Mental Health Services for Two Issues Identified in School Adolescents Medellin Colombia

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Abstract

The purposes of the study was identifying the perceptions of mental health services and determine the distribution of depressive symptoms and alcohol use among adolescent students in the northwestern area of Medellin, 2010.

Methods: a mixed study is done by selecting a random sample of 605 high school students and interview four directors of health institutions in the Social State Enterprise -Metrosalud and the Mental Health director of the Health Department of Medellin.

Findings: problematic prevalence in depressive symptoms and consumption of alcoholic beverages are evident. There statistical association between the two. Only these issues are addressed in the crisis.

Conclusion: There is no definite offer mental health services for adolescents; these issues are addressed in consideration when the crisis appears.

Keywords: Depression; Alcohol; Teen; Health services; Medellin

Introduction

Adolescence is a social category that attempts to account for the passage from childhood to adulthood and every day this step at younger ages is good because teenagers are involved in working life [1] or because the technology earlier and the information society provides them quickly means that articulate with that adulthood. Some authors divide adolescence into three phases: early adolescence (11-13 years), medium (14-17 years) and late (17-21 years) [2]. In this study are considered two groups of school adolescents, 11 to 14 and 15 to 19, who to is be measured in the presence of depressive symptoms and alcohol consumption before crossing this information with the supply of mental health services in the northwestern area of Medellin for 2010.

The relationship depressive symptoms, alcohol consumption and supply of mental health services it becomes a field of interest to public health in a context in which the school and the family are in crisis as social referents and where teenagers are lonely. In this perspective, there have been few studies nationally and internationally, who have demonstrated a relationship between feeling discouraged and depend on the utilization of liquor or psychoactive medications as a break route to the issues, and at times, there are no satisfactory counteractive action projects and organized to adequately address this issue in young people.

Concerning the context of the study, the northwestern area of Medellin has 48 districts and is inhabited by 509,996 people, of which 8.6% are school adolescents between 11 and 19 years old. 91% of the population is located in the layers 2 and 3 (51.8% in the layer 3 and 29.2% in stratum 2); according to population distribution, only 2.9% are located in stratum 1, this area has a total of 52 institutions that providing health, (In Colombia, are named IPS) [3].

In the legal context that regulates health and the provision of public services, Colombia offers legal aspects on the subject, among which stand out:

- The Political Constitution of Colombia, 1991 in Articles 1, 2, 11, 44, 47, 48, 49, 64, 79, 95 numeral 8, 365, 366, establishes the protection of mental health as an essential and collective right front affecting factors [4].
- Law 100 of 1993 created the General System of Social Security in Health, SGSS, which aims to ensure the inalienable rights of the individual and the community for the quality of life worthy of human dignity, by protecting contingencies the affect. The system covers the obligations of the state and society, institutions and resources to ensure coverage of benefits economic, health and complementary services and reform the law 1122 of 2007 [5].
- Law 1438 of 2011 amends the general social security health and other provisions in this law aims to strengthen the General Social Security System in Health through a model of public service delivery in health in under the Primary health Care strategy allows the coordinated action of the state, institutions and society to improve health and creating a safe and healthy environment [6].
- Decree 3039 of 2007 adopts the National Public Health Plan 2007-2010 where it is established as a national priority mental health and which strategies are adopted to guarantee it [7].
Resolution 2358 of 1998 seeks to adopt a National Mental Health Policy also said that health is a right and a public service and public interest, therefore it is necessary to take appropriate technical, administrative and scientific standards, which ensure that users, quality of care and regulate the activities of health promotion, prevention, diagnosis, treatment and rehabilitation of mental disorders and addictive behaviors [8].

Resolution 4288 of 1996 defines and characterizes the Basic Health Plan - PAB, fixed components and territorial jurisdiction for implementation. Further develop actions to promote compliance with the health sector competencies [9].

One of the problematic factors that affects adolescents is the consumption of psychoactive substances SPA, which also is considered a serious public health problem worldwide, and affects both the social, economic, political and undoubtedly in the Health Sector nations [10]. According to studies by the World Health Organization WHO, trends are reflected a general increase in illicit drug use and addictive drugs, alcohol and a worrying increase in drug use among younger segments of the world population [11].

Law 100 of 1993 Comprehensive Social Security Colombia does not consider this problem within its means of intervention and exempts Health Promotion Companies, EPS, responsibility, especially in rehabilitation. The supply of health services is limited by a fundamental fact: is not recognized as event the process health-disease to be included in the Compulsory Health Plan in the General System of Social Security in Health [12]. According to research conducted by the Health Office of Medellin in 2004-2005, the prevalence of alcoholism was 6%, and that of substance dependence 10.5%, the age of onset of alcohol in this city was on average 12.5 years; the cigarette was 12.8 years for both sexes and at all levels, and 13.8 years for other psychoactive substances [13].

The human resources to address these issues of public health, involving social workers, psychologists, sociologists and psychiatrists but the law gives legal power psychiatrist diagnosis. The formation of this human resource is deficient for the magnitude of the problem, and has been shown not to have collective intervention strategies and training continues with individual intervention.

There are no numerous studies where the relationship of depressive side effects and utilization of mixed refreshments is tended to considering that discouragement can prompt self-destructive ideation and liquor misuse prompts different issues of family and social sort which likewise may be at danger juvenile life.

Material and Methods

A descriptive, cross-sectional using a mixed method, based on a multi-method research design component was ahead; quantitative instrument was aimed at adolescents enrolled in educational institutions both public and private, while the qualitative was directed to health professionals as officers of health institutions.

The study sample was constituted in adolescents between 11-19 years of grades, sixth to eleventh in any of the institutions of public and private education, operating in the northwestern city of Medellin in 2010. The sample random has a size of 605 students.

The instruments of data collection were: 1. The children’s Depression Inventory (CDI) [14] is a tool designed by Dr. Maria Kovacs [15]. 2. For the use of psychoactive substances adapted CIDI II (Composite International Diagnostic Interview) was used. The survey was validated for Colombia in the National Mental Health study of 1992 and 2003. The gathering was held between September and November months of 2010. SPSS version 20 was used to process the quantitative data; and the qualitative information on the part of health services information, was collected through the application of five interviews, four to state social enterprises ESE northwestern and the last one to a Municipal Secretary of Health; was used as a tool recorder, and then transcribe the interviews to analyze data.

Results

About depressive symptoms and alcohol consumption 32% of adolescents have some depressive symptoms; of them, 12%, presents high and 20%, moderate symptoms. The presence of depressive symptoms are more common in women (18.8%) while in men is 13.1% and there is statistical association between the presence of depressive symptoms and sex of the student (p value = 0.000); the presence of depressive symptoms are more frequent in the group of 11-14 years (19.6%) while in the group of 15-19 years 12.5%. There statistical association between the presence of depressive symptoms and the age of the student group (p value = 0.000).

52.5% of adolescents reported having used alcohol as the primary substance consumed in life; age of onset is 12, 11 years (SD = 2.39 years). The prevalence of drinking in the past year is 19.0% being more frequent in men (11.7%) and in the group of 11-14 years (11.7%). There is an association between the prevalence of past year and sex of the student (p value = 0.000) as well as with the age group (p value = 0.000).

79.8% of adolescents have a family member who used alcohol and 73.8% have friends who use one or more psychoactive substances.

Exconsumo prevalence of alcohol is 14.8% and 11, 0% of adolescents reported that cannot stop drinking after drinking one or two drinks.

Of all students with high depressive symptoms, 18% cannot stop after drinking one or two alcoholic drinks. There statistical association between the presence of depressive symptoms and alcohol binge drinking (p value = 0.000).

About mental health service in northeastern zone of Medellin

Health centers in the area, have no defined mental health program; it captures the young through consultation and general health diagnoses are established. Attendance at these centers is given in three cases: outpatient service for emergencies or hospitalization. It is observed that almost always the attention of the query is more flexible and more responsive when you are hospitalized or when entering urge.

Care units of the first level of complexity agree that one of the major difficulties for the programs work, is the reluctance of young people to attend the consultation; however, believe that the few young people attending these programs is achieved influence their life projects.

The health department of Medellin, considers that there is unmet demand, especially in street dwellers and displaced persons; also argues that in the younger population, health care is very repressed because quotes are awarded for a later time.

On the human resource that is working in this area to address this problem, the respondent only hospital in the area, argues that only have a part-time psychologist and have no psychiatric service available.
In the hospitals of first level of complexity it only has medical and halftime through them, he engages in promotion and prevention programs; further argue that if a depression case always be addressed from a second level of complexity.

**Discussion**

The study shows two mental health problems present in the school adolescent depressive symptoms and alcohol consumption affects a significant portion of this population, for which there is no specific provision of services because the law of social security Colombia blanket no such problem; it serves only when a crisis occurs in the mental health of a human being.

Psychosocial problems are not necessarily included in the services of primary care and are not integrally provided at other levels of care in this area of Medellin. Health institutions are not planning to offer mental health services because health promotion and disease prevention lacks the necessary human talent and qualified to address the problem.

The problem arises when it is known to exist in the everyday lives of these young people, stressors, together with the joint presence of both problems or the presence of any of them, may trigger a more acute situation that may affect their health and their social life. The context of family and friends plays an important role in how the adolescent assumes and solve their problems; adverse circumstances in this regard, translates into a real public health problem.

Stressful events and patterns of superiority and poor self-control, are significantly associated with the consumption of psychoactive substances [16] and depression [17], this reflects a worrying picture in the absence of an offer of services and a trained human resources.

The results in terms of increased presence of depressive symptoms in women are similar to those reported in other studies [18-21] although a greater presence is not reported in the age group of 11-14 years and no talk about the existence of a statistical association in this regard.

Depressive symptomatology presents statistical association with consumption of alcoholic beverages and this result is similar to that reported in other studies in which also other mental health disorders and suicidal ideation and suicide attempts [20,22] are included.

Depressive symptomatology is very high in this area of the city, yet there is little consultation with health centers lack of promotion and prevention programs from schools, and is not guaranteed the continuation of treatment at health centers, which implies that the management of depression is being reduced only to the crisis and not treated at an early stage when it should be the approach.

Other studies report significant associations of adolescent depression, and alcohol, with: the perception of a poor family functioning, large family size, parental depression and being female [23].

In this study the most widely used psychoactive substance is alcohol as that reported by other studies in which it is assigned an important role in the use of leisure Teenager [24,25]. The prevalence of alcoholic beverages in school adolescents is high and worrying, since the average starting age for consumption is in early adolescence is a time of life cycle in full physical and mental training.

The risk of drinking alcohol in this study is similar to others in which similar features associated with this risk are given: be a man, take it easy getting them, their friends and family consume them [26-28].

The study presents a strength analyzing information gathered by two methods: quantitative and qualitative. In addition to the quantitative method a random sample which are applied national and international validated scales. Another strength is to have a minimal risk assessment by the ethics committee and have used an informed participants consent in the research. Not having a clinical sample and not to infer results for the entire city of Medellin, becomes a weakness.

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**References**

9. Congress of Colombia (1996) Resolution 4288, November 20, by which defines and characterizes the Basic Care Plan - PAB, its components and the territorial competence for application is fixed. Also develop promotional activities under the competence of the health sector. Bogota: Congress.