

# Treatment of Mental Health Disorders

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## Commentary

Mental health problems and adolescents include several types of emotional and behavioral disorders, including disruptive, depression, anxiety and pervasive developmental (autism) disorders, characterized as either internalizing or externalizing problems. Disruptive behavioral problems such as temper tantrums, attention deficit hyperactivity disorder, oppositional, defiant or conduct disorders are the commonest behavioral problems in preschool and school age children. The most common disruptive behavior disorders include Oppositional Defiant Disorder (ODD), Conduct Disorder (CD) and Attention Deficit Hyperactivity Disorder (ADHD).

These three behavioral disorders and common symptoms, so diagnosis can be difficult and time consuming. A child or adolescent may have two disorders at the same time. Other exacerbating factors can include emotional problems, mood disorders, family difficulties and substance abuse. Family Medicine/General Practitioner surgery presents with several desirable characteristics that make them ideal for providing effective mental health services to children and adolescents. DSM-5 and ICD-10 are the universally accepted standard criteria for the classification of mental and behavior disorders in childhood and adults. The age and gender prevalence estimation of various childhood behavioral disorders are variable and difficult to compare worldwide.

A combination of search expressions including "childhood", "behavior", "disorders" or "problems". Childhood behavior and emotional problems with their related disorders have significant negative impacts on the individual, the family and the society. Mental Health Disorders (MHD) are very common in childhood and they include emotional-Obsessive Compulsive Disorder (OCD), anxiety, depression, disruptive Oppositional Defiance Disorder (ODD), Conduct Disorder (CD), Attention Deficit Hyperactive Disorder (ADHD) or developmental. Emotional and Behavioral Problems (EBP) or Disorders (EBD) can also be classified as either "internalizing" (emotional disorders such as depression and anxiety) or "externalizing" (disruptive behavior such as ADHD and CD). Behavior which is above the expected norm for age and level of development can be described as "challenging behavior".

It includes self-injury, physical or verbal aggression, non-compliance, and disruption of the environment, inappropriate vocalizations, and various stereotypies. This behavior can impede learning, restrict access to normal activities and social opportunities, and require a considerable amount of both manpower and financial resources to manage effectively. Many instances of challenging behavior can be interpreted as ineffective coping strategies for a young person, with or without Learning Disability (LD) or impaired social and communication skills, trying to control what is going on around them. It various disabilities, including LD, Autism, and other acquired neurobehavioral

disorders such as brain damage and post-infectious phenomena, may also use challenging behavior for specific purposes, for example, for sensory stimulation, avoiding demands or to express their limited communication skills. People who have a diverse range of neurodevelopmental disorders are more likely to develop challenging behaviors.

Mental health problems can cover a broad range of disorders, but the common characteristic is that they all affect the affected person's personality, thought processes or social interactions. They can be difficult to clearly diagnose, unlike physical illnesses. Mental health disorders are very often comorbid with physical health disorders. They can play an important role in the development of somatic diseases and vice versa. The burden of mental disorders is likely to be underestimated as a consequence of the inadequate recognition of the connection between mental and physical health. Indeed, as mental and physical health is correlated, there can be no health without mental health. Mental health disorders represent a large proportion of the world's disease burden, mostly due to depression and anxiety disorders, alcohol and drug abuse, and psychoses. This was a patient group with very significant morbidity, the need for effective interventions.

Who affected by mild depression and/or anxiety had been seeking care for psychological symptoms. The psychological problem and those who had also seen a psychiatrist, psychologist, or alternative health provider were more likely to have both depression and anxiety, and disability due to their psychological symptoms and so likely to be more severely affected [1-5].

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