

Introduction

1.1 Mental health problems in children and adolescents

What do we mean by mental health problem? The term mental health problem covers a wide range of difficulties:

- it involves the mind rather than the body
- it can be mild, moderate or severe when it causes serious disruption to the lives of the child and parents
- it is common for children to show more than one problem
- it usually has more than one cause
- it can often be assessed and managed effectively by primary healthcare professionals.

1.2 Types of mental health problems

The following are different types of mental health problem. Each of these is described in more detail later on in the manual.

- Delays and deviations from normal development
- Habit problems in the early years, especially feeding, sleeping difficulties, bed-wetting and soiling
- Emotional problems, especially anxiety and depression
- Behaviour problems, including extreme disobedience, temper tantrums, aggressive behaviour, stealing, lying, truancy and attention-deficit hyperactivity disorder (ADHD)
- Self-harm
- Mental health difficulties arising from chronic physical illnesses
- Physical symptoms for which no physical illness is found
- Severe mental disorders, especially psychoses
- Alcohol and drug dependency
- Stressful or damaging experiences, especially child abuse
- Having more than one of the above problems, which is very common.

1.3 Importance of mental health problems

Many studies of mental health problems have now been carried out in low- and middle-income (LAMI) countries. They all show that children in these countries, including, for example, India, China, the United Arab Emirates, Colombia and the Philippines, have either the same or higher rates of mental health problems than children in high-income countries.

Between 1 in 5 and 1 in 10 children have mental health problems that reduce the quality of their lives at any one time.

Children with these problems are frequently seen in primary healthcare clinics, but they are often not identified by those working in such clinics. One study carried out in four LAMI countries showed that nearly 4 out of 5 children who attended clinics with mental health problems were not recognised to have such problems by the health professionals who saw them (Giel *et al*, 1981).

Methods that could be used by health professionals working in primary care are available that would result in effective assessment and management of such cases. We shall describe these methods later in the manual.

Health professionals receive very little, if any, training in this area of work. There can be no real substitute for personal supervision of clinical work in this area, but we hope that this manual will play at least a small part in informing primary healthcare professionals about these problems and give them some idea as to how they might be assessed and managed.

1.4 Main causes of mental health problems in childhood

There are three main reasons why children and adolescents develop mental health problems: genetic influences, their physical health and stresses in the environment, especially within the family and at school.

- 1 Our genes influence the type of temperament we have.
- 2 The physical health of children affects the way they feel and behave. Both acute and chronic illness can have important influences on children's mental health.
- 3 Stressful experiences at home and at school may be upsetting for children. Children who face stress may also learn from such experiences so that they are better able to cope with them in the future.

Commonly there is an interaction between these three factors. In particular, the way children respond to stress depends at least to some degree on their genetic make-up. Some children are built to withstand even severe stress; others become sad, anxious or angry when faced with relatively minor stress.

The amount of influence that genes have varies with the type of problem that a child shows. In children who show attention and concentration problems and cannot sit still, genes are very important, but the way parents bring their children up is less so, although, of course, parents do have some influence. But, for example, in children who are aggressive, lie or steal, genes play a much smaller part. In such children, it is aspects of the family environment such as the way parents behave and the amount of antisocial behaviour in the neighbourhood and at school that matter. Genes and stress interact in complicated ways.

Case 1.1

Lalitha, a 15-year-old girl, is brought to the clinic with period pains by her mother, but it is soon revealed that this is a minor problem. The main difficulty is that she is crying all the time and feels life is not worth living. She was going out with a much older man, but he has now rejected her as he is already married. Lalitha has never shown any signs of depression previously – her mother says she was always a cheerful, happy, fun-loving girl. The health professional knows that Lalitha's mother has had severe depressive episodes, sometimes following quite minor stress. The health professional wonders whether Lalitha would have felt so depressed if she had not inherited some 'depressive genes' from her mother. Quite possibly if she had not been vulnerable to depression, Lalitha would not have reacted so badly. Now the health professional is worried that Lalitha's emotional problem might be too much

for her mother to cope with and that she too will become depressed. That, in turn, would make life more difficult for Lalitha.

Some people think that if a problem is caused by genes there is nothing that can be done about it. That is not true – sometimes one can help more with a problem that has a strong genetic influence than with one where parental behaviour is more important.

In fact, in deciding what to do, the health professional should not worry about how much of Lalitha's distress is influenced by genes and how much by the stress she has suffered. He will try to fit the appropriate care to Lalitha's unique situation and he will almost certainly be able to help considerably.

The main stresses acting on children are:

- disturbed family relationships, for example unhappy parental marriages, especially if accompanied by domestic violence
- loss by separation or death of family members, friends or pets
- physical or mental illness in parents, brothers, sisters or other family members
- alcohol or drug problems in parents
- problems in school (e.g. learning difficulties, bullying by other children)
- problems in the neighbourhood (e.g. gangs, high levels of violence).

Poverty in itself does not lead to mental health problems, but when money is very tight, parents often become stressed and worried and this can put severe pressure on children's lives. Subnutrition, closely linked to poverty, causes disturbances in a child's ability to learn by making them irritable, listless and hampering their development generally.

Man-made disasters such as civil conflicts and natural disasters such as earthquakes, tsunamis, floods and drought often result in families being split up, with children orphaned or separated from their parents. Situations with such high levels of stress involved are likely to lead to high rates of mental health problems.