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Perception of Parents Regarding Decision Making in Terms of Mental Health of Children and Adolescents

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Abstract:
Background of a Study- Children are the most valuable resource in any country. Children living around us are not common subjects but they are responsible citizens of our future in society as well as the world. There is a great emphasis on children being required these days because of the recognition that a very substantial proportion of the world's population, 35-45percentsconstitute young children. The future of our country depends on the positive mental health of our young people.
Aim and Objectives-To assess the perception regarding decision-making strategies, and find the interdependence of the Sociodemographic variable on perception in terms of decision-making strategy.
Research-Methodology - Descriptive study design was adopted in the study; data collection was done by the Non-Probability purposive Sampling Technique. Where 56 parents participated in this study.
Results- The assessment of decision making, strategy results revealed that 41 % (23) of parents select school teachers, 27 % (15) select Health care workers, and 32 % (19) select friends and relatives as the first choice of person for consultation in decision making regarding the mental health of children. Regarding the involvement of resource person, 18 % (10) of parents decide with School teachers, 41% (23) with community health workers and 41 % (23) makea decision with friends and relatives. 85.7 % (48) of parentsthink about the involvement of school teachers is beneficial in decision-making strategies regarding the mental health of children, while asking involvement of healthcare workers 96.6 % (53) parents think about the involvement of healthcare workers is beneficial in decision-making strategies regarding the mental health of children. In terms of collaborative decision making 94 % (53) of parents perceive that collaborative decision-making regarding children's mental health is a good strategy. There is an association found between the source of information and the choice of a resource person in decision-making strategies as a computed chi-square value of 18.73 (df2) is greater than the table value of 9.487 at a 0.05 (5 percent) level of significance.
Conclusion The findings of this study suggest that for good decision-making strategies collaborative teaching is beneficial for parents, teachers, and healthcare workers such as Asha workers, ANM, and MPW regarding the mental health of children.
Keywords: Mental health of children, parent’s decision making, emotional disorder, behavior problems.

Background of Study

Themost valuable resource of any state or countryisChildren and youth. Our futureresponsible citizens will come from Today's healthy children(1). Agreat emphasis on children is required because a very substantial proportion of the world's population, 35-45 percent constitute young children. Epidemiologically (prevalence study) estimates suggest that approximately 14-20percentsof all children from birth to 18 years of age have some kind of psychiatric (mental health) problem(2).Emotional (psychological) problems, such as anxiety, panic disorder, generalized anxiety disorder (GAD), separation anxiety, social phobia, specific phobias, Obsessive-Compulsive Disorder and depression, post-traumatic stress disorder, and Disruptive mood dysregulation disorder are general disorder that happens in childhood(3). Disruptive mood dysregulation disorderis commonly diagnosed in children aged between 6 and 18 years (4).Behavior disorders or problems among children are a deviated pattern of behavior from socially and culturallyaccepted behavior, it involves a pattern of disruptive behaviors that cause problems in school, at home, and in social situations. Attentiondeficit (low Concentration) hyperactivity disorder (ADHD), oppositional defiant (argumentive and un-cooperative) disorder (ODD), and conduct disorder (CD) are the three most common types of behavior disorders.A 2001 WHO report indicated the six-month prevalence rate for any mental health disorders inchildren and young population, up to age 17 years, to be 20.9 percent, with disruptive behavior disorders (DBD) at 10.3 percent, second only to Anxiety disorders at 13 percent. About 5 percent of the child and young population in the general population have depression at any given point in time, which is more prevalent among girls (54 percent)(5).The Global Burden of Disease of India Study 1990–2017 suggests,that in 2017, 197.3 million people had mental disorders in India, including 45.7 million with depressive disorders and 44.9 million with anxiety disorders. The contribution of mental disorders to the total DALYs in India increased from 2.5 percent in 1990 to 4.7 percent in 2017(6). National Mental Health Survey of India 2016 suggests the Prevalence of mental disorders in the age group 13-17 years was 7.3 percent and nearly equal in both genders, and nearly 9.8 million young aged between 13-17 years require active interventions(7). The prevalence of mental disorders was nearly twice (13.5 percent) as much in urban metros as compared to rural (6.9 percent) areas(7). The most common prevalent problems were Depressive Episodes& Recurrent Depressive Disorder (2.6 percent), Agoraphobia (2.3 percent), Intellectual Disability (1.7 percent), Autism Spectrum Disorder (1.6 percent), Phobic anxiety disorder (1.3 percent), and Psychotic disorder (1.3 percent)(7).Mental health awareness campaigns have yielded positive outcomes(8).Lack of knowledge about mental illnesses poses a challenge to the mental health care delivery system(9).Research has highlighted the role of community-based systems in low-income countries and has also yielded positive results in creating awareness, thereby impacting participation(10).Awareness and health literacy are two sides of the same coin(8). Health literacy has been described as the "ability to access, understand, and use the information to promote and maintain good health."(11) Mental health literacy encompasses recognition, causes, self-help, facilitation of professional intervention, and navigating the information highway. Attitudes that hinder recognition and appropriate help-seeking can be counteracted by information that is already readily available in the public domain. Decision-making is the process of making choices by identifying a decision, gathering information, and assessing alternative resolutions(12). For making a good decision people should have information about an issue, decision-making in terms of healthy people should aware of causes, identification and primary management about it. Making people aware of health and mental will help in good decision making. It is also seen that collaborative/Collective decision-making is

better than a decision taken individually.Group decision-making (also known as collaborative decision-making or collective decision-making) is a situation faced when individuals collectively choose from the alternatives before them. The decisions made by groups are often different from those made by individuals. According to the idea of synergy, decisions made collectively also tend to be more effective than decisions made by a single individual. In the rural area, most of the day to day decisionsare taken collectively, but in terms of health there are very few resources people who can involve in decision making, it is important to note that, for making decisions people should know about it and they should confident about it. This study aims to assess the perception regarding decision-making in terms of children's mental health. This study will give information about people involved in decision-making, and the need for collective group teaching for the effective evaluation of mental health.

Objectives

- To assess the perception of parents regarding decision-making strategies.
- To find the association between the Sociodemographic variable and perception ofdecision-making strategy.

Research Methodology

The descriptive study design was adopted in the study, datacollection was done by the Non-Probability purposiveSampling Technique. Where 56parents participated in this study.

Inclusion Criteria

1. Parent's age (in years) between 18- 45 Years of age.
2. Parents whoare willing to participate in the study.

Exclusion Criteria

1. Parents who can notread&write Hindi or English.

Tools –A validatedSelf-structured (designed) questionnaire wasutilized for data collection.

Results

In this study, 56 parents were participated, where Sociodemographic distribution of subjects is depicted in table -01

Sociodemographic distribution of subjects			
S.No.	**Variables**	**Frequency**	**Percentage**
1	**Age**		
1.1	20-30 years	39	70 %
1.2	31-40 years	6	11 %
1.3	41 Year above	11	19 %
2	**Sex**		
2.1	Male	17	30 %
2.2	Female	39	70 %

3	**Education Qualification**		
3.1	Up to Higher Secondary.	9	16 %
3.2	Graduation	30	54 %
3.3	Post-Graduation	17	30 %
4	**Types of Occupation**		
4.1	Government job	9	16 %
4.2	Private Job	16	29 %
4.3	Agriculture or self-occupation	33	55 %
5	**Type of Family**		
5.1	Nuclear	24	43 %
5.2	Joint	32	57 %
6	**Sources of information about children's mental health**		
6.1	Teachers	17	30 %
6.2	Healthcare workers	21	37 %
6.3	Friends relatives	18	33 %

The assessment of decision-making strategy result revealed that 41 % (23) of parents selects school teacher, 27 % (15) selects Health care workers, and 32 % (19) select friends and relative as the first choice of person for consultation in decision making regarding the mental health of children. Regarding the involvement of resource person,18 % (10) of parents makea decision with School teachers, 41% (23) with HCW, and 41 % (23) make a decision with friends and relatives. 85.7 % (48) of parents think about the involvement of school teachers is beneficial in decision-making strategies regarding the mental health of children, while asking involvement of healthcare workers 96.6 % (53) parents think about the involvement of healthcare workers is beneficial in decision-making strategies regarding the mental health of children. In terms of collaborative decision making 94 % (53) of parents perceive that collaborative decision-making regarding children's mental health is a good strategy.There is an association between the source of information and the choice of a resource person in decision-making strategies as the computed chi-square value of 18.73 (df2) is greater than the table value of 9.487 at a 0.05 level of significance.

Conclusion

The findings of this study suggest that for good decision-making strategies collaborative teaching is beneficial for parents, teachers, and healthcare workers such as ASHA workers, ANM, and MPW regarding the mental health of children.

Limitations of the Study

The following areas were beyond the control of the investigator.

- A very short period wasavailable for the collection of research data.

Recommendations

On the Basis of the results of the present inquiry following recommendations are offered for future study:

- A similar studywithan increased sample size may be done.
- A comparative study between rural communities&urban areas may be performed.

Ethical Standards

Data collection is done after obtaining informed consent from all subjects.Before consent purpose and aims and objective were explained to the subject and time was given to ask a question.

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