Adolescent and Mental Health
Sami Lama, and K. Vijaya Lakshmi

Adolescence is the most important period in one’s life. It is a period of stress and strain, of daydreams, of intense affection & excitement. The mind is pious & pure, free from all wickedness. It is full of love and shower its affection on any one without any pre-thinking. The adolescent is still in teens and lacks maturity of thought and experience. He/she is not aware what is proper and what is improper and therefore, is in danger of going on the wrong path. In moments of excited emotions, he/she may commit blunders, too costly for his/her future.

Adolescence, the second decade of life is a period of transition between childhood and adulthood-10-19 years. This period is one of flux filled with anxieties, frustration, indecisiveness, identity crisis, looking out for support and a struggle between dependency needs and independence. The emotional turmoil goes hand in hand with the physiological changes that occur in the body.

Stress and fast changing life situations may cause an unsatisfactory situation and an inability to solve a conflict in any adolescent. Thus an ill-equipped adolescent may not have the experience to resolve conflict and find himself/herself at the confusion. Adolescents try to use all the psychological devices to solve their conflicts and more frequently internalization, acting out or living in imagination, stand out more prominently as their device of defense. Suppressing certain aspects of their personality is also often seen and many a time one finds adolescents insisting that their problems are not within them but in the environment and go at length with the programme of changing the environment. The cause of emotional turmoil in most of the cases is pointed out as inadequate interpersonal relationship between the child and his immediate environment, fear and anxieties of his childhood.

Emotional and behavioral difficulties that would elicit concern at other times in life have been viewed as part of growing up, with an assumption that the adaptation of adult social roles in the early twenties would bring emotional control and a “maturing out” of adolescent difficulties. In this context an apparent long neglect of adolescent mental health seems understandable.

Mental health is how we think, feel and act as we face life’s situations. It is how we look at ourselves, our lives, and the people in our lives. Like our physical health, our mental health is important at every stage of life. Mental health includes how we handle stress, relate to others and make decisions. Many people experience mental health problems at some time during their lives.

Mental health can impact the daily life and the future of a young person, e.g., schooling, relationships and physical health can be affected by mental health. Caring for and protecting an adolescent’s mental health is a major part of helping him/her to grow and become the best he or she can be.

Adolescents can have mental health problems that interfere with the way they think, feel and act.

Mental health problems often limit young people’s current and future ability to be productive. In addition, these problems can be very costly to families, communities, and the health care system.

Many adolescents are affected by mental health problems. Studies show that around one in five adolescents do pass through a more prolonged phase of emotional difficulties and one in 10 adolescents suffer from mental illness severe enough to cause problems in their development and daily life.

**Common Mental Health Problems of Adolescents**

* Depression: Depression is the most common illness among adolescents which adversely affects mood, every interest, sleep appetite and overall functioning. Studies have reported that up to 80% of adolescents in the US suffer from depression. There is evidence that depression emerging in early life often recurs and continues into adulthood. Another study done in Tobago also revealed that among 203 adolescents (aged 14-18 years) 10% were having depressive disorder and 4.04% had major depression.

* Anxiety disorders: This is the next most common problem that occurs in adolescents. It is estimated that around 13% of young people had an anxiety disorder in a year.

* Eating disorders: It is also the concern of adolescent health. Mostly it is associated with the de-
pression, anxiety disorders and substance abuse. It is estimated that between 0.5 and 1.0% suffer from anorexia nervosa. 1-2% have bulimia nervosa and 0.7 - 4% experience binge eating disorder.

Suicide self harm: Over the last several decades the suicide rate in young people has increased dramatically. Risks for suicidal behavior increase with the level of depressive symptoms. For the most part, adolescent suicidal behavior does not result from a clear intent to kill oneself. Rather, it is best understood as a maladaptive reaction to the distress, negative self evaluation and high levels of interpersonal conflicts that commonly accompany depression. Findings reported by the CDC in 2000, show that 27.3% committed suicide, 14.5% plumed suicide, 8.3% attempted suicide and 2.6% injured in a suicidal attempt.

Alcohol and substance abuse usually associated with the depressive and anxiety symptoms and their presence predicts progression to dependent patterns of consumption.

Adolescent smoking, violence, early teenage pregnancy and extreme weight control behaviours are among other behaviours associated with psychological disorders.

Other common problems include Attention Deficit Hyperactivity Disorder (ADHD), grief, conduct disorder, school failure, PTSD and schizophrenia.

Causes: Mental health problems in adolescents can be caused by biology, environment, or a mix of both.

- Biological causes e.g. genetics, hemical imbalances, damage to the NS.
- Environmental factors e.g. Exposure to environmental toxins e.g. High levels of lead. Exposure to violence, terrorism, or other disorder. Stress related to chronic poverty discrimination, interpersonal relationship or other serious hardships. Loss of important people in the lives of young people through death, divorce, of chronic relationships.
- Presence of chronic illnesses. Ineffective communication due to lack of support and healthy relationship with parents.
- Lack of supportive and conducive environment in home, community, school

Indicators / Warning Signs: A variety of signs may point to a possible mental health problem in an adolescent. One should pay attention to the problems arising in these areas:

- School - arising underachievement, recurrent truancy, disruptive behaviour, poor concentration, inability to focus attention.
- Home - continual disagreements and acting out, increase in secrecy and isolation.
- Peers - inability to make friends, dropping of former friends, membership in a group involved in antisocial behaviours.
- Functional - chronic sleep disturbance, major shifts in eating patterns, psychosomatic complaints.
- Appearance - deterioration in dress, poor personal hygiene.
- Mood - chronic depression or low self esteem, chronic anxiety or hostility; life is too hard to handle or consider suicide, persistent nightmares.
- Substance abuse - self medication to relieve emotional distress, consumption of any drug or alcohol regularly or in large amounts.
- Antisocial behaviour; delinquency, trouble with the police, Sexual - promiscuity, pregnancy, sexual abuse, gender identity, or orientation problems.
- Medical - chronic illness or handicap, any illness resulting in isolation from peer group.

Promotion of Mental Health: As a mental health care service provider, the nurses can play a vital role in collaboration with the family, community, school/college & other health care service providers regarding the care of adolescents on the following aspects. It is important that these problems in adolescent must be recognized and treated early and of course the prevention is of prime importance.

- Health education at community & institution must be continuous and consistence approach.
- Care for physical health and guidance for emotional control.
- Awareness campaign for the parents, school teachers, peers regarding normal growth; development, needs of adolescents and signs of behavioural problems / warning signs.
- Family, group and individual therapy focusing on
- Listen to the concerns of young people
- Consult, involve and respect children and young
- Give positive rather than negative feedback - mistakes are part of learning.
- Create an atmosphere which focuses on strengths, not weaknesses.
- Acknowledge achievements, whatever their particular difficulties or abilities.
* Avoid blame (of children, parents or colleagues) for problems
* Involve and listen to parents
* Communicate with colleagues and with those in other teams and agencies
* Team working and getting support which helps to understand problems and make work more manageable and less stressful
* Working with community where appropriate

Mental Health promotion in schools tries to create an overall context conducive to health and provide a supportive atmosphere. Various programmes e.g. seminars, school contests preparing for parenthood etc. can be organized, showing the importance of the development of both academic and service; young people can strengthen each other on issues concerning daily life and guide each other on how and where to look for further help and support.

**Key Issues:**
* The stigma about mental health problems keeps many people from asking for help.
* Stigma also causes isolation and discrimination for many young people and their families. Punishment is often incorrectly used to try to solves those problems within the home, school or community.
* Raising public awareness about adolescent’s mental health issues may lead to earlier recognition of possible mental health problems. Identifying these problems when these first appear may help to keep them from getting worse later.
* Meeting the challenge of adolescent mental health must ultimately extend to presenting the creation of a social environment which promote mental health and well being should bring gains in adolescent mental health, which in turn will bring diverse health benefits.

**References**
- www.childhooddisorders.com

---

**DB HEALTHCARE: NURSES FOR USA**

DB HEALTHCARE is a Direct Employer Healthcare Staffing and Services Company headquartered at Boston, USA and having its operations worldwide. At present, we are recruiting qualified nurses for USA.

**Why DB Healthcare?**

- FREE- NO fees for immigration process
- Salaries-Best in the industry
- Efficient and Speedy Green Card process
- Frequent and Transparent processing status report by email and phone
- NCLEX preparation after arrival in USA
- Contract and Per-Diem placement
- Multiple in-house and on-site training program
- Several insurance benefit covered- Health, Dental, Disability and Life insurances, Retirement plan and Vacation benefit

"CONTACT US – NURSES CGFN5 PASSED, APPEARED OR APPEARING"

**DB HEALTHCARE**

**AHMEDABAD**
302 Kashiapark Complex, Opp. City Center, C. G. Road, Navrangpura, Ahmedabad – 380009
Tel: 079- 2644 5404, 2644 9454
Email: rashmi@dbhealthcare.com

**USA**
128 Wheeler Road, Burlington, MA – 01803
Tel: (781) 273-3244 Fax: (781) 998-8417
Email: resume@dbhealthcare.com

CGFNS TRAINING AVAILABLE AT – AHMEDABAD, SURAT, BARODA, CHANDIGARH

Website: www.dbhealthcare.com

Approved by Ministry of Labour, Govt. of India. Registration Number: 3750/GUI/COM/300/3(6108)/2003