

Editorial**Recovery in child and adolescent mental health: a new approach**

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Children and adolescents constitute a glaring 45% of our population. Worldwide 10-20% of child and adolescent population is affected by mental health problems. Not only this, 15-30% of the disability-adjusted life-years (DALYs) are lost during the first three decades of life due to psychiatric disorders [1]. This brings us to our problem statement, how do we ensure a strong and mentally stable nation when the future of the nation itself is under threat? The answer lies in not just treatment of but also successful recovery from mental health problems. First let us clarify our concept about mental health recovery. "Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her potential"[2].

It is well known that mental illnesses are treatable and full recovery is possible. The failure to address mental health problems of children adequately has far reaching consequences because substantial number of adult problems start early in life. Currently the majority of mental health professionals work on the medical model with aim to achieve adequate symptom control. However in order to enable a person to live a full and satisfying life the focus has to change from symptom control to recovery.[3]

Recovery is not an intervention that can be expected from mental health professionals alone. It requires the collaboration and partnership with many others within and beyond professional boundaries. However mental health professionals can take the principles and concepts of recovery and to look at ways in which our practices and services could be orientated to facilitate recovery in the people who use them.

The core concepts of recovery are hope, agency and opportunity. Hope implies the central idea of maintaining motivation and expectations of an individual. Agency refers to the patients whose recovery is expected and opportunity is the outcome which results in inclusion of the individual into the society.[4]

Recovery in children and adolescents should be family focused. Measures taken should be age and culturally appropriate. The process of recovery is more likely if it is strengths based and promotes resilience. Recovery in the long run can contribute to youth empowerment[5].

Individuals, families and community are the three pillars of recovery. The process is bidirectional. An individual must take responsibility for caring for himself or herself and in turn must receive an ear when they speak for themselves. Families and relatives must support their loved ones and communities must provide opportunities and resources to address discrimination and to foster social inclusion and recovery [4].

Mutual support and self help groups have a unique role in recovery. They enable sharing of experiences and teaching new skills including social skills. Amongst children and adolescent the biggest contributors are peers. They encourage and engage each other.

Peer groups give a vital sense of belonging and supportive relationships. They are responsible in teaching community role [4].

We must remember that recovery like any other natural process is non-linear and that continuous effort in improving functioning is required. Setbacks are naturally expected as a part of the recovery process. Good doctors and psychiatrists use the best available evidence to promote hope, encourage self-management, maximise strengths, and support patients to rediscover meaning and purpose for themselves [6].

Psychiatrists have the unique opportunity of having dynamic relationship with patients which when utilised efficiently can help facilitate *recovery*. It only requires a small amount of additional time given to these patients and their families[6].

While India is still lagging in the field of recovery, few western countries are regularly incorporating the concepts of recovery in treatment of children and adolescents. Service users are an integral component of recovery who work in collaboration with NGO's, child welfare organisations, juvenile justice and special education. Some examples of such healthcare models are the wraparound model in USA and the CAPSi model running in Brazil.

The Wraparound model involves a team based approach to design an individualised plan for children suffering from serious behavioural problems. The team involves family, caregivers, community members, mental health professionals, educators etc[7].

The Children and Youth Psychosocial Care Center (CAPSi) is another model based on community healthcare needs catering to children and adolescents with severe mental

disorders. The core team comprises of physician, nurse, mental health professional and health assistants[8].

In LAMIC countries like India schools can form an important component of child and adolescent mental health services. Schools are the important stepping stones which determine a child's self esteem and promote positive mental health. Early identification and treatment of mental health problems and deviations in behavior like school dropout can help in decreasing the nation's mental health burden [9].

Summarizing, recovery is a process enabling transformation of an individual with a mental health problem to lead a meaningful life. It is facilitated by multi-tiered integrated approach of various services working especially for children and adolescents. For recovery to be achieved in its true sense requires a shift in the policy at the level of various Governments, agencies and change of approach towards a patient by professionals working with them.

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