

Mental Disorders in Children and Adolescents

Luisetto Duduk*

Department of Child Psychiatry, University of Ain Shams, Cairo, Egypt

ABOUT THE STUDY

Since more than 50% of mental health issues begin throughout childhood and adolescence and since many of these issues last into adulthood, these years are crucial for promoting mental health. A growing number of children and adolescents are experiencing mental health problems, with the prevalence of those concerns reaching about 20%, according to data from around the world. As a result, this has become a priority. The situation is further exacerbated by the fact that many of these children and adolescents are not receiving the specialized care they require.

The challenge of reaching consensus on fundamental topics in the area, such as the definition of mental health and other related concepts, has been raised as a result of significant efforts to compile the best available research about mental health. WHO defines mental health as a condition of wellbeing in which people are able to grow in their talents, cope with the stress of daily life, engage in fruitful and productive employment, and contribute to the betterment of their community rather than simply being free from sickness. Incorporating the ideas of mental health promotion, the prevention and treatment of mental illness, and rehabilitation, the WHO Mental Health Action Plan, 2013–2020, was built on the foundation provided by this definition. The strategy emphasises developmental features of children and young people, such as, for example, the capacity to control thoughts and emotions as well as the capacity to form social connections and learn, as essential areas that must be addressed in mental health interventions.

School-based and community-based mental health therapies work under the assumption that adolescent behavioural issues are influenced by the interaction of personal, social, and familial factors. Because children and adolescents develop through social contact, schools and communities provide the ideal setting for intervention. In order to support child and adolescent development and to advance good mental health, schools and communities can make the most of their surroundings. Numerous mental health initiatives that are applied in schools foster the growth of social skills, socioemotional competences, and academic outcomes while simultaneously lowering disruptive behaviour. Therefore, the culture and atmosphere of

the school can be extremely influential in promoting protective characteristics for mental health, such as social and emotional skills and competences.

Common mental health disorders

Anxiety disorders: Anxiety attacks do happen from time to time. Many people fret about issues like their health, finances, or family dynamics. However, anxiety disorders go beyond brief moments of fear or worry. Anxiety does not go away for those who have an anxiety condition, and it may even worsen over time. Daily tasks including job performance, academic progress, and interpersonal interactions can be hampered by the symptoms. Anxiety disorders come in many different forms, such as generalised anxiety disorder, panic disorder, social anxiety disorder, and many phobia-related disorders.

Emotional disorders: The majority of adolescents experience emotional issues. The most common problems in this age group are anxiety disorders, which might include panic attacks or overly worrying. Older adolescents experience these diseases more frequently than younger adolescents. Anxiety disorders are thought to affect 3.6% of 10 to 14-year-olds and 4.6% of 15 to 19-year-olds. According to estimates, 2.8% of teenagers aged 15 to 19 and 1.1% of adolescents' aged 10 to 14 experience depression. Rapid and unexpected mood fluctuations are among the symptoms that both depression and anxiety share.

School attendance and academic performance can be significantly impacted by anxiety and depressive disorders. Isolation and loneliness may become worse if social retreat occurs. Suicide can result from depression.

Behavioural disorders: Younger adolescents are more likely than older teenagers to suffer from behavioural disorders. 3.1% of 10–14-year-olds and 2.4% of 15–19-year-olds have Attention Deficit Hyperactivity Disorder (ADHD), which is characterised by problems paying attention, excessive activity, and behaving without thinking about the consequences. 3.6% of 10 to 14-year-olds and 2.4% of 15 to 19-year-olds experience conduct disorder (characterised by signs of destructive or difficult behaviour). Adolescents with conduct issues may struggle academically and may engage in criminal activity.

Correspondence to: Luisetto Duduk, Department of Child Psychiatry, University of Ain Shams, Cairo, Egypt, Email: Dudukl@yahoo.com

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Eating disorders: Anorexia nervosa and bulimia nervosa are two eating disorders that frequently develop during adolescence and early adulthood. An eating disorder is characterised by aberrant eating habits and obsession with food, which are frequently accompanied by worries about one's appearance and weight. The mortality rate for anorexia nervosa is higher than that of any other mental condition, and it can result in premature death, frequently through medical issues or suicide.

Psychosis: Psychotic symptoms-containing conditions typically first appear in late adolescence or early adulthood. Hallucinations and delusions are examples of symptoms. These incidents frequently result in stigma or human rights breaches

and can make it difficult for adolescents to participate in daily life and in their schooling.

CONCLUSION

It is imperative to attend to the needs of young people with mental health issues. Adolescents' mental health depends on avoiding institutionalisation and over-medicalization. They should be giving non-pharmacological methods priority, and protecting children's rights in accordance with the United Nations Convention on the Rights of the Child and other human rights documents.