

## EDITORIAL

## Typical Mental Disorders among Teens

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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.<sup>1</sup> 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%<sup>2,3</sup>. 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 treatment<sup>4</sup>.

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 disorders<sup>5</sup>.

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 involved<sup>6</sup>.

Epidemiology studies indicate that between 8 and 10% of adolescents suffer from severe depression at any given moment<sup>7,8</sup>. 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 risk<sup>9</sup>.

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 class<sup>10</sup>.

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 early<sup>11</sup>.

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 interactions<sup>12</sup>.

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 teenagers<sup>13</sup>. 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<sup>14,15</sup>.

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

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