

## Psychiatric Problems Emerging in Teens: The Situation for the Design of Future Interventions

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### Abstract

High levels of psychopathological suffering in adolescent population have been evidenced in the last few years all around the western world. A specific attention to this issue is needed to design an efficacious prevention and put forth adequate therapeutic strategies. Both the family and the healthcare system should be involved since they represent critical nodes of the net of care which can support adolescents in their development.

**Keywords:** Adolescence; Psychopathology; Bullying; Dependences; Family; Healthcare system

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### Commentary

Psychopathological problems of the teenagers are growing in Italy and in westernized world [1,2]. Many authors have wondered why there is an exponential increase in the diagnosis of many psychiatric disorders in adolescent population [3]: It seems that a competitive society as the contemporary one represents a heavily stressful environment for adolescents' development. Nevertheless, give blame to social cues does not represent a way out from a social problem which needs proper analysis, an in depth understanding and effective interventions.

First, it is needed to shed a wide glance towards the complexity of the phenomenon. Among teenagers they occur more and more frequently conduct problems and externalization disorders: prostitution [4], misuse of drugs or alcohol [5-8], depression, self-damaging or life-threatening acts [9,10]. Also hetero-aggressive behaviours like bullying (including cyber-bullying [11]), group violence, including sexual one, until the domestic violence, are frequent in the last few decades [12-14]. The new addictions, ranging from internet dependence until to online gambling are not less insidious phenomena [15]. A particular focus is needed on eating disorders (anorexia, bulimia and binge eating disorder) which represent an increasingly common mode for the expression of psychological and relational problems. They represent multiple challenges for contemporary society since they are the leading cause of death for psychiatric disorders among adolescents [16], show peculiar forms of resistance to treatment [17], and require an extremely specialized and complex multidisciplinary treatment approach [18].

Moreover it must be considered that the adolescence disorders represent very insidious threats also because they produce vicious circles with serious consequences for youth life, both as regards their psychopathology and for their evolution into adulthood. About 36% of boys and 32% girls have been bullied, while 40% of boys and 28% of girls were authors of bullying at least twice a month (**Table 1**) [14]. Bullying is linked to abnormalities in personality development, to syndromes such as ADHD, to issues of affective-relational development [19], and it can be a cause of suicide [20]. On the other hand, the reduction of sleep caused by internet addiction, cybersex, substance abuse or alcohol can cause deterioration of social relations, conduct disorders, anxiety disorders or major depression [21], increasing also the suicidal ideation [22]. Last but not least, the research broadly supports the association between the abuse of cannabis or other "minor" drugs and the development of psychotic disorders such as schizophrenia [23]. While emotional and relational stress in adolescence may cause an increase in BMI which is related to the development of obesity in adulthood [24].

The family is in crisis in the management of problems of

**Table 1** Rates of bullying among genders.

|                         | Boys | Girls |
|-------------------------|------|-------|
| Being bullied (2/month) | 36%  | 32%   |
| Act bullying (2/month)  | 40%  | 28%   |

adolescents and sometimes it is the bearer of psychopathology through physical or psychological abuse, neglect and parenting inability [13,25-27]. The attachment and parenting dynamics, in particular, have been recently sustained as possible common risk factors for any mental disorder in general and for eating disorders and obesity in particular [28-30]. Depressive disorders and other psychiatric disorders in parents can influence adaptation issues or the adolescents' psychopathology [31]. The specific lack in parenting skills is linked to disorders of somatization [32], eating disorders [33-36] and borderline personality [37,38]. On the other hand it has been ascertained that conflicts and intra-family stress predispose to disorders such as substance abuse in adolescents [39]. The internet addiction has also been correlated with disabilities in the intra-family relationship and communication [40]. Fredlund et al. [4] point out how prostituted teenagers have a deprived relationship with parents during childhood. In turn prostitution or other risky behaviours can lead to medical problems (e.g., HIV infection) that require a significant psychological and psychiatric care [41].

On the other hand, as a remark for potential fields of intervention, Johnson et al. [42] have pointed out that adequate parenting behaviours are influential on the resilience of the children, allowing better stress management and a better emotional, affective and relational adjustment in adulthood, regardless of psychiatric disturbances in parents [43].

Substantial evidence is that psychiatric care during adolescence is a crucial problem. Because of the difficulties of families in managing the psychopathology of children, the cases of teenagers hospitalized in psychiatric wards for adults are growing. This is aided by the increasingly early physical and sexual development of youths, compared with a delayed psychological maturity

[44]. This decoupling makes very complex the management of behavioural disorders. Despite the existence of effective therapies for depression or bipolar disorder [45,46] the use of coercive means (admissions SPDC regime in TSO) is increasingly frequently because of the impotence of the family [2]. The parents are often thwarted to build and manage a relationship with their children also because personal problems [35]. They are often unable to establish relations of authority and hierarchy [47] to contain the young on the affective and regulatory side of the parenting relationship.

Also the public health services display critical problems. Adolescents who undergo an inadequate transition between the neuropsychiatric services and those of adult psychiatry are numerous, many escape from treatment and this often weighs heavily on the outcome of their disorder [48,49]. In some countries with an advanced public health system they were applied specific projects for prevention and early intervention to stop the evolution in adulthood [2,50]. The family interventions are extremely important in order to reduce untoward outcomes [26,31]. Some encouraging evidences emphasize that they represent a real possibility of preventing psychological distress in adulthood with obvious economic and social benefits [51].

Finally, a particular emphasis must be given to the need for proper training of family doctors and pediatricians for diagnose and treat neuropsychiatric problems in adolescence, to the management of relational intra-family problems, and for offering support for parenting [52,53]. In fact, early and appropriate medical interventions are necessary and may be effective for the proper management and prevention of the serious consequences that the youth psychopathology can generate in terms of rising mental suffering and costs for healthcare systems [54].

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