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#### **ABSTRACT:**

Adolescents' mental disorders and health difficulties appear to have developed significantly during the last 20–30 years. Social change, including the breakdown of the family unit, the rise in youth unemployment, and mounting demands on education and employment, have all contributed to the surge. It is estimated that 11% of 11- to 15-year-olds in India suffer from mental health illnesses, with conduct issues more common in boys and sadness and anxiety more common in girls. It can be challenging to diagnose, treat, and monitor mental health issues in young individuals. Parents and educators often brush off issues as being nothing more than the tumult of adolescence. Due to developmental demands about being "normal" during a time when they are exploring identity issues and attempting to interact with a peer group, young people are frequently quite reluctant to seek help. Adolescents with mental health issues are especially vulnerable to social exclusion, discrimination, stigma (which affects their willingness to seek treatment), educational challenges, risk-taking behavior, physical illness, and human rights violations.

#### **Keywords:**

Mental health, psychological issues of adolescents, adolescent's mental health

#### **INTRODUCTION:**

Adolescence is a critical time to build social and emotional habits that are beneficial to one's mental health. These include establishing appropriate sleep patterns, exercising frequently, improving coping, problem-solving, and interpersonal skills, and learning to manage emotions. Protective and supportive settings in the home, school, and community are essential. Multiple things influence mental health. The more risk factors adolescents are exposed to, the more likely it is that they may suffer from mental health issues. Adolescent stress can be caused by a variety of factors, including trauma, peer pressure, and identity discovery. Media influence and gender stereotypes can worsen the gap between an adolescent's actual reality and their perceptions or future goals. Other crucial factors are the quality of their home life and their relationships with peers. Violence (particularly sexual violence and bullying), harsh parenting, and severe social challenges all pose threats to mental health.

Some teenagers are more vulnerable to mental health problems as a result of their living circumstances, stigma, discrimination, or exclusion, or a lack of access to appropriate assistance and resources. These include adolescents living in humanitarian and fragile settings; adolescents with chronic illness, autism spectrum disorder, an intellectual disability, or another neurological condition; pregnant adolescents, adolescent parents, or those in early or forced marriages; orphans; and adolescents from minority ethnic or sexual backgrounds or other discriminated groups. Normal adolescent development includes mood swings and brief aberrant actions. It is typical for young individuals to experience depression from time to time, and this mood can endure for many days. Similarly, many young people will experiment with drugs or "delinquent" behaviors as part of their normal self-exploration. The duration, persistence, and effect of symptoms distinguish such normal behaviors from more serious disorders.

Table 1: Mental health problems and disorders in adolescents

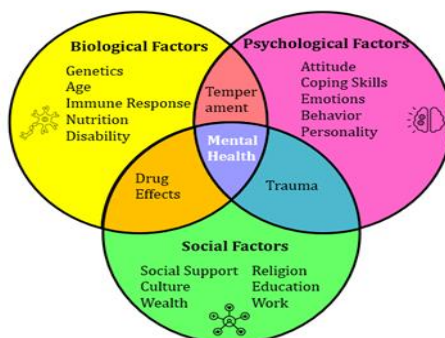
<b>Problem or disorder</b>	<b>Prevalence (%)</b>
<i>Common</i>	

<b>Problem or disorder</b>	<b>Prevalence (%)</b>
Depression	3-5
Anxiety	4-6
Attention-deficit/hyperactivity disorder	2-4
Eating disorders	1-2
Conduct disorder	4-6
Substance misuse disorder	2-3
<i>Less common</i>	
Panic disorder	1-2
Post-traumatic stress disorder	1-2
Borderline personality disorder	1-3
Schizophrenia	0.5
Autistic spectrum disorders (such as autism, Asperger's syndrome)	0.6

**FACTORS INFLUENCING MENTAL HEALTH ISSUES:**

Adolescents registered in rural households had higher mean scores on the interpersonal sensitivity and phobic anxiety subscales than those registered in urban households. Except for the hostility and phobic anxiety subscales, there was a significant difference between junior and senior high school pupils in the other subscales. Only children and non-only children differed significantly on the obsessive-compulsive symptoms and phobic anxiety subscales. The mean sadness, phobic anxiety, and other subscale ratings of left-behind adolescents differed considerably from those of non-left-behind adolescents.

**Figure 1:** Factors affecting Mental Health



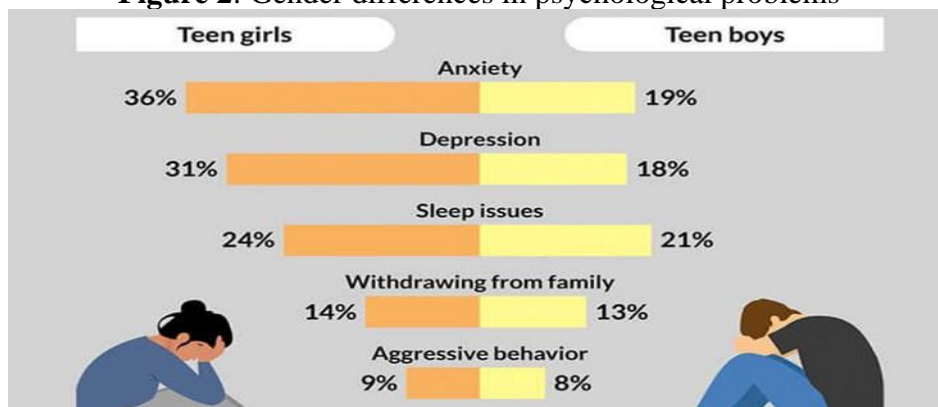
It is typical for teenagers to experience a variety of emotions as part of their growth. Teens, for example, are likely to have anxiety about school or friendships, as well as depression following the death of a close friend or family member. However, mental health issues are distinguished by chronic symptoms that influence how a young person feels, thinks, and behaves. Mental health illnesses can also disrupt routine activities and daily functioning, such as relationships, studying, sleeping, and eating. First, the study found that female adolescents were considerably more likely to experience mental health difficulties than male adolescents, which was similar to the findings of Wiens et al. (2020) and Bor et al. (2014). It could be because female teenagers are more relationship-oriented, sensitive to interactions with others, vulnerable to environmental variables, and experience more depressive emotions than male adolescents (Sung and Kim, 2020). Adolescent mental health differs by gender.

**GENDER DIFFERENCES IN PSYCHOLOGICAL PROBLEMS:**

Gender variations in adolescent mental health disorders have been extensively documented. However, there has been little research into longitudinal trends in mental health and wellbeing among boys and girls. This study evaluated any emerging developmental tendencies of gender disparities in mental health disorders and subjective wellbeing among young people from early to mid-adolescence. This rise was especially noticeable among girls. Distress can occur during times of considerable physical, emotional, and social change in an adolescent's life, and it can be exacerbated during the secondary school transition. This evidence emphasizes the relevance of early intervention in lowering the likelihood of distress.

Peer interactions have also been identified as an important risk factor for explaining gender variations in mental health disorders. The transition from childhood to adolescence causes a significant difference in the individual and societal setting, making peer relationships more important. Peer relationships have a substantial impact on adolescent attitudes, behaviors, and emotional well-being. However, it is crucial to note that individual socio-demographic indicators, particularly ethnicity, FSM eligibility, SEN status, and resilience factors, were shown to be strongly related to young people's mental health and wellbeing at baseline.

**Figure 2:** Gender differences in psychological problems



Examining the results by gender, particularly the interaction effect between gender and time, revealed that the rise in mental health problems and decline in subjective wellbeing in early to mid-adolescence

were largely driven by overall deterioration for girls, whereas boys reported relatively stable levels of difficulties over time. These findings took into account a variety of socio-demographic and resilience factors known to be associated with mental health and subjective well-being levels. In particular, young people's varied socio-demographic and resilience factors were strongly related to their emotional difficulty level at baseline. Young individuals of black and Asian descent, for example, were considerably less likely than white youth to experience emotional issues.

Anxiety disorders (which might include panic or excessive worry) are most common in this age group, with older adolescents having a higher prevalence than younger adolescents. It is estimated that 3.6% of 10–14-year-olds and 4.6% of 15–19-year-olds suffer from anxiety disorders. Depression is expected to affect 1.1% of teenagers aged 10 to 14 years and 2.8% of those aged 15 to 19. Some symptoms of depression and anxiety are similar, such as quick and unexpected mood swings. Anxiety and depression can have a significant impact on school attendance and academic performance. Social disengagement can worsen isolation and loneliness. Suicide is a possible outcome of depression.

Adolescents under the age of twenty have a higher prevalence of behavioral disorders than older adolescents. Attention deficit hyperactivity disorder (ADHD), which is defined by difficulties paying attention, excessive activity, and acting without regard for consequences, affects 3.1% of 10- to 14-year-olds and 2.4% of 15- to 19-year-olds. Conduct disorder (with signs of destructive or challenging behavior) affects 3.6% of 10–14-year-olds and 2.4% of 15–19-year-olds. Behavioral problems can have an impact on adolescents' schooling, and conduct disorders can lead to criminal activity.

#### **CONCLUSION:**

According to the findings, boys were generally more likely than girls to have behavioral issues and issues with hyperactivity and inattention during adolescence (ages 17 to 19). This is consistent with research indicating that during the transition to college, guys experience an increase in hostility and behavioral issues. However, our findings showed that girls' self-reported levels of behavioral and hyperactivity/inattention problems rose to nearly the same level as boys'. These findings revealed some troubling patterns for girls, as the anguish they feel across a variety of mental health concerns appeared to be greater than that of boys. Interventions for mental health promotion and prevention seek to improve a person's ability to control their emotions, provide alternatives to risk-taking behaviors, increase resilience for handling challenging circumstances and adversity, and foster social networks and supportive surroundings. In order to reach teenagers, especially the most vulnerable, these programs necessitate a multi-level strategy with a variety of delivery channels, such as digital media, health or social care settings, schools, or the community.

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