

Mental Health Status of Runaway Children



Meena Tripathi
Assistant Professor,
Deptt.of Psychology,
L.S.M.Govt.P.G.College,
Pithoragarh

Abstract

“Mental health as the adjustment of human beings to the world and to each other with the maximum of effectiveness and happiness....it is the ability to maintain an even temper, an alert intelligence, socially considerate behavior and a happy disposition” Menninger(1945). Problem related to runaway children have received increased attention in recent year. Running away involves being voluntarily absent from at least overnight without permission from a parent or caretaker. There are 47.22 million homeless and runaway adolescents roaming on the streets of our country (Voluntary Health Association of India-VHAI) of homeless youth suffer mental health problems and psychiatric illnesses. The common mental health problems in homeless and runaway children are hopelessness, depression and self-destructive behavior, including suicide. There is a need for broad-based Psychosocial intervention programs in dealing with the runaway children.

Keywords: Mental Health, Runaway Children.

Introduction

Mental health include subjective well-being, perceived self-efficacy, autonomy, competence, inter-generational dependence, and self-actualization of one's intellectual and emotional potential ,among others(WHO). According to U.S. surgeon general (1999), mental health is a successful performance of mental function, resulting in productive activities, fulfilling relationships with others people, and providing the ability to adapt to change and cope with adversity. The term mental illness refers collectively to all diagnosable mental disorders health condition characterized by alterations in thinking, mood, or behavior associated with distress or impaired functioning.A person struggling his or her mental health may experience stress, depression, anxiety, relationship problem, grief, addiction, ADHA or learning disabilities, mood disorders, or other mental illnesses of varying degrees. Therapists, psychiatrists, psychologists, social workers, nurse practitioners or physicians can help manage mental illness with treatments such as therapy, counseling, or medication. The problem of the World Health Organization's character defined health is a state of complete physical, mental and social well being, not merely the absence of disease or infirmity (Monopolies et al. 1977). A widely accepted definition of health by mental health specialists is psychoanalyst Sigmund Freud's definition: “the capacity to work and to love”. Mental health is a level of well -being or an absence of mental illness, it is the “Psychological state of someone who is functioning at a satisfactory level of emotional and behavioral adjustment”. From the perspective of positive Psychology or holism, mental health may include an individual's ability to enjoy life, and create a balance between life activities and efforts to achieve Psychological resilience.

The office of the Juvenile and Delinquency Prevention (OJJDO) defines as a runaway episode as- A run away episode is one that meets any one of the following criteria:

A child leaves home without permission and stays away overnight.

A child 14 years old or younger(or older and mentally incompetent) who is away from home when expected to and stay away overnight.

A child 15 year old or older who is away from home chooses not to come home and stay away two nights. Among the many definition of a runaway the most common themes are the age of the youth, absence of a parent or guardian's to leave, and limitation on the amount of time the youth was away from the home (Young et al, 1983). There are a number of studies indicating mental health of runaway persons. Embrey et al (2000) indicated that among homeless youths, 21%-92% have conduct disorders, 15%-49% have depression, 6%-31% have attention- deficit/hyperactivity

disorders, 12%-38% have post-traumatic stress disorders, and 2%-30% have schizophrenia or other psychotic disorders.

A habitual runaway is a youth who has runaway three or more times before the age of 18 (Young et al, Greene, Ennet & Ringwalt, 1977). Each year thousands of youth run away from home, leaving their families for life on the streets. While running away temporarily fulfills children's desire because there they are free to do anything and no parental supervision over them. Life on the streets often brings exploitation and risk (Hartmann, Burgess, & Mc Cormack, 1987, Gordon, 1981). In as much as some seven hundred thousand youth are on the road annually, it is not surprising that there are many different reasons young people runaway. Still while there are numerous behavioral correlates associated with running away, one fact remain undeniable: children who runaway is running away from home and from their families. In keeping with such a unifying framework Gordon and Stierlin (1974) suggest that runaway appear to come from families characterized by conflict, neglect and rejection and dysfunctional parenting. The majority of children in the study described one or several reasons included in long lasting stressful condition for running away from home such as, physical abuse by parents and other in family, demanding work, rejection by stepparent and guardian, extreme poverty and family discord (Kombarakaran 2004).

Problem related to runaway children have received increased attention in recent year. Poverty, a broken family, abuse, pressure to study, a thirst for adventure, livelihood and the lure of the film industry in cities like Mumbai, are some common reasons for children running away from home. Whit back et al.(2006) examined the associations between lifetime mental disorders, co morbidity, and self-reported post runaway arrests among 428 (187 males, 241 females) homeless and runaway youth. The analysis examined the pattern of arrests across five lifetime mental disorders (alcohol abuse, drug abuse, conduct disorder, major depressive episode, and post traumatic stress disorders). The adolescents ranging from 16 to 19 year old were interviewed directly on the street and in shelters in four Midwestern states using computer-assisted personal interviewing. Extensive self-reports of early life history, behaviors since running away from home, and diagnostic interviewing(UM-CIDI and DISC-R) were used to estimate possible disorders. There was a high level of post runaway arrests reported by the youth, more than half were arrested at least once after the initial runaway, with the average of 4.4 times. Consistent with the hypothesis, there were differential associations between individual mental disorders 379380 chen, et al. in. Only externalizing disorders such as substance abuse and conduct disorder were related to arrest. Street youth with multiple externalizing and internalizing disorders were more likely to be arrested than non disordered youth.

Every year about 800,000 children in United States are reported missing and another estimated 500,000 go missing without being reported.

Not all of these children are runaway. This number also includes children abducted by family members, usually in custody disputes, and a very small number of stranger abductions. In addition when children runaway, each time it is reported as a separate event. Some children are repeat runaway, so it is difficult to know the exact number of runaway children. What is clear is that the number is large. Runaway include throwaways who leave with the overt or tacit approval of parents or caretakers, and push-outs who are turned out by parents who do not want them, as well as teens who leave because they are dissatisfied with their home life. Rather than seeking adventures, most runaway in the early 2000s are running from intolerable domestic situations. It has been estimated that at least 60 to 70% of these young people are fleeing from families in which they have been mentally, physically, or sexually abused. Historically, attention to the role played by a child's family environment in the treatment of a runaway is relatively new. In past eras, runaway they were uniformly blamed for their situation and seen as hostile and destructive lawbreakers who needed to be reformed. In the nineteenth century, they were generally sent to reform schools that were similar to prisons. Even after the establishment of the juvenile justice system toward the end of the nineteenth century, most runaway were regarded as delinquents, and the home situations from which they had fled and mid twentieth century, the prevailing view of runaway underwent a partial shift in emphasis from crime to pathology. Early versions of American Psychiatric Association's Diagnostic and Statistical Manual included runaway reaction as mental disorders. As of 2004, researchers had identified several common characteristics of the abusive family environments that prompt young people to runaway. These include financial troubles, sexual abuse, alcohol and drug abuse, physical and verbal abuse, and intolerance of deviant behavior.

Parents are often emotionally devastated when their child runaway. Their fluctuating emotions may include anger, grief, guilt and fear. Sometimes they are not sure if their child has runaway or been abducted. A parent's first concern is to find his or her child and/ or make sure he or she is in a safe environment. Techakasem and Kolkijkovin (2006) conducted a study with the objective to see the difference between runaway and non runaway from Vajira hospital were collected from June 1994 to October 2003. 21 cases in each group were studied in various factors. 21 runaway cases that were in child and adolescents shelter were interviewed by the researches. Results indicate that neglected, sexual abuse, rejection poverty and truancy were more common in the runaway. The runaway group had more conduct disorder and substance abuse. Physical abuse, authoritarian and being in custody were more common in runaway in shelters. They also conclude that factors correlate with running away. These factors lie beneath long before runaway has taken place in understanding and managing them help in preventing and prompt treatment.

Aim of the Study

The aim of the study is to spread awareness among parents, relatives and the society to understand the present mental health of these children and give proper attention and affection to them to come out from their present mental condition to a normal condition.

Conclusion

Despite the fact that running away in childhood is prevalent and in some cases associated with psychological condition. Running away is an important signal that something is seriously wrong in a young person's life. Children and young people who runaway, or are forced out of home, are often struggling with problems. If the child contact the parents and refuses to return home, the parents should encourage him or her to contact the National Runaway Switchboard and ask for assistance or encourage the child to go to a friend or relative. Parents can ask their to stay in touch and a plan about when the child will call again. If the child returns home, parents need to try to respond with concern and love, rather than anger. Children who have been away for more than a few days should have a complete medical examination. They also can benefit from seeing a mental health practitioner for help dealing with the distress that drove them away from. Family therapy to help resolve whatever family problems may have driven the child away from home initially can also be beneficial in preventing a repeat running away incident.

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