

## Kenya Child and Adolescent Mental Health Bulletin #1

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**Introduction to Child and Adolescent Mental Health**

There is more to good health than just a physically healthy body. Most of us would agree that a healthy person should also have a healthy mind. This can mean a number of different things. The person should be able to think clearly. They should be able to solve the various problems they may face in life. They should feel satisfied with the quality of their life and enjoy good relations with friends, colleagues at work and family. They should feel spiritually at ease. It is these aspects of health which can be considered as mental health. Even though we talk about the mind and body as if they were separate, in reality they are like two sides of the same coin. They share a great deal with each other, but present a different face to the world around us. If one of the two is affected in any way, then the other will almost certainly also be affected. Just because we think about the mind and body separately, it does not mean that they are independent of each other.

In the same way that the physical body can fall ill, so too can the mind. This is when a mental health problem is present. A mental health problem is a problem experienced by a person which affects their emotions, thoughts or behaviour, which is out of keeping with their cultural beliefs and personality, and is producing a negative effect on their lives or the lives of their families. Mental health problems may differ greatly in terms of their severity. This, in turn, influences what kind of help the person may need and the long-term outcome of the problem.

Mental health problems may be categorized into three types.

- Distress is the most common type of mental health problem. Distress is characterized by a mixture of different complaints (such as feeling sad, worried, tense or angry), often of short duration, and in response to difficulties in one's life (such as the loss of a loved one).
- Disorder is a more severe, but less common, type of mental health problem. Disorders are characterised by more clearly defined groups of complaints which can be classified using a diagnostic classification system, is typically of a longer duration than distress, and not necessarily associated with, or explained by, difficulties in one's life.

●● Disability is the most severe, and least common, type of mental health problem. Disabilities are characterised by enduring impairments in a person's daily functioning (e.g. the ability to communicate with others) and may be present from birth or very early childhood, or appear later in life as a consequence of a mental disorder.

In many cases, mental health problems can be suspected when the person's symptoms cannot be attributed to a clear physical disease. As our knowledge advances, we are discovering that some mental health problems, especially disorders and disabilities, have physical causes in the brain. Some of these are epilepsy (where a person has seizures), developmental disabilities (when a person has difficulties in learning from birth or early childhood) and dementia (where a person, typically over the age of 60 years, gradually loses their memory); all are neurological conditions with clear signs of brain dysfunction, but they are often associated with mental health problems.

When thinking about mental health problems several important points should be kept in mind.

- Mental health problems cover a broad range of severity. For most, they take the form of a distress state, but for some the problem becomes a disorder. For a small number of people, they lead to disability, which can last a lifetime.
- For most people, mental health problems are thought of as a disorder associated with disruptive behaviour, such as violence, agitation or being sexually inappropriate. However, the vast majority of people with mental health problems look no different from any other person. The common mental health problems often present as physical complaints - aches and pains or tiredness without any obvious physical cause, sexual problems and excessive alcohol drinking or other substance use.
- Mental health problems can affect a person at any time in their life, from early childhood to old age. Most mental health problems begin before the age of 25. The earlier a person receives help, the better the chances that they will recover.
- There have been tremendous advances in our understanding of the causes and treatment of mental health problems. Most of these treatments can be provided effectively by a general or community health worker, but ideally all should be provided by a team which involves the person and their family, a doctor or nurse, and a mental health professional where available.

### **Features of Mental Health Problems**

To get a view on a person's mental health problem we have to depend almost entirely on what the affected person and their family tell us in order to detect and diagnose a mental health problem. The main tool in diagnosis is a detailed interview with the

affected person. Mental health problems produce symptoms which the person or others close to them notice. There are five major types of symptoms.

- ‘Physical’ or somatic symptoms: these are symptoms affecting the body or physical functions, such as aches, tiredness and sleep disturbance. It is important to remember that physical symptoms may be the most important or even the only feature of the mental health problem.
- ‘Feeling’ or emotional symptoms: these are symptoms related to one’s feelings. Typical examples are feeling sad, worried, irritable or scared. Most often, the person may not talk openly about their feelings and the health worker needs to ask specifically about them. It is also helpful to observe the person’s facial expressions and body language.
- ‘Thinking’ or cognitive symptoms: typical examples are thinking that life is not worth living, thinking that someone is going to harm the person, or difficulty in thinking clearly and forgetfulness. As with feelings, we may need to ask about these symptoms, but they can also be detected using good observational skills.
- ‘Doing’ or behavioural symptoms: these are symptoms related to what a person is doing. Examples include behaving in an aggressive manner, becoming less communicative with others or being very restless and fidgety. These symptoms can be almost always picked up on careful observation.
- ‘Imagining’ or perceptual symptoms: these are symptoms arising from one of the sensory organs, such as hearing voices or seeing things which others cannot hear or see (hallucinations). Their presence is most often identified by asking questions about such experiences or from the observations of family members.

In reality, these different types of symptoms are closely linked to one another. For example, a woman may be worried about the future (thinking), which makes her feel anxious (feeling), as a result of which she experiences headaches (physical). Taking another example, a man can hear people talking about him (imagining) and experience thoughts that they are going to harm him (thinking). This makes him feel frightened of people (feeling) and leads to aggression (doing). These types of symptoms are used to describe the various types of mental health problems, which we will do in future bulletins.

### **Child and Adolescent Mental Health Problems**

Children and adolescents, whom we can collectively call young people, can be affected by many different types of mental health problems (as can adults), which can range from ‘distress’ to ‘disorders’ to ‘disabilities’. Distress can be broadly defined as a situation when a young person’s emotional stability is disturbed by

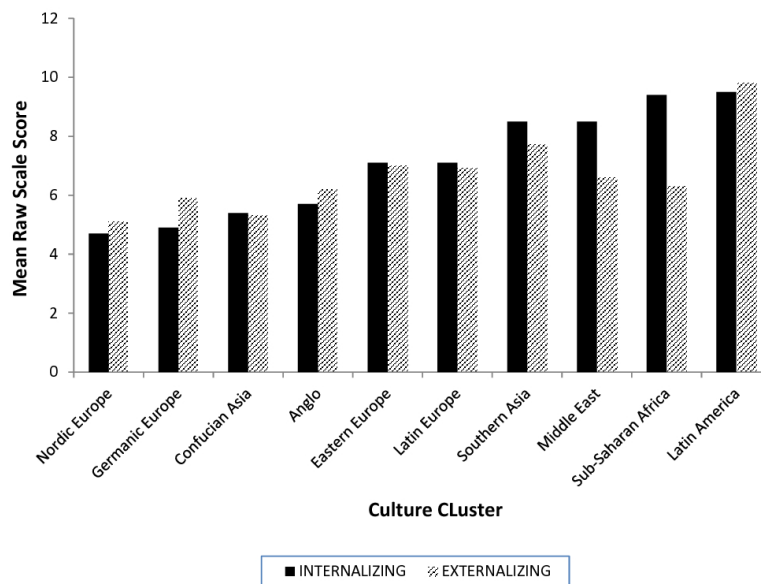
factors which may be internal (e.g. the onset of puberty) or external (e.g. arrival of a sibling or a problem in the family) or a combination of both. Distress in young people may be reflected in behaviours (e.g. disobedient behaviour or acting as if they are a younger age) and may occur when the challenges the young person faces overwhelm their personal strengths or supports. Disorders, on the other hand, are a more defined group of conditions, which can be recognised by a pattern of emotions, thoughts or behaviours which have an impact on the daily functioning of the young person. Disabilities in children are typically present from birth or develop before the age of 18 and affect the young person's ability to learn and live independently. They may last for most or all of their life.

### **Child and Adolescent Emotional and Behavioural Problems in Kenya**

Two systematic studies on the numbers of children and adolescents with mental health problems have been done in Africa, one in Ethiopia (in 1997) and one recent study (2018) that presented reports from Kenyan parents and adolescents living in the country's Central Province. In this latter study findings from 1022 parent reports of emotional and behavioural problems (EBP) in their 6-18 year old children, and from 533 adolescents aged 12-18 were reported. The most noticeable result to emerge from the parent reports was the high prevalence rates of EBP (27% mild to moderate and 16% serious) in Kenyan children and adolescents when compared to appropriate multicultural norms. These prevalence rates indicate an increase of mental health problems by about a factor 1.6 in Kenyan children and adolescents when compared to their age-mates from other countries. Specifically, according to parents' reports, compared to the multicultural norms these children and adolescents scored (at least) two times more often in this range on anxious/depressed, withdrawn/depressed, somatic complaints, social problems, thought problems. As shown in the figure (see bars for Sub-Saharan Africa), compared to parents from other countries parents reported more internalizing problems (being anxious, withdrawn, depressed, showing somatic symptoms not traceable to physical disease) in their children. Similarly, adolescents reported relatively high levels of emotional and behavioural problems, with girls reporting more emotional problems than boys.

Parents and adolescents also reported on quality of life (physical, emotional, social well-being) of their children and themselves, respectively. Overall, both parent- and adolescent-reported quality of life was well within the range of those from most high- and middle-income countries. However, average adolescent girls' self-reports were lower on all quality of life domains scales than boys'. Importantly, quality of life in children/adolescents with mild to severe emotional and behavioural problems was much lower than that in age-mates without such problems. Quality of life was

especially associated with parent-reported withdrawn and depressed behaviours, somatic complaints, attention problems, and aggressive behavior, and with adolescent self-reported somatic complaints, attention problems and rule-breaking behavior.



In sum, child and adolescent mental health problems may show in several different forms and at different levels of severity. The limited evidence from sub-Saharan Africa shows that levels of problems, especially emotional ones, are relatively high, and associated with reduced quality of life. This indicates a need for attention and help that may reduce problems, and increase quality of life in many children and adolescents. Specifics on mental health and mental health problems in children and adolescents and ways to recognise them and provide help will be presented in monthly bulletins on this website.