

STIGMA AND MENTAL DISORDERS IN DEVELOPMENTAL AGE

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SUMMARY

Most mental disorders begin during developmental age. Different misinformation about mental illnesses cause anxiety, create stereotypes and promote stigma. Stigma has been identified as a likely key factor in mental health services access and utilization, particularly under-utilization of existing services especially in children with mental disorders. Stigma is a problem with which parents / carers face child emotional and behavioral problems when they seek professional help. Very often they avoid to seek professional help due to existing stigmatized attitudes leading to lack of treatment. Poor mental health is strongly related to other health and development concerns in young people, notably lower educational achievements, substance abuse and violence.

The paper presents influence of mental disorders in developmental age and consequence of mental stigma on psychosocial function on children and adolescent.

Key words: *mental disorders - developmental age – stigma - psychosocial function – children - adolescents*

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Introduction

Many children and adolescents have mental health problems that interfere with their normal development and functioning. It is estimated that about 20% of children and adolescents suffer from mental disorders, and almost 10% of children and adolescents has a mental illness severe enough to cause damage (The World Health Report, 2000). More recent data from the US indicate that 9.5 to 14.2% of preschool children have serious problems that interfere with their functioning; 21% of children and adolescents have the diagnostic criteria for a mental disorder with impaired functioning, while 16% of children and adolescents have impaired mental functioning but do not meet the criteria for a mental disorder (American Academy of Pediatrics, 2011). Every second adult in the United States with mental disorders had symptoms at the age of 14 years.

Data from the UK suggest that one of the 10 young people have mental health problems that are serious enough to require professional help, while some researchers suggest that one in five children has a mental problem. It is assumed that 13% of boys and 10% of girls aged 11-16 years are affected by a mental disorder, but most of these children and adolescents do not visit mental services (Institute of Psychiatry, Kings College London and Rethink Mental Illness 2011).

In certain subgroups, psychological problems are more frequent (eg. Children under the particular protection of social welfare centers or accommodated in the homes), but the rates of mental disorders are four to five times higher comparing to youth in the general population. For young people in detention, more than one third have been diagnosed with a mental disorder. LGBT youth are at increased risk for mental health problems, particularly depression; and these people are four times more at risk for developing depression and three times greater risk of generalized anxiety disorder (HM Government 2009).

Impact of mental disorders on psychosocial function

Children with chronic illnesses have twice the risk of psychosocial dysfunction. Also, children with mental health problems, as well as their parents are more likely users of health services in general.

However, young people have a low level in seeking help.

An Australian study found that among young people aged 15-24 years, 39% male and 22% of women would not seek help for emotional or other problems. The reason that many of them cite is the stigma or fear of stigma as a factor that reduces the search help (Donald et al. 2000).

In an online survey of more than 1,000 young people about their experiences of stigma and discrimination, 9 out of 10 young people have a negative experience because of their mental problems. Nearly half (44%) declared that it happened monthly, weekly or daily, about 70% had negative reactions from friends, more than half (57%) from parents, 45% from boyfriends and girlfriends, 40% have experienced negative reactions from teachers and 47% of health professionals (Time to Change 2012 online survey).

According to research by the US Department of Health and Human Services, in 2010 only 50.6 percent of children with mental disabilities received some treatment for their disorder in the past year; while only 32.2% of children with anxiety disorder received treatment in the past year (US Department of Health and Human Services 2010).

Studies have shown that lack of treatment of children and adolescents with mental health problems put them at higher risk for abuse and neglect.

Fear of stigma is present worldwide. Research in the United Arab Emirates, on a sample of 325 parents, in which they studied the factors that influenced the

parents to seek help for mental health problems of children; showed that only 38% of respondents said they would ask for help from a mental health professional if their child has a mental health problem. The stigma of the use of health services and skepticism about the usefulness of mental health services have been identified as key factors that prevent them from seeking help for their children (Eapen & Ghubash 2004).

Studies on the stigma experienced by parents of children with developmental disabilities in poorly developed countries show that most caregivers reported experience of stigma: 43.1% worried about being treated differently, 45.1% felt ashamed about their child's condition and 26.7% made an effort to keep their child's condition secret. Stigma did not depend on the type of developmental disorder, the child's age or gender, or on the age or level of education of the caregiver (Tilahun et al. 2016).

Most children and adolescents with mental problems (between 60 and 90 percent) do not seek or do not receive the services they need (Knopf et al. 2008). The reason for this is the social stigma associated with mental disorders which is why many adolescents do not seek professional help and treatment. Also, parents, school staff and providers of medical services often miss an opportunity for prevention and early recognition of mental disorders in this population. Additional barriers include services that are poorly coordinated (for example, between schools, providers of primary health care and social services); lack of health insurance (although most adolescents have it provided); restrictions for certain services etc. (National Research Council & Institute of Medicine 2009).

Stigma in developmental age

Children are constantly exposed to negative descriptions of people with mental illness, especially in the media. Thus, research programs on child television for a period of one week showed that 59 out of 128 programs contained more references to mental illness. Terms such as "mad", "crazy" and "lost his mind" usually used to describe the loss of control, and mental patients were almost completely devoid of positive characteristics (Wilson et al. 2000).

More data from the literature show that professionals in the field of mental health, hold to the same stigmatizing attitudes towards mental illness as well as the general public. Although professionals have good knowledge about mental disorders, their attitudes were negative toward mental illness as they are among the general public. One study showed that half of medical students and physicians surveyed in London had beliefs about the dangers and unpredictability of schizophrenic patients and drug addicts / alcohol (Mukherjee et al. 2002).

Research in Switzerland has shown that psychiatrists as well as the general population wanted social distance toward people with schizophrenia (Lauber et al. 2004). Unfortunately, negative attitudes are still recorded in recent surveys (Servais & Saunders 2007).

Families are totally unprepared to have a child with mental illness because of the stigma, guilt and feelings of shame. The process of acceptance of mental illness in a child can be long and difficult, and diagnosis affects the functioning of the whole family. Parents are often absent or leave the job to take care of the child. The family faces challenges in finding resources that would help them to "carry" with this situation. These families are often isolated and feel very lonely.

If the mental disorder is not diagnosed and treated, symptoms in children can cause poor performance in school, with peers and at home. These children often fail to develop social, functional and academic skills they need to succeed in life. These children often have deprived childhood.

Despite the existence of effective interventions for children and adolescents with mental disorders, a large part of these children do not have access to services for a number of obstacles. Barriers to treatment are different, but reflect several dominant themes: lack of resources (financial, human resources, facilities), stigma and other barriers.

There are little data in the literature on the study of stigma in children. Earlier it was observed stigma associated with autism in children. Studies have shown that mothers perceive greater stigma than fathers, and parents with small children (under 12 years) have a high level of stigmatization. And some other diseases of childhood are highly stigmatized, such as mental retardation or epilepsy (J Am Acad Child Adolesc Psychiatry 2010).

The review a few studies suggests that children's socio-cultural contexts are characterised by silence and stigma, which may shape children's developing views. The review suggests overcoming stigma will require efforts targeting young children, tackling mental illness and spanning multiple social spheres (Mueller et al. 2016).

Among the families of children with serious emotional disorders, stigma has been marked as a potential barrier to receiving services from mental health services, primarily due to the impact of stigma on parents. Stigma is especially significant problem among parents in rural regions because they are worried that people in the community would find out that the child has received professional help and that they will be blamed for the problems of the child or in many cases, the problems of the child shall be considered as a failure in parenting. Mothers whose children had major problems were more sensitive to the stigma.

Parents often feel shame, guilt to have a child with mental health problems. Parents may feel guilty that they did something to cause the mental illness of a child. This type of 'stigma' makes things even more difficult for children and families in coping with mental health problems. And that's one of the reasons why families do not receive the help they need.

The obstacles are visible in developed and in developing countries. Although progress has been made in the development of more effective treatments, chil-

dren and adolescents with mental disabilities and their parents are still stigmatized. The economic downturn in developed countries, and competition for funding in developing countries almost universally affect disproportionately the provision of mental health services. Priority is given to physical illnesses without recognition of relation with mental disorders.

Mental illness is one of the most stigmatized disease in modern society. It is also a key obstacle for access to mental health services and use of health services.

Consequences of mental stigma

Negative attitudes towards people with mental illness can affect all areas of life: learning, work and establishing friendships, and negatively affects the quality of life. Students with mental illness feel embarrassed, hide the symptoms, trying to "self treat", often taking psychoactive substances, make a bad choice to "fit in". Stigma hinders the daily activities that are part of teenage life, such as hanging out with friends, the establishment of close relations, grocery shopping, dropping out of school.

Stigma leads to loneliness, depression and loss of confidence, prevents young people to reach their true potential. Stigma stops young people to seek help because they fear they will not be taken seriously, and a talk about mental health is difficult (Dogra et al. 2009). Negative public reaction leads do social distancing of children and families, the child distancing from the other children, accusing the family of the child for problems of the child.

Since this is a school population, it is important to educate teachers and associates to accept and provide active help and support students with mental health problems. This can be achieved through:

- raising the level of knowledge, awareness and education about mental health;
- achieving positive change students' attitudes towards their peers with problems of mental health in terms of accepting and giving active assistance and support.

Early intervention in developmental age leads to a greater chance of recovery and better psychosocial functioning of the child, but the stigma delaying treatment and reduces the chances of recovery. Better treatment for children with mental disorders and a better outcome will contribute to reducing stigma.

Conclusion

Many children and adolescents have mental health problems that interfere with their normal development and functioning. Most children and adolescents with mental disorders do not seek or do not receive the services they need. The reason for this is the social stigma associated with mental disorders which is why many do not seek professional help and treatment. If the

mental disorder is not diagnosed and treated, symptoms in children can cause poor performance in school, with peers and at home. These children often fail to develop social, functional and academic skills they need to succeed in life. It is very important to educate teachers and associates in providing active assistance and support for students with mental health problems.

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Marija Burgić Radmanović: analyses and reviewed;
Sanela Burgić: did literature searches.

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