

**Editorial****Promoting child and adolescent mental health in India**

Naresh Nebhinani, Shreyance Jain

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

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India has largest proportion of young population as one-fifth of world's child and adolescent population resides in India and two-fifth of Indian population is child and adolescent. Good mental health is a prerequisite for the complete development of a child as well as the global development of nation. As per WHO, child and adolescent mental health (CAMH) is defined as 'the capacity to achieve and maintain optimal psychological functioning and well-being. It is directly related to the level reached and competence achieved in psychological and social functioning during childhood and adolescence' [1,2].

CAMH is central to the future development of low and middle income countries (LMIC) because a large proportion of their population is child and adolescent. However, there are very few CAMH promotion interventions evaluated in LMIC, where limited resources are allocated to health services. Index article categorically deals with the promotive aspect of the CAMH and the aim of promotive child and adolescent mental health is to enhance positive mental health [3].

**Burden of mental illness in child and adolescent population**

Worldwide 10-20% of children and adolescents experience mental disorders and half of them begin by the age of 14 [2]. National Mental Health Survey of India (2016) reported 7.3% prevalence of psychological morbidity among adolescents (13-17 years). Common Mental

disorders contribute 5.4% and Neurotic and stress-related disorders contribute 4.2% of the disease burden [4].

### **Child and Adolescent Mental Health promotion in LMIC**

Children and Adolescents constitute around 35-50% of the population in LMIC. Because of the rapid urbanization and social change, there is a vast gap between the need of CAMH services and available resources [5]. Factors like brain insult and consequent neuropsychiatric disorders like intellectual disability and epilepsy etc. are directly associated with the psychiatric morbidity and lifelong impact among children and adolescents and are more common in LMIC than in high income countries (HIC) [6]. Other risk factors like socioeconomic deprivation, family disruption and parental psychopathology, childhood adversities and violence, difficult temperament, and intellectual impairment and protective factors like good parenting, educational opportunities, good physical health are widely recognized as correlates of CAMH [5,7]. Detailed understanding of these factors is crucial in promoting positive mental health.

### **Child and Adolescent Psychiatric services in India**

Due sociocultural diversity, child and adolescent psychiatry (CAP) service delivery is not uniform in India and also it is not possible and practical to have a single model of CAP services. Organized and dedicated child and adolescent psychiatric care facilities are few. Though multidisciplinary CAP units have been established at various higher centers but still there is limited access to CAP services in smaller cities, towns, and rural areas [8].

### **Research Gap**

The exclusive research on the mental health of children and adolescents in LMIC contributes only around 3–6% of all published world research in this area and that too majority of such

studies are done only in recent years [6]. Indian research on CAMH is also limited [6,7]. Promotive aspect of CAMH is also under-researched and poorly addressed.

### **Barriers in effective interventions**

The greatest vulnerability to child and adolescent psychiatric disorders arises because of various social factors like poverty, malnutrition, family dysfunction, childhood adversity, family violence, stigma, lower literacy rates, and poor awareness about mental health issues. These problems are more prevalent in LMIC including India [9]. Another important contributing factor is the limited availability of child and adolescent mental health services and trained manpower, as compared to high income countries median number of psychiatrists is 172 times lesser in LMIC [10]. Timely access to comprehensive health services is only available to smaller proportion of children and adolescents. Additionally, limitations of the existing policies and programs, fragmentation of governance of child and adolescent mental health between ministries and departments are likely to pose major barriers in efficient health care delivery for CAMH [11].

### **Proposed interventions for effective service delivery**

The promotion of mental health in young population has been viewed as an isolated component however it has to be emphasized at broader level with public health approach. There is significant need to promote the concept of positive and promotive health with expansion of the community mental health services [12,13]. For comprehensive CAMH services multipronged and multidisciplinary model should be implemented by connecting all the stakeholders like beneficiaries (children, adolescent, family) and department of health, education, social welfare, or other agencies [7].

### **Role of parenting and early interventions**

Good parenting is an important protective factor in CAMH and buffer against the effects of adversity, negative experiences and life events in early as well as later age [14]. The early childhood development programme has been an integral part of UNICEF's drive for CAMH [5]. The National Mental Health Policy of India also emphasizes on strengthening the Anganwadi centers to cater the comprehensive child care with fulfilling the developmental and emotional needs of children below 6 years of age [15].

Role of schools, teachers, peers is significantly important for the development of positive mental health for children and adolescents as school is an important place for early socialization that shapes their temperament, regulation of emotions, behavior and relationships, along with timely identification and management of mental health problems [16].

### **Capacity building for CAMH promotion at different levels**

For comprehensive child and adolescent mental health services, capacity building, task shifting and public health approach is essential in LMIC [17]. Capacity building in different sectors of the health system lies at the heart of the promotion of CAMH services. Affordable and sustainable resources that involve low-cost community resources like primary health care workers, teachers, grass-root workers and volunteers need to be emphasized.

WHO recommends an optimal mix of services, to start with self-care management and informal mental health services, followed by primary care services, community mental health services, and services in general hospitals [18]. Capacity building in children and adolescents should incorporate the provision of adequate education, promotion of good physical health, development of creativity and life skills. Life skills training for teaching competencies through a

set of interactive activities, such as role play, games and debates can be imparted during school years.

Programs targeting malnutrition and promoting psychosocial development like the Integrated Child Development Scheme (ICDS) have been successfully implemented in developing countries like India [5]. Integrated health delivery approaches [19] like mental health promotion with yoga [20], life skills approach in secondary schools should be further strengthened [21]. As per WHO, evaluation of these programme has shown the beneficial effects on child's cognitive development, sociability, self-esteem and improving motivation [5].

In addition to standard model of hospital-based care, there is vital need to explore the newer service delivery models in CAP. General practitioners, teachers, health workers, nurses, lay workers can be trained to provide general information on common mental disorders and psychological issues, psychoeducation and behavioral management of child and adolescent psychiatric disorders as it is not feasible for all the affected children to visit the child psychiatrists.

## **Conclusions**

In spite of high prevalence of psychiatric morbidity in children and adolescents, CAMH services are underdeveloped in India. Addressing the risk factors for psychological disorders in children, such as gender discrimination, lack of educational opportunities and poverty etc. must be integral component of comprehensive CAMH services and mental health promotion.

There is vital need for multicentric research to assess the true prevalence, correlates, risk and protective factors of psychological morbidity in child and adolescent population as well as effective, accessible and affordable interventions with the help of standardized methodology and validated tools. There is also need for effective planning and resource allocation for promoting

CAMH services and proper implementation of the National Mental Health Policy. As mentioned at the beginning, India has the largest number of child and adolescent population, therefore we must thoughtfully draft and subsequently implement the National Child Mental Health Policy. CAMH promotion will not only reduce the burden of psychiatric morbidity, but also will contribute to holistic development of the nation in true sense.

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Naresh Nebhinani, Additional Professor, Shreyance Jain, Former Senior Resident, Department of Psychiatry, All India Institute of Medical Sciences, Jodhpur, Rajasthan.