

# Adolescent Problem in Psychology: A Review of Adolescent Mental Health Studies

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Abstract: The stage of development is the stage where a child begins to grow up from childhood to a more mature stage. The figures in psychology have explained various theories about the importance of adolescent development. Teenagers will go through certain stages to reach maturity. Adolescent development is characterized by physical changes, ways of thinking, language, and socioemotional. Principles from the developmental stage are produced through biology, environment, and experience. Support from parents, school environment, and peers are crucial during the development stage. This article discusses some of the psychological problems which occur among adolescents during the past six years, along with preventive and intervening actions. Neglection, self-harm, smoking behavior, suicidal behavior, substance abuse, eating behavior, sexual behavior, bullying, and the use of internet & games are parts of psychological problems. This article suggests all parties, especially parents and teachers, to have a better understanding of problems among adolescents. Adolescents' mental health needs to be addressed appropriately to help them pass the development stages successfully.

Keywords: mental health, psychological problem, adolescent

### Introduction

Adolescent development occurs through physical, cognitive, linguistic, and socio-emotional. Development always progresses with consistent time and runs uniquely for each individual. Every stage of development is valuable for children. Every child gets a new task to complete the stage of development so they can move to the next stage of development (Brittain & Hunt, 2005). A number of experts discuss the stages of child development comprehensively, including Abraham Maslow, Sigmund Freud, Erickson, Jean Piaget, and Lawrence Kohlberg (Brittain & Hunt, 2005). Adolescence is the second phase in decades of life that has many physical and psychological changes (World Health Organization, 2009), it is where a child moves from childhood into adulthood (McAteer et al., 2017). Erickson states adolescents are children aged 12 to 18 years (Erikson & Boeree, 2006).

Various treatments have been carried out related to psychological problems that exist during adolescent development, starting from promotive, preventive, until curative. In this article, the author will summarize the adolescent psychological problems with treatments that have been carried out in the field of psychology for the past six years. For some teenagers, they could pass the adolescent period easily, yet other teenagers feel that this period is a difficult stage in their lives (Jalling, 2017). Various psychological approaches can help mental health professionals to deal with adolescent problems so the problems will not get worse.

### Neglection

A significant mental health problem is neglection (Sivagurunathan, Umadevi, Rama, & Gopalakrishnan, 2015). Neglection can be exemplified as when parents fail to provide their children's basic needs (Dahake et

al., 2018; RAWS, 2018). This problem is rarely the focus of research, in fact, neglection among adolescents is a sizeable problem such as neglection in education, emotions, medical, physical, supervision, drug use, security, and nutrition (RAWS, 2018; RCPCH, 2017). Neglection is the most common form of child abuse that is not recognized in adolescent development (RCPCH, 2017). Domestic violence as an example of child abuse is also a problem that is quite disturbing in the development of adolescents who enter psychological problems. Domestic violence is more common when teenagers are in the school environment compared to the university environment (Kakkad, Trivedi, Trivedi, & Raichandani, 2015).

Neglection makes psychopathological risk in adolescents; thus, it turns to be a challenge for doctors and parents. Children who experience neglection appear to be dependent on the caring environment, so they need a treatment that focuses on a variety of external factors that can worsen symptoms and impair functioning (Zeanah & Humphreys, 2018). Neglection caused by caregivers and parents certainly has some short-term and long-term consequences to the children (Dahake et al., 2018). All the consequences of neglection that come from parents become the beginning of the many maladaptive behaviors and mental health problems of children. Psychological assessments that can be done in this issue are therapists' understanding of family trees, child caregivers, parental drug or alcohol consumption, parental mental health, economic status, support systems, culture, religion, and violence in partner relationships (Hornor, 2014).

Professionals are advised to be able to understand differences in legal culture and child protection (Zeanah & Humphreys, 2018). As well as preventive measures that can be done related to neglection of



adolescents, take the focus on parenting from parents so that they do not experience hard times in supporting and caring for children (RAWS, 2018). In the process, all those involved in the sphere of the child, such as parents and teachers, must be able to work together to ensure the success of prevention, intervention, and the process of supervision (Biçakçi, Er, & Aral, 2016).

### **Self-Harm**

This behavior is also referred to as a way of selfinjury without trying to end life. It is in contrast to the desire to kill oneself to be able to end his life with a reason for despair about his life (Lawrence et al., 2015). Teenagers between the ages of 12 and 17 experience self-harm, hurting themselves. Girls suffer more self-harm compared to boys. The rate of occurrence of self-harm is higher for adolescents who live with stepfamilies compared to adolescents who have depression. It shows that the environment is more influential on adolescent stress levels than other factors (Lawrence et al., 2015). Criteria in a self-harm usually include an individual who withdraws or is more silent than usual, stops from regular activities that he/she normally participates in, has mood changes that change quickly, gets angry easily, stops communicating with others, decreases academic achievement, starts to scratch or injure himself, or wears clothes that are not supposed to cover the scratches or wounds he made (K. et al., 2015).

As a precaution, peers who do not have a self-harm behavior can be a good prevention for adolescents with self-harm behavior to build healthy friendships to support the mentality of adolescents (Doyle, 2017), get health services, school services, telephone counseling or online support through counseling (Lawrence et al., 2015). Various types of interventions that can be done related to self-harm are treatment as usual (TAU), placebo, pharmacological care, CBT, dialectical behavior therapy, problem-solving therapy, and psychosocial treatments that have various treatment levels such as level 1for well-established, level 2 for probably efficacious, and level 3 for possibly efficacious (Glenn, Franklin, & Nock, 2015; K. et al., 2015; Centre for Suicide Prevention, 2017)

# **Suicide Behavior**

More than 800 thousand people die from suicide each year at the age of 15 to 29 years (WHO, 2014). In contrast to self-injury without the aim of ending life, suicide behavior aims to end his life. Adolescents have suicidal thoughts originally from themselves, or the thoughts come from those who have been bullied or cyberbullied, felt depressed, or felt anxious (Child Mind Institute, 2017; Hinduja & Patchin, 2019). Other factors that cause suicide include poor academic performance, financial problems, unsuccessful transition process, social and cultural pressure, social media, and the internet (Universities UK, 2018).

According to research, greater suicide behavior occurs in women than men (Sivagurunathan et al.,

2015). Thus, prevention is always better than cure. Many efforts can be proposed to prevent suicidal behavior among teenagers, first, by telling the teenagers about how important mental health is, helping teenagers who face difficulties or working together with education stakeholders; second, raising awareness of the risk of suicide and involving parents or guardians to deal with the teenagers' concerns; third, publicizing the support systems which can be easily accessed by adolescents so that adolescents who experience difficulties can seek for fast support, obtain good directions, and foster good communication within the school area; fourth, establishing specific initiatives such as intervening and acting against intimidation and discrimination, restricting access to location and material from places prone to suicide (Universities UK, 2018). The government can also play an active role in preventing suicide, for instance, doing prevention during data collection, discussing with officials, and consulting on making prevention strategies nationally. The act of doing prevention can increase public awareness through public dialogue, media, or vulnerable groups (WHO, 2014).

### **Internet Use and Games**

The use of the internet could ease many people to search for information fast and no longer need newspapers, magazines, even the use of radio and TV (Reid Chassiakos, Radesky, Christakis, Moreno, & Cross, 2016). Teenagers between the ages of 16 and 24 are very intense with the use of social media. With social media, adolescents have a new environment for building broader friendships and minimizing feelings of loneliness. Teenagers with excessive use of social media could cause problems with self-esteem and satisfaction with their real life. Social media also makes teens have mental health tendencies, such as being vulnerable to experiencing anxiety, depression, as well as suicidal ideation (Child Mind Institute, 2017).

The use of video games is also gaining its popularity, especially when the game technologies have been modified so they can be installed easily in mobile phones, even with more attractive looks. It is called gamification, a condition where a game application with real-world elements with smooth and easy-to-use activities, sophisticated features that reinforce behavior (Reid Chassiakos et al., 2016). These games include mobile legend, PUBG, Hay Day, and what is now becoming famous called Call of Duty. The use of the internet and all things related to digital can be a positive development in toddlers if they are used intentionally for development purposes. Toddlers can learn effectively through digital media by reading novels guided by parents to build communication skills (Reid Chassiakos et al., 2016).

Along with the positive effects, the negative effects also appear with the use of digital media (Reid Chassiakos et al., 2016). Research conducted in the UK during the 14 years of living and settling in the country



concluded that the use of social media is associated with symptoms of depression, which include a higher risk for women than men (Kelly, Zilanawala, Booker, & Sacker, 2019). In other studies, parents are expected to be able to educate children about the use of social media and pay attention to how children use it. Also, parents' and children's discussions can help teenagers avoid risky online behavior (Nabawy, Moawad, Gad, & Ebrahem, 2016).

### **Substance Abuse**

Substance abuse can include alcohol consumption and drug use. Alcohol use in adolescent school environments ranges from ages 14 to 16 years is lower than in the university environment (Kakkad et al., 2015). In another study in the same year, adolescents aged 13 to 17 years consumed alcohol at least in the last 30 days for both women and men. Teenagers who suffer from depression are more likely to consume alcohol compared to adolescents without mental disorders. Teenagers tend to consume alcohol and drugs before engaging in sexual activities (Lawrence et al., 2015).

Drug use has become the number one health problem in the United States. Some consequences regarding drug use have been found. Users usually come from teenagers who eventually involved in a death, accidental injury, murder, and suicide (Levy, 2014). Assessment related to alcohol and drug abuse was conducted by using relaxed and comfortable approaches due to not all teenagers will be open related to the use of alcohol or drugs (Klein, Goldenring, & Adelman, 2014). The concept of care services for drug abuse in adolescents is by providing short interventions to early drug users. Outpatient care is a treatment addressed to patients with moderate severity assessment results as a way to increase the motivation of adolescents to take more intensive treatment by involving individuals, groups, and family (K.C., E.E., E., & K., 2014).

# **Sexual Behavior**

Sexual behavior that occurs before marriage is more common in adolescents with an age range of 14 to 16 years who change partners from 1 to 3 every 12 months. While college students are in the age range of 17 to 19 years with the same partners (Kakkad et al., 2015). Students use more contraception than college students with sex education provided more accepted by students than college students (Kakkad et al., 2015). Some teenagers use any means to prevent pregnancy and sexually transmitted infections with condoms or birth control pills (Lawrence et al., 2015). Pregnancy will occur when a teenager fails to use contraception or does not use it at all. All these behaviors will bring teenagers into sexual diseases, such as HIV (Bej, 2015). During the assessment process, not all teenagers feel proud of their sexual experiences. Some of them feel pressured by the experiences they have. Building rapport that is comfortable with teenagers in retrieving sensitive information is usually more useful than asking without good rapport (Klein, Goldenring, & Adelman, 2014).

Related to the preventions that can be done, parents and mental health professionals can be role models to provide knowledge to adolescents related to the menstrual cycle, fertility, and prevention of diseases obtained through sexual contact. Interventions that can be used in pregnant adolescents are psychoeducation about the dangers of sexual behavior and followed up by prenatal and post-natal care. Many mental health disorders among pregnant teenagers can be treated by giving psychotherapy for depression or PTSD (Weis & Greene, 2016).

### **Smoking Behavior**

Adolescents who smoke usually have high economic status compared to adolescents with low or medium economic status (Koch-Institut, 2018). Teenagers who have smoking behavior usually follow their peers' behavior, and then begin to feel the effects of smoking (Robalino, 2016). The range of teenagers who smoke is between 13 and 17 years (Lawrence et al., 2015).

Although the relationship between obesity and smoking behavior has a negative result, both are related to the health gap of adolescence, and an increase in one of these behaviors leads to a decrease in another behavior. Smoking can be used to reduce or suppress appetite (Jacobs, 2018). According to a survey, much information is found in adolescents' smoking behavior, containing behavior patterns, age and differences, misperceptions about smoking and body image dissatisfaction, poor welfare, support from the school environments (family and peers), cigarette packages, and smoking restrictions (Evans, Sheridan, & Kavanagh, 2018). Control over tobacco use needs to be done to minimize population who are vulnerable to tobacco use. Fighting diseases to improve health is also one of the goals of the intervention (Nagelhout, Popova, & Kuipers, 2018).

### **Eating Behavior**

Maladaptive eating behavior in adolescents' development is seen through the problem of obesity, with three factors from high to low, namely eating habits, physical inactivity, and genetic obesity (Kakkad et al., 2015). Unhealthy eating habits can make obesity problems increase; thus, a good understanding of nutrition is important. The risk of obesity increases when teenagers have a habit of consuming snacks along with the use of media (Klein, Goldenring, & Adelman, 2014).

Teenagers aged 11 to 17 years experience underweight and overweight. As categorized by a standard weight assessment (BMI), more women tend to have below normal weight while more men have excessive body weight (Lawrence et al., 2015). Adolescent obesity is a major public health problem, and it correlates positively with the lack of awareness



about obesity factors. As parts of prevention, schools can be a good place to propose obesity awareness among the students, followed by counseling addressed to parents to maintain healthy behavior, eating habits, and physical activity by applying healthy lifestyle in the family (Bhattacharya, Gogoi, & Roy, 2015)

## **Bullying**

Bullying is a behavior of teasing, threatening, spreading rumors, and hurting others physically. Whereas cyberbullying is a bullying behavior using a cellphone or the internet by commenting, sending pictures, or pretending to be someone else to hurt or threaten others (Lawrence et al., 2015).

Bullying has serious negative effects on the development of mental health among adolescents. Whatever is the behavior of oppression and all its forms, both verbally or nonverbally harm the oppressed victim. Adolescents who are victims of oppression will feel helpless and feel disconnected from others; they will feel that they have no support from adults (Center for Disease Control, 2014).

Cyberbullying is a phenomenon of social growth possessed by children and adolescents in their development (Ortega-barón, Buelga, & Cava, 2016). Bullying behavior is often repeated, potentially repeated over time (Center for Disease Control, 2014). Victims of oppression are usually at risk of experiencing depression, anxiety, engaging in violence with others, sexual behavior, substance abuse, social dysfunction, decreased academic achievement, and many other negative things (Center for Disease Control, 2014).

As explained in the suicidal behavior section, the two of these behaviors are interrelated. Oppression and suicidal behavior are complex problems in society and vulnerability to these two behaviors can affect emotional distress, violence, family conflicts, relationship problems, lack of a supportive school environment, alcohol and drug use, physical disability, and lack of support from others (Center for Disease Control, 2014).

# Conclusion

Each deviant behavior that occurs during adolescent development comes from mistakes in learning outcomes and a lack of support from the school environment, parents, and peers. Besides, all behaviors are related one to another; therefore balance is needed to create well-being and complete tasks in the adolescent development stage. Adolescents' mental health needs to be addressed appropriately to help them pass the development stages successfully.

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