

To the Editors:

The adolescent girl

Malik Goonawardene (1) has correctly highlighted the need for improving mental health care in adolescent girls in Sri Lanka. This is a pressing need. The developed world has identified the need to improve child and adolescent mental health care services a long time ago. For instance, in the UK, the Royal College of Psychiatrists has a separate faculty for child and adolescent psychiatry, and all psychiatric trainees are expected to undergo child psychiatric training during their training programs.

Globally about 10% of the population suffer from some form of psychiatric or behavioural disorder. In Sri Lanka too about 10% of people suffer from mental or behavioural disorders. Adolescents are no exception. One has to expect more problems as emotional distress and stress levels are increasing among the youth, and coping techniques are breaking down as a result of disintegration of cohesive and supportive family systems.

Clinicians see the whole range of psychiatric problems (psychotic disorders, mood disorders, neurotic disorders, adjustment difficulties, psychosexual disorders, deliberate self-harm and substance misuse) among adolescents in Sri Lanka. Eating disorders (typical as well as atypical forms) are seen on and off, and one may easily miss them. Social factors contribute to the causation of many psychiatric problems. A recent study on eating behaviour and attitudes following prolonged exposure to western television among ethnic Fijian adolescent girls showed that the indicators of disturbed eating were significantly increased (2,3). In Sri Lanka too we need to be aware of similar trends.

Another forgotten but distressing condition seen among youth is body dysmorphic disorder. It is classified under hypochondriacal disorders and denotes a persistent preoccupation with a presumed disfigurement or deformity (4). We see this in Sri Lankan adolescents. They may be

preoccupied with the belief that their body parts are deformed, disfigured or ugly and that others notice this deformity. Cultural factors also influence the presentation of many psychiatric disorders, and our adolescents often present with the persistent belief that there is an unusual odour emanating from their body or mouth, often coupled with a somatoform disorder. It is noteworthy that these symptoms could be secondary to other psychiatric disorders such as schizophrenia or mood disorder. They may go from doctor to doctor seeking help. Adolescent depression is associated with increased risk of adult suicide and interpersonal difficulties (5).

It is important to identify these disorders early and to deal with them effectively to minimise the distress and emotional disturbance among adolescents and families, and to reduce the emergence of psychiatric problems in adulthood.

References

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