



ADOLESCENT MENTAL HEALTH PROBLEMS: AN EXPLORATION WITH A SOCIAL WORK PERSPECTIVE

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ABSTRACT

Adolescence is a period of development of emotional sensitivity and self-awareness. The entire family may be impacted, necessitating professional assistance. As the teenager approaches freedom, there is certain to be some turbulence and outbursts. Certain individuals abruptly depart their family, while others gradually achieve independence, while others stay incredibly reliant. To gain a full understanding of mental health difficulties, the present paper has attempted to compile materials in order to gain a better understanding of the prevalence of mental health difficulties among teenagers.

KEY WORDS: *Adolescents, Interventions, Mental Health, Social Work.*

1. INTRODUCTION

According to the World Health Organization, mental health is a "state of well-being in which individuals recognize their strengths, are capable of coping with everyday life obstacles, working successfully and productively, and contributing to their communities." Applying adult concepts to teenagers and diagnosing mental health illnesses in children and adolescents can be difficult, given the enormous changes in behavior, intellectual capacity, and identity that occur during adolescence. Changes in adolescent subcultures may also make it more difficult to define adolescents' mental health and mental health concerns. While mental diseases are a symptom of a psychiatric disorder, adolescents may be more severely affected by mental health issues. These include a number of impediments and burdens that impede adolescent development and have a negative impact on the emotional, social, and vocational quality of life (World Health Organization, 2003).

Adolescence is a critical period for the development of critical social and emotional habits necessary for mental health. These include developing appropriate sleep habits, adhering to a consistent physical activity routine, honing coping, problem-solving, and interpersonal skills, and mastering emotional regulation. At home, school, and in society at large, protective and supportive environments are critical.

Numerous elements have an effect on mental health. The more risk factors that children are exposed to, the greater the likelihood that they may experience unfavorable effects on their mental health. Stress can occur for a variety of causes among adolescents, including exposure to hardship, peer pressure, and self-discovery. The influence of the media and

gender standards may deepen the chasm between an adolescent's current reality and future beliefs or goals. Additionally, their family life and relationships with peers play a significant role. Abuse (including sexual assault and bullying), strict parenting, and physical and financial hardship are all recognized as risk factors for mental illness.

Certain youth are predisposed to mental health problems as a result of their living circumstances, stigma, prejudice, or isolation, or a lack of appropriate support and services. Adolescents living in humanitarian and fragile environments; adolescents suffering from chronic illness, autism spectrum disorder, intellectual disability, or another neurological condition; pregnant adolescents, adolescent parents, or those in early or forced marriages; orphans; and adolescents from minority ethnic, sexual, or other discriminated groups (World Health Organization, 2021).

One in every seven, 10-19 year old worldwide suffers from a mental illness, accounting for 13% of the global burden of disease in this age range. In adolescents, depression, anxiety, and behavioral problems are among the primary causes of sickness and impairment. Suicide is the fourth highest cause of death among teens aged 15 to 19. Failure to address adolescent mental health concerns has long-term ramifications for adults, hurting both their physical and mental health and impairing their capacity to live satisfying lives (World Health Organization, 2021).

Hormonal fluctuations are frequently associated with sexual thoughts, irritability, restlessness, rage, and stress. Attraction to the other sex results in a desire to mix and interact freely. In practice, however, this may not always be possible due to cultural constraints on premarital sexual expressions and other pressing obligations during this time



period, such as schooling, employment, and so on. As a result, it is critical for teenagers to develop the ability to patiently face and manage with turbulence. It entails developing a sense of equilibrium as well as self-imposed constraints on the expression of one's goals and desires. Adolescents who are unable to verbalize their desires usually fantasize and daydream, which satisfies their desires in part (Vikaspedia, 2019).

Adolescence is also defined by the development of abstract thinking abilities, which enable individuals to analyze and evaluate in a systematic manner, as well as to recognize and study inconsistencies between rules and behavior. This development is commonly neglected by parents and service providers, and it is a major contributor to the well-known 'generation gap.' Socially, adolescence is defined by transitions from dependence to autonomy, social responses to

physical maturity, sexuality management, skill acquisition, and changes in peer groups. The urge to belong to a gang or a large organization has waned in favor of fewer, more stable, and lasting bonds (Vikaspedia, 2019).

2. OBJECTIVE OF THE PAPER

The purpose of this paper is to accumulate an understanding of the mental health structural issues that prevail among adolescents and to suggest appropriate social work interventions.

3. SOURCES OF DATA

The paper was prepared using secondary data. The statistics and descriptive data are combined and framed to satisfy the requirements of this article.

Table No 01: Developmental Characteristics during Adolescence

Stage with Age	Early Adolescence (11-13 years)	Middle Adolescence (14-15 years)	Late Adolescence (16-18 years)
Physical Growth	*Puberty: A phase of rapid growth *The emergence of secondary sexual traits	*Secondary sexual features continue to develop *95% of adult height is attained	*Physical maturity and reproductive growth plateau and eventually cease
Intellectual / Cognition	*Concrete thought predominates in the "here and now" *Cause and effect links are underdeveloped *Stronger sense of self than "social awareness"	*Experiences growth in abstract thought *Reverts to concrete thought under duress *Better understanding of cause and effect linkages *Extremely self-absorbed	*Development of abstract thought *Future-oriented; capable of comprehending, planning, and pursuing long-term objectives *Philosophical and idealistic in orientation
Autonomy	*Contrary to family structure's authority *Lonely *Wide mood swings *Begins to reject childhood preferences	*Family conflict predominates as a result of ambivalence about increasing independence.	*Adult lifestyle: Vocational/technical/college and/or work *Emancipation: Vocational/technical/college and/or work
Body Image	*Concerned about physical changes and self-criticism *Anxiety about secondary sexual features *Peers are idolised as a criterion for normal appearance (comparison of self with peers)	*Decreased worry about physical changes but increasing interest in personal appearance *Excessive physical activity interspersed with periods of lethargy	*Usually comfortable with body image
Peer Group	*Strong friendships with people of the same sex *Group contact with people of the opposing sex	*Strong peer allegiances-fad behaviours *Adolescents develop sexual desires and begin to explore their capacity to date and attract a mate	*Less impacted by peers on decisions/values *Relates to people more than peer group *Partner selection based on individual desire
Identity Development	*Daydreaming *Frequently changing vocational goals *Developing individual value system *Emerging sexual impulses and sexual exploration *Imaginary audience *Desire for privacy	*Experimentation - with sex, drugs, friends, and jobs, as well as risk-taking behaviour.	*Adults pursue practical vocational ambitions or career employment *Begin to differentiate their imaginations from reality *Establish sexual identity; sexual activity is increasingly prevalent

Source: ((National Health Mission, 2019)



Table No 02: A Skill-Based Approach to Assisting Adolescents in Addressing Mental Illness

Setting	Segment	Actions
Home	Social welfare services	<ul style="list-style-type: none"> • Educating parents to assist them understand the emotional needs of teenagers and how to meet those needs • Identifying the types of mental health problems that may emerge, how to respond to them, and when and how to seek treatment
School	School Staff	<ul style="list-style-type: none"> • Developing individual assets such as self-esteem and life skills • Promoting healthy attitudes and behaviors toward sexual health, injuries, violence, and substance use • Creating a safe (i.e., devoid of physical and emotional violence) and supportive (i.e., where students and staff feel respected and supported) school environment • Collaborating with social health agencies to identify and assist teenagers who are experiencing difficulties
Community	Community leaders and members	<ul style="list-style-type: none"> • Educating and mobilizing community leaders and individuals in order to foster a loving and supportive environment for teenagers who are experiencing or at risk of experiencing mental health disorders, as well as their families • Educating and mobilizing community members to intervene when there is domestic abuse or other forms of violence in the community • Training chosen community members to identify and refer teenagers in need of health care
Media and Communication Technology	Media Personnel	<ul style="list-style-type: none"> • Disseminating information about the variables that contribute to mental health problems in adolescents, effective strategies for preventing and responding to mental health problems, and the relationship between substance use and mental health problems. • Preventing suicide from being glamorised

Source: (World Health Organization, 2003)

4. PAROXYSMAL EMOTIONAL PROBLEMS DURING ADOLESCENCE

- **Depression:** Adolescence marks the shift from childhood depressive disorders (rare, male preponderance, hidden symptoms) to more adult variants, which have a significantly higher frequency, a female predominance, and a larger risk of presenting with sad mood. However, concealed manifestations (for example, behavioral difficulties, substance abuse, school anxiety or failure, exhaustion, and other physical symptoms) continue to be prevalent in early adolescence, particularly among boys (Michaud & Fombonne, 2005).
- **Anxiety Disorders:** Adolescents are prone to anxiety problems, which frequently remain into adulthood. While separation anxiety disorder and mutism are more frequent in younger children, generalized anxiety disorder and panic episodes begin to manifest around puberty. Generalized anxiety disorder is characterized by uncontrollable excessive concern, trouble focusing, impatience, sleep issues, and frequently exhaustion. Panic disorder is defined by recurring spontaneous panic attacks that are frequently accompanied by physiological and psychological symptoms. As is the case with most mental health problems in adolescents, anxiety disorders are frequently co-occurring with other illnesses, most notably depression.

- **Eating disorders:** eating disorders such as anorexia nervosa and bulimia nervosa most frequently manifest themselves throughout adolescence and early adulthood. Eating disorders are characterized by aberrant eating behaviour and obsession with food, which are frequently accompanied by worries about body weight and form. Anorexia nervosa has a greater fatality rate than any other mental condition, frequently owing to medical problems or suicide.
- **Risk Taking Behaviours:** Numerous health-risk behaviours, such as drug abuse or sexual risk-taking, begin throughout adolescence. Risk-taking behaviours can be detrimental to an adolescent's mental and physical well-being when used to cope with emotional challenges.
- **Conduct disorder:** Conduct disorder is described as chronically disruptive behaviour in which a young child violates the rights of others or age-appropriate social standards on a recurring basis. It is frequently preceded in early years by oppositionality and resistance and can become more disruptive during adolescence. Symptoms may include property destruction, deception or theft, truancy, rule infractions, and hostility against people or animals. Teenagers who have a conduct problem sometimes have co-occurring disorders such as depression, suicidal behaviour, and poor peer and adult interactions. Consequences include scholastic and



career failure, as well as legal issues. Parents and families require assistance in ensuring that their child attends school, and seriously impacted teens should be sent to mental health experts for examination and treatment.

- **Suicide and self-Harm:** Suicide is the fourth greatest cause of mortality among older teenagers (15-19 years) in the world. Suicide risk factors are many and include hazardous alcohol consumption, childhood maltreatment, stigma associated with seeking assistance, barriers to care, and availability to means of suicide. As with traditional forms of media, digital media may play a key role in strengthening or undermining suicide prevention initiatives (World Health Organization, 2020).
- **Behavioral Disorders:** Adolescents with behavioral issues are more likely to be younger than older adolescents. ADHD, which is characterized by difficulties paying attention, excessive activity, and behaving without concern for consequences, affects 3.1 percent of 10-14-year-olds and 2.4 percent of 15-19-year-olds. Conduct disorder (characterized by signs of disruptive or difficult behaviour) affects 3.6 percent of ten- to fourteen-year-olds and 2.4 percent of fifteen- to nine-year-old. Adolescents' education can be harmed by behavioral problems, and conduct disorders can end in criminal behaviour. (Global Health Data Exchange, 2019)

5. SOCIAL WORK INTERVENTIONS

A comprehensive plan is required to focus on adolescent mental health at all levels. Adolescent's mental health needs to be supported through primary care, training programmes, and service delivery systems. At this age, primary or preventative actions may be possible. Targeted therapies are created for children at high risk of mental illness. Clinical therapies include psychosocial, psychopharmacological, and other environmental interventions for adolescent psychiatric disorders. Preventive interventions not only improve youth mental health but may also reduce adult psychiatric illness.

- **Framing Appropriate Policy:** A whole-of-government and whole-of-society strategy to improving adolescent mental health outcomes may be achieved via the implementation and enforcement of policies and laws, which gives advice and examples of legislation and policy provisions.
- **School based Programmes:** Promoting and safeguarding the mental health of adolescents necessitates taking steps to enhance the physical and digital settings in which they live, learn, and play. Adolescents' physical and social surroundings may be improved by a variety of evidence-based activities, such as school climate interventions, adolescent safe spaces in public places.
- **Web-based interventions:** Computer or online therapies, which frequently incorporate parts of many psychological techniques, have grown in popularity

as a novel and relatively low-cost means of addressing adolescents and young adults.

- **Classroom-based instructional programs:** Classroom instruction enhances adolescents short-term understanding of suicide and suicide prevention. There is some evidence that didactic education programmes are marginally more successful at promoting suicide awareness than experiential treatments. It has no established effect on self-efficacy for suicide prevention.
- **Target Prevention Programme:** Targeted preventive programmes can result in a slight reduction in depression diagnoses following intervention and in the short- and medium-term (up to three months) (four to twelve months). Additionally, they have been shown to be useful in reducing self-reported symptoms, at least in the short term. Universal preventive programmes are ineffective in reducing clinical symptoms, and modest effects for self-reported symptoms and depression diagnosis are detected primarily at immediate post-assessment.

CONCLUSION

To summarize, teenage mental health is a collaborative effort. Effective interventions require stakeholder cooperation. Mental issues or troubles can be a normal aspect of teenage growth; they may be a response to events or stressors in the adolescent's life. Mental challenges or issues do not fit the diagnostic criteria for diseases; their length, intensity, and impact are all unique. Adolescents with mental health difficulties need prompt access to comprehensive mental health treatments. Mental health preservation and promotion has long been considered as an individual or family duty. Improving public health through extending community mental health services is essential. Beyond typical hospital-based therapy paradigms is urgently required, global service delivery paradigms should be established. Adolescent mental health could be addressed by adopting a youth-specific mental health policy.

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