

The Adolescent mental health interventions and prevention.

Rahman Rezvi*

Department of Public Health and Caring Sciences, Uppsala University, Uppsala, Sweden

Abstract

Adolescent mental health issues are a serious issue that can be treated or prevented. They are also rather frequent. Adolescent patients of obstetricians and gynaecologists are far more likely to present with one or more mental health issues. Some of these illnesses may make it difficult for a patient to comprehend or express her health issues and properly follow treatment recommendations. An ovulatory cycles and different menstrual abnormalities can be brought on by conditions that disrupt the hypothalamic-pituitary-gonadal axis or the therapies used to treat them. Teenagers with psychiatric problems may be using psychopharmacological medications that might lead to galactorrhea and menstrual disruption. Adolescents with mental illnesses frequently act out or use drugs, which raises their chance of engaging in risky sexual behaviour that could lead to pregnancy or STDs.

Keywords: Adolescent Mental Health, Mental illnesses, Adulthood disorders.

Introduction

Adolescence is a time when situations and behaviours start to emerge that not only has an impact on adolescent health but also pave the way for diseases to develop in adulthood. Unhealthy habits including smoking, drinking, and using illegal drugs frequently start during adolescence, are strongly linked to higher morbidity and mortality rates, and pose significant public health issues. Many mental health issues start to manifest in mid- to late adolescence and add to the overall disease load in young people and later life. The development of more than 50% of adult mental problems occurs before the age of 18. Teenage pregnancies, HIV/AIDS, other sexually transmitted diseases, spousal violence, child abuse, car accidents, physical conflicts, crime, homicide, and suicide have all been linked to poor mental health. In the world, neuropsychiatric illnesses account for 45% of the years lost to impairments and are the main cause of years lost due to disability among those aged 10 to 24. This has recently gained importance since research from around the world indicates a rise in the prevalence of mental health problems in children and adolescence, with the percentage of those affected now approaching 20%. Numerous of these children and teenagers are not receiving the specialist care they need, which further aggravates the condition [1].

The foundation of mental health treatments in schools and communities is the idea that teenage issues are a result of the interaction of personal, social, and familial variables. As a result, communities and schools provide the best settings for intervention as youngsters grow and develop through social interaction. Schools and communities can take advantage

of their surroundings to support young development and healthy mental health. Many of the mental health initiatives employed in schools foster the growth of social and emotional skills as well as academic outcomes, while also lowering disruptive behaviour. Therefore, the atmosphere and climate of the school can be extremely important in supporting the promotion of mental health protective factors, such as social-emotional competences and skill [2].

However, there is little research available regarding the improvement of mental health through dialogic encounters. The ground-breaking study conducted by demonstrated the psychological and social advantages of therapy based on anticipatory and open discussions with adults and adolescents that included family members in addition to experts. An advantage supporting mental health therapies with children and adolescents would be to facilitate supportive interactions among peers, professionals, and family members rather than concentrating on the individual. This study demonstrated the vital importance of group interactions, which differed greatly from a conversation between two people [3,4].

They identified Multi-System Treatments (MST), which are characterised by close professional involvement with young people, families, and other networks. The adolescent social skills, in particular, showed signs of success in the Norwegian replication of these US research. However, "what ultimately caused the observed effect was not revealed," claims the author. After all, procedures themselves cannot help or heal anyone. There are psychological techniques as well as other interaction-based tools [5].

*Correspondence to: Rahman Rezvi, Department of Public Health and Caring Sciences, Uppsala University, Uppsala, Sweden, E-mail: rezvi@pubcare.uu.se

Received: 31-Oct-2022, Manuscript No. AAJCAH-22-82396; Editor assigned: 02-Nov-2022, Pre QC No. AAJCAH-22-82396(PQ); Reviewed: 17-Nov-2022, QC No. AAJCAH-22-82396; Revised: 21-Nov-2022, Manuscript No. AAJCAH-22-82396(R); Published: 28-Nov-2022, DOI: 10.35841/ajcah - 6.6.129

Conclusion

Interventions that are culturally competent and grounded in culture have a positive impact on mental health. This is especially crucial for initiatives that call for the participation of families and the local community. The importance of the family and the community is highlighted, and teaching them communication skills and promoting home-school communication are advantages for the mental health interventions. This makes schools the perfect place to encourage involvement from the family and the community, and as a result, they provide significant potential for improving healthy parent-teacher, teacher-student, and student-student connections. This is in line with other studies that have examined the advantages of school-based mental health interventions to support students' cognitive, social, and emotional development

References

1. Kessler RC, Amminger GP, Aguilar-Gaxiola S, et al. Age of onset of mental disorders: A review of recent literature. *Curr Opin Psychiatry*. 2007;20(4):359.
2. Jones PB. Adult mental health disorders and their age at onset. *Br J Psychiatr*. 2013;202(s54):s5-10.
3. Gore FM, Bloem PJ, Patton GC, et al. Global burden of disease in young people aged 10–24 years: A systematic analysis. *The Lancet*. 2011;377(9783):2093-102.
4. Jane Costello E, Erkanli A, Angold A. Is there an epidemic of child or adolescent depression? *J Child Psychol Psychiatry*. 2006;47(12):1263-71.
5. Gould MS, King R, Greenwald S, et al. Psychopathology associated with suicidal ideation and attempts among children and adolescents. *J Am Acad Child Adolesc Psychiatry*. 1998;37(9):915-23.