
TO STUDY THE MENTAL HEALTH IN ADOLESCENTS AND CHILDREN

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Abstract

BACKGROUND: The proper development of societies depends on the mental health of children and adolescents. The future growth of low-income nations around the world is heavily reliant on the mental health of children and adolescents. With a sizable population, 50% of whom are children and adolescents, and diverse physical, economic, social, and cultural situations, India stands out as a special case. One of the first emerging nations to create a national mental health programme was India. Since this historic acceptance almost 30 years ago, there have been significant changes in India's population mental health and healthcare delivery. Services for children's mental health have been underfunded in India for more than 60 years. Additionally, the requirements of children and adolescents in terms of mental health have not been sufficiently met by national mental health officials.

AIM: The aim of this study is to evaluate the effectiveness of mental health programme on mental health characteristics among adolescents and children

MATERIAL AND METHOD: This Observational study has been conducted in the Department of Pediatrics. Children and adolescents benefit from community and school-based interventions for mental health that are interaction-based. A PICOS definition of this query is as follows: Is the effectiveness of interaction-based therapies (Intervention) in children and adolescents (Population) in reducing disruptive behaviours and affective symptoms including depression and anxiety, strengthening social skills, and enhancing wellbeing. In this study, children mean boys and girls in the age group of 6-18 years who are living in children's homes. A total of 150 adolescents and 150 children were selected by using stratified random sampling techniques that fulfilled the sampling criteria.

RESULTS: The frequency and percentage distribution of demographic variables of adolescents with respect to age, class, religion, father's education, and mother's education. Considering the age of the adolescents, 40(25.64%) belonged to 11-12 years, & 13-14 years respectively. 35(24.62%) belonged to the age group of 14-15 years and the age group of 15-16 years. Also Considering the age of the Children, 40(25.64%) belonged to 6-7 years, & 7-8 years respectively. With regard to the physical domain of mental health characteristics, the majority 234(82.56%) had inadequate, 60(30.38%) had moderately adequate, and 6(4.05%) had an adequate level of mental health characteristics. Regarding the familial and social domain of mental health characteristics, the majority 299 (99.49%) had inadequate and 1(0.51%) had moderately adequate levels of mental health characteristics.

CONCLUSION: There is proof that these interventions have a positive impact on children and adolescents' mental health, both in terms of reducing internalizing and externalizing symptoms and elevating individual wellbeing. Intervention programmes that prioritise contact as a key component also boost factors that support mental health, such as social support or involvement. The management of the gynecologic side effects of psychiatric medications, the provision of reliable contraception, and routine testing for STIs are all ways that the obstetrician-gynecologist can help. Mental health disorders should be managed by mental health care professionals or appropriately trained primary care providers.

KEYWORDS: Mental health, schools, Communities, Children, Adolescence.

Introduction

More than half of mental health issues begin throughout childhood and adolescence, and many of them continue into adulthood, making these years crucial for promoting mental health.¹ This has recently gained importance since research from around the world indicates a rise in the prevalence of mental health problems in children and adolescence, with the percentage of those affected now approaching 20%.^{2,3} Numerous of these kids and teenagers aren't getting the specialist care they need, which further aggravates the condition.^{4,5,6} At least one in five young people (ages 9 to 17) nowadays have a diagnosable mental health condition that impairs them to some extent; one in ten have a condition that significantly impairs them.^{7,8} Only one-third of these young people receive the required care.⁹ Although treatment frequently doesn't start for 6 to 23 years after beginning, half of all significant adult psychiatric problems begin by the age of 14.¹⁰ While attention deficit disorder is more common in male adolescents than female adolescents, anxiety and mood problems are two to three times more common in female adolescents. Adolescent patients of obstetricians and gynecologists are far more likely to present with one or more mental health issues.

It's a prevalent perception that today's youth exhibit worse behaviour and are more emotionally tormented than their predecessors. Studies that have tested this premise have looked at changes over time in reported prevalence rates of disorder, statistics on crimes and suicide from government records, and lifetime rates of disorder reported retrospectively by people in various birth cohorts. Since the Second World War, practically all developed nations have seen increased rates of conduct issues, depression, and suicide, according to all of these sources.^{11,12}

As a result, significant work has been done to compile the best available evidence about mental health, which has increased the difficulty of reaching consensus on core topics in the area including the definition of mental health and other related concepts.¹³ WHO defines mental health as a condition of wellbeing in which people may develop their skills, deal with the stress of daily life, engage in productive and fruitful employment, and contribute to the advancement of their community rather than simply being free from sickness.¹⁴ The WHO Mental Health Action Plan, 2013–2020, which includes the ideas of mental health promotion, mental illness prevention

and treatment, and rehabilitation, is based on this description. The plan places a strong emphasis on the developmental aspects of children and young people as crucial areas that must be addressed in mental health interventions, such as, for example, the capacity to control one's thoughts and emotions, the capacity to form social connections, and the capacity to learn.

In principle, epidemiological studies of child and adolescent psychopathology could also be informative on time trends, as such studies have been conducted for over 40 years. In practice, changes in diagnostic criteria, and wide variations in approaches to the assessment of disorders, make it extremely difficult to interpret differences between studies in terms of historical trends alone.¹⁵ Whereas determining the effect of the interaction itself in the outcomes obtained might be problematic, the authors of this paper aim to examine interaction-based mental health interventions, defined as those in which collective interactions, involve professionals, family, and community members with children and adolescents, are an integral component of the intervention. This systematic review focuses on those interventions conducted in schools and communities and their outcomes on children and adolescents' mental health. It addressed whether any observed changes in parent-rated behavior reflect real changes in child behavior or changes in reporting thresholds. The possibility of reporter effects was tested by examining associations with later outcomes, using longitudinal data available for two of the three samples.

MATERIAL AND METHODS

This Observational study has been conducted in the Department of Pediatrics. Interaction-based mental health interventions in schools and communities have positive effects on children and adolescents. This question has been defined in terms of PICOS: In children and adolescents (Population) are interaction-based interventions (Intervention) effective in decreasing disruptive behaviors and affective symptoms such as depression and anxiety, and in increasing social skills, and improving well-being. In this study, children mean boys and girls in the age group of 6-18 years who are living in children's homes. A total of 150 adolescents and 150 children were selected by using stratified random sampling

techniques that fulfilled the sampling criteria. Under the rule and regulation of the institutional ethical committee, signed informed consent was taken from every study subject. Informed written consent was taken from the patients or their guardians willing to participate in the study.

The inclusion criteria were the following:

- Special population group: children and adolescents.
- Target age: 6 to 18 years of age, inclusive.
- Mental health interventions in which collective interactions, including professionals, families, and community members with children and adolescents, are an integral component.
- Studies reporting outcomes of the intervention in decreasing symptoms and/or promoting well-being.

The exclusion criteria were the following:

- Interventions focus on early childhood, youth, or adults.
- The target age is not specified, or the target population is below 5 or above 18 years.
- Mental health interventions focusing on one-to-one interactions (i.e., professional-child/professional-adolescent).
- The intervention is not described or assessed, as in trials, theoretical research or literature reviews.

Data Collection Instrument

The instrument was compiled by the Investigator with the guidance of experts and a review of the literature. The tool used for the present study was a modified Abraham and Prasanna Mental health status scale questionnaire. It has five components:

Section A: Demographic Variables.

It consists of age, sex, class, religion, type of family, the living status of parents, caretaker (or) guardian, no. of siblings, order of birth, close friends in school, and mass media at home. Modified Kuppasamy scale¹⁶ was used, they are father's education, mother's education, father's occupation, mother's occupation, and income.

Section B: Modified Abraham and Prasanna Mental health status scale Questionnaire Mental health status scale developed by Abraham and Prasanna¹⁷ at the department of Education University of Kerala was used. The tool has 16 sections with eighty items, which are converted into 5 dimensions with the help of experts and it comprises 6 items in each dimension. It covers almost all dimensions of mental health characteristics.

Supportive Interactions in Mental Health Interventions

Interactions among students, teachers, family, community members, and other professionals play an important role in the interventions analyzed. The mental health programs developed in schools and communities include specific strategies that have an emphasis on enacting peer support, partnerships, and dialogic spaces for the children and adolescents to engage in supportive interactions with other relevant peers or adults.

STATISTICAL ANALYSIS

Paired "t" test was used to compare the pre and level of mental health characteristics among adolescents. 2. ANOVA / unpaired „t“ test was used to associate the selected demographic variables with mean different levels of mental health characteristics among adolescents and children.

RESULT:

TABLE 1: Frequency and percentage distribution of demographic variables of adolescents with respect to age, class, religion, father's education, and mother's education.

Adolescent Demographic Variables N=150	No.	%	Children's Demographic Variables N=150	No.	%
Age			Age		
11 - 12 years	40	25.64	6 - 7 years	40	25.64
13 - 14 years	40	25.64	7 - 8 years	40	25.64
14 - 15 years	35	24.10	8- 9 years	35	24.10
15 - 16 years	35	24.62	9- 10 years	35	24.62
Class			Class		
VII Std	40	25.64	I Std	40	25.64
VIII Std	40	25.64	II Std	40	25.64
IX Std	35	24.10	III Std	35	24.10
X Std	35	24.62	IV Std	35	24.62
Religion			Religion		
Hindu	120	90.77	Hindu	115	87.77
Christian	18	6.15	Christian	23	9.15
Muslim	12	3.08	Muslim	12	3.08
Father's education			Father's education		
Profession or Honors	3	3.08	Profession or Honors	2	2.08
Graduate or Postgraduate	15	9.23	Graduate or Postgraduate	16	10.23
Intermediate or Post High school diploma	3	3.08	Intermediate or Post High school diploma	3	3.08
High school certificate	66	39.49	High school certificate	60	35.49
Secondary school certificate	30	21.54	Secondary school certificate	36	25.54
Primary school certificate	11	6.15	Primary school certificate	11	6.15
Illiterate	22	17.44	Illiterate	22	17.44
Mother's education			Mother's education		
Profession or Honors	3	3.08	Profession or Honors	2	2.08
Intermediate or Post High school diploma	3	3.08	Intermediate or Post High school diploma	3	3.08
High school certificate	80	48.72	High school certificate	76	45.72
Secondary school certificate	32	21.54	Secondary school certificate	34	24.54
Primary school certificate	12	9.23	Primary school certificate	15	10.22
Illiterate	20	14.36	Illiterate	20	14.36

Table 1 depicts the frequency and percentage distribution of demographic variables of adolescents with respect to age, class, religion, father's education, and mother's education. Considering the age of the adolescents, 40(25.64%) belonged to 11 – 12 years, & 13 – 14 years respectively. 35(24.62%) belonged to the age group of 14-15 years

and the age group of 15 – 16 years. Also Considering the age of the Children, 40(25.64%) belonged to 6-7 years, & 7-8 years respectively. 35(24.62%) belonged to the age group of 8-9 years and the age group of 9-10 years. Regarding the class, 40(25.64%) were studying in VII and VIII respectively. 35(24.62%) were studying IX and X standards. Regarding the class, 40(25.64%) were studying in Ist and IInd respectively. 35(24.62%) were studying in IIIrd and IV standards. With respect to religion, the majority were Hindu, 18(6.15%) and 23(9.15) were Christians, and 12(3.08%) were Muslims.

Table 2: Frequency and percentage distribution of level of mental health characteristics among adolescents and children's

Mental Health Characteristics	Inadequate(≤50%)		Moderately Adequate (51 – 75%)		Adequate(>75%)	
	No.	%	No.	%	No.	%
Physical	234	82.56	60	30.38	6	4.05
Intellectual	300	100.0	0	0	0	0
Psychological	295	98.46	5	2.54	0	0
Familial	299	99.49	1	0.51	0	0
Social	299	99.49	1	0.51	0	0

With regard to the physical domain of mental health characteristics, the majority 234(82.56%) had inadequate, 60(30.38%) had moderately adequate, and 6(4.05%) had an adequate level of mental health characteristics. Regarding the familial and social domain of mental health characteristics, the majority 299(99.49%) had inadequate and 1(0.51%) had moderately adequate levels of mental health characteristics. With respect to the intellectual domain of mental health characteristics, almost all 300(100%) had an inadequate level of mental health characteristics.

DISCUSSION

The present study results have been found to be consistent with the study findings of Singletary et al., (2015)¹⁸ conducted a survey on young people's perceptions of mental and physical health in the context of general well-being. A total of 218, 13-year-olds participated. Young people's understanding and perceptions were assessed through anonymous questionnaires. The result revealed that nearly all young people 100% perceived being healthy to mean being physically healthy not mental health. The study concluded Students' understanding of mental health and its importance to well-being can be improved through short combined health interventions.

Kallol Roy et al., (2016)¹⁹ did a quasi-experimental study to assess the effectiveness of a life skill training

program on stress among adolescents in a school setting. 42 adolescent boys participated in the study. The prevalence of stress was determined by administering a standardized stress questionnaire. The intervention program consisted of seven daily sessions of 50 minutes each conducted within school timings. NIMHANS (Life Skills & Stress Management Module) model was selected to address adolescent stressors. Pre, post, and three-month follow-up assessments were conducted. The results revealed that 66% of the adolescents reported being stressed. The mean stress scores among adolescents who underwent the intervention program reduced significantly from 133 to 116 after one month of post-test.

Suman K Soman (1986)²⁰ conducted a study on the mental health status of children in orphanages in Bangalore and found that children in childcare centers show poor mental health status. The present study shows that 44% of respondents have a moderate level of mental health and 31% have a high level of mental health. 25% of children in childcare institution shows a low level of mental health.

The study indicates that the mental health of male children is higher than female children. This may be due to the fact that the female gender is considered more emotional than the male gender. Socio-demographic variables such as gender, class in which

the respondent is studying, domiciliary, order of birth, and reason for being in the institution has a significant difference in mental health. According to **Suman Soman (1986)**,²⁰ children in a special position in the family such as the eldest, youngest, and single child shows lower mental health. **Ravneet Kaur et al. (2018)**²¹ found in their studies that factors such as age, sex, the reason for being in institutionalized, age of admission, and year of stay in the home had a significant relationship with emotional and behavioral problems.

Luísa Campos, Pedro Dias, and Filipa Palha. (2014)²² analyzed the finding Space to Mental Health - Promoting mental health in adolescents. The sample was 70 students. Version 3 of the Mental Health Literacy questionnaire was used to collect the data. Data were analyzed with IBM SPSS 21.0. The findings of the study showed that there were significant differences between the mean value before ($M=3.92$; $SD=0.30$) and after ($M=4.29$; $SD=0.23$) the mental health promotion intervention ($t(45)=-8.67$). This study concluded that the key importance of conducting a pilot study with the target groups when developing an intervention tailored to increase mental health literacy in young people. In the line of **Syed Najmah Jameel, and Shawkat Ahmad Shah (2017)**²³ children in child care centers, who have been staying in the institution for five years and more have higher perceived social support. There is a significant association between domiciliary and years of staying in childcare institutions with Locus of control. All the other socio-demographic variables have no significant association with the Locus of control. There is no significant relationship between perceived social support and locus of control.

Richmond, Ross & Egeland (2007)²⁴ in their study states that social support functions as a buffer to reduce distress and resilience for people in stressful events. Children who have lost their parents to other causes and other orphaned children reported similar levels of social support. Caserta, **Punamaki, and Pirttila-Backman (2017)**²⁵ while studying the buffering model of social support on the well-being of children in childcare homes found that children showed a higher level of perceived social support. The Severe neglect of children was associated with a wide range of problems in the domains of physical development, cognitive development, attachment, and mental health.

Surma, S, Sampathkumar (2016)²⁶ did an experimental study to assess the effectiveness of life-

skills counseling intervention in enhancing the self-sufficiency of high school students. The study involved 300 high school students who were selected from various schools in the Mysore city corporation limit. The experimental and control group's mean score and S.D. on the self-sufficient personality factor were 4.36, 1.9, and 4.43, 1.9 respectively. The „t“ value -.298 and P .766, indicating a non-significant difference between experimental and control groups.

CONCLUSION:

There is evidence of a positive effect on the mental health of children and adolescents, both in decreasing internalizing and externalizing symptoms and in promoting personal well-being. Factors that foster mental health as social support or engagement also increase with intervention programs that include interaction as a main feature. Although mental health disorders should be managed by mental health care professionals or appropriately trained primary care providers, the obstetrician–gynecologist can assist by managing the gynecologic adverse effects of psychiatric medications and by providing effective contraception and regular screening for STIs. However, more research is needed into the specific impact of interaction on the mental health of children and adolescents, as well as analyzing the type of interactions that have the most beneficial effect.

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