

FOR A HAPPY CHILDHOOD

Relevant for: Developmental Issues | Topic: Rights & Welfare of Children - Schemes & their Performance, Mechanisms, Laws Institutions and Bodies

With over 18% of India's population aged 10-17, the future of the country will be driven by this segment. The government has introduced many initiatives for their health, nutrition, education and employment. The goal should be for them to thrive, be productive adults and be happy.

But a happy childhood is fast becoming a challenge for many. Recent data suggest that mental health disorders are on the rise among 13-17-year-olds, with one out of five children in schools suffering from depression. According to the National Mental Health Survey of 2016, the prevalence of mental disorders was 7.3% among 13-17-year-olds. With many resorting to self-harm, statistics suggest that suicide among adolescents is higher than any other age group. According to the Global Burden of Disease Study 1990-2016, in India, the suicide death rate among 15-29-year-olds was highest in Karnataka (30.7), Tripura (30.3), Tamil Nadu (29.8), and Andhra Pradesh (25.0). India's contribution to global suicide deaths increased from 25.3% in 1990 to 36.6% in 2016 among women. Though suicides among women have decreased overall, the highest age-specific suicide death rate among women in 2016 were for ages 15-29 years and 75 years or older.

Half of all mental health disorders in adulthood starts by 14 years of age, with many cases being undetected. Those who suffer from depression and anxiety in adulthood may often begin experiencing this from childhood and it may peak during adolescence and their early 20s.

Studies relate suicidal behaviour to absenteeism from school, sexual and/or physical abuse and depression, bullying and peer pressure. Overall, a poor social environment and difficulties in discussing problems with parents increase the odds of poor mental health. Even as many can identify feeling sad and distressed, only about 8% can label it as depression. Most are unable to correctly identify approaching mental health professionals as a good solution due to the stigma around mental health issues and lack of understanding of how good support can help them feel and do better.

The good news is that parents and peers can play an important role by being understanding and communicative. There is evidence that technology can create loneliness, isolation and unrealistic expectations for adolescents. By moving away from strict rules and diktats, parents should gently discuss the role of technology to bring adolescents to the realisation that limiting screen time and engaging in social activities may improve how they feel.

By learning more about mental health, parents and school administrations should sensitise themselves about what constitutes 'warning signs' like erratic sleep patterns and mood swings. Peer support systems and trained counsellors can encourage dialogue around seeking support and better coping mechanisms.

A new approach is required for disseminating mental health awareness backed by progressive government policies, based on evidence-based approaches. A 2010 *Lancet* study highlighted interventions conducted with 10,000 adolescents across 10 European countries, with a key success around 'Youth Behaviour and Mental Health' segment. This resulted in adolescents with mental health challenges receiving psychological support via 45-minute sessions, which ensured a reduction in suicidal ideas and behaviour. Projects with a similar approach, such as SPIRIT (Suicide Prevention and Implementation Research Initiative) in India, aim to reduce suicides among targeted adolescents and implement research-based suicide interventions. They also

aim to empower regional policymakers to integrate evidence generated from implemented research on suicide prevention in policymaking. India requires multiple similar interventions for change.

Soumya Swaminathan is Chief Scientist at the World Health Organization; Lakshmi Vijayakumar is the founder of SNEHA, a suicide prevention centre; and Sukriti Chauhan is a Director at Global Health Strategies

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