

Mental Health Problem on Girls and Boys of The Children

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Abstract – Mental Health of children and teenagers is an important component of their physical health and developmental process and as such its increasing relevance is getting concern around the globe. The current period is a witness to a dramatic shift in socio-cultural and economic paradigm owing to globalization and dramatic technical development. The increased sophistication of our social and economic growth has made the life quick, dynamic and competitive. The children of today are not out of the impacts of this dramatic transition. This has accelerated stress on the children for their high accomplishments to brace for the future keeping pace with the demand of the globalized world giving rise to Mental Wellbeing issue in children and adolescents. This is ultimately impacting their academic performance because Mental Wellbeing and well-being are a necessity for going to academic progress and as such mental health issues become an obstacle to learning of the students. Children and youth are the important components of human capital of a community. This time is the beginning of the window of opportunity and sets the tone for a stable and prosperous adulthood. Therefore, a balanced Mental Condition is a foundation of the growth of maturity and later years of life. So, Mental Wellbeing of children is an important part for their growth and development. The Key purpose of this research is to examine the mental health problem in school going adolescence and children.

Keywords: Mental Health Problem, Gender, Age;

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INTRODUCTION

Mental health is a holistic term connected to the social, emotional and psychological well-being of the person. It is a psychological disorder of a man that works at a satisfactory degree of enthusiastic and behavioral adaptation. Mental wellbeing is characterized as a well-being condition in which individuals can understand their own capacity, manage usual pressures every day, function productively and fruitfully and can contribute to their society. The definition of mental wellbeing is cultural, yet it applies primarily to the pleasure of living, the capacity to deal with everyday tension, sorrows and trysts, the pursuit of aspirations and potential, and a feeling of relation with others. Mental wellbeing is also an essential component of the well-being and health of people in general.

Mental wellbeing is a dynamic construction, requiring optimum experience and recent mental health analysis has been focused on two broad points of view: the hedonic method and the multi-level method. Hedonic method emphasizes on satisfaction and describes the degree to which an individual works entirely. As a multi-level model, researchers may move beyond individuals. Mental wellbeing is human adaptation to the environment and to each other with optimum productivity and satisfaction (Karl Menninger). From

the point of view of positive psychology, behavioral wellbeing can require the ability to appreciate life and combine life experiences with the effort to gain psychological resilience.

Adolescence is a period of transition in mindset and actions that establishes feelings, perspectives, desires and responsibilities that are required to fulfil by the social community. It is mentally the time of existence where a person is absorbed into the adult world, the era where the infant no longer feels like he or she is beneath his or her elders' stage, but is equally correct at least. It is a period of accelerated transition and of personal identification quest. This period is considered a "fire and tension" period, during which teens are confronted with multiple psychological challenges, including stress, physical stress, anxiety, violence, undesirable complexes, often depression and anger. It can be related to self-care, career, academics or other concerns.

MENTAL ILLNESS

Mental health is the general well-being of the thought, feeling and behavior. Mental disorder is characterized as habits or shifts in thought, feeling or actions that trigger anxiety or damage to the capacity of an individual to work.

Mental health problems are commonly described as delays or disabilities in improving age-appropriate thought, attitude, cognitive skills or emotional control. These issues distress children and threaten their ability to act well in their families, schools or social circumstances.

BARRIERS TO TREATING CHILDHOOD MENTAL HEALTH DISORDERS

Mental health problems in children may be challenging to explain because natural childhood growth is a mechanism that requires transition. In addition, disease signs can vary due to the age of a child and children may not be able to understand how or why they are reacting in any manner.

Concerns over the stigma of mental wellbeing, the usage of drugs and the expense or administrative difficulties of treatment may often discourage parents from obtaining help for a child accused of mental health.

COMMON DISORDERS AMONG CHILDREN

Child mental health problems – or cognitive disorders treated by mental health providers – can include:

- **Anxiety disorders.** Anxiety problems are recurring fears, doubts or anxieties that impair their desire to take part in sports, classes or normal social circumstances. Social anxiety, general anxiety, and obsessive-compulsive disorders are all diagnosed.
- **Attention-deficit/hyperactivity disorder (ADHD).** Compared to most children of the same generation, children with ADHD suffer focus, impulsive behavior, hyperactivity or a mixture of those issues.
- **Autism spectrum disorder (ASD).** Autism spectrum disorder is an early developmental cognitive condition — usually prior to age 3. While ASD is of various intensity, it is challenging for a kid with this condition to connect and associate with others.
- **Eating disorders.** Eating disorders are described as a concern for an optimal form of body, disorders over weight reduction and unhealthy eating and dietary behavior. Eating disorders such as anorexia, bulimia and binge eating disorder may contribute to emotional and social disorder and physical complications which endanger your life.
- **Depression and other mood disorders.** Depression is a lasting sense of depression and lack of motivation that disrupts the willingness of a person to work in school and connect with others. Bipolar disorders

contribute to severe, unguarded, dangerous or hazardous mood changes from stress to intense mental or behavioral stages.

- **Post-traumatic stress disorder (PTSD).** PTSD has long-term emotional disturbance, fear, memories of disturbance, vigilance and perturbing actions in reaction to aggression, assault, disability or other traumatic incidents.
- **Schizophrenia.** Schizophrenia is a condition that causes a person to lose contact with truth (psychosis). Schizophrenia, most commonly in late puberty into the 20s, occurs in paranoia, visions and disordered perception and behaviors.

MENTAL HEALTH PROBLEMS OF SCHOOL GOING CHILDREN IN INDIA:

The issue of mental health has become a global concern because it affects not just the individual, but also the growth of community or the community. In India, people are not conscious of and are not informed of mental wellbeing. While quite relevant in the contemporary sense, it is a field that is overlooked until it becomes a significant psychiatric disorder. India has already taken some programme and policy on mental health challenges through the WHO initiative. 12.8% of Indian children and youth suffer from mental health issues according to WHO (2001). In their research, ICMR (2005) found the prevalence rate in Bangalore to be 12% and in Lucknow to be 12.1%. Youth in India make up 20-21 per cent of the country's overall population and a substantial number of them attend school. Yet our country's programme or agenda has little specifically for school children and teenagers.

Different findings in our countries indicate a wide variance in the incidence of mental wellbeing disorders in adolescents and young adults between 0.48% and 29.40% (Malhotra et al. 2014). According to NCMH's (2005) research, the analysis by Seshadri (1993) varies from 7 to 172/1000 and by Bholia & Kapoor (2003) from 25 to 356. In her meta-analysis, Malhotra et al. (2014) observed that the overall incidence of Mental Illness was higher in school (23.33 percent) than in society (6.46 percent).

ICMR (2005) has identified the most prevalent enuresis and behavioral issues in children and teenagers, conduct problems, emotional problems and academic problems in their research. In their research from 1978 to 2002, NCMH (2005) in 23 schools identified the prevalent enuresis, mental retardation, behavioral disorders, and ADHD in the psychological and behavioral disorders.

The general picture of children and young people's emotional and mental health

- Girls show fewer subjective well-being than boys; the difference appears to widen in puberty. They are far less satisfied with themselves.
- Mental health concerns are especially of interest to girls and young adults.
- The predicted degree of personal, social and emotional growth in early infancy is greater for girls than boys.
- Among school-age youth, behavioral wellbeing issues are most commonly diagnosed than females, and youth are diagnosed with numerous difficulties.
- The gender disparity in diagnosable mental health disorders in girls continues to decrease as girls encounter more interpersonal issues. Women are more likely than men to be hospitalized with a mental health disorder in early adulthood.
- In trans and non-binary young adults, very strong mental wellbeing requirements are apparent.
- Broadly speaking, 'internalizing' issues (including distress) are more prevalent for girls and young people than for kids or young men who are more prone to have 'outsourcing' issues (which can be illustrated in 'acting out').

The prevalence of specific difficulties and issues in children and young people

- Girls and young people are more prone to develop depressive problems and anxiety disorders than boys and young men.
- Behavior conditions are the most commonly diagnosed behavioral health issues in adolescents and young adults, and are much more common in children than in females.
- High levels of self-harm can be seen in girls and particularly young people; nevertheless, men 15-24 years old are more prone to die of suicide than people.
- Gender-based harassment has a significant effect on person and population levels for girls and women's mental wellbeing.
- The youth are overwhelmingly impacted by depression, anxiety, self-harm and suicide; the transphobic victimization towards their mental condition is greatly damaged.

- Most young women with eating disorders are female; it is also apparent that eating disorders are of specific interest to trans young people.
- Young people's rates of opioid and alcohol consumption suggest greater levels of abuse in men than women.
- Boys and young men are much more common than girls and young people to be diagnosed with ADHD and autism.

OBJECTIVES OF THE STUDY

1. To analyze the mental health problem in school going adolescence and children.
2. To analyze the Mental Health problems for different age group of students.
3. To analyze Mental Health problem on the basis of Gender Variable (male and female students).

LITERATURE REVIEW

Malhotra, et al. (2014) The study and meta-analysis was carried out across 16 community-based surveys on 14,594 children and young people as well as 7 school-based surveys on 5,687 children and teenagers. Their paper 'Prevalence of Infant and Adolescent Behavioral Illnesses in India: a Systematic Overview and Meta-Analysis' recorded a prevalence of 6.46 percent of children and adolescents in group centered research, with a prevalence of 23.33 percent observed in school-based research. There were 41 insufficient reporting mechanisms for mental health issues in infants, but in a nation such as India, where citizens are less informed of concerns with mental health, only patients with serious mental health services and others with mild mental health disorders stay untreated and treated in the society. Malhotra et al. (2014) in their meta-analysis examined and recorded the following prevalence levels of child and teen mental health disorders, which were analyzed in various states by multiple studies, showing that the prevalence rates in children and teens range significantly from 0.48% to 29.40%.

Math et al. (2010) study on 'The Indian Psychiatric Epidemiological Studies: Learning from the Future' was undertaken to offer a comprehensive analysis of psychiatric illness epidemiology in India based on evidence published from 1960 to 2009. The analysis found that the epidemiological research indicated a prevalence of 9.5 to 370/1000 in India for mental disorders. Not only Indian findings are unique to these varying incidence rates of psychiatric illnesses but are often seen in foreign studies. Facing gaps in the studies' nature, the evidence available from Indian studies show that

about 20 percent of the community's adult population is afflicted by one or other psychological illness. Priorities regarding psychiatric wellbeing should be moved from psychotic to general behavioral illnesses and from mental institutions to community health centers. Growing mental disorders that are unseen, such as suicide, abuse and crime, pervasive usage of drugs, growing marriage conflict and divorce, highlights the need to priorities and modify paradigms of community mental wellbeing promotion and implementation methods. The general community from a demographic viewpoint including multiservice with assessments of injury, co-morbidity, work, communities and quality of life must be based on potential epidemiological studies.

In a further research carried out by **Reddy et al. (2011)** using the SDQ questionnaire on "Assessment of Mental Health of Indian Teenagers Studying in Urban Schools" in three Bangalore schools, 10.36 percent of adolescents under analysis had definite and dire difficulties. Abnormal score was observed in females (10.2%) rather than males (8.2%). 12.4% had an anxiety disorder; 16.7% had a disorder with the behavior; 12.1% had issues with hyperactivity; 6.2% had an issue with their friends and 4.4% had a pro-social problem. There was more interpersonal difficulty with women and a more behavioral problem with male students. The study showed that mental health issues are widespread among India 's general teenage population. Early identification and timely action would boost the healthy growth of our country's potential people.

Sarda et al. (2013) A school-based research was carried out by 1100 students in Hapur, Western U.P. Knowing the cumulative psychological disorder in children attending school using ICD-10 standards instruments. The analysis found that the average psychological condition was 11.48%. There was no substantial gap between male and female students and among urban and rural middle-class children. The researchers concluded that epidemiologists need to go beyond existing views in order to establish partnerships with mental-health prevention and social policy analysts who are already at the forefront of intervention development, implementation and assessment.

A research on "Prevalence of Psychiatric Morbidity in School Children" was carried out by **Kaur et al. (2015)** of 500 children taking classes 6 to 12, and the study showed that 16.8% of children suffered from psychiatric illness. The condition was identified between the ages of 13-16. There was a substantial disparity in the incidence rates of men and women with higher males (73.81%) than women (26.19%), but the gap of morbidity for children from both urban and rural areas was not substantial. In children from the nuclear family (76.19 percent) the psychological condition is greater than that of the general family and the disparity was statistically important. The findings of the thesis affect clinical training, practice and policy proposals.

The incorporation of mental wellbeing into health care, comprehensive representation of the news media, networking of mental health providers and other health professionals, community health programmes and the participation of educational professionals will be important.

Reddy et al. (2013) Reviewed the incidence of different psychological morbidities and related causes in his trial 'Mental issues and challenges in India: a study.' The research showed that India had a prevalence of 9.5 to 102 per 1000 population of psychiatric and behavioral disorders. Studies suggest that the incidence of psychiatric illnesses for mothers, children and youth, individuals with chronic medical problems, people with disabilities, disaster survivors and factory workers is high. He believed that behavioral illnesses differ over time within the same communities.

RESEARCH METHODOLOGY

Sampling

The research was specifically undertaken to assess the incidence of mental health issues among adolescent children attending school. The research took place for a total of 1361 students aged 12 to 16 who attended schools studying in classes.

Data collection

An approach for research is a comprehensive and objective study of the procedures employed in the test setting. This involves the method used to gain information and proof in decision-making. The secondary source of knowledge was in this report. Data was obtained from articles, books, blogs and other media. The independent variables in this analysis are gender and age and the mental health-based variable.

DATA ANALYSIS AND RESULT

Table 1: Percentage distribution of Mental Health problem of School Going Adolescents and children

		Count	Total
Total Difficulty	Close to Average	944	69.4%
	Slightly Raised	191	14.0%
	High	99	7.3%
	Very High	127	9.3%
Total		1361	100.0%

127 of the total students (N=1361) displayed a rather strong SDQ score in overall complexity, i.e. 9.3 percent. This reveals that they come into an abnormal group, which means that these children are dealing with definite challenges in their everyday lives. This student require intervention. Intervention. Another 99 students (7.3%) ranked high and are on

the border. You will have issues, if you don't. Rest of students could be marginally raised or no difficult at 14.0 percent and near to average at SDQ, which can be considered natural. Figure 1 displays the illustration.

Figure 1: Total Difficulty (Mental Health) Score

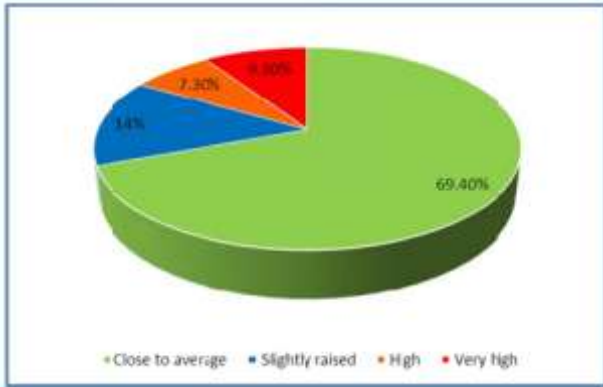


Table 2: Distribution of Mental Health Problem Age wise

Total Difficulty * Age of the student Crosstabulation								
			Age (in years) of the student					Total
			12	13	14	15	16	
Total Difficulty	Close to Average	Count	151	335	307	136	13	944
		% within Age group	79.7%	73.1%	63.6%	65.7%	61.9%	69.4%
	% of Total	11.2%	24.6%	22.6%	10.0%	1.0%	69.4%	
	Slightly Raised	Count	16	54	85	31	5	191
		% within Age group	8.3%	11.8%	17.6%	15.0%	23.8%	14.0%
	% of Total	1.2%	4.0%	6.2%	2.3%	0.4%	14.0%	
	High	Count	12	30	40	15	2	99
		% within Age group	6.2%	6.6%	8.3%	7.2%	9.5%	7.3%
% of Total	0.9%	2.2%	2.9%	1.1%	0.1%	7.3%		
Very High	Count	11	39	51	25	1	127	
	% within Age group	5.7%	8.5%	10.6%	12.1%	4.8%	9.3%	
% of Total	0.8%	2.9%	3.7%	1.8%	0.1%	9.3%		
Total	Count	192	458	483	207	21	1361	
	% within Age group	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	% of Total	14.1%	33.7%	35.5%	15.2%	1.5%	100.0%	

The analysis found that the prevalence rate of mental health issues among various age groups of students as shown in Table 2 differed.

The table above reveals that 207 of the overall students are in the age group of 15. In this category 25 students (12.1 percent) were graded extremely high or irregular, which indicates they have issues with another 7.2 percent. Followed by the age 14 students, 10.6 percent were ranked Extremely High or Irregular SDQ with an additional 8.3 percent as High or Borderline ranking. Followed was the age category of 13 with Very Strong 8.5 percent and Strong 6.6 percent; 12 with Very High 5.7% and High 6.2%. The lowest score was 16 years old with Rather High 4.8 percent and High 9.5 percent. Figure 2 shows the age-sensitive distribution of mental health issues (Very large score).

Figure 2: Age Wise Distribution of Mental Health Problem

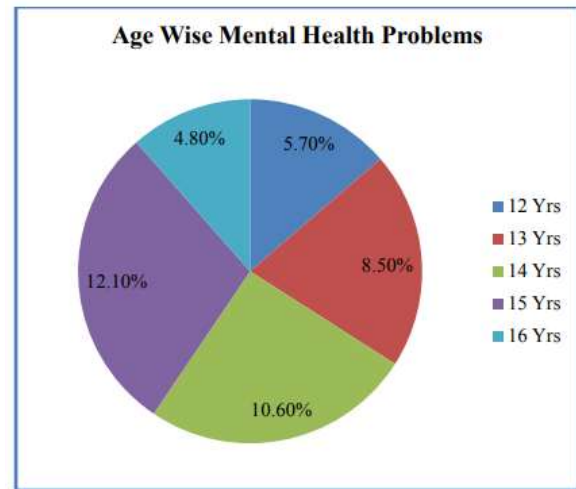


Table 3: Mental Health Problem between Male and Female Students

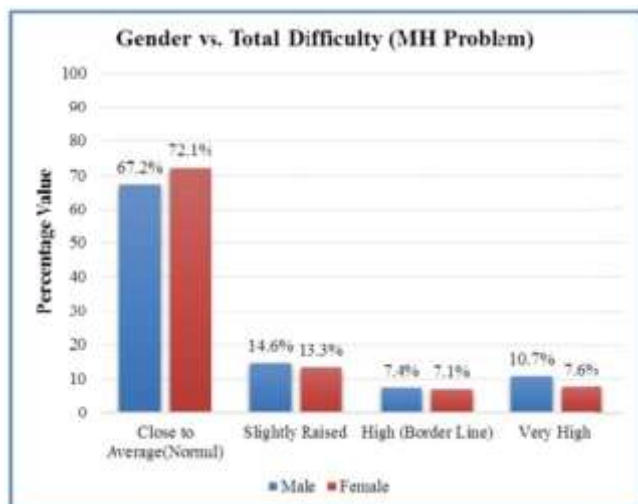
Gender-sensitive review of student mental health issues as shown by SDQ scoring is given in Table 3 below.

Table 3: Percentage distribution of Mental Health problem on the basis of Gender wise

Total Difficulty * Gender of the student Crosstabulation					
			Gender		Total
			Male	Female	
Total Difficulty	Close to Average	Count	515	429	944
		% within Gender	67.2%	72.1%	69.4%
	% of Total	37.8%	31.5%	69.4%	
	Slightly Raised	Count	112	79	191
		% within Gender	14.6%	13.3%	14.0%
	% of Total	8.2%	5.8%	14.0%	
	High	Count	57	42	99
		% within Gender	7.4%	7.1%	7.3%
% of Total	4.2%	3.1%	7.3%		
Very High	Count	82	45	127	
	% within Gender	10.7%	7.6%	9.3%	
% of Total	6.0%	3.3%	9.3%		
Total	Count	766	595	1361	
	% within Gender	100.0%	100.0%	100.0%	
	% of Total	56.3%	43.7%	100.0%	

The gender wise study of the SDQ score seen in Table 4.3 shows that of 766 males, 82 students (10.7%) have extremely high or abnormal SDQ score suggesting a certain mental health condition, and 45 (7.6%) of 595 women have a very high score. Male students had more issues than women. 7.4% of male and 7.1% of female students have a strong SDQ score on the borderline and are expected to be at risk. 67.2% of males and 72.1% of females have been ranked on average and 14.6% of males and 13.3% of female students have increased marginally. These classes may be viewed as normal. Figure 3 demonstrates the gender-based representation of children's mental health concerns under research.

Figure 3: Gender Wise Distribution of Mental Health Problems



CONCLUSION

The goal of the research was to investigate the prevalence rate of mental health issues in adolescent children between 12 and 16 years of age. The report also wanted to assess the occurrence levels of the various dimensions of mental health issues: emotional issues, behavioral problems, hyperactive problems, peer problems and pro-social problems. In summary, we may infer that male teenagers have a high degree of mental wellbeing than female adolescents in the present sample.

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