

Guest Editorial

Adolescent mental health: A subject usually neglected

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Child mental health theoretically includes children up to 18, as defined by WHO. However, most of the time what is understood by child mental health is the mental health of children at or below school age. Adolescents have been usually perceived either as big children by child psychiatrists or as little adults by adult psychiatrists, which caused the neglect of the specific psychological needs of this age group.

For a long time in the past century, adolescence was not identified or labeled separately. A historical evidence for this is the name of some scientific journals in our field, for example American Journal added 'Adolescent' to its title only in late 1990's and then some other journals followed them. Actually this change was induced by the establishment of a Society for Adolescent Psychiatry by some American adult and child psychiatrists who thought that young people between 12-25 requires special attention. Later, by cooperation with the international colleagues sharing the same opinion, they established the International Society for Adolescent Psychiatry (ISAPP).

Adolescents need to be considered separately from children and adults because of the mental health needs required for special developmental characteristics of this period. This is a period of change and development. Teenagers have to cope with the new things in their life, biologically and socially. They need to adapt to their changing appearances, to build a positive body-image, to form a cohesive self-image, to develop socially appropriate behavior

and some degree of competence in school and in social environment. Trying to handle all these issues challenges their mental well-being. Evidence in the literature suggest the increasing prevalence of psychiatric disorders in adolescence. From a developmental psychopathological perspective, complex and inevitably confusing developmental tasks of this period creates much stress on adolescents, depending upon the environmental and cultural factors, weakening their abilities to cope, and thus, forming the basis for the increased risk for psychopathology. We also know that psychiatric disorders not treated in this period continue into adulthood causing much economical burden by the long-term treatment expenses. Thus, prevention of mental risks in adolescence is a crucial subject and requires priority in the mental health policy programs of the countries. This is especially important in countries where the adolescents form a large part of the population as in India and Turkey.

The development in adolescence itself brings some challenges and risks. The major task of adolescence is gaining a sense of identity as put forward by Erik Erickson. Bisexual confusion during the development of gender identity is shown to be an important risk factor for some psychiatric problems such as self-harming. Failure in the development of social skills, low self-esteem, bullying, lack of academic achievement, sexual abuse, risky behavior in the family, peers with high risks, intrafamilial violence, unprotected sexual relations, early intercourse, immigration and discrimination are other risk factors for psychological problems. In today's world, issues raised by globalization is another stressing factor for adolescents. Rapid social changes caused by the globalization process, especially in developing countries, carries many challenges for adolescents as well. Changes in the social roles, role models, beliefs, and aims, usually with some confusion of values in the society creates an identity crisis at society level. Adolescents are the ones who suffer most of this crisis in the societies. Societies in large countries need to be aware of this situation and develop support systems for

young people to help their adaptation to the rapidly changing world. However, globalization brings much challenge for adults and parents too. Adults have to work through their own adaptation in the process of change which inevitably results in some deprivation of adolescents from parental support making them more vulnerable to risks.

Challenges and uncertainties of this period extend the identity crisis and in some cases cause identity confusion. Identity confusion of adolescents are seen more in countries where there are identity crisis of the societies, again especially in developing countries. Psychodynamics of and psychological state induced by identity confusion increases the vulnerability of the adolescents causing more predisposition to psychiatric disorders. Thus, clinically all types of descriptive psychiatric disorders can be seen in young people with the psychodynamics of identity confusion, most frequent ones being anxiety disorders, depression, somatoform disorders, substance abuse, internet addiction, self-harm, suicidal behavior, psychosis and borderline personality disorder. Most of the psychiatric disorders mentioned co-occur and may require some urgent interventions.

Migration is another risk nowadays and is a reality in most parts of the world. Most of the young people in this group are trying to find their ways in life, sometimes alone and in a country much different than the one they are born. Adaptation to a new country and a new life puts a lot of pressure on the adolescents which increases the risk for psychopathology again.

An important challenge for us, adolescent psychiatrists, is to be aware of the dynamics of identity confusion lying underneath the psychiatric diagnoses of young people. It is crucial in the treatment decisions of adolescents because when a psychiatric disorder appears as the result of identity confusion it cannot be cured only by medication. Though the symptoms may cease by the pharmacological effect, they will reappear unless the underlying identity

confusion is resolved by psychotherapeutic interventions. Thus, it is a necessity in training to teach both psychodynamic and descriptive diagnostics of adolescence.

All these aspects of adolescence make it a period much different than childhood and adulthood. Adolescence requires special attention for its unique developmental issues as well as diagnostic difficulties and treatment modalities for psychiatric disorders. If we, as child and adolescent psychiatrists, be aware of these differences and priorities, develop separate programs for this age group, we can hope to have a greater impact on building up a mentally more healthy generations and more peaceful world in the future.

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