

Adolescent Mental Health: An Emerging Public Health Concern

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Mental health issues among adolescent

Adolescence is the phase of life between childhood and adulthood, from ages 10 to 19. They experience rapid physical, cognitive and psychosocial growth. Adolescent covers one sixth of the global population. An estimated 1.1 million adolescents die each year. The leading causes are road traffic injuries, suicide and interpersonal violence.¹

Globally, one in seven 10-19-year-olds experiences a mental disorder, accounting for 13% of the global burden of disease in this age group. Suicide is the fourth leading cause of death among 15-29 year-olds. The consequences of waning to address adolescent mental health conditions extend to adulthood that impairs both physical and mental health consequently limits the opportunities to lead fulfilling lives as adults. Multiple factors affect mental health. For instance, stress during adolescence include exposure to adversity, pressure to conform to peers and exploration of identity. Media influence, gender norms along with quality of their home life and relationships with peers, harsh parenting risks them to develop mental health problems. Some adolescents are at greater risk of mental health conditions due to their living conditions, stigma, discrimination or exclusion, or lack of access to quality support and services. For example, adolescents with chronic illness, autism spectrum disorder, an intellectual disability or other neurological condition; pregnant adolescents, adolescent parents, or those in early or forced marriages; orphans; and adolescents from minority ethnic or sexual backgrounds or other discriminated groups. It is estimated that 3.6% of 10–14-year-olds and 4.6% of 15–19-year-olds experience an anxiety disorder. Depression is estimated to occur among 1.1% of adolescents aged 10–14 years, and 2.8% of 15–19-year-old.²

As per the WHO's Global Health Estimates, suicide is the fourth leading cause of death in older adolescents.³ Adolescents with mental illness often engage in acting-out behavior or substance use, which increases their risk of unsafe sexual behavior that may result in pregnancy or sexually transmitted infections. The most common mental illnesses in adolescents are anxiety, mood, attention, and behavior disorders. At least one in five youth aged 9–17 years currently has a diagnosable mental health disorder that causes some degree of impairment; one in 10 has a disorder that causes significant impairment.⁴

Mental health problems during childhood or adolescence are associated with detrimental developmental outcomes in young adulthood. The availability of psychosocial protective factors in childhood or adolescence impacts most on mental health, life satisfaction and health-related quality of life in young adulthood.⁵

Mental health is affected to a great extent by social, economic and environmental factors. Exposure to a range of environmental vulnerabilities increases the risk of disorders in children. Poverty, a lower social position in society, war and exposure to violence, exposure to child labour, exploitation and human trafficking, domestic violence and sexual abuse have been linked with poor mental health among children and adolescents. The massive earthquake of 2015 directly affected 1.7 million children in Nepal that led to displacements, disappearances, injuries and death affecting families, children and their mental well-being. Despite this, child and adolescent mental health problems and disorders have been unacknowledged for many years in Nepal.²

Prevention of mental health problems in adolescents

“Patterns of disease in time and space” that may help to identify major risk exposures. The sequence of interventions runs from health promotion, through universal prevention, to high-risk prevention, to indicated prevention. Timing of puberty has emerged as an important aspect of risk in relation to both depression and behavioral problems. First, it is necessary to decide what disorders or disabilities are to be prevented. Second, prevention providers need to work toward one or more recognized prevention programs or strategies (using multiple methods in identifying the intervention program for instance clinical trial, multiple methods study). People normally in

contact with children in the community, parents and teachers most obviously, thus they need to be trained and helped to identify subjects for intervention, and if necessary “screening” measures must be developed and tested. In addition, the provision of specialty mental health and counseling services to school-age children. There is good evidence that these services reach more children than any other form of mental health care.⁶

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