

ORIGINAL ARTICLE

Typical Mental Disorders among Teens

IMRAN KARIM¹, MUHAMMED KASHIF SHAIKH², SYED ZULFIQUAR ALI SHAH³, ISHRAT BIBI⁴, NOOR UL AIN MAHAM BIBI⁵, IQRA⁶, SABIHA ARAIN⁷

^{1,3,5,6,7}Department of Medicine, Liaquat University of Medical and Health Sciences (LUMHS) Jamshoro

²Department of Interventional Cardiology, Liaquat University of Medical and Health Sciences (LUMHS) Jamshoro

⁴Department of Forensic Medicine, Liaquat University of Medical and Health Sciences (LUMHS) Jamshoro

Correspondence to Dr. Syed Zulfiqar Ali Shah, Email: zulfikar229@hotmail.com

In the past 20 to 30 years, adolescent rates of psychological illnesses and mental health issues appear to have risen significantly. The increase is a result of societal change, such as the disintegration of family structure, the increase in youth unemployment, and the intensification of educational and occupational pressures.¹ The estimated incidence of psychological disorders among 11 to 15-year-olds in the United Kingdom is 11%, with disruptive behaviors being more prevalent in males and anxiety and depression being more prevalent in girls while among school going children of Pakistan it is reported as 10-20%.^{2,3} As a result of adolescent instability, educators and parents may dismiss difficulties. Due to their developmental desires to be "normal" at a period when they're addressing mental problems and trying to communicate with a peer group, adolescents are frequently hesitant to seek treatment⁴.

Mood swings and transient aberrant behaviour are a part of the typical teenage development process. It is usual for adolescents to experience bouts of depression that continue for several days. Likewise, many adolescents engage in illicit or delinquent behaviour as a normal part of their discovery of their own identities. The duration, durability, and severity of the symptoms distinguish these normal behaviours from more serious disorders⁵.

Evaluating the risk of adolescents in non-mental health basic or secondary care settings can be challenging. Fundamental requirements include a non-judgmental attitude that respects the young person's right to confidentiality, as appropriate for the risk level involved⁶.

Epidemiology studies indicate that between 8 and 10% of adolescents suffer from severe depression at any given moment^{7,8}. This means that evaluating and treating adolescent depression is mostly the responsibility of doctors in primary care. Young people must be questioned confidentially and parents and other sources must be consulted to assess depression risk. Depressive moods and risk factors must be assessed in depressed youth, as must suicide risk. Individuals should be asked about suicidal ideation, self-harm, past attempts, and future plans. Asking about suicide decreases suicide risk⁹.

School phobia, often known as academic failure, is an extreme, illogical fear of attending school. It has to be distinguished from a simple hatred of school due to concerns like a teacher, a difficult exam, a class bully, a lack of self-confidence, or having to disrobe for gym class¹⁰.

Learning disabilities influence how intelligent people receive, retain, arrange, access, and use information. Issues include dyslexia as well as other reading, spelling, writing, thinking, and math issues. Undiagnosed learning difficulties are a prevalent but controllable reason young people quit school early¹¹.

Conduct disorder is characterized by a child's repeated violations of others' rights or age-appropriate social norms. Early oppositionality and disobedience can lead to adolescent disruption. Damage to property, lying, stealing, truancy, rule infractions, and violence against people or animals are symptoms. Conduct disordered teens typically exhibit despair, suicidal tendencies, and bad peer and adult interactions¹².

The think about problems termed as attention-deficit/hyperactivity disorder affects roughly 5% of adolescents, but its definitions vary. Boys outnumber girls six-to-one. ADHD causes

poor academic performance, behavioural issues, and a greater likelihood of serious mishaps, depression, and other psychiatric issues in teenagers¹³. ADHD persists in 80% of children through adolescence and 50% of teenagers into adulthood.

Adolescents often develop anxiety disorders that last until adulthood. Adolescents have generalized anxiety attack and panic episodes, whereas younger children have separation anxiety syndrome and mutism. Generalized anxiety disorder is characterized by uncontrolled worrying, irritability, insomnia, and exhaustion. Panic disorder involves recurring spontaneous panic attacks and psychological and physiological symptoms. Anxiety disorders, like other adolescent mental health issues, often occur with depression^{14,15}.

To lessen the impact of teenage mental health issues on individuals and society, family doctors must diagnose and treat such issues.

REFERENCES

1. Das JK, Salam RA, Lassi ZS, Khan MN, Mahmood W, Patel V, et al. Interventions for Adolescent Mental Health: An Overview of Systematic Reviews. *J Adolesc Health*.2016;59(4S):S49-S60
2. Garcia-Carrion R, Villarejo-Carballido B, Villardon-Gallego L. Children and Adolescents Mental Health: A Systematic Review of Interaction-Based Interventions in Schools and Communities. *Front Psychol*. 2019;10:918.
3. Hamdani SU, Zill-e-Huma, Suleman N, Warratah A, Muzzafar N, Farzeen M, et al. Scaling-up school mental health services in low resource public schools of rural Pakistan: the theory of change (ToC) approach. *Int J Ment Health Syst*.2021;15:8
4. Orth Z, van Wyk B. Rethinking mental wellness among adolescents: an integrative review protocol of mental health components. *Syst Rev*.2022;11(1):83.
5. Hossain MM, Purohit N. Improving child and adolescent mental health in India: Status, services, policies, and way forward. *Indian J Psychiatry*. 2019;61(4):415-419
6. Al-Zawaadi A, Hesso I, Kayyali R. Mental Health Among School-Going Adolescents in Greater London: A Cross-Sectional Study. *Front Psychiatry*.2021;12:592624.
7. Bower P, Garralda E, Kramer T, Harrington R, Sibbald B. The treatment of child and adolescent mental health problems in primary care: a systematic review. *Fam Pract*.2001;18:373-82
8. Michael KD, Crowley SL. How effective are treatments for child and adolescent depression? A meta-analytic review. *ClinPsychol Rev*.2002;22:247-69
9. Cavioni V, Grazzani I, Ornaghi V, Agliati A, Pepe A. Adolescents' Mental Health at School: The Mediating Role of Life Satisfaction. *Front Psychol*.2021;12:720628
10. Haavet OR, SaitytėBenth J, Gjelstad S, Hanssen-Bauer K, Dahli MP, Kates N, et al. Detecting young people with mental disorders: a cluster-randomised trial of multidisciplinary health teams at the GP office. *BMJ Open*.2021;11(12):e050036.
11. Radez J, Reardon T, Creswell C, Lawrence PJ, Evdoka-Burton G, Waite P. Why do children and adolescents (not) seek and access professional help for their mental health problems? A systematic review of quantitative and qualitative studies. *Eur Child Adolesc Psychiatry*.2021;30(2):183-211
12. Coles ME, Ravid A, Gibb B, George-Denn D, Bronstein LR, McLeod S. Adolescent Mental Health Literacy: Young People's Knowledge of Depression and Social Anxiety Disorder. *J Adolesc Health*. 2016;58(1):57-62
13. Otto C, Reiss F, Voss C, Wustner A, Meyrose AK, Holling H, et al. Mental health and well-being from childhood to adulthood: design, methods and results of the 11-year follow-up of the BELLA study. *Eur Child Adolesc Psychiatry*.2021;30(10):1559-77.
14. Schor EL. Developing a Structure of Essential Services for a Child and Adolescent Mental Health System. *Milbank Q*.2021;99(1):62-90
15. Schlack R, Peerenboom N, Neuperdt L, Junker S, Beyer AK. The effects of mental health problems in childhood and adolescence in young adults: Results of the KiGGS cohort. *J Health Monit*.2021;6(4):3-19.