

EDITORIAL

Stress amongst adolescents – An alarm for health service preparednessSeema Jain¹, Bhavna Jain²¹Professor, Department of Community Medicine, Lala Lajpat Rai Memorial Medical College, Meerut, Uttar Pradesh; ²Senior Resident, Department of Community & Family Medicine, All India Institute of Medical Sciences, Rishikesh, Uttarakhand

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Adolescence can be described as a transitional period from childhood to adulthood. WHO defines adolescence as the period of life between 10-19 years (1). India alone is home to more than 250 million adolescents or 20% of the global adolescent population (1). It is critically important stage of life as they face rapidly changing challenges in their social, physical mental and psychological environments. Their cultural beliefs, family structure and support, peer relationships and educational opportunities influence their behaviour and adjustment. During this stage of life, they not only develop autonomy, self-control, social interaction and learning, but also the capabilities formed in this period directly influence their mental health for the rest of their lives as many of these tend to run a chronic or relapsing course in adulthood (2). Mental health is influenced by various factors like age, gender, physical illnesses, biological, psychological, family and social factors. There are several reasons why mental morbidity is on the rise among adolescents. Some of the major factors are substance abuse, family conflict, relocation, peer pressure, peer-to-peer relationships and performance pressure in academics and other fields, anxiety, panic attacks, anger management issues, adjustment disorders, suicidal intentions, addictions, romantic and sexual encounters, Internet addiction and body shaming. Children are increasingly involved in activities where they sit at home, instead of playing outside. Homes where rhythms are disturbed due to parents and their hectic lives can lead to lack of resilience in children, and can even lead to psychological disturbances. Sleep patterns are often disturbed, which also lead to mental health disorders in children.

Almost one out of five adolescents in India suffers from some level of mental morbidity, says a 2019 study conducted by the Bengaluru-based National Institute of Mental Health and Neuro Sciences (2). Lopez and Murray (1988) stated that depression was the fourth most prevalent human disease in 1990 and is expected to rank second by the year 2020 in adolescent age group (3). National Mental Health Survey 2016 reported that the prevalence of mental disorders is 7.3% among children aged 13–17 years and it is similar in both genders in India (4). The prevalence among urban children is nearly double (13.5%, 10.4–16.5, 95% CI) compared to the rural children (6.9%, 4.0–9.7, 95% CI). Major illnesses include depressive disorders (2.6%), agoraphobia (2.3 disabilities affecting intellectual status [1.7%]), autism spectrum disorders (1.6%), psychotic disorders (1.3%), and anxiety disorders (1.3%) (4). Several community-based studies in India also reported prevalence of child and adolescent mental disorders varying from 1.06% to 5.84% in rural areas, 0.8% to 29.4% in urban areas (5). Another report published by the WHO showed that the prevalence of suicide is 21.1/100,000 population and nearly 258,075 Indians committed suicide in 2012 among which a large proportion are students aged 0–19 years (6). Therefore, the impact of mental illness is far beyond the imagination of the society, in which the awareness about the severity of these diseases is the least. The economic burden of neuropsychiatric disorders outweighs other noncommunicable diseases and it can be as high as 4% of the gross national product (GNP) among which nearly 2% was accounted for treating mentally ill people (7). Such high economic burden due to mental disorders cannot be overlooked.

Due to stigma, discrimination, inaccessibility and unavailability to mental health services, often these issues are undiagnosed and left untreated. These issues are not frequently addressed in families and in schools. One of the roadblocks to effective treatment is the parents' reluctance to accept that their child may need professional help. In both The Mental Healthcare Act (MHCA) and National Mental Health Policy (NMHP) there is provisions for the rights of mentally ill people but gives little space to children and adolescents. All responsibility and authority have been placed in hands of guardians and caregivers when it comes to decision making for minors facing mental health issues. On the contrary laws on mental health make no mention of role of parents and teachers in dealing with childhood mental morbidity. Furthermore, very little attention has been given to the special population such as orphans, street children, juvenile homes, rescue homes, and many other places where children and adolescents are exposed to the higher risk of mental illness (8).

First step is identifying and creating an evidence base for number of people in need. Secondly, to help children cope with the problems, they are encouraged to "apply their energies creatively" in a positive direction. They should be given right to take responsible decisions regarding their mental health. Adolescents should adopt a wide range of coping strategies including problem solving, seeking support from parents and friends, praying, positive reframing, distraction, and avoidance. Thirdly, parents, should provide a supportive and friendly environment to the young. There is a need of school health program, teacher's orientation program and school-based campaigns which aims to increase awareness about psychosocial disorders, understand self, and improve interpersonal relationships with peers and teachers. There is a more need of psychiatrists and counsellors in educational institutes. Lastly, integration of mental health services in primary health care to be done and also provision of these services in Adolescent Friendly Health Clinics to be ensured in both urban and rural areas for

equitable distribution of care. Provision of regular screening and counselling of those children residing in orphanage, remand homes, juvenile homes and streets should also be ensured.

"Mental health problems are nothing to be ashamed of," so to conclude puberty is anyway a vulnerable period, and usually leads to some disruption in an adolescent's life. "However, if one's home life and educational environment are balanced and supportive, there is no reason why puberty cannot be smooth sailing. Understanding the association between mental health and physical health is essential for prevention and effective treatment.

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