ARTICLE REVIEW

Emotional and Behavioural Problems among Children: Issues and Trends in Malaysia

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ABSTRACT

Received 2 August 2017
Accepted 9 August 2017

Emotional and behavioural problems among children have been increasing in many western as well as the eastern countries. Although the problem has been given attention and priority in terms of early detection, many children with early symptoms of emotional and behavioural problems has still not been detected at the early stages. This phenomenon is worrying as mental health problems were shown to be stable in the long run and if left undetected it may manifest into various problems in adulthood. This paper explores the issues on emotional and behavioural problems in terms of its definition, prevalence, aetiology, long term consequences and treatment. It also explores on mental health problems in a non-western country, i.e. Malaysia including its prevalence and intervention strategies which has been carried out in overcoming this worrying issue. Finally this review paper stresses the importance of providing a well-designed epidemiological study in Malaysia in assessing the current prevalence of emotional and behavioural problems in young children and adolescent.

Key word Emotional and Behavioural Problems - Children - Malaysia - Issues - Challenges.

INTRODUCTION

Emotional and behavioural problems among children and adolescents have long been a topic of interest across a range of disciplines (i.e. social science, psychology, public health and education). In recent years, there has been an increase in such problems among children and adolescents in many countries,[1, 2] and the need to monitor and reduce the overall public health burden caused by such problems has been identified.[3]

Emotional and behavioural problems, which range from minor worries in daily life to severe disorders, have been found to affect a range of aspects of children and adolescents' quality of life[4] and later wellbeing, including increasing the likelihood of a range of mental health problems.[5] Previous research has shown that emotional and behavioural problems may continue into adulthood if left untreated[6] and may also progress into psychiatric problems.[7] Emotional and behavioural problems also increase the risk of substance, delinquency and relationship problems.[8,9,10] It is imperative that these problems are detected early in order to prevent them from developing into more serious problems. Although these problems can be detected in early childhood through screening using validated psychological questionnaires with multiple informants,[11] many children with emotional and behavioural problems are not identified or referred to mental health facilities for treatment.[10]

Emotional and Behavioural Problems Defined

Emotional problems consist of internalizing symptoms such as anxiety, depression and phobias, while behavioural problems include externalizing symptoms such as conduct, hyperactivity and disruptive disorder.[12] Emotional disorders in children and adolescents may resolve themselves over time but many also persist into adult life as anxiety or affective disorders,[13] and tend to become chronic if not given early treatment. Many emotional problems are not easily recognized by parents.[14]

Behavioural problems may be classified as conduct disorder (CD), attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder (ODD) and disruptive behaviour disorder otherwise not specified.[15] Conduct disorder is one of the most commonly diagnosed behavioural problems,[16] and involves a repetitive and persistent pattern of behaviour in which the basic rights of others or major age appropriate societal norms or rules are violated. Behavioral problems start early in a child's life and show continuity during the child's development.[17] Previous studies have also shown that there is co-morbidity between internalizing and externalizing disorders.[18] For example, conduct disorder is often comorbid with anxiety and depression.[19]

Prevalence of Emotional and Behavioural Problems

A number of epidemiological studies on emotional and behavioural problems among children had been conducted for the past 30 years to monitor the burden of disease[3] and to provide mental health facilities to the affected children. The prevalence of emotional and behavioural problems ranged from 1% to 51% in the Western countries according Roberts and colleagues (1998).[20] However these studies were mostly carried out in the United States and the United Kingdom. Only a few of studies had been conducted in the developing countries.[21]

Nevertheless increasing research on emotional and behavioural problems among children has been conducted in the Eastern countries due to the increasing awareness of increasing prevalence of emotional and behavioural problems among children in these countries. In a review[21] it was found that 10-20% in 11 Asian countries.

Many longitudinal studies have also been conducted in population samples to assess the continuity and stability of emotional and behavioural problems in children over time, and most show considerable stability. Such longitudinal research is also fundamental to assess which risk factors predict adult psychopathology and to informing the need for intervention and treatment.[22]

Aetiology of Emotional and Behavioural Problems

A substantial proportion of studies have shown that emotional and behavioural problems typically start in early childhood.[23] Multiple risk factors have been identified that are associated with emotional and behavioural problems including temperament, the relationship between the child and their parents, and other adverse social factors[23] including poverty.[24] Risk factors may be cumulative, such that an increase in the number of risk factors increases the likelihood of children developing emotional and behavioural problems.[25]

However, one of the key risk factors for emotional and behavioural problems is the parenting that a child receives. For example, an important early risk factor for emotional and behavioural problems is disorganized attachment which occurs as a result of severely suboptimal parenting during the first two years of life.[26] Research shows that these children adopt a range of later controlling strategies and show evidence of an increased likelihood of conduct and other psychiatric problems.[27]

In later childhood, the research shows that a number of parental practices are associated with

the development of conduct disorders, including low parental involvement, poor supervision and monitoring, harsh and inconsistent discipline and reduced parental warmth and bonding.[28] Belsky 1984[29] found that parenting is influenced by factors within the individual parent, at the level of the child and the wider social context in which the parent-child relationship occurs, such as marital relationships, parental occupation and adverse life events. He developed a Process Model in which parenting is influenced mainly by individual psychological well-being that may then influence the surrounding support and stress experienced, thereby shaping parenting practices. In this model, parental psychological well-being is of most importance, followed by social support and stress (such as large family size and low socio-economic position), which are more important than the characteristics of the child himself or herself. Recent studies have provided further support for the hypothesised pathways between parental characteristics, social support, environmental stressors, and parenting practices (e.g. studies by Armstrong, 2005).[30] In this model social support acts as mediator of parental characteristics and quality of parenting

Consequences of Emotional and Behavioural Problems

Emotional and behavioural problems that remains untreated may result in long-term problems such as withdrawal, anxiety and depression, and in the case of externalizing symptoms such as conduct disorder, may ultimately result in antisocial psychiatric disorder (APD).[31] For example, one longitudinal follow-up study of children attending a child guidance clinic, found a relationship between behavioural problems in childhood and adult antisocial personality disorder (APD).[32] Similarly, a study by Fergusson, et al. 2009,[33] found that conduct disorders are associated with increased risk of criminal behaviour, mental health problems, substance abuse, parental, relationship and health problems in later adolescence and early adulthood. Emotional and behavioural problems is also linked to a number of educational problems such as school dropout, and wider social problems such as domestic violence, unwanted pregnancies and physical health problems.[18]

Treatment of Emotional and Behavioural Problems

The high prevalence and long-term harmful consequences of emotional and behavioural problems, highlights the importance of early treatment. Treatment of emotional and behavioural problems can be divided into pharmacological and non-pharmacological interventions. Non-pharmacological or psychosocial interventions can be further subdivided into child-focused approaches, parent-focused interventions, parent and child-focused interventions, and teacher-focused educational approaches.[34] These interventions can be carried out in a range of health or community-based settings.

Parenting programmes are brief (i.e. 8-12 weeks) standardised programmes aimed at improving child emotional and behavioural problems by changing parenting practices.[35] Parent training programmes can be delivered in a group or on a one-to-one basis in a clinic or community centres; some programmes may include teachers as well as parents.[36] Parent training programs vary in terms of their focus on teaching parents structured behavioural techniques, relationship-based strategies, and other methods of addressing parenting problems.[18] For example, behavioural parenting programmes are aimed at teaching parents behavioural practices, cognitive behavioural parenting programmes focus on helping parents to reorganize their thinking about themselves and their children, relationship-based parenting programmes are aimed at teaching parents the importance of listening and communication, rational emotive therapy parenting programmes focus on alleviating emotional stress, and multi-modal parenting programmes, include components from a number of the above models.[37] Parent training programmes have been one of the most successful approaches to reducing EBD and conduct disorder.[37] The effectiveness of parent training programmes has been evaluated in numerous studies, many of which have been synthesised in systematic reviews. For example, systematic reviews have shown that parent training programme are effective in reducing emotional and behavioural problems in children aged 3 – 10 years[38] and children aged 0 – 3 years.[39] The cost-effectiveness of these training programmes has also been demonstrated.[36] Two of the parenting programmes that are now best known for their successful implementation, and that have recently been evaluated in the UK, are the Webster-Stratton Program[40] and Triple P Positive Parenting Programme.[41]

The Issues and Challenges of Emotional and Behavioural Problems Among Children in Malaysia

The Trending of Emotional and Behavioural Problems in Malaysia

Malaysia is a developing country with a total population of 31.19 million. It comprises many different races and religions including Malays who make up the largest population - 50.4%, followed by Chinese - 23.7%, indigenous groups - 11%, Indians - 7.1% and others - 7.8%. The multi-ethnic population in this country includes a range of

religions (e.g. Muslim, Buddhism, Hinduism and Christianity).

The rapid urbanization that has been taken place in this country is perceived to have been associated with a significant number of social changes. This includes delayed child bearing, smaller family size, increased female participation in the labour force,[42] and rising divorce rates and single parent families.[43] All of these changes can have an impact on the well-being of families, and particularly on parents and parenting. Studies have shown that socio-economic development and urbanization can result in an increase in mental health problems, particularly behavioural problems among children.[44]

A number of cross-sectional studies in Malaysia have shown that there has been an increasein the number of juvenile delinquents over the past two decades. Juvenile crime rates have increased from 0.51% to 0.65% for the period 1990 to 2002.[45] Some of the factors that have been identified to be the cause of the increasing crime rate in this country include dysfunctional families and the high cost of living in urban areas resulting in an increase in the number of families living in poverty.[46]

Increasing Mental Health Services in Managing Emotional and Behavioural Problems

Emotional and behavioural problems and related mental health problems are not new areas of concern in Malaysia, although the possibility of offering interventions to affected children, especially as a secondary preventive intervention, is not yet well developed. Nevertheless, with the increasing social changes in the country, the authorities have highlighted the importance of improving the mental health and well-being of children in the hope that future societal problems can be reduced. The Minister of Health in Malaysia was, for example, quoted in a newspaper article as saying that the country is concerned about the increasing trend in mental health problems involving children below 16 years of age, and steps are now being taken to address these problems.

Existing services are primarily offered by the Ministry of Education, the Ministry of Health and Ministry of Women, Family and Development in Malaysia. One of the many strategies involves the use of counselors in school. The Healthy Mind Programme was introduced by both the Ministry of Health and Ministry of Education, and targeted problematic youth from 13 to 17 years of age, encouraging them to join camps that involve healthy activities through the use of motivational talks, and participation in active debate. Other national programmes include 'PROSTAR', which is aimed at increasing awareness of healthy lifestyles among adolescents including the prevention of HIV-related diseases.

A programme that was offered by the Ministry of Women, Family and Development, and that specifically targets parents and includes a module on parenting, was developed by The National Population and Family Development Board, Malaysia. Although it's main aim is not directly to alleviate conduct problems among children, it is intended to provide parents with parenting skills with the aim of improving the mental well-being of children. Other parenting programmes are also being offered by the private sector. However, the effectiveness of these programmes in reducing emotional and behavioural problems has yet to be evaluated.

The Ministry of Health as part of its national strategic plan has also developed community mental health centres in addition to hospitals with professionals skilled in dealing with the rising number of mental health problems in the society, although the focus of such centers is mainly on providing services to individuals with more severe and chronic mental health problems. The first community mental health center was established in Putrajaya, Malaysia in 2011.

Enhancing Future Research and Direction in Managing Emotional And Behavioural Problems in Malaysia

Both the prevalence and detrimental long-term consequences of emotional and behavioural problems highlight the importance of monitoring the public health burden of emotional and behavioural problems, and introducing early interventions for affected children specifically in countries such as Malaysia where the problem is increasing. While a number of studies in Western countries have provided estimates of the prevalence for emotional and behavioural problems, there is little research into child emotional and behavioural problems in developing countries, including Malaysia. One of the few epidemiological studies that measured the prevalence of mental health problems among rural Malaysian children was conducted in 1993, and it was estimated that 6.1% of these children had some form of mental health disorder.[47] A further study assessed the prevalence of emotional and behavioural problems among Malaysian orphanage children. This study consisted of two phases in which the second phase involved a confirmatory clinical psychiatric diagnosis carried out by interviewing children. It was found that 8.2% of them had clinical psychiatric disorders.[48] The National Health and Morbidity Survey of Malaysia, which was undertaken in 1996 and 2006, revealed that the prevalence of emotional disorder (i.e. stress and depression) had increased from 13% to 20.3%. Aida 2010[49] found, however, that a majority of adolescents in this country were unaware of the mental health services that are available.

Furthermore, there appears to have been no longitudinal studies assessing the stability of these problems over time in Malaysia, and there are currently no published studies that have examined the effectiveness of Parenting Programmes in treating Malaysian children with emotional and behavioural problems.

The future research should aim to address these problems by providing a well-designed epidemiological study in Malaysia to assess the current prevalence of emotional and behavioural problems in young and older children, its stability over time, and to identify a potentially effective method of intervention. It is hoped that with this research, a clearer picture on the prevalence of emotional and behavioural problems in Malaysia nationwide will be revealed that will lead to continuous improvement in implementation of interventions for emotional and behavioural problems among children specifically for this country.

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