

Mental Health Care – Sensitization to Children’s Needs**I. Sharma¹**

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The historic Human Rights Convention, passed by the United Nations in 1989, is the first universal and binding international policy statement on the Rights of the Child. However, many children continue to experience overt or covert denial of access to essential needs such as food, shelter, health care, education, recreation and parental social support.

Growth of child psychiatry in the developing world has followed the establishment of adult psychiatric services. The mere fact of paucity of services has been increasingly emphasized in various national and international fora with a view to focus greater attention on the mental health problems of children.

The magnitude of mental health problems in children has not yet been recognized sufficiently by many governments and decision makers. They include not only well defined mental disorders, but also the mental health problems of children exploited for labor and sex, and children orphaned by AIDS, or forced to migrate for economic and political reasons (Faraone et al, 2002).

It is a paradox that in the second half of the 20th century, indicators of social wealth and physical health amongst children worldwide have improved, while mental health services in young people have been deteriorating (Rutter & Smith, 1995). The bulk of the evidence suggests that one child or adolescent out of eight does suffer from mental health problems at any given point in time. It is also a paradox that very few of these children access mental health services in order to relieve the problems at a time when child psychiatry has developed new treatment approaches with demonstrated efficacy (Fombonne, 2005).

Children less than 15 years of age constitute approximately one third of the world’s population and between 5-15 percent are afflicted by persistent socially handicapping mental disorders. Eighty percent of the world’s children live in developing countries, where mental health services are meagre or non-existent. The plight of these children is compounded by major problems like communicable diseases, malnutrition, poverty and stresses of urbanization and industrialization (Malhotra, 1992).

The concept of childhood has received attention only recently. Earlier the child was considered to be an incomplete human being, but capable of performing like an adult. He was made to work and shoulder family responsibilities. It is to be remembered that

the child is an individual in its own right. The child has certain needs which are common to adults such as, nutrition, clothing, health, shelter, security, etc. There are, however, certain special needs for which awareness in the society is required. The child needs opportunities for growth and development, care and protection, recreation, creativity, vocational training etc. Besides, children are dependent on adults for the fulfilment of these needs and are not in a position to lobby for them. Thus the responsibility of adults becomes manifold to provide for children what they rightly deserve.

Children too feel unhappy, anxious, fearful, and angry. They may lack concentration, be forgetful, impulsive, have difficulty in controlling anger, and fight. They may have difficulty in getting their mind off certain thoughts; may suffer unexplained headaches, stomachaches, anorexia, or insomnia; may have trouble in maintaining friendships or dealing with people; and may feel like hurting themselves or others. These are not uncommon scenarios. They all indicate that all is not well with this child and should be taken seriously. On many occasions these reflect child's reaction to his/her circumstances of life or his phase of development. In fact, most parents, teachers and other adults are not sensitive to pick up these subtle forms of behavioural indications and often ignore or neglect them. It is only when the problem becomes severe and disabling that some attention is paid to the child. In early stages it is much easier and simpler to intervene and push the developmental trajectories into a healthier and adaptive course.

Children may suffer from a wide range of psychiatric illnesses such as conduct disorders, eating disorders, attention deficit hyperactivity disorder (ADHD), adjustment disorders, anxiety disorders, psychotic disorders, mood disorders, substance abuse and dependence. Suicide is relatively rare in childhood, but its incidence rises rapidly in adolescence. Most common disorders in India are enuresis, ADHD, learning disorders, conduct disorders and behavioural disorders (Malhotra, 2005). There is poor awareness amongst paediatricians and general physicians in India about the occurrence of these conditions illness.

Children living under conditions of perpetual stress and trauma; exposed to natural and man made disasters; and experiencing breakdown of societal and family structures are tremendously affected in their ability to live a healthy, happy and productive life. Emotional and behavioural disorders, substance abuse, psychosomatic conditions are an aftermath of their deprived or traumatized lives. If left untreated, these psychiatric disorders seriously impair the child's ability to function optimally in emotional, behavioural and cognitive domains and to meet the demands of everyday life, have friendship or to contribute meaningfully to society.

India has given attention to mental health needs of children of by promulgating from time to time general health and education policies such as the National Policy for Children (1974), National Policy on Education (1986), National Policy for Mental Handicap (1988). The Integrated Child Development Scheme (1989) (NIPCCD) laid the foundation for proper psychological, physical and social development of the child to reduce the incidence of school drop outs, mortality, morbidity and malnutrition. Despite these efforts, from a national perspective it can be stated that the child mental health services have not been spread out uniformly are still woefully inadequate. Rural areas have practically no facilities.

For the child, school is the second home and no child mental health can be conceived without proper attention to school mental health. In this regard one can see a contrast between India and the western world. Southampton General Hospital School, United Kingdom, believes that “every child has the right to a continuous, high quality education, irrespective of illness or incapacity.” Thus regular schools are run within the hospital for the admitted children by train teachers. On the other hand, in India, poor quality schools, with less qualified, low paid and poorly committed teachers, have taken a great toll on the mental health of children. Besides, most schools have no idea about the intense need for a student counseling service within the school premises. Concerted efforts are needed both by government and private sectors to bring about improvements.

One may assume that in a developing country like India much attention must be paid to child health needs because most mothers do not go out to work. However, this is often not so. It is not uncommon to see many families in which the mother works continuously from early morning till late night attending to different adult members of the family, but neglects her own child. Neither she nor other elders are sensitive to the child’s needs like monitoring the child’s studies and routine, and providing avenues for stimulation and recreation etc.

Parents, teachers, government officials, non-governmental organizations and society at large should be sensitized about the needs of children, both general and special, and the means to achieve them. There is need for greater integration of the health, education and welfare sectors to provide a more comprehensive policy and approach than is available at present.

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