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Guest editorial

Adolescent psychiatry

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Compelling evidence is accumulating of the importance of adolescent mental health. A recent review of community epidemiological studies conducted since 1995 concluded that one out of every four or five adolescents in the general population suffer from at least one mental disorder in any given year.[1] Another way of documenting burden is through disability adjusted life years (DALYs). While data for DALYs are not available internationally, five of the ten leading causes of DALYs are mental disorders – unipolar depressive disorders, alcohol use disorders, self-inflicted injuries, schizophrenia, and bipolar affective disorder.[2] In a study in Victoria, Australia, mental disorders in young people contributed to 60 - 70% of the total DALYs.[3]

Psychiatric disorders in adolescence have an importance that extends into adulthood. The National Comorbidity Survey Replication in the USA reported that 75% of people with a mental disorder had an age of onset younger than 24 years.[4] Of greater importance from the point of view of adolescence, the age of onset of most disorders that are likely to persist into adulthood (such as anxiety, depressive and substance use disorders) fell within the age range 12 - 24 years. This is the age group when young people are completing their education, establishing romantic and sexual relationships and developing a sense of identity. Clearly, these tasks are less likely to be satisfactorily negotiated if the young person is simultaneously struggling with a mental disorder. Furthermore, the presence of a mental disorder increases the probability of an adolescent engaging in other risk behaviours that have profound social, psychological and economic implications, such as unsafe sexual behaviour, interpersonal violence, suicidal behaviour and substance use.[5] Indeed, the fact that interventions to reduce the rate of such risk behaviours have not been as successful as hoped may in part be attributable to a failure to address the mental health dimensions of the behaviours.

Are there effective interventions for mental disorders in adolescence? The answer to this question is unequivocally in the affirmative. Indeed, several meta-analyses have confirmed the effectiveness of specific psychological and pharmacological interventions for a range of disorders. Despite the magnitude of the public health challenge of psychiatric disorders in adolescence, and the availability of effective interventions, the health system response has been inadequate. In 2002, a systematic review and

interviews with key informants concluded that only 7% of countries had a clearly articulated child and adolescent mental health policy.[6] In South Africa, national policy guidelines have been available since 2003. However, in terms of the Constitution, it is the responsibility of the provinces to develop actual policy, which must conform to the national child and adolescent policy guidelines. Sadly, not a single province has developed a policy. Partly as a consequence of this lack, services for adolescents are frequently provided in the setting of adult community and outpatient services. Such services are orientated towards the needs of adults with serious psychiatric disorders, and the specific needs of adolescents may be overlooked. In centres with more mature child and adolescent mental health services, the focus is frequently on the needs of younger children, with the needs of adolescents again being overlooked.

Many adolescents consult with family physicians and other medical practitioners, either because of concerns about their mental heath or for other reasons. One way in which the gap between the mental health needs of adolescents and the available services can be addressed is by increasing the capacity of such medical practitioners to identify and manage psychiatric problems in adolescents. The collection of papers in this issue of *CME* will contribute to achieving this goal. Written by a range of experienced, competent and committed psychiatrists and psychologists with special expertise in adolescent mental health, they address many of the most pressing mental health challenges in adolescence such as suicide, mental health aspects of HIV/AIDS, ADHD, psychiatric aspects of chronic illness, somatisation, trauma, and depression. In addition, there are papers that provide a positive perspective on adolescence and give practical guidelines on communicating with adolescents.

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