

SAMEER, a 13-year-old boy, student of class VIII, had not been doing well in his studies for the last two years. He felt sad and became cynical, and was socially aloof. His grades were going down steadily. He would often be inattentive in the class. His parents put pressure on him to improve his grades and become more sociable. He tried to run away from home. He would bunk his classes and tuitions regularly, and started smoking. Eventually, his mother, who had come to know about depression among teenagers, took him to a clinical psychologist. The counsellor came to the conclusion that Sameer was suffering from a moderate kind of depression. He started psychotherapy and referred him to a psychiatrist. After a few months of counselling and medications, Sameer became cheerful, and began taking interest in his studies. Apart from that, all his anti-social activities also came to an end.

Sameer, like thousands of other adolescents, was facing emotional and behavioural problems. He was lucky enough to come across the right kind of doctors (ie trained psychologists and psychiatrist). But there are millions around the world who are not that fortunate. Their problems remain undiagnosed and unrecognized. As a result they are labelled 'bad' rather than 'sad'.

The World Health Organization estimates that all over the world up to 20 per cent children and teenagers suffer from mental disorders, serious enough to need professional attention. Yet, fewer

Emotional issues of the young ones

By Moniza Inam



Illustration by Agha Riaz

than one in five receive the needed treatment. Some of the most common problems faced by them are anorexia nervosa, anxiety disorder, attention/deficit/hyperactivity disorder (ADHD), bipolar disorder (manic depression), bulimia nervosa, conduct disorder, depression, juvenile justice, learning, schizophrenia, serious emotional disturbance and suicide.

Some of the most common symptoms of emotional and behavioural problems in pre-adults are:

- Depression
- Withdrawn behaviour
- Difficulty in getting along with peers
- Conflict with authority
- Low self-esteem
- Aggressive behaviour
- Difficulties with learning
- Low frustration tolerance

• Runaway behaviour that can be controlled in an unlocked facility

• Substance abuse as part of the problem (not the primary problem)

• Unreasonable anxieties associated with personal or school problems

• Extreme anxiety or somatic symptoms

Adolescence is a very crucial period in one's life, because the young ones in that phase try to define their place in the family, peer groups and in the community. During this period they struggle with the transition from childhood to adulthood, and are expected to achieve independence and make choices about their education, work and personal relationships that affect every aspect of their future.

In this respect, when we analyze the situation in our own country, it looks very bleak. In Pakistan between 10 and 15 per cent young people suffer from mental diseases. According to Dr Mussarat Hussain, Head of Department of Psychiatry, JPMC, 15 per cent of youngsters need medications and treatment. Elaborating on the issue, he said: "Out of 15 per cent of young mental patients, one per cent suffer from schizophrenia; two per cent from mental retardation; three to four per cent from depression; manic depressive psychosis claims two per cent; anxiety disorders are three to five per cent; disruptive behaviour disorder

prevalence is five to six per cent; and drug dependence is three per cent."

Dr Hussain said: "There is a general tendency among the parents to dismiss a complaint pertaining to psychological illnesses. Children can't express their feeling directly. They would often say 'they are bored', 'not interested', and when they are asked to do something they refuse."

He added: "There are three levels on which pre-adults performance could be checked to judge their mental stability and health. They are: social, occupational (educational) and personal. One should be well-adjusted in life at home at work and in society. If one shows maladjustment on any of these levels, it is alarming and needs medical attention."

There are many factors that contribute to the occurrence of mental disorders in young people. The parent-adolescent relationship is regarded as the most important factor in shaping the personality of a child. If the family is supportive and loving, the chances of getting behavioural and emotional problems are less. It is also observed that those teenagers who witness parental discord or separation or sibling rivalry are at a greater risk.

In the last few decades, the Pakistani society has witnessed immense changes. The joint or extended family structure has been replaced by the

nuclear set-up as a result of urbanization, industrialization and migration. Economic hardships have compelled married couples to work and make both ends meet. Supportive institutions such as day care centres are still in their embryonic stage. It results in a vacuum where traditional family support has gone and new institutional support is not fully functioning. Sometimes, it may lead to faulty parenting by overworked or stressed parents. It causes a feeling of rejection and frustration in the young ones. They could either take extreme measures to vent out their anger or sometimes internalize their pain and become mental patients.

Civil conditions are also a contributing factor. When adolescents observe lawlessness, poverty, injustices, violence, aggression, terrorism, and extremism, they become dejected and lose faith in the system. They find their future bleak, which puts unnecessary burden on them, and makes them prone to different psychological diseases.

There are many types of psychotherapies used for the treatment of troubled teenagers. Some of the common ones are relation training, stress management cognitive behavioural therapy, individual and family therapy. It is believed that with professional help and family support, patients can recover completely.