

Well Being of Children and Adolescents-Mental Health Problems

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Abstract: *Definition of mental health:* It is the psychological disturbances or abnormality like physical sickness as flue or tuberculosis. It is a mental disorder like manifestation of behavioral, psychological and biological dysfunction in the person

Classification:

There are two major classifications in psychiatry

- ICD-10 (1992)
- DSM-4 TR (2000)

Definition of Adolescence:

It is the transition period between childhood and adulthood in which people reach a new stage of their psychological development. It is a period of Inner struggle-During this phase of adolescence a number of changes takes place, both physically and also behavioral changes.

The problem of classification in Mental Health problems

1. **Neurosis**

It is a disorder in which severe anxiety reduces a person's ability to deal efficiently with reality

2. **Psychosis**

It is a distinct types of psychological disturbance

Keywords: Approach - Avoidance: it is the situation in which the individual becomes inactive due to fear, Introvert - A reversed unsociable person Phobia – A form of severe anxiety

I. Introduction

1.1 Mental health implies that psychology disturbances or abnormality like physical sickness such as flue or tuberculosis. A mental disorder should be manifestation of behavioral, psychological and biological dysfunction in that person

1.2 Classification in Psychiatry

There are two major classification in psychiatry

- ICD-10 (1992), International classification of Diseases, 10th revision 1992 and this is given by World Health Organization.
- DSM-4 TR 2000, Diagnostic and Statistical Manual of Mental Disorder Edition, Test Revision 2000, this is given by American Psychiatric Association

II. The Problem of classification in Mental Health

2.1 Neurosis

It is a disorder in which severe anxiety reduces a person's ability to deal efficiently with reality.

2.2 Psychosis, it is a distinct type of psychological disturbance

III. Adolescence

It is a period of inner struggle. During this phase, number of changes takes place both physically and in their behaviors. It is also the age of inconsistency and ambivalence, full of contradictions behavior such as artistic, idealistic, generous, selfish, egoistic and self-centered. Adolescence is divided into three stages as Early Adolescence, age group from 12 to 15 years. Middle Adolescence, age group from 15 to 18 years. Late Adolescence, age group from 18 to 21 years.

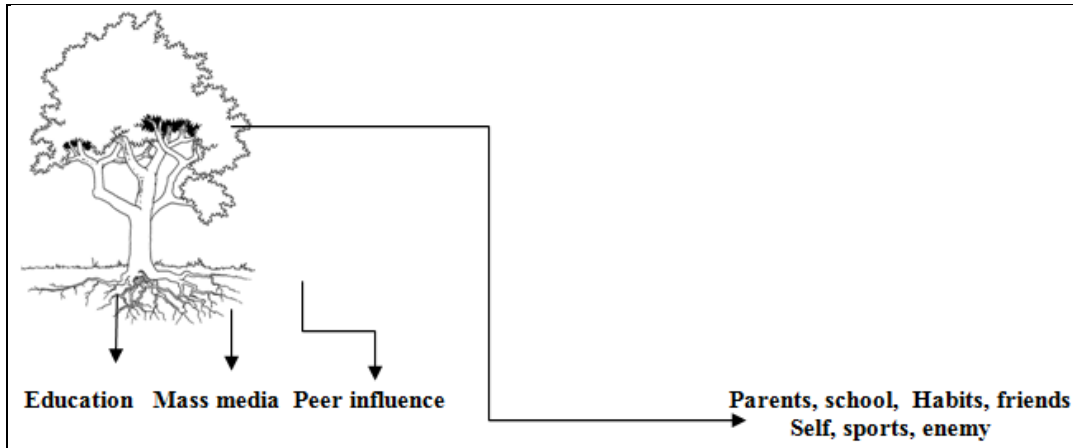


Figure 1: Tree of Adolescence: The principles of adolescence spread with various factors

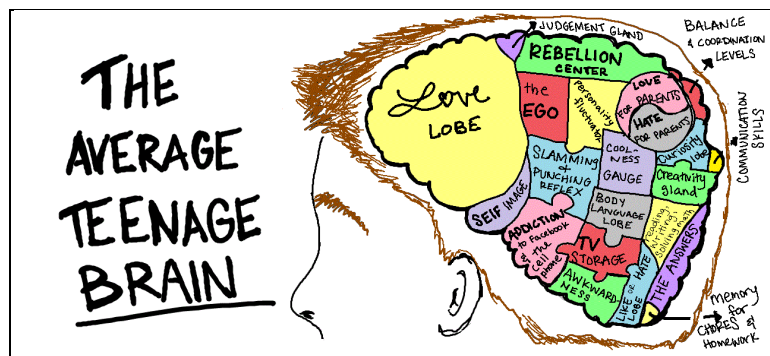
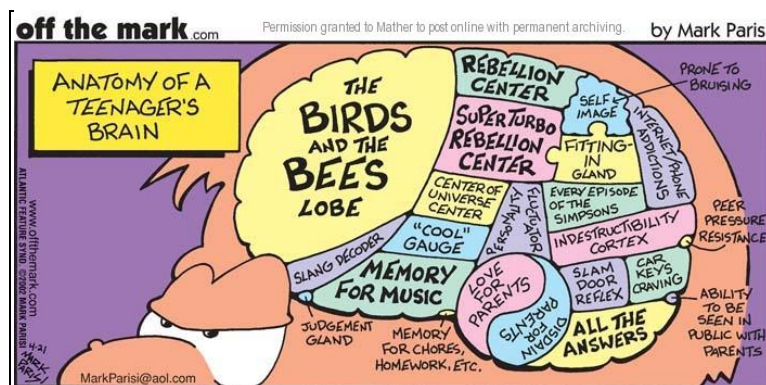


Figure 2: An Anatomy of Adolescence brain

IV. At school

- Comparison (ego)
- Partiality
- Attraction of opposite sex (boys-girls)
- Liking towards teachers
- Peer group influence



At home

- Pampering
- Family comparison
- Parental pressure
- Compulsion in choice of studies

V. Previous Work

A paper presentation was done on adolescence behavior: The relationship between parents and teens at the conference held at Chennai SBOA Matric HSS the topic is ‘Demanding parents and Rebellion teens’

VI. The purpose of the Paper

This paper presentation was to create awareness among teaching faculty. Teachers will know about the behavioral problems of adolescents at school level. Teachers are the second parents and parents are second teachers.

VII. Contribution of the Paper

This paper will explain the Mental Health Problems of the adolescence and the problem solving ways and methods by the teachers and parents.

7.1 At school:

Growing children being with loss of interest due to discouraging of teachers and also the lack of motivation at home by the parents. Some students begin to complain of severe head ache during study hours only. Most of them are late bloomers, they find it very hard to shoulder the burden of their educational level.

7.2 At home:

Generation Gap, the generation gap is nothing but the adolescents and their parents tend to think differently about different things. Families fail to put their knowledge into practice because of various reasons like time, family pressure etc. There are lot conflicts between their parents and the adolescents. One of the most frequently discussed areas of disagreement between adolescence and their parents is sex. Fathers and mothers play different roles and have different expectations for them. In parent- child conflicts the general pattern of family interactions also has a great deal to play. This paper would be a problem solving measure and a guide line for the people who handle the adolescents and their Mental Problems.

VIII. The contributions of the Paper

This paper contributes Mental Health problems of Adolescents as:

- Identifications of a problem, different ways and tests for identifying the problems
- Etiology – cause of the problem
- Symptoms for identifying the problems
- Treatment for the disorder and problems

NEUROSIS	PSYCHOSIS	AFFECTIVE DISORDER
<ul style="list-style-type: none"> • ANXIETY • PHOBIA • PANIC ATTACKS • OBSESSIVE COMPULSIVE DISORDER • SOMATOFORM • DISSOCIATIVE 	<ul style="list-style-type: none"> • SCHIZOPHRENIA • SIMPLE • HEBEPHRENIC • CATATONIC • PARANOID 	<ul style="list-style-type: none"> • MANIA • DEPRESSION • BIPOLAR MOOD DISORDER (MANIA AND DEPRESSION)

IX. The Content of Each Section

9.1 Neurosis – It is caused by unconscious desires and conflicts that are disturbing and can’t find any satisfying solution. Example: Headache, sweating, muscle tightness, weakness and fatigue. Therefore, affected with palpitations, poor appetite, frequent urinating etc.

9.2 Phobia – when anxiety is focussed on a particular object or situation, it is called as a phobia. It is of two types 1) claustrophobia (irrational fear of closed places) 2) social phobia(social places) 3) Agoraphobia (open places).

9.3 Obsession and compulsion:

Irrational actions which is called compulsion.

Example: a compulsive person may feel compelled to wash hands 20 or 30 times.

9.4 Somatoform disorder:

Neurotic anxiety which creates a wide variety of physical symptoms.

Dissociative disorder: loss of memory.

9.5 Depression – pattern of sadness, anxiety, fatigue, agitated behavior and reduce ability to function and interact with others and sleep disturbances, feeling of uneasiness, sadness etc.

9.6 Mood affecting disorder – prominent disturbance of mood.

Example: Manic episode, depressive episode, depressive disorder and persistent mood disorder. Some of the somatoform disorder are anxiety disorder, phobic anxiety disorder, obsessive – compulsive disorder, reaction to stress and adjustment disorder.

X. Psychosis

It is a distinct type of psychological disturbances. The main disorder is schizophrenia – it is false belief and false perception. Some symptoms are schizophrenics are active and busy but their behavior and speech are incomprehensible to others that is jumble of unconnected and irrational phrases

Symptoms: 1) Delusion

2) Hallucination

DELUSION (FALSE BELIEF)	HALLUCINATION (FALSE PERCEPTION)
Delusion of reference (talking bad about them)	Visual hallucination (vision)
Delusion of persecution (plotting against them)	Auditory hallucination (sound)
	Tactile hallucination (crawling sensation)
	Olfactory hallucination (smell)

Alcohol and substance abuse: Factors: Peer group influence – alcohol, drug eg: opium
Family circumstances (social disturbances)

10.1 Personality disorder

The patients have acute anxiety, painfully shy, lovely types, and immature, extremely selfish etc. But they are intelligent, entertaining, and able to mimic emotions they don't feel. They win affection and confidence from others. This group includes mental and behavioral due to monstarble cerebral diseases

Example: delirium, dementia and organic amnesic theses are behavioral and emotional disorder during adolescence.

10.2 Etiology

Cause and factors for common psychiatric emergencies

- Suicide (DSM) Deliberate Self Harm. It is self inflicted cessation that is death
- Depression
- Serious failure in studies
- Family pressure
- Alcohol, drug dependent
- Schizophrenia

10.3 How to identify the problems and their treatments

Identification of past psychiatric and medical history and personal history like education, friends and family.

Mental status examination (MSE): To identify mood, depression, cogensis functions in delirium and dementia.

Concept of thought like irrational ego- dystomic.

Phobias like irrational fears.

Delusion like false and unshakable beliefs or over valued ideas.

Explore for delusion (love, jealousy, guilt, poverty, hopelessness, etc).

Council students and parental council.

10.4 Perception

It is the process of being aware of sensory experiences. The auditory hallucination are commonest type of hallucination.

10.5 Cognition

- **Consciousness** – example: by calling patients name in normal voice and shaking arm
- **Orientation** – asking time, date, asking parent location, identification of people
- **Attention** – digit span test
- **Concentration** – ask to subtract serial service from (100-7) test
- **Memory test-** immediate retention and recall IR remote memory example: birthdays etc
- **Intelligence** – ask questions of GK checking whether they are able to think logically. Example: asking educational background, states of the country
- **Abstract thinking** – proverb testing and meaning of it
- **Insight** – asking the attitude towards his present state
- **Judgment** – 1) social judgment
2) test judgment

Their ability to assess a situation correctly is also to be noted

Judgment rate is good/intact/normal/poor/impaired/abnormal

- **Investigation** – lab test, medical test
- **Formulation** – summaries thus diagnostic psychiatric disorders
- **Mental status examination** – Brief idea of student

10.6 Treatment

1. Medication
2. Electro convulsive therapy for certain psychiatric disorders like depression, schizophrenia.
3. Relaxation techniques for neurotic problems.
4. Individual parental and family counselling.

XI. Conclusion

Advantages: This paper gives clear picture about the mental health problems among adolescence at school level. This paper gives a remedial measure for their problem.

Limitations: The mental health problems could be identified and corrected only at the initial stage. But if the problem had endorsed the initial stage, then students have to be treated critically. Teachers could be trained to trace out minimum level of mental health problems so that they would in turn can counsel the parents with the help of suggestions given by this paper. As the students are the future pillars, of the societies, we can build a strong India in future. This paper will be 'BEACON' for the future generation.

References

- [1] AMES. R – “Physical maturing among boys and related to adult and social behavior”, “A longitudinal study”, California journal education research (1957): 69-75
- [2] ARKOFF ABE – Adjustment and mental health, New York : mc growth- hill 1968
- [3] A short text book of Psychiatry 5th edition – Niraj Ahija and jaypee
- [4] Understanding psychology – Macmillan/ McGraw Hill