**EDITORIAL:**

**PARENTS AND CHILDREN TOGETHER (PACT) FOR A HEALTHY MIND**

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**ABSTRACT**

Non-communicable diseases (NCDs) and poor mental health are key causes of morbidity and mortality around the world. Since the majority of NCD risk factors emerge during childhood and adolescence, this time period is critical for promoting a healthy future. Suicide is a leading cause of death among adolescents, emphasising the importance of collaboration between parents and children. Depression is a common mental health problem in adolescence, with serious consequences for overall well-being. Boys are more likely than girls to develop depression before puberty, but this trend reverses during adolescence, with females experiencing depression at nearly twice the rate of males. Depression in adolescents is linked to academic difficulties, substance abuse, and other negative outcomes. It also has a negative impact on social functioning and can have long-term consequences.

Previously, depression was thought to be an adult disorder. However, new research has shed light on its development across the lifespan. The prevalence of depression varies by gender, with female depression increasing significantly during adolescence. Substance use, dieting, coping strategies, and sleep are all risk factors for depression that adolescents can change. Depressive symptoms in children and adolescents are predicted by parental mental health problems, while self-efficacy, a positive family climate, and social support act as protective factors. Family functioning is also linked to the onset of various adolescent difficulties. Maladaptive psychological profiles and disordered eating behaviours are two manifestations of depressive experiences in adolescents. Child maltreatment is a major public health issue that has been linked to negative mental health outcomes in children and adolescents, such as depression and suicide attempts.

**KEYWORDS**
Adaptation, Psychological; Adolescent; Child; Depression; Non-communicable Diseases; Parents; Prevalence; Puberty; Suicide, Attempted.

Non-communicable diseases (NCDs) and poor mental health are the leading cause of premature mortality and morbidity globally. According to global estimates, 70% risk factors for NCDs develop during childhood and adolescence. Suicide is the leading cause of death among adolescents. Both parents and children need to work together for a healthy future.

Childhood and adolescence are crucial periods of human development, beginning with the appearance of sexual maturation and ending with the unfolding of adult roles and duties, influencing both health and well-being that could last for the lifespan [1]. Childhood and adolescence are a critical time with implications for depression. According to a theory, prepubertal boys are more likely than girls to become depressed. This trend reverses during adolescence, and by the age of 15, females are nearly twice as likely as males to have suffered an episode of depression. This gender gap persists until the ages of 35 to 40. [2]. This variation is caused by social and hormonal mechanisms that induce female affiliative needs.

Depression is a common mental health problem among adolescents all over the world [3]. It is a notable risk factor for suicide [4]. Depression also causes educational difficulties, substance abuse, and cigarette smoking [5, 6, 7]. Adolescent depression is also linked to poor self-perceived general health, increased health-care utilisation, and a negative work experience [8]. Depression raises the probability of poor social functioning in children, especially in peer relationships [9, 10].

Depression was initially thought to be an adult disorder, and occurrence was based on the manifestation of core symptoms such as constant and pervasive sadness with loss of interest or pleasure in activities, low self-esteem, excessive guilt, suicidal thoughts, and changes in sleep and appetite (DSM-5) with little regard for age-related changes [11]. Recent advances in neuroimaging and behavioural genetics provide a scientific foundation for understanding the development of mental disorders and their causes from childhood to adulthood [12,13]. These studies found that the phenotypic and genetic structure of internalising the mode and anxiety disorder differ throughout development, with depression and anxiety becoming more associated after adolescence. Depression increases dramatically from childhood to adolescence, with an estimated prevalence ranging from 5% in preadolescence to 20% in young adulthood [14, 15].

Depression prevalence differs by gender, and levels of depression begin to rise more sharply in girls than in boys in early adolescence [16]. Patterns of female depressive symptoms shift dramatically at the onset of adolescence, and the prevalence of depression more than doubles in females during the mid-teens compared to males, and the early adolescent rise in female depression largely accounts for the persistently higher rates of depression in women than in men [17]. According to follow-up studies in US and Australian youth aged 10 to 15 years, increasing pubertal stage was associated with an increased risk of depressive symptoms in females [18]. The persistence of depressive symptoms was predicted by social adversity around puberty, but it did not account for a pubertal rise in female depression.

According to a systematic and meta-analysis of longitudinal studies [19], the major risk and protective factors for depression that adolescents can modify included substance use such as alcohol, tobacco, cannabis and other illicit drugs, dieting, negative coping strategies, healthy diet, and sleep. According to the BELLA study [20], parental reports of mental health problems foretold depressive symptoms in children and adolescents. Self-efficacy, a positive family climate, and social support reported by children were linked to the development of fewer depressive symptoms over time. Not only does family functioning play an important role in depression and anxiety, but it is also a risk factor for the onset of a wide range of difficulties in adolescence, including eating disorders and substance use [21, 22, 23].

There are different ways adolescents can show adolescents can show depressive experience. Adolescents involved in frequent motor vehicle accidents show a maladaptive psychological profile that can be considered as a form of acting-out caused by their psychological difficulties [24]. Similarly disordered or binge eating behaviors in adolescents has been associated with their difficulties in emotion regulation from motor vehicle accidents [25].

The burden and consequences of child maltreatment continue to be a major public health issue in both high-income and developing countries, with serious consequences for mental health, suicide attempts, and mortality in children and adolescents [26, 27]. Studies show that children and adolescents who have experienced emotional, neglect, or other forms of maltreatment are more likely to develop depression [28, 29]. Childhood maltreatment was significantly associated with depression relapse during the follow-up in the most recent follow-up study, and both child maltreatment and depression relapse were associated with reduced cortical surface area in the brain [30]. Data from the global school-based students health survey, which included 59 low- and middle-income countries from six WHO regions, revealed a higher prevalence of suicidal ideation (16.9%), suicide planning (17.0%), and suicide attempts (17%) among children aged 13-17 years in the previous year [31].

Parents can be instrumental in minimising negative exposure during early childhood and boosting their children's self-esteem. Individuals with high self-esteem have greater resilience, internal power, and the ability to cope effectually when confronted with difficulties. Parents can be crucial in preventing various forms of child abuse (emotional, physical, and sexual). Bullying is a phenomenon in which being a victim predisposes one to later development of internalising problems such as depression, anxiety, and even suicidal ideation.

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 **Figure Legend:** Prevalence of Depressive Symptoms among Adolescents by Ethnicity

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