner, it is imperative that we recognize the need for a public health approach and make coordinated efforts to optimize the mental health of younger stakeholders of the country.

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