
MENTAL HEALTH ISSUES OF ADOLESCENTS IN PAKISTAN: A CRY FOR HELP

Lubna Ghazal

PhD Scholar, Shandong University, Jinan, China

Assistant Professor, School of Nursing and Midwifery, Aga Khan University, Karachi, Pakistan

Globally, anxiety and depression are leading contributors affecting adolescents mental health. 1 in 4 adolescent goes through mental health issues that require immediate attention.¹ It is also well documented that many mental health disorders emerge in late childhood and early adolescence and they exacerbate to the burden of these disorders in youth and later in life.² In severe cases of anxiety and depression sufferer may commit suicide, it is reported that every 40 seconds one person dies of suicide.³ Globally, suicide is the fourth leading cause of mortality among youth between the ages of 15 to 29 after road traffic accidents. Among teens between 15-19 years, suicide is the second leading cause of death among girls (after maternal and reproductive issues) and the third leading cause of death in boys (after road traffic accidents and interpersonal violence).⁴ Pakistan is a developing country with an estimated population of 220 million, of which 50% of the population is between 12-25 years. A recent study conducted in Pakistan, on 400 high school going adolescents (15-18 years), identified the prevalence of anxiety and depression around 53% in Pakistan.⁵ The rates of anxiety and depression among adolescent population are alarming in the context of Pakistan where the mental health human resources are scare. There are only few child and adolescents psychiatrists, and hardly any specialized mental health nurses and formalized mental health services for children and adolescents in Pakistan that can be considered at par with the developed world. However, the encouraging news is that if an early preventive intervention in the forms of cognitive behavior therapy are done, it can help and empower children and adolescents to identify their triggers and manage anxiety and depression effectively.⁶

Non-specialist preventive mental health strategies may work as alternate options for reducing anxiety and depression, in resource constrained settings like Pakistan. The effectiveness of Cognitive Behaviour Therapy based intervention are already established by non-specialists (Community Health Workers) to reduce postpartum depression among women.⁷ This evidence is encouraging and can be replicated to reduce anxiety and depression among children and adolescents at schools. Schools are vital pillar to promote children cognitive, social, emotional, behavioral and intellectual attainment. Academic institutions are well positioned to implement preventive mental health strategies. Thus, school-based mental health prevention programme can be cost effective well positioned interventions for a LMIC country like Pakistan.⁸ Mental health issues of young people require immediate attention. Many of these issues are easily manageable. However, it is challenging to access and provide them mental health services at their convenience. Therefore, it is important to engage main stream academic institutions, to access children and youth to include them for early interventions to address their mental health issues such as anxiety and depression. There is also a need to establish evidence-based interventions to promote mental health and prevent anxiety, depression, and suicidal ideation among youth. Therefore, it is imperative to conduct early intervention at the school to combat anxiety and depression, and even suicidal thoughts among adolescents in Pakistan.

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