

Depressing statistics

MENTAL HEALTH

The number of young who are afflicted with mental diseases is growing.

Dr Roshan Jain analyses the situation

Mental health issues are a real concern. The stigma and prejudice associated with mental illnesses act as huge barriers in accepting the problem, and worse, seeking help.

According to the World Health Organization (WHO), mental disorders account for 13 per cent of the global burden of diseases. Depression is the third most common disease worldwide and is expected to climb to the number one position by 2030. The National Institute of Mental Health and Neurosciences, Bangalore, estimates that two crore Indians need help for serious mental disorders, while a further five crore suffer from milder mental illnesses.

According to an article in *The Lancet* (June 2011), prevalence is higher in the young (age between 10-24) with one in two suffering from some form of mental illness such as, depression, schizophrenia, bipolar disorder and alcohol use.

Mental disorder has a higher rate of mortality compared to other physical disorders such as cancer, diabetes and HIV/AIDS. According to WHO, every year almost 1 million people commit suicide (approximately 3,000 deaths a day, or one death every 40 seconds), and it is the second largest cause of mortality in the 10-24 age group. With the young representing 24 per cent of the world's population and rising, those with mental disorders will also rise further.

What factors can be attributed to mental illness, especially in the young? A positive family history of mental health problems



mental factors such as abuse (physical and sexual), neglect, impoverished upbringing and discontinuous care can impair psychological and personality development, thereby contributing to coping deficit and poor resilience, and predisposes one to emotional problems/illness, either immediately or in later life.

Adolescence and young adulthood can be a stressful time, when one has to deal with the challenges of going through puberty, meeting expectations, moving from school to university, adapting to peer pressure and coping with new feelings and relationships. Academic stress is one of the main causes of mental stress in this group, which can be internally induced by the fear of failure and/or externally imposed through family and society by imparting a sense of shame and guilt associated with lack of success. Some resort to substance

Varying signs

As in adults, signs and symptoms of mental disorders in the young can vary, depending on the particular disorder and other factors. Typically symptoms can affect thoughts, emotions and behaviour. In depression for example, the symptoms may include persistent low mood for two weeks, with associated loss of interest in activities, tiredness, reduced energy, insomnia, poor appetite, weight loss, impaired concentration and memory, and loss of libido. Such persons will appear withdrawn, physically and mentally slowed, isolated and pessimistic. They can experience pessimism, hopelessness and worthlessness, lose confidence and self-esteem. Many can suffer suicidal thoughts — expressed or demonstrated with an attempt to end one's life. Objectively there can be signs of self-neglect. Functioning, at home, school and

In other conditions like schizophrenia one may have disorganised thoughts, misinterpreted fixed belief (delusions) and hallucinatory experiences. Many will become frustrated with the symptoms or side effect of medicines and this will manifest in the form of irritability and hostility. Behaviour can be uncharacteristic.

Where alcohol and drugs are involved, there may be the specific feature of dependency or withdrawal symptoms, and/or an escalation of symptoms of pre-existing mental disorders. Sometimes, symptoms of a mental disorder may appear as physical problems.

Different manifestations

Many forms of mental disorder are more common in women than men. Manifestation may vary but there is evidence that women tend to internalise their problems while men often externalise them. In other words mental disorder in women may present predominantly with cognitive and emotional symptoms whilst men manifest with behavioural problems including aggression, violence and substance misuse. For example, men may respond to stress with antisocial behaviour and alcohol misuse, whereas women may respond with dysphoria (intense feelings of depression, discontent, and indifference to the world).

Mental disorder is common and, more importantly, easily treatable provided the individual seeks early help to become aware of the nature and degree of the problem, and address underlying causes. Treatment may include a combination of medication, psychotherapy (talking therapy), and lifestyle advice/changes. It is established that the above treatments together are more effective, than either alone. Psychotherapy and counselling to raise awareness, insight and personal growth amongst the young can play a more important role.

Compared to the general population, the risk of completed suicide after the self-harm episode is highest within the first six months, and there is a more than 20-fold increase in further five years. Therefore, it is important that all hospitals, where individuals are present after engaging in deliberate self-harm or suicidal act, must refer the case to a psychiatrist for suicidal risk assessment and counselling. Treatment of those individuals should include attention to physical illness, alcohol/drugs problems, and living circumstances, besides exploration of underlying mental health difficulties. The enormity of this problem warrants an awareness programme and systematic intervention and treatment approaches.

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