

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

Carlos Mauricio González Posada<sup>1\*</sup>, Ramón Eugenio Paniagua Suárez<sup>2</sup>, Natalia Giraldo Henao<sup>2</sup> and Henry Eliecer Díaz Soracá<sup>2</sup>

<sup>1</sup>Instituto de Educación Física, Universidad de Antioquia, Calle 70 No. 52-21, Medellín, Colombia

<sup>2</sup>Facultad Nacional de Salud Pública, Universidad de Antioquia, Colombia

\*Corresponding author: Carlos Mauricio González Posada, Instituto de Educación Física, Universidad de Antioquia, Calle 70 No. 52-21, Medellín, Colombia, Tel: (054) 2398577; E-mail: [mauricio.gonzalez@udea.edu.co](mailto:mauricio.gonzalez@udea.edu.co)

Received date: December 29, 2014, Accepted date: October 07, 2015, Published date: October 14, 2015

Copyright: 2015 © Gonzalez-Posada CM, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

### 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 is to 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 reflect 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 Medellín 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 Medellín 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 Medellín

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 Medellín, 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 Medellín. 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 Medellín, becomes a weakness.

## Acknowledgements

The National School of Public Health, University of Antioquia for research funding. The Secretaries of Health and Education of Medellín, for their valuable contribution and collaboration.

## References

1. Dominguez H (2005) Adolescence. *Education* 29: 33-38.
2. Casas J, Gonzalez M, Rabes T, Jurado J, De la Serna O (2006) Essential Concepts of adolescence. Chronological, functional physical, psychological and social criteria. *Medicine Series* 9: 3931-3937.
3. (2007) Mayor of Medellín, Department of Health, Health Situation in Medellín, 20 basic indicators.
4. National Constituent Assembly. Constitution of Colombia (1991) Santa Fe Bogotá DC.
5. Congress of Colombia (2007) Law 1122 of 2007, January 9, why some changes are made in the General System of Social Security in Health and other provisions. Bogota: Congress.
6. Congress of Colombia (2011) Law 1438 of 2011, January 19, through which some modifications were made in the General System of Social Security in Health and other provisions. Bogota: Congress.
7. Congress of Colombia (2007) Congress: Decree 3039, August 10, by which the national public health plan 2007- 2010. Bogotá is adopted.
8. Congress of Colombia (1998) Resolution 2358, July 13, by which the National Mental Health Policy is adopted. Bogota: Congress.
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.
10. Keller MB (2001) Long-term treatment of recurrent and chronic depression. *J Clin Psychiatry* 62 Suppl 24: 3-5.
11. Pan American Health Organization PAHO (2009) Why the problem of drug consumption continues to grow in America?
12. Garcia N (2008) Draft Agreement, by which the guidelines for public policy of prevention and snuff consumption of alcohol and other psychoactive substances in the municipality of Santiago de Cali from the perspective of social inclusion consumer SPA established. Cali: the Council.
13. Ministry of Health of Medellín (2005) Prevalence of teenage pregnancy, symptoms suggestive of STIs, consumption and addiction to psychoactive substances, violent behavior and related factors in young students of 14-19 years. Medellín.
14. Kovacs, M (2004) Children's Depression Inventory: profile report. USA: Multi-Health Systems.
15. World Health Organization (1997). Composite International Diagnostic Interview-CIDI. Sections B/JL Geneva.
16. Calvete E, Estévez A (2009) [Substance use in adolescents: the role of stress, impulsivity, and schemas related to lack of limits]. *Adicciones* 21: 49-56.

17. McWey LM, Acock A, Porter B (2010) The Impact of Continued Contact with Biological Parents upon the Mental Health of Children in Foster Care. *Child Youth Serv Rev* 32: 1338-1345.
18. Hankin BL, Mermelstein R, Roesch L (2007) Sex differences in adolescent depression: stress exposure and reactivity models. *Child Dev* 78: 279-295.
19. Capron C, Therond C, Duyme M (2007) Brief report: effect of menarcheal status and family structure on depressive symptoms and emotional / behavioural problems in young adolescent girls. *J Adolesc* 30: 175 - 179.
20. Hallfors DD, Waller MW, Ford CA, Halpern CT, Brodish PH, et al. (2004) Adolescent depression and suicide risk: association with sex and drug behavior. *Am J Prev Med* 27: 224-231.
21. Garber J (2006) Depression in children and adolescents liking risk research and prevention. *Am J Prev Med* 31: S104-S125.
22. Avenevoli S, Stolar M, Li J, Dierker L, Ries Merikangas K (2001) Comorbidity of depression in children and adolescents: models and evidence from a prospective high-risk family study. *Biol Psychiatry* 49: 1071-1081.
23. Liu Z, Zhou W, Lian Z, Mu Y, Cai Z, et al. (2001) The use of psychoactive substances among adolescent students in an area in the south-west of China. *Addiction* 96: 247-250.
24. Jimenez S, Valadez I (2003) Participatory assessment on alcohol consumption among adolescent students of a night school. Health research.
25. Medina-Mora ME, Cravioto P, Villatoro J, Fleiz C, Galván-Castillo F, et al. (2003) Drugs use among adolescents: results from the National Survey on Addictions, 1998. *Salud Publica Mex* 45 Suppl 1: S16-25.
26. Urquieta JE, Hernández-Avila M, Hernández B (2006) Tobacco and alcohol consumption among youth in marginalized urban zones in Mexico: analysis of related decisions. *Salud Publica Mex* 48 Suppl 1: S30-40.
27. Moral M, Shepherd J, Shepherd A (2004) Modeling family and peer group on youth experimentation with psychoactive substances. *Psychology Bulletin* 81: 33-68.
28. Fantin, Garcia Horacio MB (2011 ) Family factors, its influence on the consumption of addictive substances.