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A REVIEW ON HEALTH ISSUES AND PLAUSIBLE REMEDIES IN MENTALLY CHALLENGED CHILDREN

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ABSTRACT: The bioavailability of conventional ophthalmic solutions is very poor due to efficient protective mechanisms of the eye, blinking, reflex. Mental health problems are characterized by in definite persistently depressed mood, low self-esteem, loss of interest in normal life activities. A common problems were the chances to occurs from generation to generation, *i.e.*, genetic in nature, and these may also affect the child (age between 1 to 12 years old) with or without a family history of illness. There are different mental issues in the child such as anxiety, mood disorders, tic disorders, behaviour disorders, personality disorders; attention-deficit hyperactivity disorder (ADHD), depression, epilepsy, eating disorders, elimination disorders, and autism spectrum disorder (ASD) and these disorders can be hard for parents to identify due to lack of vocabulary or developmental ability to explain their condition. Most of the patient parents face the common problem is the “noncompliance to medication,” which is a major problem throughout the world, especially in developing countries where illiteracy, ignorance, poverty, and overpopulation are major challenges. These problems also showed by physicians about different paediatric patients not follow their physicians' plans. Further, it showed many implications related to medicine use, especially in children. Therefore, the problem was solved through noncompliance to medication for mental health issues, which reviewed various plausible remedies that help the parents to recover their child from mental disorders such as psychotherapy (talk therapy), support for parents, cognitive behavioural therapy (CBT), family counselling & motivational training, Intensive behavioural intervention (IBI).

INTRODUCTION: Mental health problems are the biggest challenges worldwide that affect at least one in four people at some time in their lives.

Fig. 1 a mental challenge is a state of well-being in which a person understands his or her own abilities, can cope with the normal stresses of life, can work productively, fruitfully and can contribute to their community.

Mental health problems are defined by persistently depressed mood, low self-esteem, loss of interest in normally enjoyable activities¹. Most of these problems may occur from generation to generation *i.e.*, genetic in nature, and affect the child (age

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between 5 to 17 years old) with or without a family history of illness². Mental retardation (MR) is characterized by below-average intelligence. Persons with intellectual disability have limited functions within the specialization of adaptive behaviours like social and interpersonal relationships, talking, practical skills at the period of expansion and development, retardation cases about 1.03% of the overall population, while 1.83 % of youngsters suffer from MR. It has been seen that foremost important treatments and preventions of MR include: training and rehabilitation with the assistance of family and extensive activities of a healthy system. MR is often distinguished into the subsequent groups: mild, moderate, severe and profound unspecific³.

The foremost important reasons for retardation are: physical factors, malnutrition, encephalopathy, infection, poisonings, chromosomal disorders, pregnancy complaints, and mental disturbances. A prematurity case is one among the explanations for retardation. The activity of brain cells changed and had been caused by the escalation of his illness and prevented his mental evolution. The biochemical of body changes helps to retardation and show an integrated approach of science that demonstrated relatively irreversible changes in nerve cells, so this might affect brain functions⁴. We reviewed different objectives to find the various plausible remedies that help parents recover their child from mental disorders.



FIG. 1: INDICATES THE MENTAL ILLNESS SITUATION

Such as to provide a systematic and descriptive overview of all the evidence for community-based interventions for improving QoL (Quality of life) in children and adolescents of parents with SMI, with specific reference to intervention format and

content, participant characteristics, study validity and QoL outcomes measured; to examine the clinical effectiveness of community-based interventions in terms of their impact on a range of pre-determined outcomes, particularly those likely to be associated with QoL for children and adolescents of parents with SMI (Severe Mental Illness); to examine, when possible, potential associations between intervention effect and delivery including intervention format and content, prioritisation of child outcomes, child age group, parental mental health condition, family structure and residency; to explore all available data relating to the acceptability of community-based interventions intended to improve QoL for children and adolescents of parents with SMI, with specific reference to intervention uptake, adherence and patient satisfaction; to assess key factors influencing the acceptability of and barriers to the delivery and implementation of community-based interventions for improving

QoL in children and adolescents of parents with SMI; to provide a systematic and descriptive overview of all the economic evidence for community-based interventions for improving QoL in children and adolescents of parents with SMI, with specific reference to intervention resources, cost burden, study validity, method of economic evaluation and economic outcomes measured; to examine the cost-effectiveness of community-based interventions in improving QoL for children and adolescents of parents with SMI using a decision-analytic model; to identify, from the perspective of the UK NHS (National Health Service) and personal social services, research priorities and the potential value of future research into interventions for improved QoL in this population; and to improve the proper nutritional and health status of children below the age of six years and pregnant and lactating mothers. There are different mental disorders that are characterized by a feeling of worry, strong enough to interfere with daily activities such as **Fig. 2.** showed anxiety and poor stress management, which are problems in children with responding to certain things or situations with fear, tantrums, sleep poorly, have headaches or stomach-aches as well as with physical signs of anxiety (nervousness), such as a rapid heartbeat and sweating⁵. Disruptive behaviour disorders with

disruptive rules in children in school, defiance of authority figures, angry outbursts and other antisocial behaviours such as lying and stealing⁴. Eating disorders, malnutrition, and low weight in eating disorders (EDs) are associated with increased fracture risk compared to the individual's emotions and attitudes and unusual behaviours, associated with weight and food^{3 & 5}.

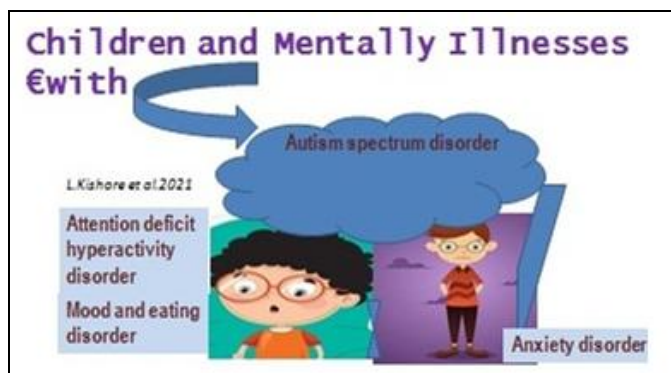


FIG. 2: DISORDERS RELATED TO THE MENTAL HEALTH

Then affective mood disorders including persistent feelings of sadness, depression, and rapidly changing moods. Schizophrenia is a problem that has distorted perceptions and thoughts. Tic disorders cause a person to perform repeated, sudden, involuntary, and meaningless movements and sounds called tics. ASD is characterized by deficits in social interaction and communication as well as the presence of stereotyped behaviour and restricted interests **Fig. 3**. ADHD children are a disorder of hyperactive and showed trouble controlling their impulses and paying attention **Table 1**.⁶

MR was showing negative impacts on individuals, families, and society. Therefore it is necessary to recommend carrying out research on the effectiveness of therapy on this disease. Different factors affect children mental health care

- Providing staffing and training
- Make environment with various facilities
- To appraise, admission and evaluate
- To provide mode, intervention care
- To detailed, acceptance and confidentiality
- To provide equitability, safeguards and child protection.

- To examine, look into, and policy
- To bearings in the course of public health surroundings

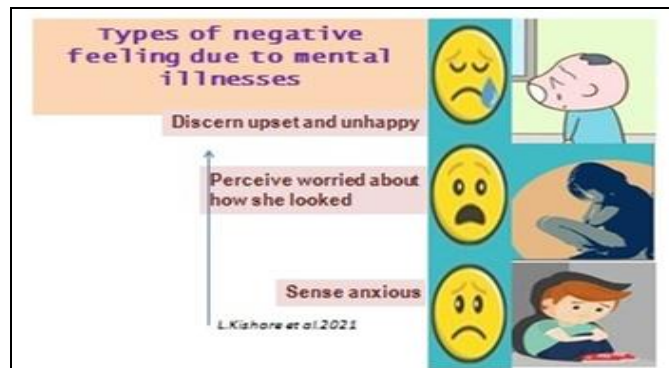


FIG. 3: TYPES OF NEGATIVE FEELINGS DUE TO THE MENTAL ILLNESS

It has been found that that promotion, prevention, identification, and intervention of mental illness in children can be improved by adopting the following challenged field²⁰.

- By advance health and well-being
- To recognize necessitate and intervening early
- To nurturing children, pubescent and family cantered services
- Advancing into coming of age
- To specialized with psychological state and psychological well-being of youngsters and pubescent

The psychological states of the young growing generation are a characteristics class which can improve and nurture a social environment in childhood, good early education and academic Success²¹. For good psychological state services, the subsequent few sectors are important such as early school years; community-based activity, additional and support needs, children in need of special care. Depending on the aim, Training should consolidate existing knowledge through experiential learning, enabling staff to market good psychological state and recognize and manage children and pubescent psychological state problems at an early stage⁷. Here training should be defined to all developmental levels and cultural contexts of the youngsters and adolescent's population.

TABLE 1: CAUSES, SIGNS, SYMPTOMS, AND PLAUSIBLE REMEDIES RELATED TO MENTAL HEALTH IN CHILDREN DISORDERS

S. no.	Disorders	Causes	Sign & Symptoms	Plausible Remedies
1	Anxiety disorders	Social phobia, panic disorders, genetic factors	Sweating, trembling, feeling nervous and increased heart rate	Eat a healthy diet, get more sleep, meditate hold your own hand, stretch, walk in nature
2	Disruptive behaviour disorders	Heredity, environment, physical, psychological factors	Temper, excessive arguments, refusing to follow the rules, blaming, annoyed	Improving parenting behaviour, social support, meditate
3	Autism spectrum disorders	Self-harm, biting or head-banging	Abnormal body posturing or facial expressions, abnormal tone, poor eye contact	Family support, playing with parents, interaction with society
4	Eating disorders	Biological, geneticspsychological environmental factors	weight fluctuations eating alone, hidingfooddepression, lethargic stageavoidance of social functions	Improve malnutrition, take a balance diet, create interest regarding social activities
5	Affective (mood) disorders	Family history, trauma, stress, depression, physical illness	Irritability, anger, worry, agitation, anxiety, pessimism, indifference Loss of energy, persistent lethargy	Playing games elms with parents, enjoying with friends
6	Schizophrenia	Genetic, environmental factors (Prenatal infections, obstetric complications)	Hallucinations, delusions, flat affect, paucity of speech or thought	Reading good stories, interaction with the environment, meditation, increase confidence, self motivated
7	Tic disorders	Stress and sleep deprivation stress, anxiety, tiredness, excitement, happiness	Stress, excitement, being sick or tired	Rub your ears, playing games, meditation

Diagnosis and Rehabilitation in Mentally Challenged Children: Tables 1 & 2 were reported by researchers and found about various diagnosis techniques on mental retardation, which gives the power of an individual's brain to find out, think, solve problems and add up of the planet in an intellectual way and point on that person who has the talents and make them to live independently called adaptive behaviour⁷. Intelligence tests were practices and can be measured scored in 100 levels which is called Intellectual functioning (IQ)³⁶. The People whose score be below 70 to 75 are thought to possess mental retardation to live serves as adaptive behaviour; professionals check out what a toddler can neutralize in comparison to other children of his or her age⁸.

New skills have to introduce for adaptive behaviour so that person with MR can adapt superior turn in the class environment, and this is probably going to wish individualized help according to daily living skills, like getting dressed, getting to the toilet, feeding one's self, communication skills, like understanding what's said and being able to answer, social skills⁹. Professionals and fogeys got to work on adaptive skills to make them independent in the community. There should be a varsity system in

education, preschools, and related services with guidelines for MR persons including those who have eligibility in school-aged children. Individualized Education Program (IEP) can be developing so that school staffs will work with the child's parents. This showed the child's unique needs services¹⁰. Intellectual functioning scored marks 60-70 in infancy; mild disability might not be obvious and should not be diagnosed before starting school. The person who show poor academic performance was instructed to take an expert assessment to differentiate MR from learning disorder to behaviour issues. When the candidate becomes adults, many of us can live independently and consider others in their community as "slow retarded".

Intellectual functioning scored marks, but 50 in children with severe disabilities were needs more intensive support, care, provide human values entities and life supervision. The cognitive function caused a toddler to find out and develop more slowly as compared to a typical child. Such children may show longer to find out to steer, speak, and look out for their personal needs. They might have trouble learning in class. They need more repetition to adapt, and there could also be

some things they can't learn also. The capacities of the bounds on learning were showing the severity function of the capability²³. Researchers reported virtually every child is able to find out, develop, and grow to some level if proper guidance and opportunity are provided to them. It has been seen that there's not more medicine for a long time intellectual disability currently, except though with appropriate guidance, support, and teaching.

Doctors and therapists were learning to try too many things. There is few or no such medication treatment for ID/MR²⁵. Here reviewed a change since the late 1960s within the care of individuals with retardation were among the foremost changes like a movement towards integration, participation, and selection for people with retardation, being a facet of larger disability, civil and human rights movements in world²⁶.

TABLE 2: AN OVERVIEW ON DESCRIPTION OF ACT AND POLICIES IN INDIA ON DIFFERENT TYPES OF MENTALLY CHALLENGED IN CHILDREN

S. no.	Act	Overview of Act and Policies of Mentally Challenged in Children
1	The Mental Healthcare Act (MHCA); 2017	Made an act for rehabilitation from the government as opposed to being tried or punished for the those individuals who tried to attempt suicide. The act seeks to provide and fulfil India's international obligation pursuant to the convention on rights of persons with disabilities and its optional protocol ²⁷ . The act was deals with a rule and restriction on the usage of Electroconvulsive therapy (ECT) to be used only in cases of emergency, muscle relaxants, anaesthesia, and for viable therapy for minors ⁷
2	Rights of Persons with Disabilities Act; 2016	This deals with uphold the dignity of every person with a disability in society and prevent any form of discrimination. The act also subjects people with disabilities and ensures the participation and inclusion of such persons in society. The RPWD Act 2016 proposes free health care in the vicinity, in rural areas ⁸
3	Juvenile Justice (Care and Protection of Children) Act; 2015	This act proposes Child Care Institutions for children in conflict with the law are the observation home, special home, place of safety, and fit facility ²⁸ . The act made a compulsory system for reporting a child through a guardian and treated it as a punishable offense for non-reporting persons ²⁷
4	National Mental Health Policy; 2014	This act proposes to reduce disability, distress, exclusion morbidity, and premature mortality. To Strengthen the committee in the mental health sector at the national level and identify the address of social, biological, physiological determinants of mental health problems ^{4,5}
5	National Plan of Action for Children; 2005	This deals with the practical expression of commitment to national progress, improving water and sanitation coverage in both rural and urban areas, Provision of care, protection to children before, after birth, and throughout the period of childhood ²⁹ . Proposes a free and education to age of 14 years with special attention to children from marginalized backgrounds, children with social handicaps ¹²
6	Charter for Children; 2004	They propose about the State to provide free and compulsory education to all children of the age of six to fourteen years (Article A2I), and no child below the age of 14 years can be employed to work in a factory, mine or any other hazardous employment (Article 24) ¹¹
7	National Trust for Welfare of Persons with Cerebral Palsy Autism, Mental Retardation and Multiple Disability Act; 1999	These avail for counselling and training of family members of persons with disability; propose measures for the care and protection of persons with disability in the event of death of their parent or guardian ^{8,10}
8	National Nutrition Policy; 1993	Policy review in various areas with an impact on nutrition such as education, information, agriculture, food production, food supply etc.; health care, social justice, tribal welfare to the children and nutrition interventions for vulnerable group of children below 6 yrs, adolescent girls, pregnant and lactating women ¹¹ .
9	Mental Health Act; 1987	This act implies protecting society from the presence of mentally ill persons have danger or nuisance to others; provide the establishment of Central Authority, State Authorities ⁶
10	National Policy on Education; 1986 and Labour; 1987	These policy made by the Government of India to promote education amongst India's people; policy covers elementary education to colleges in both rural and urban India. Article 24 Indian constitution proposes no child below the age of 14yr shall be employed to work in any factory, engaged in any hazardous employment ⁸ .
11	National policy for children; 1974	This policy review about children shall be protected against neglect, cruelty, and exploitation; Education, care of children, should be providing for those who are physically handicapped, mentally retarded ¹⁰

This pathway has usually formalized within the activities of charitable or advocacy organizations groups. Practiser forwarded with legal challenges to rights deprivation at the standard and national level; also engage with bureaucrats with policy development and participation in the least levels of the retardation service system **Table 2**.

MHCA; 2017 act dealt with a rule and restriction on the usage of Electroconvulsive therapy (ECT) to be used only in emergency, muscle relaxants, anaesthesia, and viable therapy for minors ⁷. The RPWD Act 2016 proposes free health care in the vicinity, in rural areas ⁸. Juvenile Justice (Care and Protection of Children) Act; 2015 proposes Child Care Institutions for children in conflict with the law are the observation home, special home, place of safety, and fit facility. National Mental Health Policy; 2014 proposes to reduce disability, distress, exclusion morbidity, and premature mortality. National Plan of Action for Children; 2005 with the practical expression of commitment to national progress, improving water and sanitation coverage in both rural and urban areas, provision of care, protection to children before, after birth, and throughout childhood ³⁰.

There are different (other policies, act in **Table 2**. and advance specializations were introduced from 19'S in fields of genetics, developmental neuropsychiatry, psychology, psychopharmacology and education; and were promises for improving the treatment and lives of individuals with retardation; additionally the supply of more appropriate models of social care which had a considerable impact in improving the standard of lifetime of people with retardation in community settings, enabling staff, carers and involvement of families ³⁶. Evidence of current-based research review is, somehow, very patchy. So to evaluate of current provision is, therefore, necessary to spot the foremost effective sorts of service provision and in developing best practice, medication, and rehabilitation guidelines.

CONCLUSION: It has been reviewed on mental health problems which are defined by persistently depressed mood, low self-esteem, and loss of interest in normal life activities. There are multiple mental related problems in a child such as anxiety, mood disorders, tic disorders, behaviour disorders,

personality disorders, attention-deficit hyperactivity disorder (ADHD), depression, epilepsy, eating disorders, elimination disorders, and autism spectrum disorder (ASD throughout the world especially in developing countries where illiteracy, ignorance, poverty, and overpopulation are major challenges. There are also evidenced the same problems in paediatric patients who are reported by physicians. Hence, the article reviewed to solve through noncompliance to medication for mental health issues, through various plausible remedies that help the parents to recover their child from mental disorders such as psychotherapy (talk therapy), support for parents, cognitive behavioural therapy (CBT), family counselling & motivational training, Intensive behavioural intervention (IBI). Researcher reported various medical care and treatments through cognitive behavioural medical care, acceptance commitment medical care, dialectical behaviour medical care, mindfulness, diversion medical care, electroconvulsive medical care, transcranial magnetic stimulation, yoga, gym, exercise physiology, sensory modulation, art, and music medical care, *etc.* This study reviewed the problem and solved noncompliance to medication for mental health issues in mentally challenged worldwide.

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