

Example of health care and the disadvantaged mentally challenged adolescence rese...

[Technology](#), [Development](#)



Arguably, in the 21st century there are many health related issues across generations, especially among the vulnerable group. Some of the most vulnerable groups today include children elderly, and the mentally challenged. On the other hand, obtaining health care by these vulnerable groups has proved to be absolutely difficult, in fact, with lack of government support renders all process unachievable. As a matter of fact, there are various factors that affect the inability to obtain health care has on the mentally challenged younger generation. In this case, many mentally challenged younger generation end up in the jail system due to improper diagnosis as well as poor family relations.

Mentally challenged young generation die at a shocking average age of 25 years, in fact, this is much earlier as compared to the past generations. This is alarming realization to health care practitioners, government and society. The premature mortality among the mentally challenged adolescence is attributed to inability to access health care and the widening gap between health care of the general population with mentally challenged adolescence. The problems faced by the mentally challenged adolescence elaborate on the inability to access health care (Hutch, 2011).

The marginalization of the mentally challenged adolescent is one of the reasons for their inability to access health care services. As a matter of fact, the mentally challenged young people require the highest support needs that are mostly directed to social, emotional, and sexual growth. In every part of human life, studies show that there is a high probability of neglect from either family or other caregivers; this is because of the increase

demands caused by this group. Additionally, the inability to access health care is caused by neglected mental disability and mental health care, especially in the discourse around equality, health, as well as human rights. This analysis is confounding as mentally challenged adolescence are pervasive, affecting close to 8% of the global population (World Health Organization, 2003).

Moreover, the experience of the young generation with mental challenges is characterized by several interlinked levels of discrimination and inequality. This discriminatory and inequality exist outside and within the health care systems. The inability to obtain health care can be attributed to this effect. These several links come as a result of social, economic, cultural, and political aspects. The inequality is always relative because it varies from one country to another. (Brown, 1991). Inability to access health care and lack of attention to mentally challenged adolescence may lead to a lifelong impacts caused by mental disorders. In fact, this issue has led to imprisonment of the mentally ill adolescent due to crimes committed or wrong diagnosis. Contemporary recognition of these issues will provide an incentive to identify future issues of exploration, provide incentives, as well as consider suitable policies.

Regardless of the existing effective policies and interventions for care of mentally challenged adolescence, there is a large number among this group who are not in a position to get care due to lack of resources. In this perspective, lack of resources includes financial, facilities, and human resource. This effect is evident in developing and developed nations. Though

progress has been experienced among nurses and other medical practitioners in developing effective treatments, mentally challenged adolescence remain stigmatized (Videbeck, 2010). Incredibly, economic decline in much developed nations and competitiveness in financial resources influence mental health service and inability to access care globally. Most of the illnesses that are labeled as physical without association recognitions is given first priority.

Lack of resources among the mentally challenge young generation affects the inability to obtain health care. This universal problem does not concern the nurses as they always struggle to provide care. In developed nations, there are problems of redistribution, a decline in adolescence Psychiatry Training courses, as well as a reduction in community-based workers. On the other hand, in developing nations, the impact is too high; in that, there is a lack of trained staffs to basic adolescent mentally challenged treatment (Hutch, 2011). A lot of work has been left to the health trained personnel; hence, they cannot meet the ever-rising cases of mentally challenged adolescence. In this scenario, there is need to train individual s from diverse spectrums on primary care of mentally challenged young people. These groups of personnel need to come from schools, religious groups, and community. Failure to do so, the inability to receive health care will be widened. In fact, it has been realized that special training in treatment and diagnosis of adolescent mental disorders for various non-specialist nurses has a major influence in developing nations (World Health Organization, 2003).

In developed nations, treatment and health care of mentally challenged adolescence is historically under-funded by the government. This increases the inability level to obtaining health care. Moreover, in developed nations poverty level and unrealistic policies hinder the process of obtaining health care. Developing countries also have adopted financing schemes without considering impacts on systems that already exist in the provision of health care. Therefore, the effect becomes so disruptive making the allocation of resources ineffective. Generally, the issue of resources plays a tremendous role in the inability of obtaining health care among mentally challenged young people.

Stigma is also another factor that threatens the obtain inability of care among the mental challenge adolescence. Stigma affects both the victims and the caregivers. In most cases, the caregivers keep up in taking care of the mentally ill adolescence; in fact, most of the individuals in this state come from broken families. Meaning they are left to be under their own care, of which it renders them inevitable to obtain care (World Health Organization, 2003). Transportation is crucial in obtaining health care. Most government has not developed good infrastructure that will ease the accessibility of health care. Perhaps, those in the rural areas have cannot obtain health care due to poor transport system.

Undeniably, care of the mentally challenged adolescence primarily depends on language. As a matter of fact, a mental illness is at rare circumstance treated and diagnosed without verbal communication. Understanding the communication is critical in working with patients. In most countries,

minimum training is carried out on clinicians on how to interact with the mentally ill adolescent. Therefore, the misunderstanding between caregivers and the mentally ill patients affect the inability to obtain care. Diversity has also made it complex for medical caregivers to understand the culture and language of the patient. Additionally, the public has lack knowledge on issues related to adolescent mental disorders. The treatment gap is worsened by lack of information (Hutch, 2011).

Other issues that affect inability to obtain care among mentally challenged adolescence are ethnicity, race and gender. Young people always face numerous challenges based on gender, race, and ethnicity; this is because they are among the active groups in society. Hence, most of their barriers comes with the cultural believe. Most communities associate mental disorders with various cultural reasons, making them neglect care. Drugs and drug abuse widens the gap of accessing care. The mentally ill adolescence may go into drugs to try to reduce the stigma and psychological effects within the environs. Hence, drugs develop neglect and ignorant behaviors towards care (Brown, 1991).

In the contemporary society, it has become evident that many mentally challenged youth end up in prisons for not properly being diagnosed. The issue of diagnosis has led to inability to obtaining care. The trend is increasingly witnessed in both developing and developed countries. The juvenile justice system has become a stand-in for mental health hospitals for the youth who are not in a position to access care in various mental health organizations (Torrey, 2010). Furthermore, other fall victims of jail wall due

to wrong diagnosis. Most of the mentally ill adolescence are very active and are involved in various sexual, and physical crimes without their conscience and will. Hence, when they are wrongly diagnosed there are taken to prison for the wrong reasons. The stakeholders in this view, which include government, legal justice system and the community, are not doing their task well. Issues related to mental illness of the adolescence are addressed late in life through jail systems, rather than focusing on them at early school level.

The legislation has been set in place to protect the mentally challenged youth, but the laws are ineffective. The government needs to reform these laws to reduce the inability of obtaining care. There is a lot of over representations of mentally challenged youth in jails this is caused by misdiagnosis, zero-tolerance in school policies, inappropriate discharge strategies, as well as poor access to community psychological healthy facilities. Most youth who end up in prisons and suffer mentally come from broken homes; this implies that there is minimal care provided by families and other caregivers (Torrey, 2010). The government needs to provide incentives, and implement policies that will help in accessibility of care among the mentally challenged youth. The general role of government in this problem is to finance, oversee, organize, as well as deliver health care.

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