

Editorial

Young people and mental health in a changing world

Naresh Nebhinani, Pooja Patnaik Kuppili

Address for correspondence: Department of Psychiatry, All India Institute of Medical Sciences, Jodhpur, Rajasthan. **Email:**drnaresh_pgi@yahoo.com

Background

“*Young people and mental health in a changing world*” is the theme for the World Mental Health Day 2018 [1]. The term young encompasses adolescents as well as youth. There have been varying definitions of the young. World Health Organization has defined young as people between 10-24 years. This subsumes category of adolescents (10-19 years) and youth (15-24 years) [2]. India has the largest youth population of the world. Youth comprise about almost third of India’s population [3]. This could be economically translated into the concept of “Demographic dividend”. Demographic dividend means the economic growth which can be achieved by virtue of the increasing representation of the working class such as the young [4].

Despite the gains with the young people, the young are not given health priority on par with other age groups due to misleading assumption of better health status [5]. The period of adolescence is characterized by a number of biological, sociological and psychological changes which could make one vulnerable to mental health problems. The fact that about 10-30% of the young suffer from health related problems needing intervention emphasizes the need for focusing on needs of the young [6]. Further, in this era of digitalization, advancing technology, increasing intrusion by the social media, “virtual” living, war, conflicts, disasters, the young face unique

challenges [1]. Cyber bullying, psychiatric illness, suicide, substance use, sexuality related issues are some of the important challenges faced by the young which need special focus [1,7,8].

On other side, when parents, peers, teachers, community, health care system and social organizations pay diligent attention to young children's psychosocial needs, as well as to their mastery of life skills and personality enhancement, they have maximum impact on the development of sturdy brain architecture and preparation for success in school, college, career and life. Early identification, timely intervention and effective approach significantly improve the long-term course, outcome and achievement in various domains of young people's life. Additionally, it can prevent an exacerbation of symptoms and evolution of comorbid disorders and association problems. Here we will discuss various challenges and possible solutions in relation to mental health of adolescent and youth population.

Young people and mental health in the challenging world: Challenges and Solutions

Cyber bullying

Cyber bullying has been defined as "subjecting a person or group of persons deliberately to harassment, ridicule, threats, intimidation, fear of harm; posting of information which is sensitive or private against one's permission; breaking or hacking into one's account or assuming another person's identity in order to spoil the reputation or damage the relationships of the assumed identity or person" through means of internet or mobile [9]. The prevalence was found to range from 6.5% - 35.4% among adolescents as per a systematic review [10]. About 20-40% children and adolescents have been subjected to cyber bullying [11]. The prevalence of cyber bullying among social media using young people was 23% [12].

Cyber bullying is broadly divided into bullying through mobile phones such as voice call, text message, video or picture clip or through internet such as email, chat rooms, instant messaging,

instant messaging or websites [13]. Female gender, three or more hours of internet use, use of social media, availability of web camera, online posting of personal information have been associated with being victims of cyber-bullying [10,14]. Male gender, substance use, delinquent behaviour have been associated with perpetrators of cyber bullying [15]. Cyber bullying has been consistently linked with substance use, depression, self harm behaviours, suicidal ideation and attempt in addition to psychosocial problems [7,10,11,15].

Prevention of cyberbullying needs to be a multi systematic approach involving family, peers, school and community. Further, the preventive strategies must include training of empathy, alteration of beliefs of aggression, developing norms for internet usage and developing bonding between parents and children [16]. The best practice to prevent it, have been found to be school based interventions [17]. The preventive measures which can be taken at school setting include building awareness about cyber bullying, training students, teachers, and parents on identifying, increasing adult supervision, and having strict policies about reporting and internet filtering technology [18]. In New York, there is mandatory training for school professionals for prevention and intervention called as The Dignity for All Students Act (DASA) training [17]. There must be strict legislation and policies in place, with zero tolerance towards cyber bullying to prevent it.

Psychiatric illness

Majority of the psychiatric illness have the onset during adolescence and youth with as around 75% of severe mental illnesses start during this period. Nevertheless, psychiatric illness remains the numero uno cause of disability in the young [19]. While only 10-15% of the young with psychiatric illness were found to seek treatment [20]. The prevalence of psychiatric illness was found to be about 22 per 1000 population among the 15-24 years age group in India [21].

Depression, anxiety disorders, attention deficit hyperactivity disorder, conduct disorder, substance use disorder, eating disorder are some of the common psychiatric illness among the adolescents [22]. Despite the high prevalence, treatment seeking among the adolescents and youth is disproportionately lesser due to barriers such as poor mental health literacy, accessibility and availability of mental health services, stigma [23].

Treatment of psychiatric illness in the young is challenging, particularly in cases of children and adolescents. The management is largely extrapolated from that of adult population. Safety of selective serotonin reuptake inhibitors in children and adolescents has been area of controversy and closer observation is advised while prescribing these agents [24]. Hence, there is a tremendous need for effective promotive and preventive mental health strategies in the young addressing the barriers.

Promotive and preventive approaches for the young have been termed as “Investment for the future”. They have been found to be cost effective and consistently decrease the frequency of psychiatric illnesses, problematic behaviours, substance use, and improve coping skills in the European setting [25]. The promotive and preventive interventions for children and adolescents living in the lower and middle income group countries have been carried out in the school and community setting. They have largely incorporated the components of life skills and resilience training in addition to providing sex education and improving physical fitness. They were found to improve self efficacy, self esteem and decrease problematic behaviours [26].

Primary prevention includes component of health promotion. Preventive strategies can be categorized into universal, selective and indicated. Universal prevention includes strategies directed to the entire population. Examples for universal prevention are to prevent bullying. Selective prevention is directed towards at-risk groups and these measures include provide

screening, support for children of patients with psychiatric illness or with divorced or dead parents. Indicated prevention included strategies for at-risk individuals such as those who exhibit symptoms of psychiatric illness but not syndromally diagnosable such as periodic monitoring, parenting programmes to decrease problematic behaviours [27].

Self harm and Suicide

‘Million death study’ found that almost 40% and 56% of suicides among men and women respectively were contributed by the persons belonging to 15-29 years age group in India. These figures make suicide the second most common cause of death among the young in India [28]. There has been increase in the prevalence of suicides as well as intentional self harm. Late puberty, onset of sexual activity, sexuality issues, bullying, cyber bullying, depressive symptoms, substance use are some of the issues unique to self harm/ suicide in the young compared to the other age groups [7,29,30,31].

Among adolescents, increased risk of suicide and intentional self harm has been noted for males and females respectively. Lower socioeconomic status, homosexual orientation, adverse life events such as parental separation, parental death, childhood trauma, bullying, family history of psychiatric illness or suicide, having psychiatric illness such as depression, anxiety disorder, attention deficit hyperactivity disorder, substance abuse, personality constructs such as impulsivity, perfectionism, hopelessness, poor coping have been noted to be risk factors for suicide as well as self harm in adolescents [29].

Prevention of intentional self harm and suicide can broadly categorized into measures directed at population and at-risk individuals. Population based measures include improving connectedness, coping skills, imparting problem solving skills, life skills at school, training school teachers, friends and family as “gate keepers”, arranging services of students counselors at school and

college level, restriction of means, improving mental health literacy, encouraging help seeking, regular physical and relaxation exercise (eg. meditation, pranayam, applied relaxation, other techniques etc.), decreasing stigma, responsible reporting of suicides by media, establishing hotlines, providing comprehensive treatment, and emphasizing the role of mental health professionals with improving accessibility and availability [29,32].

Effective screening programs need to be in place to assess at-risk individuals. Measures directed towards at-risk individuals are directed towards addressing the modifiable risk factors such as substance use, depression. Early detection and timely treatment by pharmacological and non pharmacological interventions, improving social support are key interventions for the at-risk individuals [29]. Reducing access to lethal means, pharmacological and non pharmacological interventions for depression had the highest evidence for prevention of suicide [33].

Substance use

Substance use in the young is problem of public health importance as it is associated with significant morbidity to the extent of almost of 14% of the global burden of disease. Alcohol among all the substances was found to be the main cause of health burden in the young in Eastern Europe. Whereas in the United States of America, Canada, Western Europe, Australia, illicit drug use was found to be the top most contributor [34].

Initiation of substance use in the young, usually in the adolescence is associated with biological constructs such as puberty, non maturation of the prefrontal cortex leading to dominance of affect regulation over cognitive control, sociological constructs such as peer group, educational/ career transitions, psychological constructs such as high novelty seeking, high risk behaviour, low harm avoidance, curiosity, and experimentation [35].

Substance use in the young has unique issues compared to substance use in other age groups because of ruining their golden years of learning with school failure, unstable employment; poor family and social relationship, these all further compromise their future goals. For example, the young are more prone to the exposure of substance use including designer drugs through social media. They might be at greater risk of cyberbullying, road traffic accidents, high risk sexual behaviours, sexually transmitted illnesses, violence as well as illicit activities. Further, they carry long term risk of developing physical illnesses such as cardiovascular illness, diabetes mellitus and cancer as well as psychiatric illnesses such as depression, anxiety disorders, psychosis in addition to substance dependence [36,37].

The World Health Organization has recognized prevention of substance use as one of the “Sustainable Developmental Goals” [38]. Prevention of substance use needs to be carried out at various levels with specifically focusing on demand reduction. At school level, emphasis must be put on developing skills pertinent to social resistance, coping, problem solving as well as promoting assertiveness. Parental supervision, promoting consistent and correct parental practices must be carried out at family level with better harmony, modeling, and connectedness. Awareness regarding the effects of substance use in the young must be promoted. There is an unwarranted need for increasing taxes on substances of abuse by the policy makers. Stringent guidelines must be in place for restricting the advertisements promoting substance use/ risky behaviours as well as restriction of availability of substance to the children and adolescents [35,39].

Lesbian, gay, bisexual, transgender, transsexual, queer (LGBTQ) issues

Coming out of the closet with the non conformity of the societally accepted sexual roles is challenging [40]. LGBTQ community is associated with significant amount of stigma or

minority stress at various levels such as individual (self stigma), interpersonal (abuse, discrimination) and structural (community/ societal/ policy level) and this has been linked with adverse mental health outcomes [41].

LGBTQ are at higher risk of mental health challenges such as increased risk of depression, anxiety disorders, suicide attempts, substance use disorders, of eating disorder, high risk behaviours, bullying as well as violence [31, 42,43,44].

Clinicians need to be aware about the unique needs of the LGBT community and they need to approach a nonjudgmental approach. Training must be offered to the pediatricians as well as physicians to sensitize about the guidelines for promoting mental health of such adolescents. Policy makers could play a crucial role in alleviating distress and promoting mental health among LGBTQ issues [45]. The Supreme Court of India decriminalizing homosexuality is a step forward in this direction.

The way forward

The low priority meted out to mental health issues, wide mental health gap, paucity of skilled mental health professionals, and lesser financial allocation for mental health are the main roadblocks ahead to the mental health of the young, especially in the lower and middle income group countries [46]. There is a need for providing affordable and accessible mental health care services to all. Comprehensive mental health care imbining elements of biopsychosocial approach is the need of the hour [47]. Efforts must be directed towards promotion of mental health of the young as well as early detection of mental illnesses.

There needs to be active participation at the level of all stake holders. Patients, family members, teachers, peers, caregivers, community, media, judicial as well as political bodies must be sensitized to the mental health needs as well as challenges. Efforts need to be directed towards

improving mental health literacy and alleviating stigma. Integrated mental health care with primary care, capacity building of non mental health professionals, approaches such as task sharing, task shifting can go a long way in promotion of mental health of the young [48]. Non Governmental organizations such as Sangath have done phenomenal work at community level in training health care workers. For example, in a randomized control trial called Healthy Activity Program, psychological intervention was delivered by lay counselors to patients with depression in addition to treatment as usual and patients receiving the intervention reported better symptoms control and lesser disability [49].

Mental health disorders are the leading cause of disability in young people in all over the world. Comprehensive mental health action plan 2013-2020 of World Health Organization emphasizes that, “The early stages of life present a particularly important opportunity to promote mental health and prevent mental disorders...Children and adolescents with mental disorders should be provided with early intervention”.

Therefore effective prevention, early identification and comprehensive intervention plan is crucial for reducing burden and distress from those young shoulders and to enhance their wellbeing, resilience, and productivity for better future of the world. One of the key the example is *headspace*, Australia’s national youth mental health initiative, which was created in 2006 for providing more accessible and effective mental health care for young people [50].

Last but not the least, school mental health is a neglected yet a very important area of concern in India. Emphasis must be laid on improving the life skills of the children and adolescents to face the challenges ahead. A project imparting life skills education carried out by teachers in schools at Bengaluru under the guidance of researchers from National Institute of Mental Health and Neurosciences found that the adolescents who had received the intervention reported

significantly better adjustment, self-esteem, perceived adequate coping and prosocial behaviour [51]. It is also essential to understand that mental health challenges are not limited to mental illnesses and problematic behaviours alone. But, they encompass wide range of psychological constructs such as self esteem, coping and these are known to predict occurrence of psychiatric illnesses in the adulthood [52].

To conclude, India has the largest youth population of the world. Mental health of the young in the changing world is an area of public health importance. The mental health issues of the young particularly, cyberbullying, psychiatric illness, self harm, suicide, substance use, homosexuality deserve immediate attention considering the magnitude of burden and the consequences due to each of the issues. There is a need for effective preventive strategies in place to combat the mental health challenges of the young. Promotion and prevention of mental health in the young has hence been rightly termed “Investment for the future”.

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Naresh Nebhinani, Associate Professor, Pooja Patnaik Kuppili, Senior Resident, Department of Psychiatry, All India Institute of Medical Sciences, Jodhpur, Rajasthan.