



## Review

# Evolution of adolescent mental health in a rapidly changing socioeconomic environment: A review of mental health studies in adolescents in India over last 10 years



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## ARTICLE INFO

## Article history:

Received 30 July 2014

Received in revised form 11 November 2014

Accepted 21 November 2014

## Keywords:

Mental health

Adolescents

School

Community

India

## ABSTRACT

**Background:** Significant changes in the economic, familial and social support aspects in India have occurred in recent times, making it an interesting naturalistic setting to observe the effects of a dynamic socioeconomic environment on behavioral and emotional disorders in adolescents.

**Objective:** This systematic review attempts to synthesize and evaluate the available evidence on mental health disorders and interventions in adolescents in India in last 10 years as well as identify conceptual trends and methodological lacunae in these studies.

**Method:** A systematic search of electronic databases was performed in March 2014 and 27 school and community based studies evaluating behavioral problems, psychiatric morbidity, stress, suicide-related behaviors, depression, anxiety, aggression, self concept in adolescents in India were reviewed.

**Conclusion:** There is a wide variation in the reported prevalence of psychiatric morbidity and behavioral problems in Indian adolescents. Some of the risk and protective factors are similar to those identified by other International studies in this age group. These include female gender, academic difficulties, parental fights, strained familial relationships, school absenteeism, school dropout and other school related factors. However, there are certain variables that appear to be context specific and need further investigation. These are mother's working status, studying in Government institutions or belonging to a nuclear family as risk factors and praying as a coping skill, parental involvement as a protective factor for psychiatric disorders. The suspected upward trend in the psychiatric morbidity in this age group needs more studies to be established.

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## Contents

1. Introduction . . . . .	4
2. Method . . . . .	4
3. Results . . . . .	5
3.1. Sample size, selection, and study design . . . . .	5
3.2. Tools/diagnostic systems . . . . .	8
3.3. Salient findings . . . . .	8
4. Limitations . . . . .	10
5. Trends in emotional and behavioral disorders in adolescents in India . . . . .	11
6. Conclusion . . . . .	11
Acknowledgements . . . . .	11
References . . . . .	11

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## 1. Introduction

India's population now exceeds 1.2 billion people. Of these, 243 million people, or 23% of the total population, are estimated to be in the age range of 10–19 years (India, UNDAF report, 2013–2017). During last 10 years there have been dramatic changes in the socioeconomic context of the country. These changes include, rapid urbanization (United Nations World Urbanization Prospects, 2003, 2007, 2010), changes in familial structures with 50% of households having 4 or less members (Census of India, 2011), rise in literacy levels from 64.8% in 2001 to 74.0% in 2011 (India, UNDAF report, 2013–2017), and significant economic growth averaging at 13.7% in last 10 years (Census of India, 2011). The economic transformation of the country post liberalization in 1991 has been paralleled by transformation in traditional family relationships. There has been an increase in the number of dual earning nuclear families and greater work demands linked to the increased number of economic advancement opportunities (Deb et al., 2010). This has had its own major consequences. It has resulted in a more materialistic social milieu with a highly competitive environment for children and a rise in expectations of the parents (Kaila, 2005), reduced contact with and support from extended families (Census of India, 2011), and reduced parental involvement in children's life (Deb et al., 2010) (Fig. 1). Additionally, the traditional lifestyles have been replaced by modern lifestyles to suit the need of time (Pillai et al., 2008), with a change in cultural identities and a reduced involvement in religious practices (Nakassis, 2010). Such changes in western societies are linked to rising rates of common mental disorders (Bor et al., 2014). These contextual changes provide an interesting naturalistic setting to observe its effects on behavioral and emotional disorders as well as suicidal behavior in adolescents. We undertook a review of community and school-based mental health studies conducted in adolescents in India in last 10 years with an aim of collating the information regarding the prevalence and psychosocial correlates of psychiatric morbidity in Indian adolescents, to identify context specific risk and protective factors for mental illness in this population and to identify any conceptual trends during this period.

There has been an absence of adolescent specific studies conducted in India till very recently. Most of the earlier studies were either restricted to younger children or merged an adolescent

population with a younger age group. Such studies reported prevalence rates of psychiatric disorders among children ranging from 2.6% to 35.6% (Lal and Sethi, 1977). In the last 10 years, there has been an increase in the mental health studies conducted in this population.

## 2. Method

The literature search involved community and school-based studies aimed at determining behavioral problems, psychiatric morbidity, stress, suicide-related behaviors, depression, anxiety, aggression, self concept in adolescents in India and studies related to prevention or treatment of behavioral problems. For the purpose of this review, the WHO definition of adolescence was used which identifies adolescence as the period in human growth and development that occurs after childhood and before adulthood, from 10 to 19 years of age (WHO factsheet).

A systematic search of bibliographic electronic databases MEDLINE, PsycINFO, Cochrane Central Register of Controlled Trials (CCRCT), Google Scholar and Embase was performed in March 2014. An additional search was made of the Indian Journal of Psychiatry, Indian Journal of Pediatrics and Indian Journal of Public Health websites, WHO projects and programs along with a hand search of reference lists for any missed articles. The following terms formed the basis of the search strategy: "mental health" OR "behavioral problems" OR "psychiatric morbidity" OR "self concept" OR "stress" OR "anxiety" OR "depression" OR "aggression" OR "aggressive behavior" OR "suicide" OR "self-harm" OR "deliberate self-harm" OR "DSH" OR "self-injurious behavior" OR "self-inflicted wounds" AND "school" OR "school-based" OR "curriculum" OR "curriculum-based" OR "community" AND "India" OR "Indian-context" OR "low middle income country/ies" OR "Asia" OR "Asia Pacific" AND "adolescents" OR "adolescence". Further papers were identified through hand searching the references of all subsequently included studies and relevant reviews (Fig. 2).

The review authors independently screened the titles of all retrieved articles. The full text of potentially relevant articles was assessed for inclusion in the review. The authors classified all studies independently, and disagreements were resolved through discussion.

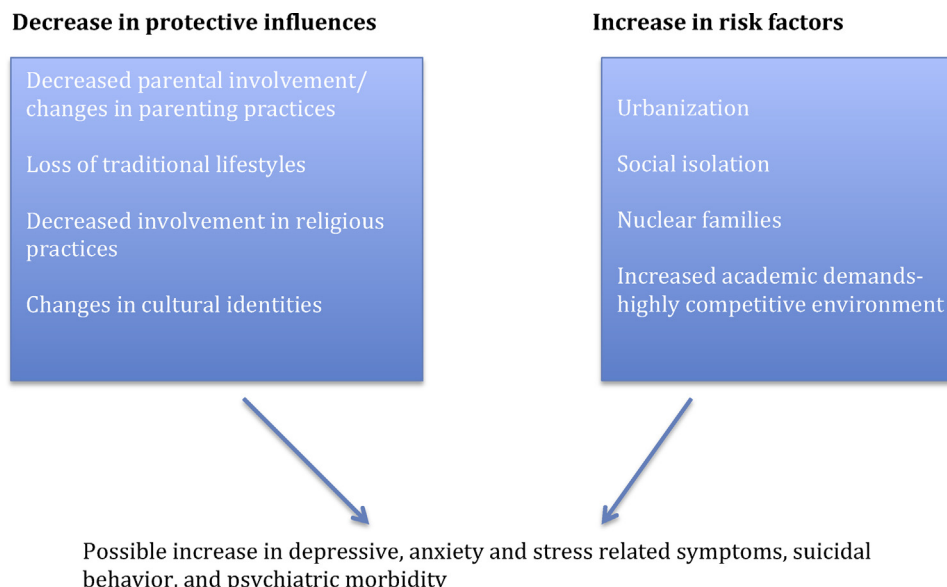


Fig. 1. Heuristic model of evolution of adolescent mental health in India.

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