

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].

References

- 1 Charles J, Harrison CM, Britt H (2011) Management of children's psychological problems in general practice 1970-1971, 1990-1991 and 2008-2009. *Aust N Z J Psychiatry* 45: 976-984.
- 2 McCann TV, Lubman DI (2012) Young people with depression and their experience accessing an enhanced primary care service for youth with emerging mental health problems: a qualitative study. *BMC Psychiatry* 12: 96.
- 3 Frances A, Batstra L (2013) Why so many epidemics of childhood mental disorder? *J Dev Behav Pediatr* 34: 291-292.
- 4 Fredlund C, Svensson F, Svedin CG, Priebe G, Wadsby M (2013) Adolescents' lifetime experience of selling sex: development over five years. *J Child Sex Abus* 22: 312-325.
- 5 Adams ZW, Milich R, Lynam DR, Charnigo RJ (2013) Interactive effects of drinking history and impulsivity on college drinking. *Addict Behav* 38: 2860-2867.
- 6 Brook JS, Lee JY, Rubenstone E, Finch SJ, Seltzer N, et al. (2013) Longitudinal determinants of substance use disorders. *J Urban Health* 90: 1130-1150.
- 7 Weiland BJ, Korycinski ST, Soules M, Zubieta JK, Zucker RA, et al. (2014) Substance abuse risk in emerging adults associated with smaller frontal gray matter volumes and higher externalizing behaviors. *Drug Alcohol Depend* 137: 68-75.
- 8 Maughan B, Stafford M, Shah I, Kuh D (2014) Adolescent conduct problems and premature mortality: follow-up to age 65 years in a national birth cohort. *Psychol Med* 44: 1077-1086.
- 9 Ulberg R, Hersoug AG, Høglend P (2012) Treatment of adolescents with depression: the effect of transference interventions in a randomized controlled study of dynamic psychotherapy. *Trials* 13: 159
- 10 Vitiello B, Brent DA, Greenhill LL, Emslie G, Wells K, et al. (2009) Depressive symptoms and clinical status during the Treatment of Adolescent Suicide Attempters (TASA) Study. *J Am Acad Child Adolesc Psychiatry* 48: 997-1004.
- 11 Williams SG, Godfrey AJ (2011) What is cyberbullying & how can psychiatric-mental health nurses recognize it? *J Psychosoc Nurs Ment Health Serv* 49: 36-41.
- 12 Cleverley K, Szatmari P, Vaillancourt T, Boyle M, Lipman E (2012) Developmental trajectories of physical and indirect aggression from late childhood to adolescence: sex differences and outcomes in emerging adulthood. *J Am Acad Child Adolesc Psychiatry* 51: 1037-1051.
- 13 Erdelja S, Vokal P, Bolfan M, Erdelja SA, Begovac B, et al. (2013) Delinquency in incarcerated male adolescents is associated with single parenthood, exposure to more violence at home and in the community, and poorer self-image. *Croat Med J* 54: 460-468.
- 14 Zaborskis A, Cirtautiene L, Zemaitiene N (2005) Bullying in Lithuanian schools in 1994-2002. *Medicina (Kaunas)* 41: 614-620.
- 15 Rusconi AC, Valeriani G, Carlone C, Raimondo P, Quartini A, et al. (2012) [Internet addiction disorder and social networks: statistical analysis of correlation and study of the association with social interaction anxiousness]. *Riv Psichiatr* 47: 498-507.
- 16 Papadopoulos FC, Ekblom A, Brandt L, Ekselius L (2009) Excess mortality, causes of death and prognostic factors in anorexia nervosa. *Br J Psychiatry* 194: 10-17.
- 17 Abbate-Daga G, Amianto F, Delsedime N, De-Bacco C, Fassino S (2013) Resistance to treatment and change in anorexia nervosa [corrected]: a clinical overview. *BMC Psychiatry* 13: 294.
- 18 Schaffner AD, Buchanan LP (2008) Integrating evidence-based treatments with individual needs in an outpatient facility for eating disorders. *Eat Disord* 16: 378-392.
- 19 Sciberras E, Ohan J, Anderson V (2012) Bullying and peer victimisation in adolescent girls with Attention-Deficit/Hyperactivity Disorder. *Child Psychiatry Hum Dev* 43: 254-270.
- 20 Soler L, Segura A, Kirchner T, Fornis M (2013) Polyvictimization and risk for suicidal phenomena in a community sample of Spanish adolescents. *Violence Vict* 28: 899-912.
- 21 Clarke G, Harvey AG (2012) The complex role of sleep in adolescent depression. *Child Adolesc Psychiatr Clin N Am* 21: 385-400.
- 22 Sarchiapone M, Mandelli L, Carli V, Iosue M, Wasserman C, et al. (2014) Hours of sleep in adolescents and its association with anxiety, emotional concerns, and suicidal ideation. *Sleep Med* 15: 248-254.
- 23 Najolia GM, Buckner JD, Cohen AS (2012) Cannabis use and schizotypy: the role of social anxiety and other negative affective states. *Psychiatry Res* 200: 660-668.
- 24 McClure HH, Eddy JM, Kjellstrand JM, Snodgrass JJ, Martinez CR Jr (2012) Child and adolescent affective and behavioral distress and elevated adult body mass index. *Child Psychiatry Hum Dev* 43: 837-854.
- 25 Barran D (2012) Red alert: families in danger. *J Fam Health Care* 22: 31-32.
- 26 Silva TC, Larm P, Vitaro F, Tremblay RE, Hodgins S (2012) The association between maltreatment in childhood and criminal convictions to age 24: a prospective study of a community sample of males from disadvantaged neighbourhoods. *Eur Child Adolesc Psychiatry* 21: 403-413.
- 27 Jaffee SR, Maikovitch-Fong AK (2011) Effects of chronic maltreatment and maltreatment timing on children's behavior and cognitive abilities. *J Child Psychol Psychiatry* 52: 184-194.
- 28 Mikulincer M, Shaver PR (2012) An attachment perspective on psychopathology. *World Psychiatry* 11: 11-15.
- 29 Amianto F, Northoff G, Abbate Daga G, Fassino S, Tasca GA (2016) Is Anorexia Nervosa a Disorder of the Self? A Psychological Approach. *Front Psychol* 7: 849.
- 30 Amianto F, Ercole R, Abbate Daga G, Fassino S (2016) Exploring Parental Bonding in BED and Non-BED Obesity Compared with Healthy Controls: Clinical, Personality and Psychopathology Correlates. *Eur Eat Disord Rev* 24: 187-196.
- 31 Potter R, Mars B, Eyre O, Legge S, Ford T, et al. (2012) Missed opportunities: mental disorder in children of parents with depression. *Br J Gen Pract* 62: e487-493.
- 32 Rousseau S, Grietens H, Vanderfaeillie J, Ceulemans E, Hoppenbrouwers K, et al. (2014) The distinction of 'psychosomatogenic family types' based on parents' self-reported questionnaire information: a cluster analysis. *Fam Syst Health* 32: 207-218.
- 33 Fassino S, Amianto F, Abbate-Daga G (2009) The dynamic relationship of parental personality traits with the personality and psychopathology traits of anorectic and bulimic daughters. *Compr Psychiatry* 50: 232-239.
- 34 Abbate-Daga G, Buzzichelli S, Amianto F, Rocca G, Marzola E, et al. (2011) Cognitive flexibility in verbal and nonverbal domains and decision making in anorexia nervosa patients: a pilot study. *BMC Psychiatry* 11: 162.

- 35 Amianto F, Daga GA, Bertorello A, Fassino S (2013) Exploring personality clusters among parents of ED subjects. Relationship with parents' psychopathology, attachment, and family dynamics. *Compr Psychiatry* 54: 797-811.
- 36 Amianto F, Abbate-Daga G, Morando S, Sobrero C, Fassino S (2011) Personality development characteristics of women with anorexia nervosa, their healthy siblings and healthy controls: What prevents and what relates to psychopathology? *Psychiatry Res* 187: 401-408.
- 37 Fassino S, Amianto F, Gastaldi F, Abbate-Daga G, Brambilla F, et al. (2009) Personality trait interactions in parents of patients with borderline personality disorder: a controlled study using the Temperament and Character Inventory. *Psychiatry Res* 165: 128-136.
- 38 Zanarini MC, Frankenburg FR, Yong L, Raviola G, Bradford Reich D, et al. (2004) Borderline psychopathology in the first-degree relatives of borderline and axis II comparison probands. *J Pers Disord* 18: 439-447.
- 39 Mimiaga MJ, Reisner SL, Fontaine YM, Bland SE, Driscoll MA, et al. (2010) Walking the line: Stimulant use during sex and HIV risk behavior among Black urban MSM. *Drug Alcohol Depen* 110: 30-37.
- 40 Xu J, Shen LX, Yan CH, Hu H, Yang F, et al. (2014) Parent-adolescent interaction and risk of adolescent internet addiction: a population-based study in Shanghai. *BMC Psychiatry* 14: 112.
- 41 Salama C, Morris M, Armistead L, Koenig LJ, Demas P, et al. (2013) Depressive and conduct disorder symptoms in youth living with HIV: the independent and interactive roles of coping and neuropsychological functioning. *AIDS Care* 25: 160-168.
- 42 Johnson JG, Liu L, Cohen P (2011) Parenting behaviours associated with the development of adaptive and maladaptive offspring personality traits. *Can J Psychiatry* 56: 447-456.
- 43 Fassino S, Amianto F, Sobrero C, Abbate Daga G (2013) Does it exist a personality core of mental illness? A systematic review on core psychobiological personality traits in mental disorders. *Panminerva Med* 55: 397-413.
- 44 Marocco Muttini C (2006) *Educazione e benessere in adolescenza*. UTET University.
- 45 Lasky T, Krieger A, Elixhauser A, Vitiello B (2011) Children's hospitalizations with a mood disorder diagnosis in general hospitals in the united states 2000-2006. *Child Adolesc Psychiatry Ment Health* 5: 27.
- 46 Vitiello B (2013) How effective are the current treatments for children diagnosed with manic/mixed bipolar disorder? *CNS Drugs* 27: 331-333.
- 47 Fassino S, Delsedime N (2007) *The family is sick? Interactions person, family and society*. Science Center Publisher.
- 48 Paul M, Street C, Wheeler N, Singh SP (2015) Transition to adult services for young people with mental health needs: A systematic review. *Clin Child Psychol Psychiatry* 20: 436-457.
- 49 Singh SP (2009) Transition of care from child to adult mental health services: the great divide. *Curr Opin Psychiatry* 22: 386-390.
- 50 Winther J, Carlsson A, Vance A (2014) A pilot study of a school-based prevention and early intervention program to reduce oppositional defiant disorder/conduct disorder. *Early Interv Psychiatry* 8: 181-189.
- 51 Jensen TK, Holt T, Ormhaug SM, Egeland K, Granly L, et al. (2014) A randomized effectiveness study comparing trauma-focused cognitive behavioral therapy with therapy as usual for youth. *J Clin Child Adolesc Psychol* 43: 356-369.
- 52 Amianto F (2013) *The role of family in the Therapy of Eating Disorders*. LAP Lambert Academic Publishing.
- 53 Amianto F, Bertorello A, Spalatro A, Milazzo M (2014) Adlerian parental counseling in eating disorders: preliminary data of a controlled clinical trial. *Eat Weight Disord* 19: 303-314.
- 54 Agras WS (2001) The consequences and costs of the eating disorders. *Psychiatr Clin North Am* 24: 371-379.