



Mental Health Status of Tribal Adolescents in India: Need for Research

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Despite constituting 8.6% of the Indian population, the 10.4 crores indigenous or tribal population are among the most geographically isolated, socio economically underdeveloped, and under-served communities in the country.¹ Tribal population presents throughout the Indian states and union territories, with the highest percentage in Lakshadweep (94.8%) followed by Mizoram (94.4%) and north-eastern states (65%).¹ As per the data available from Ministry of Tribal Affairs, tribal populations are with poorer health indicators and fewer health-care facilities compared to non-tribal populations, even within the same state.²

According to the National Mental Health Survey (2015-16) of India, the overall weighted lifetime and current prevalence for any mental morbidity among adults was 13.7% and 10.6% respectively.³ According to this survey, the prevalence of mental morbidity among adolescents (13-17 years of age) was 7.3%.³ Because of various beliefs about health and cultural practices, tribal populations are more vulnerable to communicable and non-communicable diseases.⁴ The impact of rapid social changes alters their lifestyles, beliefs and community living. The strain of acculturation on moving to urban spaces and use of alcohol and other substances predisposes them to a number of mental health issues.⁵

India has the largest number of adolescents in the world, comprising about a fifth of its population (243 million).⁶ In the past two decades, the prevalence of mental health disorders has considerably increased among adolescents. A meta-analysis reported that 6.5% of adolescents among community samples and 23.3% among school samples experienced significant mental health morbidity.⁷ Among slum children in

the capital city of a major North Indian State 33% adolescents appeared to be at risk for mental disorders on the basis of GHQ-12.⁸ The impact of changing youth subcultures on behaviour and priorities can also make it difficult to define mental health and estimate mental health problems in adolescents.⁹ The appearance of mental health disorders during adolescence is the most powerful predictor of mental health disorders in adulthood.¹⁰

However, there is little recent work on psychiatric morbidities and substance use among tribal adolescents in India. In a cross-sectional study of adolescent tribal girls (ages 10-19) from Jharkhand in Eastern India, they reported 12% depression or anxiety.¹¹ A study conducted among adolescents in the schools of rural areas of Ranchi district in Jharkhand revealed that about 5% children from the tribal communities had emotional symptoms, 9.6% children had conduct problems, 4.2% had hyperactivity, and 1.4% had significant peer problems.¹²

There are studies which are conducted on adolescents from urban and rural areas but the studies on tribal adolescents are lacking. The paucity of data on indigenous health has been a limitation to developing appropriate strategies and programmes, assess effectiveness of those activities and modify them if necessary, and to compare health standards between different groups of Indigenous and non-Indigenous people. There is also need for standard tools utilized for assessment of mental health so that the data can be comparable with national estimates.

It was also observed that research is beneficial when it is motivated by priorities which are identified by indigenous communities and which have active participation from them. If the knowledge and perspec-

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tives of the tribals are incorporated in processes and findings than the reporting of findings is meaningful to the communities and other stakeholders.¹³ Future research in India on tribal communities should also adhere to these broad principles to ensure relevant and beneficial research, which have direct impact on the mental health of the tribal communities. Constantly updating literature on mental health of tribal population is also required. There is also a need to develop culturally appropriate validated instruments to measure mental morbidity relevant to tribal population; and use qualitative research to investigate the perceptions and barriers for help-seeking behaviour.¹⁴

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