

MENTAL HEALTH PROBLEM – A CURSE OF STUDENTS’ LIFE

INTRODUCTION:

Mental health is an integral and essential part of overall health of children. There is no health without mental health. Mental health is more than the absence of mental illness. It refers to the maintenance of successful mental activities, i.e. Maintaining realistic awareness of self Recognition of own emotions and express them properly Maintaining relationship Maintaining productive daily activities Maintaining the ability to adapt to change and cope with stresses According to WHO Mental Health is "A state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community". In this positive sense mental health is the foundation for well being and effective functioning for an individual and for a community.

Mental health refers to full and harmonious functioning of our total personality as well as to our bio-socio- psychological and spiritual well being. Mental health is far more than the absence of mental illness. Happiness, peace of mind, satisfaction in achievement and enjoyment of life are all aspects of mental health. A person who has good mental health adjusts well with himself and his environment. In India it is often seen that people are less aware about mental health and its related problems. They are not concerned unless it becomes a major problem requiring medical treatment. These problems are required to be identified at the developmental stage for proper intervention. A few epidemiological studies have been carried out in different parts of the country in different socio cultural environment. But it is felt that data so gathered are not adequate to generalize the problem for the whole country. Mental disorders are seen to vary across time, within the same population at the same time. This dynamic nature of the psychiatric illness impacts its planning, funding and healthcare delivery (Venkatesh Reddy B et al. 2013). As such it is necessary that many more epidemiological studies are conducted in different parts of the country at different time in same or different socio-cultural settings and particularly among adolescent school going children to formulate a proper mental health policy and programme.

Adolescence is a period of physical, psychological, emotional and personality change, which can lead to stress emotional and behavioural problems. Studies have shown that there is a 10% prevalence of mental disorder among 5-15 year old and this figure may be as high as 25% among children and adolescents who attend primary care services in the UK. Standardized assessment of mental health difficulties in a primary care setting is common place in the US: however, this practice is not prevalent in developing countries.

The strengths and difficulties questionnaire (SDQ) (Goodman, 1997) is a useful tool that could be applied in a community setting to assess emotional and behavioural problems. It is felt that behavioural problem of school going children come in the way of teaching learning process and children's own learning. In most cases these problems of children are neither identified properly nor addressed and at times the extent of these problems and their overall impact on the child's development becomes serious. Abnormal activities of the children like misbehaviour, extreme violence, substance abuse, anti-social activities, suicide etc. Quite often become headlines of news papers, magazines and topic of seminars

Mental health is important as it affects everything one does - how one sleeps, what one eats, the risk one will take and the types of things one does to relax and enjoy oneself. Some of the criteria for good mental health are –

- Adequate feeling of security
- Adequate self-evaluation
- Adequate spontaneity and emotionality

- Efficient contact with reality
- Adequate bodily desires and the ability to gratify them
- Adequate self-knowledge
- Integration and consistency of personality
- Adequate life goals
- Ability to learn from experience
- Ability to satisfy the requirement of the group
- Adequate emancipation from the group of culture

CLASSIFICATION OF MENTAL HEALTH PROBLEMS

For developing a clear understanding and better communication, classification is very important for everything, may be substance, elements, plants, trees, species, people etc. in the case of Mental Health Problem classification help in forming clear definition of the problems. In the scientific and academic literature on the definition or categorization of mental disorders, one extreme argues that it is entirely a matter of value judgements (including of what is normal) while another proposes that it is or could be entirely objective and scientific (including by reference to statistical norms). Other views argue that the concept refers to a "fuzzy prototype" that can never be precisely defined or that the definition will always involve a mixture of scientific facts (e.g. that a natural or evolved function is not working properly) and value judgements (e.g. that it is harmful or undesired). Lay concepts of mental disorder vary considerably across different cultures and countries, and may refer to different sorts of individual and social problems.

Before middle of the 20'h century, mental disorders used to be classified into two traditional division, neurosis and psychosis according to ICD-9, But these days classification system according to Diagnostic and Statistical Mental of mental Disorders, (DSM) published by an Psychiatric Association and International Classification of Disease System (ICD) are in use in most of the countries. The classification of Mental Health problems according to DSM-5 and ICD-10 are given below:

CLASSIFICATION ACCORDING TO DSM-V (PUBLISHED IN 2013)

Neurodevelopment Disorders- The neurodevelopmental disorders are a group of conditions with onset in the developmental period. The disorders typically manifest early in development, often before the child enters grade school, and are characterized by developmental deficits that produce impairments of personal, social, academic, or occupational functioning. e.g. intellectual disabilities, communication disorders, Autism spectrum disorders, attention deficit hyperactivity disorders, specific learning disorder motor disorder

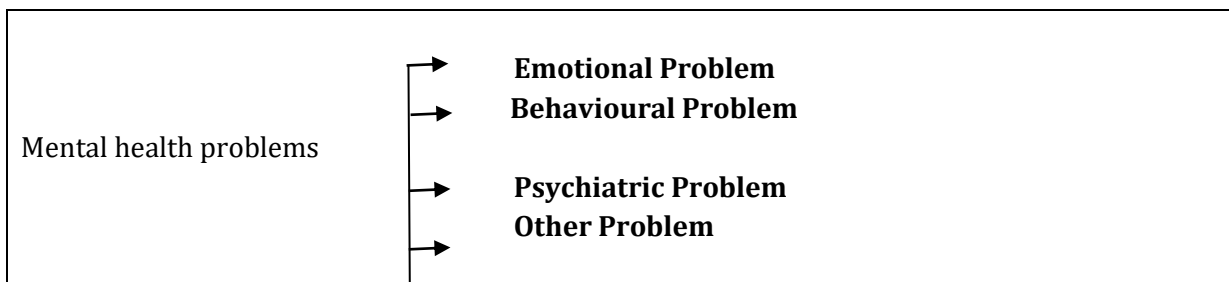
MEANINGFUL CLASSIFICATION OF MENTAL HEALTH PROBLEMS.

There are two widely classification system of mental health problem assessment of the world

- DSM published by APA and
- ICD published by WHO

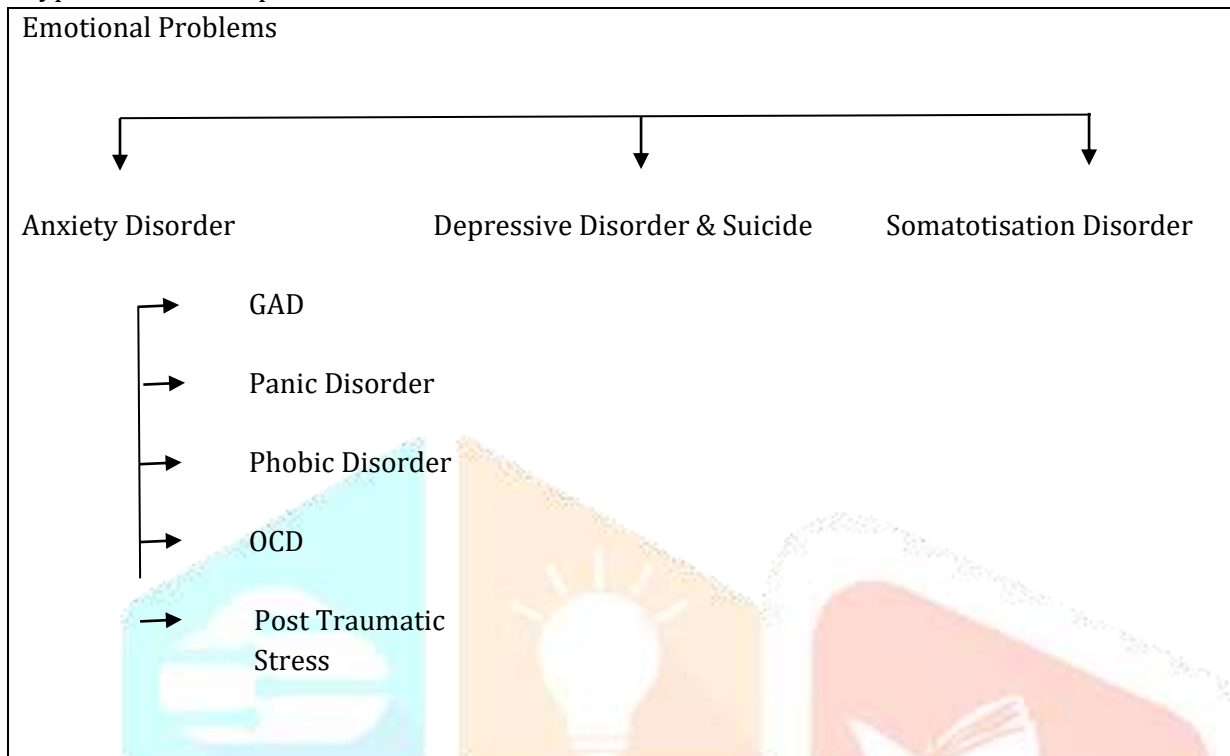
Following the meaningful classification

CLASSIFICATION OF MENTAL HEALTH PROBLEMS



EMOTIONAL PROBLEMS: TYPE OF EMOTIONAL PROBLEMS SHOWING IN FIGURE BELOW

Type of Emotional problems

**SCHIZOPHRENIA SPECTRUM & OTHER PSYCHOTIC DISORDER -**

- Schizophrenia spectrum and other psychotic disorders include schizophrenia, other psychotic disorders, and schizotypal (personality) disorder. They are defined by abnormalities in one or more of the following five domains: delusions, hallucinations, disorganized thinking(speech), grossly disorganized or abnormal motor behaviour (including catatonia), and negative symptoms. E.G. schizotypal(personality) disorder, delusional disorder schizophrenia.
- Bipolar and related disorders - e.g. bipolar I disorder, bipolar II disorder.
- Depressive disorder – e.g. disruptive mood dysregulation disorder, major depressive disorder, persistent depressive disorder(dysthymia).
- Anxiety disorders – e.g. Separation anxiety disorder, selective autism, specific phobia, social, anxiety disorder, panic disorder, agoraphobia, generalized anxiety disorder.
- Obsessive – compulsive and related disorder – e.g. obsessive compulsive disorder.
- Trauma and stress or related disorders – e.g. reactive attachment disorder, post traumatic stress disorder acute stress disorder, adjustment disorder.
- Dissociative disorders –Dissociative identity disorder, adjustment amnesia.
- Somatic symptom and related disorders- e.g. somatic symptom disorder, illness anxiety disorder.
- Feeding and eating disorders- e.g. pica. Anorexia nervosa, bulimia nervosa, binge eating disorder.
- Elimination disorders- e.g. Enuresis, encopresis.
- Sleep- wake disorders- e.g. Insomnia disorder.
- Sexual dysfunctions- e.g. delayed ejaculation, erectile disorders, female sexual interest/arousal disorder.

- Gender dysphoria- Gender dysphoria involves a conflict between a person's physical or assigned gender and the gender with which he/ she/ they identify. People with gender dysphoria may be very uncomfortable with the gender they were assigned, sometimes described as being uncomfortable with their body(particularly developments during puberty)or being uncomfortable with the expected roles of their assigned gender.
- Disruptive, Impulsive central and conduct disorders- oppositional defiance disorder, conduct disorder, antisocial personality disorder, pyromania, kleptomania.
- Substance related and addictive disorders- Alcohol related, caffeine related, inhalant use disorder, tobacco related disorders.
- Neuro cognitive disorders- e.g. delirium, major or minor neuro-cognitive disorder due to Alzheimer's disease.
- Personality disorders- e.g. paranoid personality disorder, schizoid personality disorder, schizotypal personality disorder, antisocial personality disorder, borderline personality disorder, histrionic personality disorder, narcissistic personality disorder, avoidant personality disorder, dependent personality disorders, obsessive-compulsive disorder.
- Paraphilic disorders-e.g. voyeuristic disorder, sexual masochism disorder, sexual sadism disorder.
- Other mental disorders.m

CLASSIFICATION ACCORDING TO ICD-10 (THE DRAFT REVIEW WAS COMPLETED IN APRIL 2015)

1. A Neurodevelopmental disorders
2. Schizophrenia spectrum and primary psychotic disorders
3. Bipolar and related disorders.
4. Depressive disorders.
5. Anxiety and fear related disorders.
6. Disorders speciallyAssociated with stress.
7. Dissociative disorders.
8. Bodily distress disorders and psychological and behavioural factors associated with diseases classified elsewhere.
9. Obsessive compulsive and related disorders.
10. Feeding and eating disorderds.
11. Elimination disorders.
12. Sleep disorders.
13. Sexual dysfunctions and compulsive sexual behaviour disorders
14. Acute substance intoxication.
15. Harmful use of substances.
16. Substance dependence.
17. Substance withdrawal syndrome.
18. Substance- induced mental disorders vs.05 s behavioural addictions.

MENTAL HEALTH PROBLEMS :

Mental health problems can affect the way you think, feel and behave. They affect around one in four people in Britain, and range from common mental health problems, such as depression and anxiety, to more rare problems such as schizophrenia and bipolar disorder. A mental health problem can feel just as bad, or worse, as any other physical illness- only you cannot see it.

DSM-V has defined mental disorder as, 'A mental disorder is a syndrome gharecterized by clinically significant disturbance in an individual's cognition, ,emotion regulation or behaviour that reflects a dysfunction in the

psychological, biological, or developmental process underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational or other important activities. An expectable or culturally approved response to a common stressor or loss, such as death of a loved one, is not a mental disorder. Socially deviant behaviour (e.g. political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual, as describes above.

The World Health Organization defines mental health—a state of well being in which every individual realizes his/her own potentials, can cope with the normal stresses of life, can work productively and fruitfully and is able to contribute to her/his community. In this, the absence of mental disorder doesnot necessarily mean the presence of good mental health. Looked at in another way, people living with mental disorder can also achieve good levels of well-being—living a satisfying, meaningful, contributing life within the constraints of painful, distressing, or debilitating symptoms. Mental health disorders are not exclusive to any special group: they are found in people of all regions, all countries and all societies, About 450 million people suffer from mental disorders according to estimates given in WHO's World Health report 2001. One person in four will develop one or more mental or behavioural disorders during their lifetime(WHO,2001 b).

Mental health disorders are present at any point in time in about 10% of the adult population world wide. One fifth of teenagers under the age of 18 years suffer from developmental, emotional or behavioural problems, one in eight have a mental disorder, among disadvantaged children, the rate is one in five. Mental and neurological disorders account for 13% of the total disability adjusted life years(DALYs) lost due to all diseases and injuries in the world WHO,2004 d). Five of the ten leading causes of disability worldwide are psychiatric conditions, including depression, alcohol use, schizophrenia and compulsive disorder(Murray & Lopez, 1996).

SYMPTOMS OF MENTAL ILLNESS:

Signs and symptoms of mental illness can vary, depending on the disorder, circumstances and other factors. Mental illness symptoms can affect emotions, thoughts and behaviours.

EXAMPLE OF SIGNS AND SYMPTOMS INCLUDE:

- Feeling sad or down.
- Confused thinking or reduced ability to concentrate.
- Excessive fears or worries, or extreme feeling of guilt.
- Extreme mood changes of highs and lows.
- Withdrawal from friends and activities.
- Significant tiredness, low energy or problems in sleeping.
- Detachment from reality(delusions), paranoia or hallucinations.
- Inability to cope with daily problems or stress
- Trouble understanding and relating to situations and to people.
- Alcohol or drug abuse
- Major changes in eating habits.
- Sex drive changes.
- Excessive anger, hostility or violence.
- Suicidal thinking.

Sometimes symptoms of a mental health disorder appear as physical problems, such as stomach pain, back pain, headache, or unexplained aches and pains.

COMMON MENTAL HEALTH PROBLEMS AMONG THE STUDENTS

Mental health issues can start in very young students or emerge later with teenagers. Often mental health problems can cause difficulty for students with playing, learning, speaking, behaviour and emotional control.

The American psychological association explains that mental health is critical to a child's overall well-being just like physical health is. The two are deeply connected with one another. Just as a student the flu would struggle to learn in the classroom, so that does a student with a mental health diagnosis. Mental health conditions can impede a student's ability to thrive in school, on sports teams, at home, at work and in greater society.

As many as 15 million children in the U.S could be diagnose with mental health disorders, according to the APA. However, as few of 7% of these young people actually receive the care they need. There are a number of genetic, biological, and environmental factors that increase the likelihood of mental health disorders.

The APA also noted that some students can have mental health problems without a specific disorder, for example a student who is bullied may have poorer mental health.

1. ADHD,(ATTENTION DEFICIT/ HYPERACTIVITY DISORDERS)- According to the CDC, as many as 6.8% of 3 to 17 years old Americans have been diagnosed with ADHD. Short attention spans, easy distraction, too much talking and constant interruptions as well as hyperactivity are just a few of the symptoms of this mental health disorders. This condition can have a strong impact on a student's ability to learn as well as a teacher's ability to maintain the classroom. Educators can refer students to mental health assessment if the condition is suspected. Often medication can curb the symptoms and aid students, although sometimes these symptoms can signify another mental health disorder such as bipolar.
2. ANXIETY- One of the most significant ways that anxiety can display itself in students is not in the classroom at all. Some students with anxiety disorders are frequently absent due the anxiety they feel about school. Anxiety is among the most common mental health disorders in students in K-12 with other 3% diagnosed with the condition, according to the CDC. Students with anxiety may struggle to finish work, have difficulty completing assignments upto their high standards, and have fear of failure or new experiences, and excessive worry about grades or homework. Students with anxiety may be among the 12-17 year olds with mental health issues that the CDC noted turn to drugs and alcohol use.
3. DEPRESSION- Diagnosed in 2.1% of 3-7 years old students, depression can lead to sudden drops in students grades, rises in absences and a general loss of interaction and motivation in the classrooms. Other symptoms that teachers and family members should be aware of include excessive tardiness, sleepiness, isolation and incomplete assignments. Suicidal tendency can also increase.
4. AUTISM SPECTRUM DISORDERS- There are a wide array of autism spectrum disorders that can affect students. Students with autism spectrum disorders may exhibit signs of repetitive behaviour, significant social difficulties, inability to read nonverbal language and many more. Autism disorders are typical noticed before school age in children today and can vary from very severe to milder forms, such as Asperger's syndrome.
5. PTSD(POST TRAUMATIC STRESS DISORDER)- PTSD may be difficult for educators to notice in their classroom. Students may experience unpredictable and significant mood swings, act younger than their age or witnessed a traumatic event. This disorder can lead to flashbacks to the traumatic event with physical or emotionall consequences. There are a wide range of symptoms including self harm, hostility, depression and fear.
6. OCD(OBSESSIVE- COMPULSIVE DISORDER)- Students with OCD have chronic, long term thoughts and behaviours that they want to repeat or act on specially without any control. From inappropriate thoughts for a classroom to compulsions to extreme order or cleanliness, OCD can make learning difficult for children. Low grades, missing schoolwork and lack of classroom concentration are common student

symptoms of OCD because the compulsions and obsessions are so distracting. Social issues are also common.

7. TAURETTE SYNDROME- About 0.2% of 6-17 years old Americans have been diagnosed with Tourette syndrome according to the CDC. It is most common with females and develops in children between the age of 3-9. Tourette syndrome is neurological condition and can manifest itself many different ways from uncontrollable physical tics and movements to vocalization, words or grunts. Both the tics and the effort to suppress the tics can distract students from learning, as well as affect others in the classrooms.
8. ODD (OPPOSITIONAL DEFIANT DISORDER)- Students with oppositional defiant disorders are typically hostile, negative and angry toward the teacher and other students. From blaming other students for mistakes to consistently challenging the rules of the classroom. ODD affects all of the students in the class. Anger is one of the most common symptoms and is often unpredictable.
9. CD (CONDUCT DISORDER)- Similar to ODD students with conduct disorder will challenge class rules and argue with students. Students with CD may act as bullies, picking on some children and hiding their own self-esteem issues with toughness. Frequent absences, discipline and lying are all signs of CD.
10. EATING DISORDERS (ANOREXIA/ BULLIMIA)- Affecting both male and female students, eating disorders include unhealthy eating habits, obsession with weight and food, and skewed self-image. Eating disorders typically occur with young teenagers but can occur earlier. Wrestlers, dancers and gymnasts are often affected. Distraction by body image or unusual food habits may be warning signs in the classroom, however eating disorders are often difficult to identify because those with the disorders can thrive academically.

CONCLUSIONS- For the above mentioned discussions we all come to know the "MENTAL HEALTH" and "VARIOUS MENTAL HEALTH PROBLEMS OF THE SCHOOL GOING CHILDREN". Mental health problem is not a disease but it is a mental set up of people which affects the children's daily life, their educational life and their social life. So we all try to avoid the ill environment which can create mental health problems and we should have think rationally.

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LIST OF ABBREVIATIONS

WHO	World Health Organisation
UK	United Kingdom
ICD	International Classification of Disease
DSM	Diagnostic Statistical Manual for Mental Disorder
APA	American Psychiatric Association