YOUNG PEOPLE AND MENTAL HEALTH IN A CHANGING WORLD

Short Communication

C Siwo

University Teaching Hospital, Department Of Psychiatry, Lusaka

Correspondence: Chioni Siwo (drchionisiwo@gmail.com)

Citation style for this article: Siwo C. Young People and Mental Health in a Changing World. Health Press Zambia Bull. 2018: 2(10&11); pp 21-22.

Young people aged 10-24 years old represent 27% of the world's population [1] and a large percentage of them are vulnerable to mental health problems. Mental health problems begin to manifest by age 14 years with 10-20% of children and adolescents experiencing mental disorders according to the WHO. Mental health disorders are a leading cause of health disability in 10-24 years age group [2].

According to the WHO Mental Health, the top three mental disorders among children and adolescents which can be generalized in all regions of the world are: Alcohol and Substance Misuse Disorders, Suicide; and Depression [2].

Various factors have been linked to mental health problems among children and adolescents including and not limited to: sexual abuse, internet addiction, bullying, divorce of parents, death of a parent, exposure to violence, physical and emotional abuse, neglect, substance misuse, early sexual activity and risk taking behaviour [2,3,4]. Chainama Hill College Hospital, a tertiary institution specialized in mental health in Zambia recorded 39.7% patients with Alcohol induced disorders, increasing from 37.3% in 2015.

Cannabis use amongst teenage girls has been linked to depression and anxiety with daily users having a higher risk. It has been documented that use of cannabis in adolescents increases the risk of experiencing symptoms of schizophrenia in adulthood [5,6].

A mixture of codeine cough syrup referred to as "purple drink" commonly taken among high school and college students and featured prominently in rap music videos has been linked to mental disorders [7].

Despite being of major public health concern, there are many challenges surrounding mental health among young people including shortages of mental health facilities and professionals especially in the developing countries, stigma associated with the illness, lack of adequate policies , inadequate resources, easy access to alcohol and dangerous substances leading to road accidents among others [2].

Outcomes of mental disorders include disruption of normal lifestyle, suicidal ideation and actualization and death. It is important that the policy and law makers put in place laws and strategies that will contain alcohol, cannabis and drug access by adolescents; set up rehabilitation centers; and strengthen child and adolescent mental health services.

LIST OF REFERENCES

1. Gore FM, Bloem PJ, Patton GC, Ferguson J, Joseph V, Coffey C, Sawyer SM, Mathers CD. Global burden of disease in young people aged 10-24 years: a systematic analysis. Lancet. 2011;377(9783):2093-102

2. World Health Organisation. Mental Health Action Plan 2013-2020. URL: https://www.who.int/mental_health/publications/action_plan/en/

3. Akani M. Prevalence of post-traumatic stress disorder among sexually abused children of the child sexual abuse centre at University Teaching Hospital, Zambia. URL: http://dspace.unza.zm:8080/xmlui/bitstream/handle/123456789/4805/

4. Sadock V.A., Sadock B.J. Kaplan and Sadocks Synopsis of Psychiatry: Behavioral Sciences and Clinical Psychiatry 10th edition. 2007

5. Patton GC, Coffey C, Carlin JB, Degeharat L, Lynskey M, Hall W, Cannabis Use and Mental Health in Young people: cohort study BMJ. 2002; 325 (7374), 1195-1198.

6. Arseneault L, Cannon M, Poulton R, Murray R, Caspi A, Moffitt T, Cannabis Use in adolescence and risk for adult psychosis: longitudinal prospective study. BMJ. 2002; 325(7374), 1212-1213.

7. Agnich LE, Strogner JM, Miller BL, Marcum CD, Purple drank prevalence and characteristics of misusers of codeine cough syrup mixtures, Addictive Behaviours, 2013; 38 (9):2445-2449

INFLUENZA SURVEILLANCE MONTHLY BULLETIN

Surveillance Report

Ministry Of Health (Virology Laboratory – Zambia)

Updated: 23/11/2018

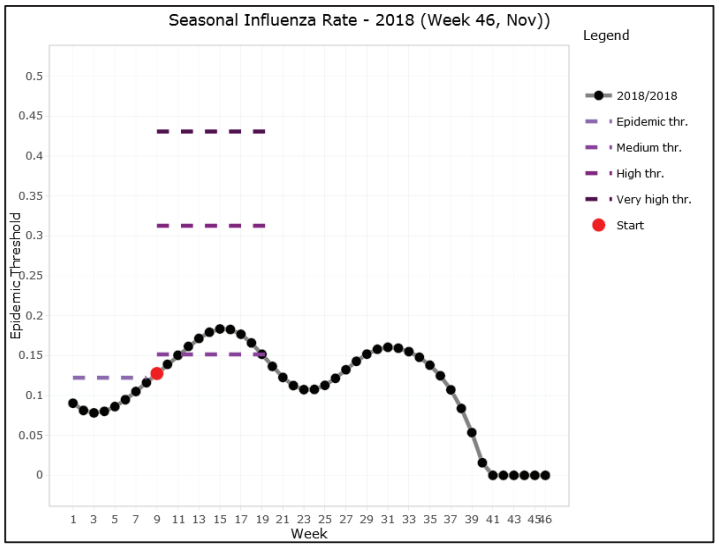

Fig 1: Rate of Influenza (Week 46 Surveillance in 2018)

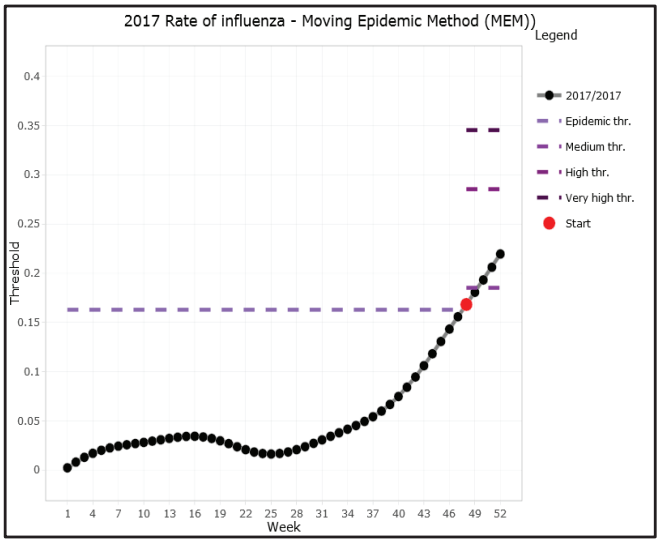

Fig 2: Rate of Influenza (Surveillance in 2017)

The graphs are extracts of a web based Moving Epidemic Method application for determining the Influenza threshold in weeks. In 2018 week 46, surveillance shows that the start of the influenza Epidemic was in **week 8**, through to **week 36**. The epidemic **week 8** recorded **10** positive influenza cases from a total of **86,** PCR processed samples thereby attaining a **Medium Epidemic threshold** in **week 11**, with an epidemic peak being identified in **week 16 (medium threshold)**. The peak recorded a total of **22** positives from 77 PCR processed samples and that occurred in the first epidemic cycle. A second epidemic cycle in 2018 started in week 26 through to week 36 and it recorded a peak number of **12 positives** from a total of 53 PCR processed samples in week 30. In contrast, the 2017 (as @ Week 41) surveillance showed no epidemic start and had single Epidemic cycle. However, the start of the influenza epidemic was in week 48, which recorded a total of 12 positive influenza cases from a total of **51,** PCR processed samples. While the epidemic peak was identified in **week 52**; with a total of **15** positives out of **63**, PCR processed samples.

Note: The information can be correlated to the influenza data file in Excel for weekly reports.