

PREVALENCE ESTIMATES ON MENTAL HEALTH PROBLEM OF URBAN AND RURAL SCHOOL CHILDREN IN INDIA

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Abstract

The research has created a series of estimates of children's mental health needs and their use of services that vary according to the definition and severity of the problem. The percentages of child mental health problems do not significantly conflict between rural and urban settings; however, problems with access to mental health services for children have all the characteristics of being more articulated in rural areas. By controlling the different characteristics that affect access to the mind, children in rural areas are 20% less likely to have a mental health visit than urban children. Stigma towards the use of the mental health system can limit the recognition of mental health treatment by parents in rural settings. As expected, the use of mental health services is higher among children with severe emotional, physical and social needs. Children with severe emotional disorders use services ten times more than those with less severe mental health. Children with special needs, such as having a disability or living in the custody system, use mental health services more often than children without these features.

1. OVERVIEW

The World Health Organization (WHO) describes mental health as an essential and essential element for health and that there is no health without mental health. It has been taken into account that mental and substance use disorders are responsible for 6.77% of disability-adjusted life years (DALY) and the estimate is that 80% of people with severe mental disorders low wages get enough mental health services. Recognizing the burden of mental health problems, WHO has developed the Mental Health Gap (mhGAP) action program to expand the services of mental, neurological and substance use disorders at the level of

essential care and the design of health action 2013-2020 to increase mental health services in situations of limited resources. 20% of all children have a diagnosable mental illness and in the vicinity of 5% and 9% a serious enough disease to prevent work. Most of the children in the two groups do not receive care and it is assumed that the gap between needs and use of the service is wider in rural areas than in urban areas. In any case, there have been a couple of national studies on the differences between the rural-urban in the use of the child mental health service, and what factors, including insurance, can intervene or decrease the differences. These studies are essential for

policy makers, as they choose which approaches and strategies to use to meet the mental health needs of children in rural areas.

Children in rural areas with the highest mental health are not essentially at risk of being investigated or treated for mental health problems. In any case, among those with possible impairments, rural children are more reluctant to be solved to have a mental illness other than ADHD and are more reluctant to be direct. Today there are various problems in human societies. In this way, it is a test for people to be mentally healthy. For a man who adapts to his condition, it is essential to be mentally healthy. A great mental health is obvious to healthy people. The mental disorder is extraordinarily dangerous and also responsible for numerous psychological illnesses and maladjustment.

2.FUNDAMENTAL OBJECTIVE

The fundamental objective of the subject is to analyze the mental health of children in rural and urban schools. Most school-age children with mental health problems do not receive treatment and it is believed that the need and use of the administration are wider in rural areas than in urban areas. It is also recognized that rural groups of children with mental health problems have a more critical and exciting impact than urban families. These suspicions reflect the reduced accessibility of specialist mental health care and strengthen services in rural areas. A lower wage and more limited open doors

related to money can also hinder the limitation of rural households to keep children with more extraordinary mental problems.

In this paper, we consider first the previous history and the systematic reviews on the prevalence of mental disorders in children and adolescents in the network. Secondly, we address the sources of prevalence variability recognized in writing. Third, we report a complete and unique systematic review of the writing. Fourth, based on the studies incorporated into our systematic review, we present the results of a meta-analysis that computes a combined global prevalence of mental disorders in children and adolescents in the network. Fifth, we report the results of meta-regression analyzes conducted on covariates at the level of the trial study associated with the heterogeneity of prevalence estimates. Finally, we discuss and coordinate the results and their research, strategies and clinical implications.

3. PREVALENCE ESTIMATES FROM RESPONDENTS

The demographic profiles of respondents are presented in this section. The data are analyzed and interpreted, and the major findings highlighted in rural and urban school children from Dehradun District of Uttarakhand State.

Prevalence, Need, and Service Use

The research has created a series of estimates of children's mental health needs

and their use of services that vary according to the definition and severity of the problem.

Economic Distribution of respondent

The characteristics of rural households can put their children at greater risk, compared to children in urban areas, to have a need for mental health, in addition to having to neglect that need.

The income from occupation of father and mother is significant distributed, 27.0% respondents have earned less than 10000 Rs per months, 56.8% respondents have 10000 Rs – 20000 Rs per months and 16.3% have more than 20000 RS per months.

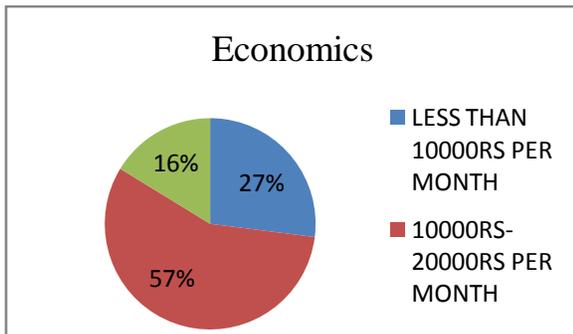


Figure1:Economic Distribution of respondent.

Distribution of poverty as factor of children mental health

Poverty is one of the major factors for children mental health in urban and rural school. There is 50% response of both Yes and No for poverty as factor of children mental health.

Distribution of poverty as factor of children mental health

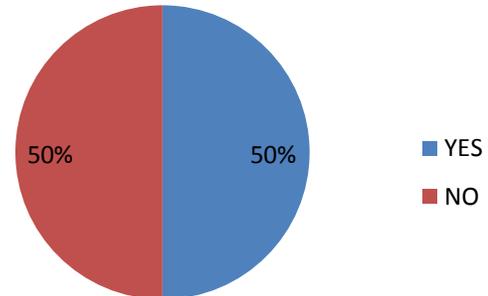


Figure2: Distribution of poverty as factor of children mental health

Family Impact

It has been shown that children's mental health problems, severe emotional disturbances, mental disorders, specific behavioural problems and repair conditions with a part of mental health have a negative effect on the emotional and budgetary prosperity of families.

we conclude that out of 400 subjects, 45.8% have less than six members in the family in nuclear family and 54.3% have more than six members as in joint family. Cumulative value of family having less than six members is 45.8%

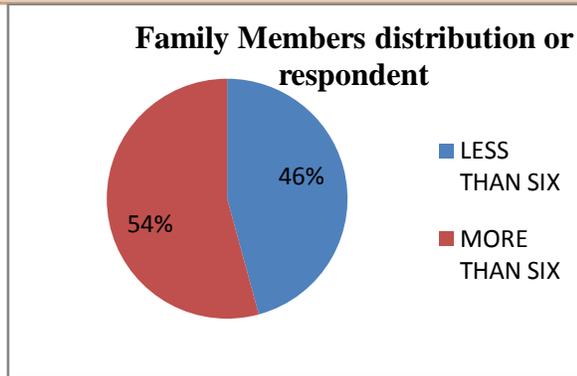


Figure3: Family Members distribution or respondent

Global Prevalence of Mental Disorders

Mental health problems affect a significant number of children and adolescents and continue to increase worldwide. Recently, a meta-analysis of 41 studies conducted in the vicinity of 1985 and 2015 from 27 countries estimated a global prevalence of mental disorders in children and adolescents of 13% (Polanczyk GV, 2015).

Cross-Cultural Differences

A large number of studies have used scales such as Child Behaviour Checklist (CBCL) and Questionnaire Strengths and Difficulties (SDQ) to evaluate dimensional psychopathology in children and adolescents in a variety of countries (Achenbach et al., 2008)[2,3].

Distribution any health services for mental health in the urban and rural school

There are many type of health services providing in the urban and rural school. Out

of them 19.5% of respondent got counseling services, 18.8% of respondent got referral services, 19.5% of respondent got any nutritional services and 20.3% of respondent got treatment for mental health and 22.0% of respondent got other type of services in the urban and rural school.

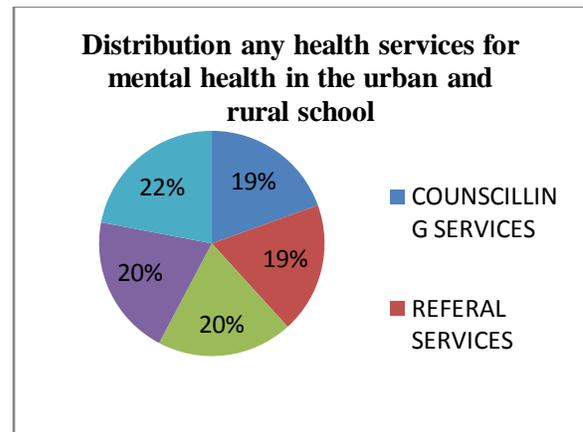


Figure4: Distribution any health services for mental health in the urban and rural school

Distribution of family migration effect on the children mental health

There is some type of migration taken by family member. So there is some effect on mental health. About 51.5% of parents' respondent said yes for children mental health due to family migration effect and 48.5% of parents' respondent said No for children mental health due to migration effect.

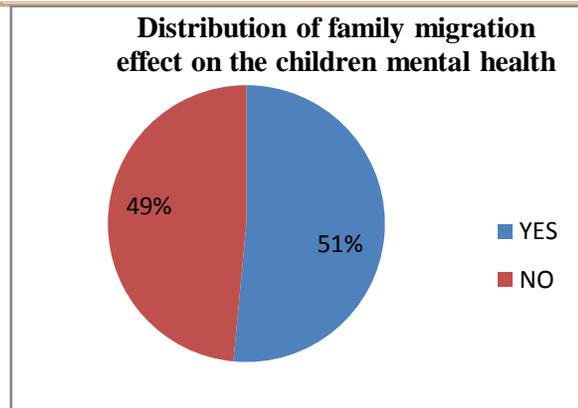


Figure5: Distribution of family migration effect on the children mental health

Service System and Supply

Children with mental illness should seek attention from various parts of the mental health system that are not regularly easily accessible or highly organized. Many children with mental health problems do not receive any kind of attention and the children who do so will get through the schools, the child care system or the teen justice system that comes from the specialized mental health system.

Prevalence by Diagnoses

Based on the disorders characterized by DSM-IV, ADHD is the best known mental health diagnosis of childhood. Among all children, 8.6% had ADHD, followed by disturbances of the disposition in 3.7%, lead disorders in 2.1%, anxiety disorders in 0.7% and dietary problems in the 0.1 %.

Treatment with Psychotropic Medications

The use of psychotropic drugs in children has increased over the past few years, coinciding with studies that establish the appropriate use of these drugs in children. Between 2015-16 and 2016-18, the scope of pediatric consultations where stimulants and other psychotropic drugs were prescribed increased from about 5% to 25%.

4. DATA ANALYSIS AND INTERPRETATION

Data was collected from 400 respondents (200 from Rural and 200 from Urban Data have been collected from urban and rural school children. The initial section of the data analysis is showing all problem statement to complete the overall objective of this study. The entire intended variable has been analyzed and shown the descriptive and exploratory analysis has been done for that purpose. The IBM 22.0 Statistical Package for Social Science (SPSS) was used transform the data to apply statistical techniques such as test of association (Chi square-test of Independence) and test of mean differences Paired 't' test and Analysis of Variance (One way ANOVA).

The age distribution of respondents is delineated in Figure 4.2. From figure 4.2 it is noticed that 31.8 percent of the respondents were 8-10 age category, 39.5% were under 11-13 age category and 28.7% were 14-16 of age category of the sample population.

A significant contrast in educational status exists amongst selected respondents. A total of 21 percent of respondents (boys and girls) were illiterate. A further 30.8 percent of the respondents were primary education qualified, 33.0% were secondary educated while 15.3% were graduate or more.

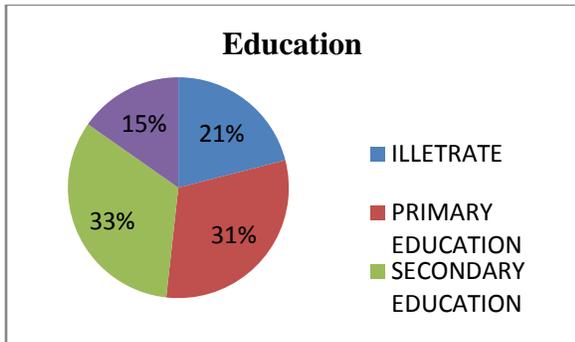


Figure 6: Educational distribution of respondents.

The cross distribution of age among rural and urban demographics, we found statistically significant distribution, Gender have non-significant distribution among rural and urban demographics, similarly father education, occupation, mother's occupation and economics of family show non-significant distribution is the most affective part of disorders in childrens.

There are two meta-investigational studies revealed in India on the prevalence of psychiatric disorders in adults (Reddy MV, 1998[4], Ganguli HC, 2000[5]), although no meta-analysis of the psychiatric epidemiology of children and adolescents was performed. Only a single review of the psychiatric epidemiology of children and adolescents in India, which was more than

10 years ago (Bhola P, 2003)[6], was counted. Since meta-analysis involves systematic analysis and the synthesis of the results of several studies on a topic, it was considered that an effort should be made to merge the results of several epidemiological studies carried out so far to calculate in general and the best estimate of prevalence of psychiatric disorders in children and adolescents in India.

About 53.0% of respondent have got counseling services in both urban and rural school and 47.0% of respondent have not got this counseling services in urban and rural school.

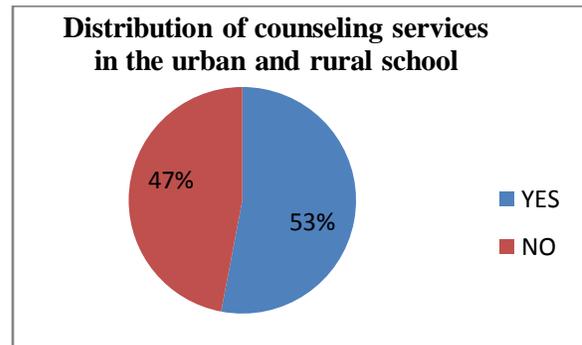


Figure7: Distribution of counseling services in the urban and rural school

Mental health problems in adolescents are insufficiently asked about in low-asset settings. The prevalence of mental health problems and associates in school children developed 13– 17 years and took a gander at contrasts amongst urban and rural schools. Mental health problems impact countless and adolescents and continue being on the ascent around the globe.

5.POLICY IMPLICATIONS

Children in rural areas have a small but significantly higher rate of mental health problems than children in urban areas (5.8 percent vs. 5.3 percent). As in several studies, we have found that children with mental health problems will probably live in a situation of need and have public health insurance.

6.SIGNIFICANCE OF THE STUDY

The present study is justified in light of the fact that it is the first arrangement of its kind, and designed to investigate the think about of Mental Health of the senior secondary stage of rural and urban areas.

7. CONCLUSION AND RECOMMENDATION

7.1 Conclusion

Discussing the problems or difficulties with friends and parents are one issue in child age. Only 6.5% of respondents shared the difficulties with friends and parents and 93.5% of respondent did not share their difficulties with friends or parents. This is due to hesitation with parents as well as the environment of home does not suitable for the children to explain our problems with parents. Also, major difference part economic status or poverty, educational

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status between rural and urban school student's family.

Anxiety disorders was seen more in urban participants 26.3% and least in rural, Major Depressive Disorder were seen more in urban participants (4.1%) and suicidality was seen more in rural participants (6.5%).While the way that mental abnormalities interferes in typical development and advancement, adapting to intense educational pressure of adolescents disrupting everyday social interactions, making them more powerless inside and outside home tapping an earnest call early acknowledgment and mediation as well as harnessing rich human profit of our country.

7.2Recommendations

We recommend several steps to health professionals to ensure the correct and safe use of psychotropic drugs for the treatment of children. psychosocial treatment usually proposed before pharmacological treatment, however, the notes that begin with pharmacotherapy may be only a better first step in the community, without adequate psychosocial providers or for children with disorders that block investment dynamics. However, a limited number of children who obtain pharmaceutical products seem to follow these recommendations.

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