
Adolescent Mental Health: Issues, Challenges, and Solutions

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ABSTRACT

A time of transition between childhood and maturity, adolescence is characterized by a variety of physical, mental, and emotional changes. A heightened sense of vulnerability, a low-risk perception, a strong yearning for independence, an inward search for self-identity, and a propensity to explore and seek out new experiences are all traits of adolescents that shape their personalities throughout time. Stronger social and emotional bonds with peers and adults, as well as increased psychological awareness, are the outcomes of this crucial period of neurobiological and physical development. From a neurobiological perspective, adolescents could be viewed as "works in progress," struggling with emotional, intellectual, and interpersonal issues in addition to trying out new social identities and skill sets. [1] It is also a time of transition that may raise the risk of various psychological diseases, adjustment problems, and suicide. On the one hand, it is a time of significant growth in the roles and resilience of adults.[2] A seamless transition into later adulthood is made possible by preserving and promoting mental health at this time.

Adolescents with psychological disorders

10% to 20% of children worldwide are thought to suffer from mental health issues, but most of them remain misdiagnosed and untreated. For a number of reasons, such as stigma, which deters people from

seeking treatment, and a lack of knowledge or understanding of mental health among medical professionals, symptoms of poor mental health are disregarded.[4] In India, adolescents make up about 25% of the population (253 million), according to the 2011 census.[5,6] The National Mental Health Survey of India (2015–2016) estimates that 7.3% of teenagers (ages 13–17) suffer from psychiatric disorders.[7] But there hasn't been much focus on the mental health problems of this age group.

Dimensions of mental health concerns.

Adolescents experience changes in the distribution and prevalence of mental and behavioural disorders. Compared to children and adults, this population group has different mental health needs. Before the age of fourteen, almost half of adult mental health issues start.[3] Adolescent mental illness may be more likely to occur in those who had psychiatric disorders as children. More than 20% of teenagers suffer from these debilitating mental diseases.[1]

Adolescent severe psychiatric problems.

During this time, behavioural anomalies like substance misuse, eating disorders, and suicidality appear, while depressive disorders become more prevalent. By late adolescence, the prevalence rate rises to 10%–20%, which is comparable to adulthood, from 1%–2% in childhood.[8] Teenage girls in school are more prone to suffer from stress and despair. Between 40% and 90% of young people with depression also have anxiety disorders, behavioural problems, substance misuse, or personality abnormalities.[8,9] Teenagers also frequently struggle with anxiety.[10] Suicide is the primary cause of death for young people in India, where it accounts for 50%–75% of adolescent girl deaths and 25% of teenage boy deaths. In India, one student kills themselves every hour.

Community surveys indicate that among Indian teenagers, alcohol and tobacco are the most often abused substances. Tobacco, alcohol, and inhalants are examples of "gateway" drugs that can lead to high-risk behaviours. Substance abuse is growing more common among teenagers, especially in remote places, and has spread to neighbouring nations, including India. Majumder et al. [5] and Keyho et al. [6] examined psychiatric morbidity in school-aged adolescents and adolescent patients in North-East India in this issue. According to Majumder et al., who looked at the psychiatric morbidity of 474 consecutive teenage patients (10–19 years old) who were receiving psychiatric services at a tertiary care center in Manipur, neurotic, stress-related, and somatoform disorders accounted for 41% of the total, with psychotropic substance use disorders coming in second (21%).

While girls were more likely to have somatoform, neurotic, and stress-related disorders (61%), teenage boys were more likely to have drug use disorders (37%).[5] In their study of the mental health of 702 school-aged teenagers (13–19 years old) in Kohima, Keyho et al. found that 15% had behaviour issues, 17% had emotional problems, and 16% had hyperactivity.

Active intervention is required for sexual abuse, a persistent issue in mental and social health research. Six percent of teenagers in higher secondary school reported having forced sex, and nearly one-third said they had been sexually abused in the previous year.[8] Teenagers use social media and the Internet extensively as means of communication and social interaction. The "digital revolution" has brought attention to how easily the teenage brain can adjust to new technologies. Studies show that more than 90% of teenagers use the Internet for a range of purposes, including blogging, messaging, and sharing images, videos, and narratives.[1] Teenagers gain from the internet in a number of ways, including enhanced communication, easier access to scholarly materials, and exposure to social and cultural norms worldwide.

The "digital revolution" has brought attention to how easily the teenage brain can adjust to new technologies. Studies show that more than 90% of teenagers use the Internet for a range of purposes, including blogging, messaging, and sharing images, videos, and narratives.[1] Teenagers have been found to benefit from the Internet in a number of ways, including enhanced communication, easier access to academic knowledge, and exposure to social and cultural practices from around the globe. However, pathological Internet use and addiction are prevalent in Indian colleges (42.9%) and schools (11.8%). Changes in biological processes, substance misuse, self-harm, and even death are some of the many repercussions of this.[11]

Factors influencing the psychological health of Indian adolescents

Teenagers' lives are influenced by a complex biopsychosocial network of risk factors, such as their neighbourhood, peer group, school, home, and self, all of which may be linked to a mental health illness. [1, 8] While protective factors reduce the likelihood of acquiring psychopathology, risk factors are those that raise the likelihood that a child or teenager may acquire psychopathology. The onset and development of a mental illness are rarely explained by a single risk factor. [1,12] Adolescent mental health is significantly impacted by a number of factors, including recent sociocultural shifts, a lack of social support, family breakdown, societal norm confusion, the widening gap between aspirations and realistic accomplishments, substance abuse, and other problems.

Barriers in the Service Delivery

The stigma associated with mental health, along with a lack of knowledge and awareness, are some of the factors that lead people to seek psychiatric consultation. People's attitudes and behaviours surrounding getting treatment are influenced by their beliefs about mental diseases. Only 37.5% of families in India with children and adolescents suffering from mental diseases believed their children had a psychiatric disorder.[14] Because of limited resources, inconsistent practices, and fragmented ministry control, stakeholders may face obstacles to the successful and efficient implementation of adolescent mental health policies and programs.[15]

Interventions for Psychiatric Disorder in Youth: Proposed Solutions

Coordinated efforts are crucial, and adolescent mental health must be given top priority at all levels. Implementing appropriate policies, programs, laws, budgets, primary-care systems, training initiatives, and service delivery systems is necessary to enhance the mental health care of children and adolescents in a nation.[16] Children with mental health disorders can get universal, individualized, and clinical interventions. All children and families in a certain geographic area have access to universal interventions, also referred to as primary prevention. Primary or preventative care could be suitable at this age. Children who are at a high risk of developing mental illnesses are the target of targeted therapy. Environmental, psychosocial, and psychopharmacological techniques are all used in clinical therapy for teenagers with mental health issues.

[17, 18] In addition to improving the mental health of youth, preventive initiatives may help reduce adult psychiatric morbidity in the long run. [12]

Role of Parents and Teachers

By providing opportunities for intervention, schools and colleges may have a big impact on teenage development. Teenagers from all socioeconomic backgrounds in India are still greatly influenced by their family. Research shows that excellent parenting and parental support can improve children's mental health outcomes and reduce treatment barriers.[19] Early identification of teenage mental health problems can be facilitated by educating and training educators and counsellors. Regular drug awareness programs in schools and universities should include the opportunity to evaluate high-risk individuals.[3] The ability to say "no" to drugs and the development of social skills to handle peer pressure should be

given more attention. Encourage and support kids who struggle academically or have learning impairments.

Resilience-focused interventions, like coping skills and capacity building, can improve mental health.[20] Adolescent females are now more aware thanks to interventions like sex education, pubertal changes, and "health education" for adolescent health.[21] Model-based health care initiatives, including yoga's promotion of mental health and secondary schools' teaching of life skills, have shown great success and can be built upon. [22–24]

Collaborative Roles of Professionals

Professionals with the necessary skills and understanding are needed, particularly when working with adolescents' mental health at all levels. Promoting and preventing adolescent mental health can be taught to professionals including doctors, paediatricians, and nurses. A deeper comprehension of each professional's duties and responsibilities within the multidisciplinary team is essential for efficient liaison.[8] In addition to responding to emergency situations like suicide, the development of strong connections and a sufficient referral system may help address urgent mental health conditions in children and adolescents. Additionally, indigenous methods of promoting the health of children and adolescents must be expanded. It is possible to use computer-assisted therapy, especially with metropolitan teenagers.[15] Competency can be raised by constantly updating practice standards and aligning policies and programs with evidence-based practices obtained from scientific investigations.[25]

Effective cross-sectoral connections between the juvenile justice, legal, and educational systems, social welfare, and voluntary and nongovernmental organizations are required, as are stronger connections between adolescent mental health and national initiatives like the Reproductive and Child Health Programme and the National Rural Health Mission. [8]

One practical, acceptable, and cost-effective method of addressing the mental health issues of Indian children is to observe the wide-ranging problem development of primary and community health.[26, 27] The district mental health program's primary care clinics, mobile health camps, or routine primary-level screening and health check-ups for other medical morbidities with the assistance of Anganwadi workers can all help achieve this.[3] To monitor and coordinate services and to facilitate cooperation with other

organizations that specialize on adolescent mental health, a body must be established at the state and centre levels.[3, 8]

In conclusion, everyone bears some responsibility for the mental health of children and teenagers. Collaboration between multiple parties is necessary for any action to be successful. For efficient evaluation, treatment, and care, adolescents with mental health issues and disorders need quick, well-coordinated, multidisciplinary mental health services. Young people's mental health has historically been seen as the duty of the individual or family, but it is imperative to emphasize this on a much larger scale. Through public health initiatives like increasing community services for mental illnesses, positive health must be promoted. [3,12] Beyond conventional hospital-based care, there is an urgent need to look into other ways to deliver services. Multilingual, multiregional, and cross-cultural needs should be taken into account by more recent service delivery methods.

It would be advantageous to create mental health policies specifically for the younger generation in order to enhance the mental health of teenagers.

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