

Child and Adolescent Preventive Mental Health Care

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Childhood and adolescence are key developmental stages for mental health. This is a period of fast growth and development in the brain. During this period, children and adolescents develop cognitive and social-emotional skills that impact their future mental health and prepare them for adulthood.¹ The environment in which children and adolescents grow has an impact on their well-being and development. Early bad experiences in homes, schools, or digital environments, such as exposure to violence, a parent's or caregiver's mental illness, bullying, and poverty, all raise the likelihood of mental illness.²

Nearly 15 percent of young individuals aged 10 to 19 worldwide have a mental health issue, accounting for 13 percent of the global disease burden in this age range; however, the majority do not seek help or receive care.² Mental health conditions such as depression, anxiety, and behavioural disorders are major contributors of illness and disability amongst young people. Suicide is the fourth highest cause of mortality in individuals aged 15 to 19.²

In Singapore, preliminary findings from the Youth Epidemiology and Resilience study, a nationwide study of adolescents aged between 10 and 18 conducted from 2020 to 2022, discovered that 37.2 percent of respondents reported internalising symptoms such as depression and anxiety, while 12.9 percent reported externalising mental health symptoms or external behaviour including hyperactivity, rule-breaking, and aggression.³ Twelve percent of respondents had a current mental health disorder.³

Childhood and adolescence are key years for promoting child mental and behavioural health through prevention, early detection, and intervention. Strengthening mental health resilience during this period is imperative as the implications of failing to address children and adolescents' mental health and psychosocial development extend into adulthood, limiting prospects for leading fulfilling lives.²

Redesigning preventive strategies in a child and youth-focused multidisciplinary and trans-diagnostic framework might modify possible psychopathological trajectories that contribute to mental health issues.⁴ Singapore has adopted several measures to improve mental health support for this age group through collaborations with various stakeholders such as healthcare providers, schools, and community partners to enhance mental health preventive care, promote mental health literacy, and improve access to mental health resources. These include focusing interventions upstream through including mental health education in revised curriculums⁵ and school peer support structures. Schools and social service agencies are being trained to identify and manage at-risk children with severe behavioural and

emotional issues.⁶ Free mental health checks and coordinated mental health and social support services are being offered to at-risk youths.^{6,7} Online initiatives such as mindline.sg have been started to increase accessibility to mental health resources amongst young people.

This issue of the *Singapore Family Physician* aims to educate family physicians on the mental health issues among children and adolescents, and what can be done to prevent and manage these conditions.

In Unit 1, Dr Lian Wee Bin gives a comprehensive review on the assessment of behavioural disorders such as autism spectrum disorder and attention deficit hyperactivity disorder, and how to distinguish between the two conditions. She also provides practical tips and specific screening tools that can be done in busy family medicine clinics.

In Unit 2, Drs Rachana Koura and Courtney Davis elaborate on the HEADSS framework (Home, Education, Activities, Drugs, tobacco and alcohol, Sexuality and relationships, and Suicide and depression) and educate family physicians on how they may use the HEADSS assessment to identify at-risk adolescents.

In Unit 3, Asst Prof Rajeev Ramachandran discusses the physical and psychiatric perspectives of paediatric eating disorders. He highlights the important role family physicians can play in the early recognition and management of youths with eating disorders when care is shared with specialist services and family members.

In Unit 4, Dr Annabelle Chow and Ms Zhu Xing Tong provide an overview of oppositional behaviours in children and adolescents, including management and intervention.

In Unit 5, Dr Adrian Loh writes about how to recognise, diagnose, and manage adolescent depression. He highlights the importance of risk assessment and follow-up, and the role family physicians can play in closing the treatment gap.

In Unit 6, Dr Lim Hong Huay provides a timely and comprehensive summary of the global and local epidemiology of disability, especially amongst special needs children and youth with disabilities. She also gives an overview on the current social, educational, and community services available and how family physicians can leverage on these services to support these individuals. Additionally, she examines the factors influencing healthcare equity for persons with disability, and the various principles and strategies that can be adopted in Singapore to improve health equity and outcomes for children and adolescents with disabilities.

In this issue, A/Prof Goh Lee Gan has selected ten current readings on topics related to behavioural disorders in children and youth, adolescent depression, and paediatric eating disorders.

This issue also features two original papers. The first, by Dr Lester Leong and A/Prof Kenny Tan, investigates the contributing factors to caregiver burden in Singapore. This paper observes that caregiver burden is influenced by a variety of factors, with caregiving affecting many aspects of their lives. High-burden caregivers were shown to be younger on average, have fewer positive sentiments about caregiving, have more interrupted schedules, have more health problems, and have lower self-esteem as a result of caregiving. Primary care doctors will be better able to provide more comprehensive treatment for the elderly in the setting of their families if they are aware of these aspects.

The second original paper by Dr Qu Xiaojie et al aims to identify determinants for activity participation among patients receiving haemodialysis in community-based centres in Singapore. They conducted a cross-sectional clinical audit and found that older patients had lower instrumental activities of daily living (IADL) retained (38.5 percent \pm 24.3 percent) than younger patients (66.4 percent \pm 17.2 percent, $p=0.003$). Females had higher high-demand leisure activity retained (21 percent \pm 17.3 percent) than males (12.7 percent \pm 10.7 percent, $p=0.013$). Patients' mobility status was associated with significantly different IADL ($p<0.001$), and social activity ($p=0.037$) retained. Blurred vision or impaired hearing were associated with lower IADL retained ($p=0.01$ and 0.04 respectively). The authors conclude that future health interventions should be aimed at encouraging activity participation among high-risk

groups such as elderly, individuals with limited mobility, or sensory impairment.

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