Communities, child and adolescent development and mental health

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Abstract

Our communities are changing, and we need to look at its impact on our children and adolescents. How families interact with their children and the attachment experiences thus created, are important factors that have an effect on child and adolescent development. The quality of these experiences are in turn influenced by broader community level factors. These need to be taken into consideration in the prevention of mental health issues and in managing psychiatric disorders. Both formal community level interventions, as well as informal promotion of positive community influences are needed.

SL J Psychiatry 2022; 13(1): 1-3

"It takes a village to raise a child" is an old African proverb. In Sri Lanka too, child rearing has generally been a task of not just the parents. While extended family still do get involved in child rearing, mostly in the context of a parent being abroad, this proverb may not be as relevant today in our context (1). However, it is still pertinent to look at how communities affect the development and mental health of children and adolescents, albeit in a different context.

Child rearing is a difficult task, but one that need not be perfect; instead, being 'good enough' is generally thought to be adequate (2). Even so, in most instances both parents and children benefit from having others around who can provide a nurturing environment (3). In this respect, the ecological systems theory by Bronfrenbrenner is important in understanding how a child's relational world affects his/her development (4). This theory postulates that a child's development is affected by their parents, peers, community and the wider society to varying degrees (4). It also views a child's development as a complex system of relationships effected by multiple levels of the surrounding environment (4). Many systems appear to affect the child, including those closest to the child, such as his/her family and school, to more distal ones such as cultural values, laws, and customs (4).

While studies from different countries continue to show the importance of positive attachment experience with primary caregivers, newer interventions also increasingly target the social environments of children and families to better address mental health development and promotion in children (5).

When we look at the interactions with our larger environment today, our close connections may not necessarily be with the immediate people in our neighborhood, it may actually be with people thousands of kilometres away in different countries. Thus the term global village (6). While this may be the case, communities in their newer forms continue to be intricately connected with the psychosocial development of children. Communities can have both positive and negative influences on the developing the brain, from influencing early attachment experiences to modulating vulnerability towards mental health issues such as depression and anxiety (7). In clinical practice we see that issues such as isolation and loneliness, both related to a lack of community interaction, are increasingly becoming problematic for children and adolescents in Sri Lanka. Thus, to holistically understand a child's development and mental health, we need to look beyond a child and her/his immediate environment.

In recent times Sri Lankan families have been increasingly moving away from the traditional extended family systems to more nuclear family systems (8). There is also a trend to move to more urban areas for work (8). This has resulted in parents having less time to spend with their children and to facilitate community involvement. The time spent with parents is also effected by the extensive time children need to spend on academic work. The little time that parents do have to engage with their children are mostly spent on directive actives such as getting them washed, helping with homework, or feeding. Thus, children have even less time to spend in non-directive activities with their parents and with their communities.

While a lack of responsive time with adults in early childhood can lead to difficulties in social communication and attachment, issues such as sibling rivalries can become difficult to manage and escalate, when parents struggle to find time to be with their children. Issues in adolescence such as self-harm, depression and emotional regulation require the containment of emotions, and may benefit from support from peers and extended family.

Promoting community involvement in children

For our children to experience the benefits of their community, we must look into promoting community involvement from a young age. It is thus that children find the opportunity to build relationships and a foundation is laid to be a part of society. Very inexpensive activities such as organising family functions on a regular basis, offering to do some community service, or getting to know the older persons in your community and offering help, can connect the dots and create a sense of community in a child. However, these kind of activities require effort of a different order from the parents; namely their time and commitment. Sri Lankan families today seem to be trapped in a vicious cycle with both parents working and minimal or no extended family support, leading to less community involvement and in turn less community support.

A child's education too goes beyond the classroom and the value of collective and collaborative inclusive education has been emphasized by educationists (9). The National Education Association of the USA reports that the popular proverb, "it takes a village to raise a child", produces a clear message, "the whole community has an essential role to play in the growth and development of its young people" (10). It is noted that parents and family members play a vital role in the life of the child and so, too, does the entire community (10).

A child's right to participate in community

A child's right to participation in community is laid out in articles 31 and 23 of the United Nations Convention on the Rights of the Child (UNCRC) (11). Article 31 recognizes the child's right to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts (11). Article 23 mentions that state parties should recognize that a mentally or physically disabled children should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community (11). Mental health promotion is best when it is interwoven into daily lifestyles through various means such as education, media, and the community. In this context community has a major role in the prevention of mental health issues, by acting as a protective factor where stressful events might otherwise precipitate mental illnesses. Several social resilience factors have been known to counter the likelihood of exposure to early adversities contributing to the development of mental health problems (16). In one study conducted among children at high risk of behavioural problems, protective factors which can be influenced by the community included, adequate social support, adequate quality parenting time and good maternal and child self-esteem (16).

Conduct disorders and depression are two specific examples of how community can influence the trajectory of mental health disorders (17,18). Studies have found that community level factors related to neighbourhood quality can be associated with multiple child related outcomes including conduct problems (17). Thus, community factors need to be considered when planning interventions for conduct disorders.

Community minority, ethnicity and discrimination have been found to act as risk factors for depressive symptoms in school-aged children (18). Although this may not be the same for all communities, it indicates that modifiable community level risk factors are in play. There is also evidence to suggest that family based approaches targeting community level risk factors, are an effective way forward in programmes that aim to prevent depression in adolescents (19). In certain countries recognition of the importance of preventing depression among adolescents have led to school based programs that target the whole community (20).

In other countries, interventions that are based either in schools and or communities include strategies that foster interactions among diverse sectors that include educationists, parents, community members, and other professionals (21). These interventions have been reported to decrease disruptive behaviors and affective symptoms such as depression and anxiety, together with an increase in the social skills of the children/adolescents (21). This positive effect on the mental health of children and adolescents, both in promoting emotional well-being as well as in decreasing symptoms of mental disorders is an indication of the need for interaction and co-ordination between different sectors in a community, with the wellbeing of children and adolescents in mind.

Promoting a sense of community in our children will require that we ourselves also start thinking and working to promote positive community influences. While this is an experiential process, this should also be an important aspect to consider in the formulation of child and adolescent mental health policies and plans.

Conflicts of interest

None declared.

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References

1. Gamburd M. Milk Teeth and Jet Planes: Kin Relations in Families of Sri Lanka's Transnational Domestic Servants. City & amp; Society 2008; 20(1): 5-31.

2. Winnicott DW. The child, the family, and the outside world. London: Penguin Classics; 2021.

3. Rees C. Thinking about children's attachments. Archives of Disease in Childhood 2005; 90(10): 1058-65.

4. Bronfenbrenner U. Ecological models of human development. In: Husen T, Postlethwaite N, eds. International encyclopedia of education. Oxford: Elsevier, 1994: 1643-7.

5. Rees C. Childhood attachment. British Journal of General Practice]. 2007 1; 57(544): 920-2. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2169321/

6. Roustit C, Campoy E, Renahy E, King G, Parizot I, Chauvin P. Family social environment in childhood and self-rated health in young adulthood. BMC Public Health 2011; 11(1).

7. Ruotsalainen J, Heinonen S. Media ecology and the future ecosystemic society. European Journal of Futures Research 2015; 8: 3(1).

8. Weeratunga MK, Hugo G. Changing family structure in Sri Lanka. SLJPS 2014; 14: 95-114.

9. Subban P, Bradford B, Sharma U, Loreman T, Avramidis E, Kullmann H et al. Does it really take a village to raise a child? Reflections on the need for collective responsibility in inclusive education. Eur. J. Spec. Needs Educ 2022: 1-12.

10. Long C. It Really Does Take A Village | NEA [Internet]. Nea.org. 2022. Available from: https://www.nea.org/advocating-for-change/new-from-nea/it-really-does-take-village

11. Convention on the Rights of the Child text [Internet]. Unicef.org. 2022. Available from: https://www.unicef.org/child-rights-convention/convention-text

12. Taylor M, Percy-Smith B. Children's Participation: Learning from Community Development. Int. J. Child. Rights 2008; 16: 379-94.

13. Hall T, Williamson H, Coffey A. Young People, Citizenship and the Third Way: A Role for the Youth Service? J. Youth Stud 2000; 3(4): 461-72.

14. Merikangas K, Nakamura E, Kessler R. Epidemiology of mental disorders in children and adolescents. Dialogues Clin. Neurosci 2009; 11(1): 7-20.

15. Hoagwood K, Cavaleri M, Serene Olin S, Burns B, Slaton E, Gruttadaro D et al. Family Support in Children's Mental Health: A Review and Synthesis. Clin Child Fam Psychol Rev. 2009; 13(1): 1-45

16. Cabaj J, McDonald S, Tough S. Early childhood risk and resilience factors for behavioural and emotional problems in middle childhood. BMC Pediatrics 2014; 14(1).

17. Leventhal T, Brooks-Gunn J. Moving to Opportunity: an Experimental Study of Neighborhood Effects on Mental Health. Am. J. Public Health 2003; 93(9): 1576-82.

18. Stirling K, Toumbourou J, Rowland B. Community factors influencing child and adolescent depression: A systematic review and meta-analysis. Aust N Z J Psychiatry 2015; 49(10): 869-86.

19. Gladstone T, Beardslee W, O'Connor E. The Prevention of Adolescent Depression. Psychiatr Clin North Am. 2011; 34(1): 35-52.

20. Bodicherla KP, Shah K, Singh R, Arinze NC, Chaudhari G. School-Based Approaches to Prevent Depression in Adolescents. Cureus 2021.

21. Garcia-Carrión R, Villarejo-Carballido B, Villardón-Gallego L. Children and Adolescents Mental Health: A Systematic Review of Interaction-Based Interventions in Schools and Communities. Front. Psychol. 2019; 10.