

# Mental health is not child's play

RECENT reports in the media on mental health issues and young people are indeed timely as there is a need to address this topic that is still taboo in our fairly conservative nation.

Although more awareness programmes on the issue of mental health are being held these days, further emphasis needs to be made on its impact on the lives of young people today and how it may lead them to risky behaviours that could eventually add to the social problems in our country.

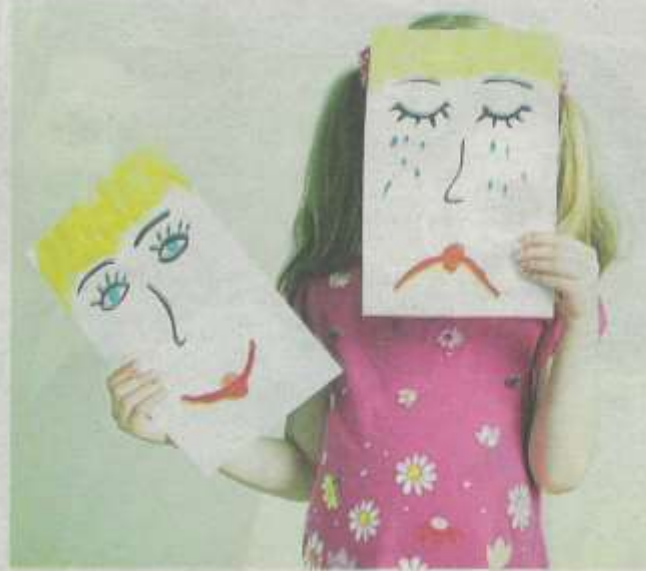
According to The National Health and Morbidity Survey 2015, 4.2 million Malaysians aged 16 and above are suffering from mental health problems. This is three in every 10 in that age group.

The survey also reported a steady rise in prevalence of psychiatric morbidity: 10.6% in 1996, 11.2% in 2006 and 29.2% in 2015 for those in the 16 years' age group. In the five to 15 years' age group, psychiatric morbidity was 12.1% in 2015. The recent increase in the number of reported cases of youth depression and suicides is proof that measures need to be taken to address mental health issues.

Experts agree that the current lifestyle, environmental factors and social media influence are the greatest predictors of poor communication and depression nowadays.

Gender discrimination, overwork, domestic violence and sexual abuse were also identified as common problems affecting mental health.

Depression in youth, however, is



triggered by issues related to self-esteem, bullying, poor academic performance, sexual orientation or even having been a victim of physical or sexual abuse.

A study carried out at the Suspected Child Abuse and Neglect (SCAN) clinic in Hospital Kuala Lumpur reported that 33.3% of the survivors of sexual abuse were diagnosed for depression.

Many local and international studies have shown that emotional abuse is equally as harmful as physical abuse. It has also been observed to have long-term effects

on their mental, psychosocial and physical growth.

Depression in adolescents is often missed possibly because the display of irritability, mood reactivity and fluctuating symptoms may just be part of being an adolescent and not necessarily classical symptoms of the problem. Depression can also be missed if the primary presenting problems are unexplained physical symptoms, eating disorders, anxiety, refusal to attend school, decline in academic performance, substance abuse or behavioural problems,

which many tend to dismiss as merely an issue of attitude.

Healthcare providers have consistently advised young people diagnosed with depression to seek early treatment because this will also affect their sexual and reproductive health.

Stress greatly influences hormones, physical growth and nutrition, and also affects self-esteem. Studies in the past have shown that children suffering from depression have a higher likelihood of being involved in early sexual activities. Irregular menses is one of the reasons why many young people have unwanted pregnancies, which may force them to resort to termination in almost always unsafe circumstances.

Several studies have highlighted the fact that Malaysian adolescents still lack knowledge of and their rights to sexual and reproductive health.

The most basic right of adolescents in sexual and reproductive health is to obtain accurate and complete information about their body functions, sex and sexuality, safer sex, reproduction, consequences of sexually transmitted infections (STI) and early pregnancy.

We need to acknowledge that our young people and children today are facing the kind of stress which may lead to depression and risky behaviours such as intentional or unintentional injuries, drug and alcohol misuse, tobacco use, risky sexual behaviour, diet and physical inactivity.

Ramrakha, Caspi, Dickson, Moffitt and Paul (2000) identified an increased probability of risky sexual behaviour across a range of mental health diagnoses. For a seriously disturbed young person, sexual activity might also be used as a diversion to relieve tension and as a salve for attention-seeking.

There is a need to explore the sexual behaviour of young people with depression, anxiety and other mental health disorders and provide them with the tools to cope with their problem.

Coordinated, consistent and comprehensive interventions are also needed to improve the mental and emotional health of our young people.

One such intervention is the introduction of Comprehensive Sexuality Education (CSE) in our schools. This would empower young people to celebrate each other's differences and thereby make informed choices about their lives.

We need to spend an adequate amount of investment and time to nurture their emotional and mental development. CSE programmes will also provide them with life skills to deal with their peers and pressures.

It is high time for us to demand for such interventions to prevent our children from developing mental health problems that may lead to risky behaviours.

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