



## Adolescents Empowerment: A way to enhance their mental health

### Abstract:

**Introduction:** Global Adolescent population has seen an upswing in the recent decade, thanks to the growth of wealth and prosperity in developing countries coupled with the decrease in the aging population in countries like India. Along with this, adolescent mental health problems like Anxiety and conduct disorders, depression, bullying and suicide have proportionally increased to alarming levels in developing countries.

**Objectives:** To identify an improved, relevant and contextual approach program that promotes adolescent mental health and supports prevention of mental health problems of adolescents in the Indian context.

**Methods and Materials:** The method used is Keyword search in Google and Pub Med covering a time span of 10 years and comparing articles and empirical research findings. The keywords used include 'mental health', and 'health promotion', or 'life skills' life skills training, 'school', and 'teachers' Mental health and problems. .

**Results:** There are various programmes and methods for mental health promotion developed by governments and individual researchers such as training and knowledge update, sessions with adolescents and parents, adolescent and peers and adolescent-teacher-school programme.

**Conclusion:** The 'universal' mental health promotion programmes that empower the adolescents are found to be more effective than 'indicated or selective preventions' which are focused on particular mental health problems such as anxiety or depression. Universal mental health promotion programmes have great power to change adolescents.

**Key Words:** Adolescent. Mental health, Promotion, Programmes , Empowerment.

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### Introduction

Every stage of human growth and development is affected by mental health whether it is childhood, adolescent or adulthood. Adolescents experience mental health problems more than that of any age group. This can be attributed to their developmental characteristics. Developmentally adolescence is a period of physical, intellectual, emotional, social, moral and spiritual growth explosion. Educators and researchers have identified the general

pattern of growth and development in this age group and these changes are intense and varied.<sup>1</sup>

The adolescent who experiences rapid physical growth with secondary sexual development becomes highly self conscious and self critical. The body image can affect their self image and accordingly they become vulnerable to bouts of low self esteem. Advances in thinking and reasoning skills lead teens to become interested in fairness or justice. They are quick to point

out inconsistencies between adults' words and their actions. Teens enjoy exercising their budding ability for lively debate. This ends up in conflicts between parents and themselves, leading to engagement in risky behaviour.<sup>2</sup>

Studies report that hopelessness and suicidal ideation among adolescents is strongly associated with low parent adolescent communication. Adolescence is also a period when they move from the dependence of family to the sphere of peers and this increased need for emotional independence manifests as self assertion. Adolescents fear rejection and feelings of uncertainty, affect and manifests itself as depression.<sup>3</sup> Also adolescents who witness inter parental conflicts coupled with economic factors have been found suffering from loneliness, anxiety, fear, helplessness, low level of self esteem, loss of sleep due to worry and hopelessness, leading to substance use, depression and in worst cases suicidal ideation.<sup>4,5,6</sup>

The variability, unpredictability and intensity of the emotional state of adolescents make them experience extremes of mood swings than either children or adults, in short a ticking 'stress bomb'. Adolescent's stress can come from multiple directions –school, relationships (with friends, romantic partner, and parents); hormonal and physical changes associated with adolescence: impending decisions about college and career; pressure to confirm or to engage in risky behaviours; family financial problems; dangerous neighbourhood and more. The ways in which teens cope with these stressors can have significant short- and long-term consequences on their physical and emotional health.<sup>2</sup>

Results of empirical studies shows that Depression, anxiety, conduct disorders, violence, bullying, conflict, and anger and suicide are some of the most commonly reported mental health problems of adolescents.<sup>4,7</sup> As per Indian studies difficulties in handling stress can lead to mental health problems, such as

depression and anxiety disorders.<sup>1,8</sup>

In 2009, there were an estimated 1.2 billion adolescents in the world, forming around 18 per cent of the global population. The vast majority of the world's adolescents – 88 per cent – live in developing countries. The least developed countries are home to roughly 16 per cent of all adolescents. An estimated number of 243 million adolescents live in India. About one-quarter of India's population are adolescents.<sup>9</sup>

According to WHO an estimated, over 450 million people globally suffer from mental disorders which are likely to increase year on year peaking at 15 percent above today's average by 2020. Major proportions of mental disorders come from low and middle income countries. But the prevalence rates of mental disorders reported in India are very low compared to studies done in the western world .Perhaps this may be a tip of the iceberg or our epidemiological studies are not able to measure mental disorders adequately.<sup>10</sup>

The focus on the concept of adolescence and mental health has received due and increased attention only recently in worldwide. The child was considered to be an incomplete human being, but capable of performing like an adult. The magnitude of mental health problems in children have not yet been recognized sufficiently by many governments and decision makers, especially in the developing world. In the light of vast majority of mental health problems and disorders affecting adolescents, their mental health promotion is utmost important.<sup>11</sup>

## Methodology

An extensive review of literature was conducted by the researcher in view of increasing mental health problems of adolescents with a focus to explore and identify the best method for promotion of mental health. The literature review included keyword search in Pub Med and Google with focus on articles and empirical studies relating to adolescent mental health over

the past ten years. The keywords used include 'mental health', and 'health promotion', OR 'life skills' life skills training, 'school', and 'teachers, Mental health AND problems

## Result

In 1977, the WHO recommended that every country throughout the world should have a National Plan for Child Mental Health. The International Association for Child and Adolescent Psychiatry and Allied Professions endorsed the WHO's recommendation in 1992.<sup>12</sup>

World Health Organization recommends three levels of interventions macro or societal, meso or community and micro or individual in the promotion of mental health. At the societal level the major preoccupation is with policy. Second, at the meso or community level, mental health promotion strategies and activities are decided on, developed and applied by people where they live day-to-day lives such as families, schools, workplaces and various communities. The third, micro or individual level is the oldest and most traditional sphere of mental health work. Here, mental health promotion strategies define themselves through various activities or practices that aim to promote, build on, increase or foster primarily individuals' strengths, resourcefulness or resiliency.<sup>10</sup>

There are various systems of available care or a range of services, from the least restrictive (community and family based) to the most restrictive (hospital based) to tackle mental health issues. 'Clinical Model' or the 'Disease Model' in mental health though important is considered to be not sufficient. The restricted perspective of this 'Clinical Model' was replaced by a Promotional Model of Mental Health among Adolescents. These systems of care are systematic, connected and with well developed implementation processes in developed countries,<sup>13,14</sup>

The review shows that the promotive and preventive programmes implemented across the world fall into three

categories such as universal, selective and indicated prevention. Universal Prevention interventions are provided for entire population of children irrespective of their risk for mental health problems. The promotive interventions focus on positive mental health aspects. Selective Prevention interventions are directed at sub-populations of children identified with known risk factors or is considered at-risk for developing mental health problems. Indicated Prevention interventions are directed at individual children with mental health problems, minimal symptoms/signs.<sup>15</sup>

Worldwide many studies have focused on mental health promotion of adolescents and the effectiveness has been reported. An overview of systematic reviews regarding interventions for adolescent mental health have identified four distinctive categories of studies such as for school-based interventions (n = 12); community based interventions (n =6); digital platforms (n= 8); and individual-/family-based interventions (n =12). Among these schools based interventions have prime importance since school mental health programme is an integral part of the educational system worldwide.<sup>16</sup>

Many of the developed countries such as Finland, the United Kingdom, New Zealand and Australia have shifted their focus from negative to positive indicators of well-being and have embraced frameworks for the promotion of mental health and well-being through the concept of empowerment. These mental health promotion programmes concentrates on psychosocial competence enhancement to build upon individual's strengths, abilities and feelings of efficacy And in most of these countries the educational system works in collaboration with specialist mental health personnel with the child as the primary beneficiary.<sup>17</sup>

But in the developing and low income countries the scenario is different. There exist the problems of resources, policies and funding that hinders the smooth running of such activities. The mental health initiatives and programmes show positive and

significant results, at the same time these programmes face many difficulties in its continuity. A systematic review identified 22 studies employing RCTs (N = 11) and quasi-experimental designs for promoting the positive mental health of young people (aged 6–18 years) in school and community-based settings conducted in eight Low and middle income countries (LMIC) since 2000. The findings from the majority of the school-based interventions are strong. Structured universal interventions for children living in conflict areas indicate generally significant positive effects on students' emotional and behavioural wellbeing, including improved self-esteem and coping skills. The review findings indicate that interventions promoting the mental health of young people can be implemented effectively in LMIC School and community settings with moderate to strong evidence of their impact on both positive and negative mental health outcomes.<sup>18</sup>

A comparison of three models of community mental health services in low-income settings reports that there is diversity in the service delivery models, but each of the programmes has its strengths and weaknesses. At the same time these three mental health programs faced the challenge of funding for its continuity and lack of expert human work force.<sup>19</sup>

In the Indian context a two pronged School Mental Health program is envisaged currently at all levels of the educational system –The two prongs would be:

1. An Universal Program – which is promotional targeting all the children and adolescents to develop their potential – mainly psychosocial competence.
2. A Targeted Program focusing on children and adolescents with evidence requiring specific inputs from child mental health specialists or specifically trained personnel like special children with mental retardation, autism, attention deficit disorder, specific learning disabilities, psychiatric conditions including emotional

disorder and conduct disorder.<sup>20</sup>

In India, there is no separate comprehensive policy document dealing with child mental health and the mental health initiative is integrated into the general health and due importance is given through national health programmes and five year plans. School Mental health programme is therefore dependent as a component of general health programmes.<sup>21</sup>

The Indian education system is institutionalized. Children spent most of their time in schools. So schools are the single most important and recognized forum to reach out to these populations. The programs for children and adolescents can be best benefited if it is incorporated into the educational system, thus making such programmes more feasible, effective and cost-effective.<sup>15</sup> In the year 2001 Health Promotion using Life Skills Approach for Adolescents in Secondary Schools' was initiated with the funding from Child and Adolescent Health & Development Unit of the World Health Organization – South East Asia Region Office (WHO-SEARO), in India. The aims of the project were to develop a model of health (physical, emotional and social health) promotion using life skills approach for adolescents in secondary schools using teachers as facilitators and utilizing the existing infrastructure and resources.<sup>20</sup> This project did find results in some of the parts of India like Delhi and Karnataka.

The education system in India is among the largest systems in the world and India's educational achievements are relatively better than its South Asian neighbours such as Pakistan and Bangladesh leading to Indians constituting 46% of world's literate population.<sup>22</sup>

However in Indian practice the efforts to promote school mental health is limited to some policy guidelines and the child mental health services generally and specifically in the educational system has been very sparse and restricted to individual work by

child mental health professionals especially in and around metropolitan cities. The services are restricted to teachers training at a very basic level and during their training, sensitizing them about certain aspects such as behavioural problems, pubertal changes and scholastic issues etc.<sup>15</sup> Understandably, the gaps could be enumerated as below:

- There is no systematic method of data collection, available data is incomplete and not readily comparable due to the different study methodologies used using a number of different diagnostic scales and data gathering instruments.
- Those who are at higher risk for mental health problems - 'vulnerable child population' have very different mental health needs which are too small in number to be represented in general samples of the population. However, these low-prevalence groups usually have a greater need of attention compared to other more numerous groups and methodologies.
- Good mental health is a responsibility not only of mental health professionals, but also of a wide variety of professionals, therefore interdisciplinary in nature, interlinking different sectors (for example, social services, education, leisure, etc.). Unfortunately, there is no cohesive policy and budget availability to cover its holistic nature.
- In the Indian context, education is evaluated only in terms of children's academic achievement. Policies detailing and viewing educational outcomes along with mental health outcomes are required and need acute consideration from policy makers.
- When teachers are trained on health care interventions their academic workload is not taken into consideration and hence they become tremendously overloaded.

- And finally, the capacity of the teachers to deliver mental health intervention is also left unsupported by qualified professionals. This necessitates exclusive resources to monitor health care of children in school, however less than 1% of schools in India have a position for a school health nurse.<sup>10,14.</sup>

## Discussion

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It is to be remembered that mental health is a set of positive attributes such as caring relationship with others, emotional self regulation, optimism, and a sense of purpose in life. So a mental health promotion programme aims to enhance the extent of mental health. At this juncture, it is to be noted that majority of adolescents do not have mental disorders and do not engage in risky behaviours. However, if we overlook mental health as absence of mental ill health, we deny interventions that would benefit this section of society.

In a nut shell, the mental health promotion programmes should be tailored to the needs of all adolescents, not limiting itself to the identified children with mental health problems. So the 'universal' promotion model has more relevance, to enhance the life competencies in a developmental stage of change for majority of children with shared and self responsibility. In the school context, the disease model needs to be replaced with promotion model. Since mental health disorders are to be diagnosed only by a trained mental health professional, there should be a proper pathway to be followed for those identified population. In the Indian context, there is lack of trained mental health professionals available at the school coupled with no pathway to be followed. The mental health promotion programmes can be even incorporated into the curriculum by a multi collaborative approach with health, education, policy making, and political will and importantly, the responsibility to do so, should not be only of mental health professionals, but also of

a wide variety of professionals in different sectors such as, social services, education, leisure, etc. This has the added benefit of facilitating or imparting mental health promotion programmes through the teacher's themselves without being an addition to their existing workload.

Adolescence is a period of evolution where the existence is based on the establishment of healthy psychosocial competence, a key tenet of 'universal' promotion programs - the competence to deal with the problems of daily life. The psychosocial competence can be boosted with enhancing coping skills. This can build individuals assets to promote positive health and life functioning. These skill intervention programmes can create behaviour change within individual adolescents by developing their creativity and general life skills. The programmes which are comprehensive and collaborative including adolescents, family, schools and communities are far ahead in their benefits,<sup>23</sup>

Focusing on skills such as interpersonal relationship and communication will help adolescents to develop confidence and stay connected by creating positive bonds with people through self awareness. Skill training in emotion regulation, decision making and problem solving will help them to build up character- a sense of right and wrong and motivate them towards appropriate and acceptable behaviour.<sup>7</sup>

## Conclusion

Mental health should never been misunderstood and interpreted as mental ill health, and mental health studies should focus on the positive aspects of adolescent mental health not on mental health issues or problems.

Thus let us turn this age of turmoil into a time of opportunity by empowering adolescents during their formative years of life and helping them to grow with adequate self esteem, competence to face problems in life, and the skills to withstand peer pressure.

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