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Research Article

ADOLESCENT PSYCHIATRIC NURSING

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INTRODUCTION

Adolescence is a transitional developmental period between childhood and adulthood that is characterized by, more biological, psychological, and social role changes than any other stage of life except infancy. Adolescents vary considerably with respect to the onset, duration, and intensity of the changes they experience. Nurses need to take into account developmental theory when assessing and planning care for adolescents.

The definition of mental health, especially for adolescents, is composed of two parts:

1. The absence of dysfunction in psychological, emotional, behavioral, and social spheres.
2. Optimal functioning or well being in psychological and social domains. (Kazdin,1993).

The word dysfunction means impairment in every day life. It means that the problems faced by the adolescent are so severe that he/she cannot or will not partake in the activities of daily living. When an adolescent's difficulties impair performance (at school, society, work) or threaten physical well being, then a mental health problem exists.

Adolescent Disturbances

Etiological theories

- Several theories have identified factors related to the cause of adolescent disturbance. These formulations are important in assisting nurses to understand how disturbance develops and how it might be prevented, diagnosed, and treated. Adolescent disturbance is multifactorial and involves biological and psychological theories.

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- The factors associated with depression illustrate the complexity of etiological theories of adolescent disturbance. Etiological models of depression are based on different theoretical frameworks, each suggesting potentially helpful treatment strategies.
- Biological models emphasize familial and biochemical factors that influence preventive and medical treatment, psychosocial theories suggest different types of interventions, such as psychoanalytical, behavioral or cognitive techniques. Biopsychosocial models influence assessment and treatment by fusing physiological and psychosocial considerations.
- Biological models indicate that adolescent depression may result from the under activity of nerve cells whose neurotransmitters are the biogenic amines, such as serotonin or nor epinephrine. Abnormalities in dopamine receptors and dopamine transporters are implicated in ADHD.
- Findings from twin adoption, and family studies support the influence of genetics among the causes of depression. There is an increased incidence of depression in adoptees whose biological parents had an effective disorder.
- Psychoanalytic and cognitive behavioral theories of depression hold that relying on the acceptance and approval of others for self-esteem puts a person at risk for depression because the approval of others is not always reliable.

Social and environmental factors: External factors in the environment put stress on children and adolescents and shape their development. Severe marital discord, low socioeconomic status, large families and overcrowding, parental criminality, maternal psychiatric disorders and foster care placement. The greater number of stressors, the greater the incidence of mental disorders. The abuse of children and stressful life events are known to be associated with increased incidence of incidental injuries, anxiety, depression, and suicidal behaviors. Traumatic life events can lead to insecure attachments, post traumatic stress disorder, conduct disorders, delinquency and impaired social and cognitive function.

Physical and sexual abuse of young children puts them at risk for developing a dissociative identity disorder as a defense against the overwhelming anxiety associated with the abuse.

Classification of Adolescent Mental Health Disorders

Sr.no	Classification of disorders	Examples
1.	Behavioral disorders	Conduct disorder, ADHD
2.	Emotional disorders	Anxiety disorder, mood disorders (e.g., depression, PTSD, suicidal thoughts and attempts).
3.	Eating disorders	Anorexia nervosa, bulimia.
4.	Chemical dependency	Abuse of alcohol, amphetamines (speed), caffeine, cannabis, cocaine, nicotine, hallucinogens, inhalants, opiates, prescription drugs.
5.	Personality disorders	Antisocial disorder, borderline disorder, dependent disorder, OCD, paranoid personality disorder.
6.	Schizophrenia	Paranoid type schizophernia, disorganized type schizophernia, delusional disorder.
7.	Sexual disorders	Gender identity disorder, inappropriate sexual behaviors.
8.	Other disorders of adolescence	Adjustment disorder, impulse-control disorders, problems related to abuse or neglect.

Behavioral Disorders

Attention Deficit Hyperactivity Disorder

The occurrence of ADHD is a common in adolescents as it is in children. It is characterized by symptoms such as distractibility, impulsivity, inattention and disruptive behaviors. Without hyperactivity to call attention to them, adolescent with ADHD are often ignored, underdiagnosed, and undertreated as many as 9% of children and adolescents have ADHD.

Clinical features

Impaired school performance, limited participation in extracurricular activites, increased delinquency, and harmed social relationships and family interactions. Without effective treatment, ADHD often results in creased risk of trauma, substance abuse and conduct, anxiety, and affective disorders during adolescence.

Diagnosis

Difficulties in evaluation of adolescents with ADHD are the misdiagnosis of other recognizable disorders as ADHD and the failure to recognize co morbid disorders. No standardized formal tests establish the diagnosis of ADHD in adolescents. Clinical history and observational data from teachers and family are effective in identifying ADHD.useful tools include the child behavior checklist (CBCL) for 12 to 16 yrs olds, the CBCL for parents and teachers, the conner's scales, and the child attention problems scale.

Management

Psychopharmacological management

Stimulant medications (methylphenidate (Ritalin) reduce hyperactivity, distractiability, inattentiveness, and oppositionality and may improve motor, impulse, and self control;mood;socialability;personal relationships' and academic success.

Distractable adolescents on medication may be able to organize their ideas better when speaking or writing, increase concentration and stay on task, benefit more from psychotherapy because they can reflect before responding and use cognitive strategies for learning.Tricyclic antidepressants are effective alternatives to stimulants and are particularly useful if the adolescent with ADHD is also depressed.

Psychosocial management

Psycho educational counseling, behavioral management techniques, cognitive therapy, school intervention, family therapy, biofeedback, and social skills training have each been used alone and in combination with variable success.

1. ***Individual counseling or psychotherapy*** can make ADHD less damaging to self esteem and reduce morbidity in half. At time when adolescents are shaping their identity, counseling helps them define their strengths, assume responsibility for their medication, and accept the limitations ADHD imposes on them.
2. ***Family therapy:*** aims to form strategies to handle disruptive behaviors and develop positive ways of addressing sibling concerns and conflicts. It promotes family communication and cohesion, changes member's perceptions and expectations, and improves styles of interacting skills.
3. ***Social skills training:*** adolescent with ADHD tend to be rejected or neglected by their peers. Social skills training helps these adolescents increase social competence and improve social relations. Training techniques include direct coaching, role playing, observing video tapes of successful peer interactions, and practicing methods for resolving conflicts.
4. ***Biofeedback training:*** biofeedback training has been successful with adolescent with ADHD. After being taught biofeedback techniques using computer games, adolescents with ADHD improved their concentration, scanning, and tracking skills.

Nursing intervention

- Observe the child for level of physical activity, attention span, talkativeness, and the ability to follow directions and control impulses. Medication is often needed to ameliorate problems in these areas.
- Assess difficulty in making friends and performing in school. Academic failure and poor peer relationships lead to low self esteem, depression, and further acting out.
- Assess for problems with enuresis and encopresis.

Conduct Disorders

Conduct disorders are characterized by a defiance of authority and aggressive behaviors toward others. Often the behaviors of teens with conduct disorders violate the rights of other people or defy society's norms and standards. A common factor in the development of conduct disorders appears to be harsh parental discipline with physical punishment. Recent studies have demonstrated that early harsh discipline fostered more aggressive behaviors later in a child's life. The typical adolescent with a conduct disorder is a boy with a history of social and academic problems. Common symptoms include fighting, temper tantrums, running away from home, destroying property, problems with authorities, and failure in school. Stealing and fire setting may occur.truancy, vandalism, and substance abuses are frequently encountered. Many teens with conduct disorders, especially those with violent histories, also have neurological problems,

psychomotor seizures, ADHD, and various mental health problems.

Treatment

Treatment for adolescents with conduct disorders is focused on first stabilizing the teen's home environment and then working to improve family interactions and disciplinary techniques.

Individual and family therapy is used to help the family learn to communicate and problem solve effectively. A combination of behavioral, emotional, and cognitive therapies helps the teen learn self-control. The success of these interventions hinges on including the family, teachers, and other adults who are involved with the child and on gaining their support and assistance in treatment plans. Efforts are made to treat the adolescent within the home environment; however, residential treatment may be necessary when the adolescent becomes a danger to himself/herself or others.

Nursing interventions

Conduct disorders nursing interventions

Nursing diagnosis

1. Non compliance
2. Risk for violence: self directed or directs at others.
3. Ineffective individual coping

Assessment

1. Egocentrism
2. Disobedience
3. Feelings of frustration
4. Lack or remorse for unacceptable behavior
5. Manipulative behavior
6. Cheating (school work, games, sports)

Nursing interventions

- Inform the client of expectations and limits in matter of fact manner.
- Do not make exceptions to stated expectations or rules. Avoid making promises; instead, say, "if at all possible, will".
- Validate the client's feelings of frustration when expressed, but remain firm with denials of requests for exceptions to limits.
- Avoid power struggles with the client. Do not engage in lengthy explanations or debating once expectations have been stated.
- Demonstrate consistency with your response to the client, and ensure consistency among all the staff members.
- Designate one staff member each shift to be the primary contact person for the client. Other staff should refer request to the designated staff person.
- Protect other clients from being drawn into the clients influence, especially those who might be non assertive or vulnerable.
- Institute a daily schedule for getting up, going to bed, doing homework, studying, and performing activities of daily living, enjoying free time, and so forth.
- Give positive feedback for completion of each component of the schedule.
- Contract with the client (ahead of time) fro any special requests or privileges. It may be beneficial to write and sign the agreement.

Risk for violence: self directed or directed at others.

Risk factors: temper outburst,reckless,thrill-seeking behavior, inability to express feelings in a socially acceptable, safe manner, lack of remorse for destructive behavior, destruction of property, cruelty to animals, physical aggression, running away from home, use of tobacco,alcohol,and drugs, involvement in violent situations or crimes.

Nursing interventions

- If the client is losing behavioral control, remove him or her from the situation.
- Institute time out procedure (retreat to a neutral environment to provide the opportunity to regain internal control).tell the client that the time out period is a positive opportunity for "cooling off," not a punishment for behavior. Remain matter of fact when instituting this procedure.
- Encourage the client to work toward instituting time out for himself or herself when unable to handle a situation in any other way.
- Following the time out period, when the client is more calm, discuss the situation with him or her.
- Investigate any threats or talk of suicide seriously, and institute interventions as indicated.
- Encourage the client to keep a diary of his or her feelings, the situation in which the feelings were experienced, what he or she did to handle the situation or feelings, and so forth.
- Assist the client in examining alternatives to acting out behavior

Ineffective individual coping

Assessment: few or no meaningful peer relationships, inability to empathize with others, inability to give and receive affection, low self-esteem, masked by "tough" act.

Nursing interventions

- Encourage the client to openly discuss his or her thoughts and feelings.
- Give positive feedback for appropriate discussions.
- Tell the client that he or she is accepted as a person, though his or her particular behavior may not be acceptable.
- Give the client positive attention when his or her behavior is not problematic.
- Teach the client about limit setting and the need for these limits. Include time for discussion.
- Teach the client a simple problem-solving process as an alternative to acting out (identify the problem, consider alternatives, select and implement an alternative, evaluate the effectiveness of the solution).
- Help the client practice the problem-solving process with situations on the unit, then situations the client may face at home, school, and so forth.
- Role model appropriate conversation and social skills for the client.
- Specify and describe the skills you are demonstrating.

- Practice social skills with the client on a one to one basis.
- Gradually introduce other clients into the interactions and discussions.
- Assist the client to focus on age and situation appropriate.
- Encourage the client to give and receive feedback with others in his or her age group.
- Facilitate expression of feelings among clients in supervised group situations.
- Teach the client about transmission of human deficiency virus (HIV) infection and other sexually transmitted diseases (STDs).
- Assess the client's use of alcohol or other substances, and provide referrals as indicated.

Emotional Disorders

Disturbed feelings or moods from time to time are a normal part of everyday living.adolescents, because of their many developmental tasks, experience frequent emotional changes. Periods of feeling "down" or "blue" are not uncommon with most teens.howeever, when the moods or feelings have an impact on the teens daily activities, mental health care may be needed.

Problems that affect the emotional dimension of human functioning are divided into two basic categories: anxiety disorders and mood disorders.

Anxiety disorders

Anxiety disorders result when the adolescent's ability to adapt is overwhelmed. When teens are overstressed, anxiety (that vague, uneasy feeling of tension) may balloon into an ever present emotional state.

This condition triggers physical or somatic changes as the body responds in an attempt to adapt. The combination these physical and emotional symptoms can result in such clinical di agnoses as panic disorder, phobias, OCD, and post traumatic stress disorder.

Anxiety is also associated with the development of depression and substance abuse problems with anxiety may become difficult to change.

Adolescent with affective or mood disorders display a wide range of behaviors from profound depression to racing hyperactivity. Ones mood is the ever-present emotional state that colors ones perceptions of the world.because adolescents are struggling with issues of self image and confidence, their moods change rapidly. Teens are expected to have short periods of "the blues, "but when sad moods are prolonged or the teen's behaviour alternates between extreme highs and lows, an emotional disorder is suspected.
There are four main primary signs and symptoms of depression in adolescents:

1. Lowered mood: mild sadness to intense guilt; worthlessness; hopelessness.
2. Loss of interest: decreased social activity; decreased school performance; refusal to initiate social contacts and interactions; shy, withdrawn; becomes less involved in work and play.
3. Difficulty in thinking: inability to concentrate, make decisions, ponder and solve problems.
4. Other interpersonal difficulties are often present such as problems with parents and siblings, the use of drugs, and fighting. Acting out ones depression through antisocial behaviors, such as theft, vandalism and truancy, may result in involvement with the law ant its criminal system. Sexual acting out is also common among teens with depression. "Most adolescents who are depressed exhibit acting out behaviors and a depressed mood, clinicians will observe signs associated with depressed mood, such as crying, hoplessness, and suicidal ideas"

Depression in adolescence is characterized by irritable moods and acting out behaviors in contrast to the classic depressed mood" and loss of interest' symptoms characteristic of adults". In short, depressed adults lose interest; depressed teens act out.

Severe anxiety and depression are not average adolescent conditions. It is now known that the majority of adolescents of both genders successfully negotiate this developmental period without any major psychological or emotional disorder, develops a positive sense of personal identity, and manages to forge adaptive peer relationships with their families"

The best prevention for emotional disorders in teens involves early recognition. Emotional problems left unrecognized and untreated in adolescence frequently develop into serious mental health disorders in adulthood.

Nursing interventions

Assessment

1. Assess the quality of their relationship between child and parents or caregivers for evidence of anxiety, conflicts or difficulty of fit between Childs and parents temperaments.
2. Assess for recent stressors and their severity, duration and proximity to the child.
3. Assess their parents or caregivers understanding of developmental norms, parenting skills, and handling of problematic behaviors.
4. Assess the developmental level and determine whether regression has occurred.
5. Assess for physical, behavioral and cognitive symptoms of anxiety.
6. Assess for personal exposure to an extreme traumatic stressor and evidence of internalized or externalized anxiety symptoms**.**

Nursing intervention

- Protecting the child from panic levels of anxiety by acting as a parental surrogate and providing for biological and psychosocial needs.
- Accepting regression but giving emotional support to help the child progress again.
- Increasing their Childs self-esteem and feelings of competence in the ability to perform, achieve, or influence the future**.**
- Helping the child accept and work through traumatic events or losses**.**

Eating Disorders

Among the most frequently encountered adolescent health problems are eating disorders. Adolescents eating patterns and food behaviors may follow the latest trend or change to reflect the preferences of the peer group, but as long as the teen is well nourished there is little cause for concern. Eating disorders are characterized by disturbances in eating behaviour" which can result in a body that is far below or over of its ideal weight.

The weight control practices of adolescents have been a cause for concern in today's society. The message of slim equals attractive" bombards people throughout childhood; therefore weight control becomes an important concern for many teens.

Obesity: obesity is defined as a body weight that is 20% or more above the average weight for a person of the same height and build. because the eating patterns of obese teens do not pose an immediate threat, chronic overeating is not considered as mental health disorder.however,many people who become overweight in adolescence use food to help them through troubled times. In these cases, mental health interventions may be helpful in assisting individuals in finding more effective ways of meeting their needs. it has been estimated that between 5% and 10%of all female adolescents suffer from eating disorders. About 90%to 95% of teens with eating disorders are girls, but eating disorders do occur in male teenagers, usually athletes. The mortality rate of eating disorders is about 9%, and their cause is unknown. A possible genetic role is being investigated, but it is uncertain that eating disorders have a strong impact on an individual's growth and development. The most common eating disorders in adolescence are anorexia nervosa and bulimia.

Anorexia nervosa: is a prolonged refusal to eat to keep body weight at a reasonable minimum. It is characterized by an intense fear of becoming fat and a relentless pursuit of thinness. Surveys among school girls have shown fairly wide variation in prevalence rates, ranging from zero to 1.1 percent. in the English studies a consistent difference in prevalence rate was found between private schools (1 percent) and state schools (0-0.2 percent).this social class distinction was not so definite in the Swedish study where the overall prevalence of 0.84 percent of school girls, up to and including 15 years of age, represents a high rate for anorexia nervosa commences most frequently in the young, especially within a few years of puberty. The peak age of onset is 18yrs.the illness usually occurs in girls within a few years of the menarche so that the most common age of onset is between 14 and 18.the view has been widely held that anorexia nervosa occurs predominantly in patients with middle class backgrounds. The physical symptoms which can occur with anorexia nervosa include:
Absence of regular menstrual cycle

1. Dry skin
2. Low pulse rate, low blood pressure
3. Behavioral changes like social withdrawal, irritability, moodiness, depression and without treatment, this disorder can become chronic and with sever starvation, some teenager may even die.

Bulimia nervosa: three features must be present to make a diagnosis of bulimia nervosa.

- Recurrent episodes of binge eating'
- The regular use of extreme methods of weight control (e.g. highly restrictive dieting, self-induced vomiting, the misuse of laxatives and diuretics, or over exercising).
- A characteristic set of attitudes to shape and weight at the heart of which is the judging of self-worth in terms of shape and weight. These attitudes are expressed as an intense dissatisfaction with shape and weight, a fear of weight gain and fatness and in many cases, a pursuit of weight loss and thinness.

The great majorities of patients with bulimia nervosa are female and most are in their twenties (although the age range is between 10 and 60 years).in considering the psychopathology of the disorder, a distinction may be drawn between its specific and general features. the former comprises features that are largely peculiar to eating disorders (e.g. self-induced vomiting), whereas the latter consists of features seen in other psychiatric conditions (e.g. depressive symptoms).the clinical features of bulimia nervosa are similar in men and women and in those with and without a history of anorexia nervosa. Dieting and binge eating, purging and other forms of weight control. Attitudes to shape and weight are the psychopathology behind this disorder.

Chemical Dependency

Alcohol and drug abuse: use and abuse of drugs and alcohol by teens is very common and can raise a serious consequence. Between age ranges of 15-24 years 50% of death involves alcohol/drug abuse. Drugs and alcohol also contribute to physical and sexual aggression such as assault/rapes possible stages of teenage experience with alcohol and regular recreational use can lead to other problems like anxiety and depression.

Warning signs of teenage drug/alcohol abuse may include

- A drop in school performance
- A change in group of friends
- Delinquent behavior
- Deterioration in family relationships.

Adolescent who are at risk for substance abuse problems include those who are at risk for substance abuse problems include those who were abused as young children; teens from families who approved of ,use or promote the use of chemicals; and teens who suffer from other mental health problems.

Chemical dependency is a state in which ones body physically teens with substance abuse or chemical dependency problems is difficult. Many of the signs and symptoms of long-term abuse are absent. The teen may not have the maturity to define the situation or take the steps needed to problem solve.
Teens who become chemically dependent progress through four general stages:

1. experimentation,
2. active seeking
3. preoccupation, and
4. Burnout.

1. **Stage-1:** During the experimentation stage, adolescents experience the pleasant moods and social belonging associated with drugs. Teens are social and usually

experiment with chemicals for the first time within the comfort of their peer or other social group.

2. **Stage-2:** Teens who progress to the second stage, active seek out the mood changes brought about by the chemicals. They become experts in the use of chemicals to regulate their moods. School work and relationships with other family members begin to erode. Friends become limited to other teens who "use."
3. **Stage-3:** Preoccupation with the drug characterizes the third stage of adolescent chemical dependence. Teens in stage of adolescent chemical dependence. Teens in this stage believe that they cannot cope without their chemicals and have lost control over the use of their substance. Soon they develop a tolerance to the drug and may begin to use other substances. The chemical is now used to prevent withdrawal symptoms. at this stage, psychosocial functioning begins to fail. Friends are lost and may be replaced with antisocial, illegal, or violent behaviors.
4. **Stage-4:** chemical dependency develops over time; most of the individuals in this stage are late adolescent or young adults. The focus of drug use now is to prevent negative feelings. The euphoric, pleasant high that was sought in the beginning is no longer available .if the teen attempts to stop using the chemical at this time, withdrawal symptoms will appear. Adolescents who progress to this level of addiction is no longer able to function productively in society. Some are even unable to accomplish the activities of daily living.

Frequently, the most important clues to substance abuse in teens are small ones. A change in habits, mood, or personality is often the beginning hint of a problem. Sometimes a teen will suddenly become rebellious. More often though the adolescent will disappear with friends and take every necessary step to avoid contact with family members. The teen who becomes chemically dependent needs mental health intervention. Underneath a hardended, cocky exterior, there usually lies an individual who has few friends and little or no self esteem.

Treatment for teens with alcohol –drug problem is focused on helping replace their use of chemicals with more effective coping skills.

Individual and group psychotherapy is often combined with behavioral and cognitive therapies.

Nursing intervention

Nursing care is focused on providing a safe environment because many of these teens are suicidal. Nurses also help teenaged clients identify and solve the problems related to their use of chemicals.

Drug and alcohol abuse is a complex problem that affects all aspects of an adolescent's life. Few teens seek treatment on their own, and the therapies for chemical dependency vary in their effectiveness. That is why prevention and early recognition remain the most effective tools for dealing with adolescent substance abuse.

Peronality Disorders

One's personality is an important part of ones personal identity.personaltiy is the combination of behavioral patterns that each of us develops to cope with living. Our personalities characterize us as unique individuals and allow us to function effectively within society. However, there are some adolescents who have long histories of inappropriate or maladaptive behaviours.these teens may be diagnosed as having a personality disorder. A personality disorder is defined as "an enduring pattern of inner experience and behavior that: deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment.

A major characteristic of the adolescent with a personality disorder is impulsivity-the drive or temptation to engage in an act that is harmful to one self or others. These "psur-of-the-moment"decisions lead to inappropriate actions, such as overeating, casual sexual practices, shoplifting, and thrill-seeking behaviors. Intense emotional changes lead to anger and depression. Self-esteem and self confidence are low-tech ability to look inward is minimal. They tend to develop "all or nothing relationships" in which others are either idealized or considered worthless. They flip between distance and closeness within their relationships and harbor a deep fear of being abandoned. Some become suspicious and many attempt suicide. Frequently, a personality disorder will coexist with another mental health diagnosis.

Treatment

Treatment for teens with personality disorders involves the use of psychotherapy and various medications. Recent studies have that personality disorders may be related to a problem with the neurotransmitter called serotonin. Treatment with selective serotonin reuptake inhibitors, such as fluoxetine hydrochloride, and resulted in fewer impulsive actions, more stable moods, and less anger combination with selective medications, provides a promising outlook for teens who are suffering from personality disorders.

Sexual Disorders

One of the tasks during adolescence is to establish a sexual identity and role. To do this, many children and teens experiment with various sexual attitudes, outlooks, and behaviours. Attitudes about sexuality change as societies evolve. Sexual behaviors that were once considered inappropriate are now accepted. Because of these changing values, the definition of a sexual disorder must be characterized by significant distress and impaired ability to function.

Adolescents with sexual disorders relating to gender identity are still struggling with conflicts that began in childhood. Individuals with gender identity disorders have a continual discomfort with their assigned sex. The child has a strong, persistent need to identify with other sex and often insists on wearing clothing designed for the other sex.during play, the child identifies with or role plays the opposite sex.playmates and activities are limited to those associated with the desired sex.for example, a boy might like to wear dresses, play house acting as the mother, and choose only girls as friends.

As such teens grow older, they become preoccupied with riding themselves of their sexual characteristics and assuming those of the desired sex.they may request hormonal therpy, surgery, or other procedures that may produce characteristics of the desired sex.

Treatment: consists of medical and mental health therapies that are designed to relieve distress and help teens solve their problems.

Sexually acting out is not uncommon for teens.however,if their behaviors result in discomfort or harm for themselves or others, society defines the behaviors as inappropriate. Many of the sexual problems faced by adolescents can be solved with good communication skills. Sometimes just replacing ignorance with accurate knowledge can assist a teen along the road toward healthy sexual maturity.

Psychosis

The defining feature of schizophrenia and other psychosis is a grossly impaired ability to function. The adolescent who suffers from schizophrenia is typically a good child who begins to develop a whole new set of sometimes bizarre behaviors and activities.

"Psychosis can result from organic causes, head injury, illicit substance abuse, or extreme stress, or it may occur in the manic phase of bipolar disorder".

The major characteristic of adolescent psychosis is loss of contact with reality. The teen may have hallunications, delusions, and feelings of paranaio. he /she lacks judjment, behaves impulsively, and shows little insight. Behaviors may become inappropriate, ritualistic, or repetitive.disoredered thought patterns lead to communication problems and difficulties with reality, personal hygiene (even eating and drinking) may be neglected. The teen usually requires hospitalization and close supervision.

Treatment

Combination of psychotherapy and medications. antipsychotics, antidepressants, and lithium may be ordered. Nursing care is focused on providing basic physical needs including, bathing, feeding, and exercise, providing a safe environment; and developing skills for successful living. As the adolescent begins to respond to the treatment plan, education about the nature and control of the disorder is begun. Both adolescent and their families need ongoing support. Family members are often encouraged to join s support group for the emotional assistance required to cope with a teen who has a psychosis.

Suicide

The number of adolescents who take their own lives is growing at an alarming rate. A suicide attempt by an adolescent is a call for help.todays society is complex and has many influences on a developing adolescent.

Risk factors: Factors that may influence suicidal behavior include more competition for fewer resources, exposure to child abuse and neglect, instability within the family, the presence of depression or other illness, the availability of handguns and other weapons, and an increased use of alcohol and drugs.

Teenagers who attempt suicide usually fall into one of three groups: the teen with depression, the teen who is trying to influence others, and the teen with a serious mental health problem. periods of depression are not uncommon during adolescence, but they are usually short lived.however,when a teen cannot keep up with school and social activities, withdraws from others, has problems eating or sleeping, and feels hopeless, then he /she is at risk for suicide resulting from depression.

The teen who uses suicidal gestures as a way to get back at someone (usually parent or boy friend) is attempting to influence someone. Often there is little or no depression and no longstanding wish to die. The teen is angry, and the gesture is done with the goal of gaining attention or scaring another person. Teenage girls engage in this type of suicidal behavior much more commonly than boys.

The third group adolescents who attempt suicide are seriously ill. They can see no other way out of their discomfort and actually welcome the relief they expect death to bring.

The highest risk group for suicide is the older white adolescent boy who has expressed his intention to die. Previous attempts, written plans, and available tools for committing suicide all heighten the risk for future attempts.

Nursing management

Nurses who work with adolescents are to protect them from harm, build trusting therapeutic relationships, and assists them to develop self-awareness and alternate coping skills.

Nursing diagnosis: violence related to family and developmental conflict.

Nursing intervention

- Assess potential for self harm.
- Ensure safety' place on suicidal precautions.
- Monitor activities continually for first 24 hrs.
- Establish a verbal or written contract not to harm self; renew every 24 hrs.
- Establish rapport' offer support; be available to listen; ensure confidentiality.
- Encourage the teens to keep diary and write in it daily

Management

Psychotherapy: psychotherapy with adolescent focuses a building relationship, trust, corrects the inaccurate perceptions.

Family therapy: it aims at forming strategies to handle disruptive behaviors and develop positive ways of helping and addressing members concern and conflicts. It promotes family cohesiveness. Today parents are actively involved in treatment decisions and in designing a plan that considers potential parental competencies and family organization. The treatment team recognizes the importance of the family in the supportive and educative system for the child or adolescent. In addition to therapy involving a single family, multiple family therapy is frequently used. This modality engages families as co therapists for other families in a process in which families learn to like and respect others, accept shortcomings and capitalize on strengths, develop insight and improve judgement, use new information and develop lasting and satisfying relationships.

Group therapy: it provides member with support, identification with others in similar circumstances and the confidence to discuss problematic issues. For adolescents, group therapy involves more talking and focuses largely on peer relationship and specific problems. The difficulty in

using groups when working with children and adolescents lies in the contagious effect of disruptive behavior.

Individual therapy: the particular focus of individual therapy depends on the identified needs of the clients.

Behavior therapy: behavior modifications analysis designs programs to maximize the former while minimizing the latter. Although there is an individualized treatment plan for each child or adolescent, most treatment settings use behaviour modification program to motivate and reward age appropriate behaviors.age-approprite behaviors for which points are given can include dressing, attending school and activities on time and without disruptive behaviours, and demonstrating social skills.

Cognitive therapy: it is used for older adolescents as distracters, neutralizing behaviors, challenging beliefs etc.the goal of cognitive-behavioral processes and therapy reduce the frequency of maladaptive responses and replace them with new cognitive and behavioral competencies. This therapy is carried out in individual or group sessions.

Therapeutic milieu: This includes physical setting and structured treatment programme, treatment modalities, therapeutic interaction. the physical milieu is designed to provide a safe ,comfortable place to live,play,and learn, with areas for private time as well as group activitiy.there may be a gym, outdoor playground, swimming pool,garden,cooking and other recreational facilities and even pets. The multi disciplinary team shares a philosophy regarding how to provide physical and psychological security, promote personal growth, and work with problematic behaviors. The Childs or youths behavior, emotions, and cognitive processes are the focus of the therapeutic interventions in the milieu.

Nurses Role

The psychiatric nurse is in an excellent position to educate the adolescents the parents and the community on coping with stress and anxiety and pursuing personally meaningful activities that includes:

- Skills and motivation to manage acute, major life stressors and recurring daily stressors.
- Skills to solve problems and skills for emotional management.
- Personal flexibility and ability to meet the demands of varying types of stress.
- Involvement in personally meaningful activities.
- Skills and motivation to engage in instrumental and expressive activities that are personal meaningful.
- Behaviors and activities that are experienced as autonomous and self determining.

Some of the initiatives taken to promote mental health of adolescents by NIMHANS are as follows

- General orientation to school teachers about understanding of mental health, early manifestations of the emotional problems,epilepsy,MR,speech problems ,causes and treatment available for the management of these problems.
- Counseling skills for teachers by training in skills of interviewing, establishing the rapport, counseling techniques etc.
- Mental health education to students.
- Student enrichment programmes such as self-esteem, interpersonal competence, improvement of memory, socialization, scholastic performance, sex education and family life education.
- Mental health professionals' interaction through parent teachers association.
- Promotion of mental health is even done by the researcher works conducted by the students of M.Sc (PN), M.Phil in psychology and psychiatric social work etc.

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