

Youth mental health context in Romania

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Context

Adolescence is a crucial developmental period for promoting mental health and reducing risk factors for mental health problems. Youth mental health is influenced by a variety of factors, including socio-economic and cultural contexts, inequality, stigma and discrimination, a non-supportive environment as well as pressure to succeed. Several care systems (e.g. education, welfare, health) may underestimate both the vulnerability factors which are specific to different adolescent groups and the precise manifestations of mental health disorders in youths.

During the last 25 years, Romania's socio-political context has been challenged by the transition to democracy. Despite a rapidly growing economy, poverty remains an important issue for many Romanians. A 2013 UNICEF report shows that one in four children lives in a household with an income below the relative poverty line. According to the National Authority for Children's Rights and Adoption, in 2015, more than 80,000 children had parents working abroad. Non-governmental organisations argue that these official numbers don't represent the entire phenomenon and estimate that the number of children growing up alone is approximately 350,000. This vulnerable family context comes with high emotional costs for the children (Baban, Taut, Craciun, & Marcu, 2009; Baban & Taut, 2010). At the end of 2015 more than 20,000 children were officially in institutional care, a group exposed to higher risk of social exclusion, stigmatization, behavioural and mental health

problems (Baban, Marcu, & Craciun, 2008; Baban & Taut, 2011; Taut, Damian, Lobonea, & Baban, 2011).

Financial cutbacks in several public sectors during the last years have been associated with reduced wages and lack of new employment in the health sector. This had a significant effect on a number of factors associated with mental health, such as employment, secure incomes, and social support (Nica, 2013). In spite of the Action Plan for Implementing the Mental Health Strategy in Romania (2006-2015) which aimed at: (1) developing the community services for mental health, (2) improving service quality in psychiatric institutions, (3) promoting the rights of persons with mental health problems, the economic context of the last years has slowed the development of mental health services for children and adolescents in Romania.

Prevalence of mental health problems

The most commonly identified mental health problems among children and adolescents in Romania were anxiety disorders (13%), ADHD (5%), affective disorders (3.5%), conduct disorders (2%), and drug addiction. Additionally, approximately 1 in 500 children are diagnosed every year with autism spectrum disorders (Save the Children Organization, 2010). Approximately 9% of Romanian children require mental health care every year (Kovess et al., 2015).

Based on data from the Health Behaviour in School-aged Children (HBSC) national representa-

tive survey from 2014, 24% of girls and 11% of boys of 11-15 years old reported poor mental health. Moreover, 35% of girls and 25% of boys reported feeling sad in the week prior to the study. Other reported symptoms were: lack of energy (30%), irritability (25%), anxiousness (24%), and sleeping problems (20%), (Baban, 2016). Body image concerns and dissatisfaction were also risk factors for positive self-image, self-esteem, and emotional well-being. One in 3 girls of 15 years old perceived themselves as being overweight and had negative feelings about their body (Baban & Taut, 2014; Nanu & Baban, 2014; Nanu, Taut, & Baban, 2013; Nanu, Taut, & Baban, 2014). Bullying is another relevant risk factor for mental health problems among adolescents (Cosma, Balazsi, & Baban, 2015). Bullying, the expression of interpersonal power through aggression towards another, was a behaviour reported by 30% of boys and 19% of girls, at age 15. On the other hand, 17% of boys and 11% of girls reported being victims of bullying at school in the past couple of months (Cosma & Baban, 2013). Data from 2014 HBSC report shows that cyber bullying was experienced by 5% of boys and 3% of girls of 11 years old. This phenomenon seems to be decreasing to 3% of boys and 2% of girls at the age of 15 years old.

Data from a national survey on adverse childhood experience showed that more than 25% of youth were exposed to physical and emotional abuse inside the family in the first 18 years of life. Sexual abuse was reported by 9% of the participants, with girls reporting significantly higher levels of sexual abuse than boys (Baban, Balazsi, Cosma, Sethi & Olsawski, 2013). Abuse in childhood was associated with additional health risk factors later in the life (Bellis et al., 2014).

According to Eurostat, the suicide death rate in Romania for adolescents aged 15 to 19 decreased from 6.6 per 100,000 persons in 2011 to 5.8 in 2012 and to 5.4 in 2013. However, research indicates that (Sarbu, Bunaciu, & Maris, 2014),

more than a third (37.8%) of adolescents admitted to know someone with suicidal thoughts, 15.8% had suicidal thoughts themselves, 13.5% wanted to commit suicide and 5.6% had at least one suicide attempt.

Available mental health services

Children needing mental health care mainly visit general practitioners (85.1%) or paediatricians (38.6%). That being said, approximately 75% of children do not receive any mental health services (Kovess et al., 2015). Services for children and adolescents are insufficient and unequally distributed across the country (i.e. urban vs. rural areas). Clinical psychology, psychotherapy, counselling, outpatient support, psychosocial interventions and rehabilitation services for adolescents are undoubtedly insufficient. To date, the most accessible therapeutic services are pharmacological treatments (Carral Bielsa et al., 2009). In fact, mental health services for children and adolescents in Romania are currently offered in 15 major psychiatric clinics and 20 Mental Health Centres (Save the Children Organization, 2010). Psychiatry services are also in great need of development: Romania has one of the lowest numbers of professionals working in mental health in Europe, with 4.7 psychiatrists and 22.4 nurses per 100,000 inhabitants (World Health Organization, 2008). The public mental healthcare system for children still focuses more on curative actions than on the preventive side (Baban, Craciun, Balazsi, Ghenea, & Olsawsky, 2008). So far, there has been a limited number of awareness campaigns promoting the rights and needs of children with mental disorders, or encouraging their social inclusion and prevent discrimination (Baban, 2009; Baban & Craciun, 2010; Zlati, Oh, & Baban, 2011). Therefore, it becomes evident that more action is needed to promote prevention programmes.

Conclusions

In dealing with the challenges of growing up and become active adults, appropriate mental health services are crucial for children and adolescents. Mental health services can help achieve and maintain optimal psychological, social, physical functioning and well-being.

In developing mental health preventive services for children and adolescents, Romania faces several challenges. Firstly, more professionals trained in mental health are needed in all public institutions which involve young people. Secondly, professionals need to be able to rely on a coherent national public policy that efficiently integrates all services and social actors involved in youth mental health. Thirdly, public policy must guarantee that youth and professionals have access to relevant resources, and provide a framework for all social actors (e.g., schools, NGOs, public/private institutions) to easily get involved in mental health preventive measures. It is necessary to make youth voices heard, to better identify their needs and design prevention programs that successfully address these needs. This can be achieved by empowering young people to become active in designing and carrying out programs to increase awareness towards mental health prevention, and wellbeing.

Successful preventive health services and programs need to be effective in promoting healthy lifestyle choices and behaviours. Professionals in health, social, and educational systems need to become active in reaching out and providing support. Moreover, young people need to be empowered to seek information, support, and treatment when needed, without the fear of stigma.

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