

# ***Preface***

There are many mental health problems of some types in children and adolescents. Manifestations such as attention deficits, cognitive disturbances, lack of motivation, and negative mood all adversely affect scholastic development. It is often unclear what factors associated with school affect children's mental development and what preventive measures and interventions at school might be effective. It is important to clear the risk factors of mental health problems in child and adolescent for improving mental health problems in child and adolescent.

## **The Prevalence of Mental Health Problems in Child and Adolescent**

Globally, 10% - 20% of children and adolescents suffer from mental disorders, with half of all them starting by the age of 14 and three-quarters before the age of 25.

Social and cultural factors may influence emergence of mental health problems. The 21<sup>st</sup> century has led to changes in many of these factors, but it is unclear whether rates of internalizing and externalizing problems have also changed in recent cohorts of young people.

A comprehensive literature search was undertaken by Bor, W, et al., to locate cohort or population studies that examined changes in mental health of children over time, where participants were aged 18 years and under, and the time frame for change was at least 10 years, with data for at least one time point in the 21<sup>st</sup> century being statistically compared to at least one time point in the 20<sup>th</sup> century. Studies were reviewed for quality and outcome. The results showed, for both children and toddlers, recent cohorts did not exhibit worsening of mental health symptoms. In adolescents, the burden of externalizing problems appear to be

stable. However, the majority of studies report an increase in internalizing problems in adolescent girls. The findings for internalizing problems in boys were mixed. These findings suggest that recent cohorts of adolescent girls are experiencing increases in internalizing symptoms compared to previous cohorts.

The results, from Schulte-Korne, G, showed that the prevalence of hyperkinetic disorder is 1% - 6%. Its main manifestations are motor hyperactivity, an attention deficit, and impulsive behavior. Learning disorders such as dyscalculia and dyslexia affect 4% - 6% of children each, while 4% - 5% of children and adolescents suffer from depression, which is twice as prevalent in girls as in boys. Mental health problems increase the risk of repeating a grade, truancy, and dropping out of school. The risk of developing an internalizing or externalizing mental health problem can be lessened by changes in the school environment and by the implementation of evidence-based school programs. Physicians, in collaboration with school social workers and psychologists, should help teachers recognize and contend with mental health problems among the children and adolescents whom they teach, to enable the timely detection of stress factors at school and the initiation of the necessary measures and aids. In particular, the school-entrance examination and screening for risk factors at school can make a positive contribution. Evidence-based preventive programs should be implemented in schools, and beneficial changes of the school environment should be a further goal.

The results From Chaulagain, A, showed that the prevalence of emotional and behavioural problems in school children ranged between 12.9% and 17.03%, whereas a study on emotional and behavioural disorders in homeless children reported a prevalence of 28.6%. The prevalence of Autism Spectrum Disorder (ASD) was estimated to be as high as three in every 1000 persons in Nepal by one study. The clinical prevalence of anxiety disorders was reported ranging from 18.8% to 24.4% while that of Attention Deficit Hyperactivity Disorder (ADHD) was 10% - 11.7% in various clinical samples of children and adolescents.

Cortina, MA et al. reviewed 10 studies, which provided data for 9713 children from 6 countries, with substantial variation in assessment methods. The results showed that 14.3%

(95% CI, 13.6% - 15.0%) of children were identified as having psychopathology. Studies using screening questionnaires reported higher prevalence rates (19.8%; 95% CI, 18.8% - 20.7%) than did studies using clinical diagnostic instruments (9.5%; 8.4% - 10.5%). Evidence suggests that considerable levels of mental health problems exist among children and adolescents in sub-Saharan Africa. One in 7 children and adolescents have significant difficulties, with 1 in 10 (9.5%) having a specific psychiatric disorder. There are clear sociodemographic correlates of psychopathology that may place children in areas of greatest deprivation at greatest risk.

## **Risk Factors of Mental Health Problems in Child and Adolescent**

Scully, C et al. report a systematic review of the literature examining the relationship between adverse childhood experiences (ACEs), family functioning (FF) and mental health (MH) problems among children and adolescents. The current review aims to thoroughly investigate the relationship between ACEs, FF and MH, and to synthesise the findings in the literature. Three databases were searched, and a narrative synthesis of the final thirty-four articles is presented. The results of the systematic review indicate that the association between FF and child/adolescent MH is mixed; ACEs and child/adolescent MH are related; ACEs and FF are related; and demographic factors impact on the association between the three main variables. The literature suggests a strong association between ACEs, child and adolescent MH problems, and FF, and some overlap between these variables is evident. This systematic review highlights the importance of family-focused care and the value of asking children about their experience of adverse childhood experiences in clinical practice.

Socioeconomic inequalities in health are an important topic in social sciences and public health research. However, little is known about socioeconomic disparities and mental health problems in childhood and adolescence. Reiss, F systematically reviews publications on the relationships between various commonly used indicators of socioeconomic status (SES) and mental health outcomes for children and adolescents aged four to 18

years. Studies published in English or German between 1990 and 2011 were included if they reported at least one marker of socioeconomic status (an index or indicators, e.g., household income, poverty, parental education, parental occupation status, or family affluence) and identified mental health problems using validated instruments. In total, 55 published studies met the inclusion criteria, and 52 studies indicated an inverse relationship between socioeconomic status and mental health problems in children and adolescents. Socioeconomically disadvantaged children and adolescents were two to three times more likely to develop mental health problems. Low socioeconomic status that persisted over time was strongly related to higher rates of mental health problems. A decrease in socioeconomic status was associated with increasing mental health problems. The strength of the correlation varied with age and with different indicators of socioeconomic status, whereas heterogeneous findings were reported for gender and types of mental health problems. The included studies indicated that the theoretical approaches of social causation and classical selection are not mutually exclusive across generations and specific mental health problems; these processes create a cycle of deprivation and mental health problems. The review draws attention to the diversity of measures used to evaluate socioeconomic status, which might have influenced the comparability of international epidemiological studies. Furthermore, the review highlights the need for individual-level early childhood interventions as well as a reduction in socioeconomic inequalities at a societal level to improve mental health in childhood and adolescence.

## **Mental Health Problems in Child and Adolescent in China**

In China, rapid socioeconomic development has been associated with changes in social structure, discrepancies in development between urban and rural areas, a rapid increase in the urban population, increased social pressure and competition, and changes in family structure. For teenagers, high academic requirements and psychological pressure can lead to an increase in negative emotions. Worldwide, the prevalence of non-suicidal self-harm in children and adolescents is about  $19 \times 5\%$ ; however, in China, estimated prevalence in mid-

dle school students (aged 13 - 18 years) is  $27 \times 4\%$ .

Non-suicidal self-harm behaviour is not only an issue for psychiatry, but also a complex societal issue. With 189 million school children and about 28 million undergraduate college students in China, the scale of the issue could be enormous. The Healthy China Action (2019-30) plan includes explicit references to initiatives to promote both mental health and school students' health. In December 2019, the Chinese Health Commission, Ministry of Education, and ten other government departments launched a joint action plan with a specific focus on child and adolescent mental health. The action plan mandated that by 2022, all levels and types of school should set up psychological service platforms to provide mental health services to students, and 60% of mental health hospitals that at or above the second level (i.e., between basic and high level medical services in the Chinese system) should set up outpatient services for children and adolescents. All regions of China are to set up or improve access to psychological assistance hotlines, and promote mental health awareness among children and adolescents, with the aim of reaching 80% of this population. Although the government has introduced important policies that give more attention to mental health, more research and guidance for professionals are needed to establish an interconnected mental health system, which could provide the professional services for schools, communities, and families, and improve the mental health and wellbeing of adolescents in China. Improving mental health and reducing the burden of mental illness are complementary strategies which, along with the treatment and rehabilitation of people with mental disorders, significantly improve population health and well-being.

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