Adolescence- 'The Period of Storm and Stress': A Systematic Review of the Significant Social Experiences Contributing to Deterioration in Adolescent Mental Health

Rajannya Mukherjee

Psychology Student, Aditya Academy Senior Secondary School, Kolkata – 700 074, West Bengal, India

ARTICLE INFO

ABSTRACT

Mental health refers to an individual's adjustment with a maximal effectiveness, satisfaction, happiness and socially considerate behaviour and the ability to face and accept the reality of life. The present research is a review of several important aspects of mental health in adolescents. Significant stressors that lead to mental health issues in adolescents as reviewed were- academic pressure, peer bullying, dysfunctional family relations, tumultuous platonic and romantic relationships and body image issues. Interventions in schools and communities implement strategies that foster supportive interactions among diverse resource persons including teachers, parents, community members, and other professionals. The effects of the mental health interventions reported on adolescents' problems include a decrease in disruptive behaviours and affective symptoms such as depression and anxiety and an increase in the positive affect and emotional regulation skills in adolescents. Whereas, interactions among different resource persons seem to be a relevant aspect across the interventions, more research is needed to conclude its effect on the outcomes of the studies reviewed with an increase in social skills, as well as an improvement in personal well-being.

Keywords: Adolescence, anxiety, depression, dysfunctional family, peer bullying, academic pressure, body shaming.

I. INTRODUCTION

The term adolescence derives from the Latin word *adolescere,* meaning "to grow into maturity". It is the transitional period in a person's life between childhood and adulthood. **Adolescence** is commonly defined as *the stage of life that begins at the onset of puberty, when sexual maturity is attained.* It has been regarded as a period of rapid change, both biologically and psychologically. Though the physical changes that take place during this stage are universal, the psychosocial dimensions of development majorly depend on the sociocultural context.

The adolescent thinking ability becomes more abstract moving beyond concrete experiences, logical and idealistic wherein they develop idealistic standards of comparison for themselves and others. During this time, they also develop the ability to critically examine their own thoughts. Adolescent's developing ability to reason gives them a new level of cognitive and social awareness. The period of adolescence is also marked by the re-emergence of egocentric thought as well. The adolescent's egocentricism is expressed through a belief in their own uniqueness and a preoccupation with how they present themselves out of the belief that they are the 'centre of attention'. However, it is this sense of uniqueness that makes the adolescent feel they are not understood enough.

Adolescence is essentially the developmental phase where we develop our own identities and personal set of beliefs, values and ideals. During this time, the adolescent takes a step back detaching from the parental beliefs, values and ideals and begins to develop his own depending on peer influence and his unique experiences in the sociocultural context. Arguments with parents are frequent during this phase since the adolescent considers himself quite independent while the parent is yet not ready to give up the restraint and control. Rapid fluctuations between self-confidence and insecurity are typical of this stage. Adolescents may at one time "treated like a baby" whereas on other occasions they may seek comfort by depending on their parents. Seeking an identity involves searching for continuity and sameness in oneself, greater responsibility and trying to get a clear sense of who one is, that is an identity. The formation of identity during adolescence is influenced by several factors. The cultural background, family and societal values, ethnic background, and socio-economic status all prevail upon the adolescent's search for a place in society. Yet few adolescents struggle to establish their own identity, a crisis which they resolve either by withdrawing from social interactions or overly identifying with parents or guardians, both of which hamper his future adulthood adjustment.

Thus, adolescence, also known as 'the period of storm and stress' is a period of development that is extremely crucial, subtly nuanced and encompasses drastic and rapid changes shaping and preparing the adolescent before he or she gets to enter the adult life.

II. REVIEW OF DOMAINS:

Academics

George (2024) in his recent research highlights the impact of exam season stress on adolescent mental health. A pressure cooker environment, students associating their value to their academic results and a lack of training in coping strategies is responsible for the poor quality of mental health in the teens during exams. Often, adolescents unable to handle the stress tend to attempt suicide as an unhealthy means to putting end to the academic pressure. The Asian subcontinent especially is witnessing a threatening increase in the rate of adolescent suicides primarily due to academic pressure. In India, student suicide rates rose an astonishing 70% from 2011 to 2021 alone, with roughly 35 daily deaths. 8% of these deaths are due to exam stress. China and South Korea are also countries with extremely high academic pressure leading to a high rate of adolescent suicide. According to National Institute of Health, the adolescent suicide rate in China is as high as 58% and that in South Korea is 53%.

This crisis reflects the extreme level of importance society now assigns to academic results, raising the stakes into an untenable 'pressure cooker situation' for students. Educational achievement has now morphed into the all-defining assessment of a child's intellect, potential, and worth serving as the key sorting mechanism for college admissions and access to lucrative career paths. In turn, families view placing their children on this make-or-break testing track from early ages as a do-or-die investment to their stability. Neighbours and friends evaluate parenting

decisions through the narrow lens of grades and test preparation.

In response, many systems have focused interventions on test-taking skills, expanding school counselling, or creating "exam weeks" to reduce other burdens during testing times. But these attempts often just shift deck chairs on a sinking ship rather than addressing the underlying cultural addiction to academic achievement as the ultimate measure of human potential and predictor of predetermined life trajectories. This failure percolates from the highest policy levels to local schools, parents and guardians. For an instance, India's National Education Policy has retained its entrenchment on testing performance as its central education reform priority rather than holistic learning. The need of the hour is an entire paradigm shift on the part of academic institutions and policy makers to take a step back, reassess their values and ethics and implement deeper systemic changes prioritizing holistic learning, building self-worth in students that relies on their knowledge and not mere scores and awareness and training programs for parents, guardians and teachers in order to aid them in helping students dealing with academic pressur

Family Issues

Of the many relationships that populate the adolescent social ecology, those between teenagers and their parents tend to exert a profound influence on behaviour. Although adolescence is a period where individuals begin to spend more time with peers than parents, adolescent-parent relationships still play a prominent role in the lives of teenagers. On average, adolescents report valuing their parents despite also reporting developmentally typical increases in family conflict. Prior experimental studies have shown that adolescents take fewer risks in the presence of their mothers than when alone or in the presence of an unknown adult, suggesting that adolescents think about their parents when taking risks. Because many of adolescents' risk-taking decisions not only affect themselves, but also affect their parents, adolescents likely decrease their risk-taking decisions when their parents stand to gain or lose due to their risky choices. However, there is a great deal of heterogeneity in the quality of adolescent-parent relationships (Steinberg & Morris, 2001). Although adolescents may take fewer risks overall when their parents are affected, this likely depends on facets of relationship quality between parents and teens. Family conflict tends to increase during adolescents, with heightened family conflict serving to increase adolescent risk taking (McCormick et al., 2016). Thus, in low conflict relationships, adolescents may change their behaviour to be less risky, but in high conflict relationships they may increase their risky behaviour. Indeed, research has shown that the mere psychological representation of a relationship partner (e.g., mother), even in her absence, activates and guides behaviour. In particular, social influence extends to the "psychological presence" of significant relationship partners, such that cognitive representations incorporate the goals, values, and expectations of these close others, thereby influencing self-regulation (Shah, 2003a). Indeed, when in the "psychological presence" of their father, adolescents show decreases in cognitive persistence in low cohesion families but increases in persistence in high cohesion families (Shah, 2003b). Thus, representations of close others from high conflict relationships can actually impair cognitive control. Therefore, making decisions in the context of a high-conflict family may cause teenagers to poorly regulate their behaviours. By comparison, adolescents who report relatively low levels of conflict with their parents are perhaps more likely to display the opposite trend. They may be particularly motivated to obtain rewards for their parents, opting to take fewer risks in order to avoid harming their parents.

The past three decades have witnessed unprecedented interest in the scope and consequences of children's exposure to domestic violence, resulting in a depth of empirical knowledge about its prevalence and impact on its youngest victims (Hague & Mullender, 2006; Hazen, Connolly, Kelleher, Barth, & Landsverk, 2006).

While the focus of this interest and understanding has largely been achieved by eliciting the views of women, shelter workers and other professionals, more recent inquiry has sought to explore directly children and young people's experience of exposure to domestic violence (Buckley, Whelan, & Holt, 2006; Hague & Mullender, 2006; McGee, 2000, Mullender et al., 2002). Influencing this shift has been a changing perception and understanding of children's position within this abusive context. Where previously children were thought of as being tangential and disconnected to the violence between their parents, and commonly labeled "silent witnesses" (McIntosh, 2003), more recent qualitative research has disputed this opinion, finding children dynamic in their efforts to make sense of their experiences, while navigating their way around the complexity and terror intrinsic to domestic violence (McIntosh, 2002, Mullender et al., 2002).

Bullying

Bullying is a very pertinent issue that adolescents frequently have to deal with which has a chronic negative impact on mental health. Studies show that victim of bullying exhibit internalizing symptoms such as low self-esteem, immaturity, and loneliness, as well as poor communication, problem-solving abilities and psychosomatic complaints. The concurrent association between social anxiety and peer victimization was validated in a 2009 study by Siegel and his associates. Additionally, the study found that social anxiety both predicts and is predicted by peer discrimination across time. Depression was predicted by both being a bully and being bullied. Depression and bullying have a cyclical association in adolescence. Bullying leads to depression which causes feelings of worthlessness, segregation and social withdrawal further making the adolescent a victim of bullying (Heino et al, 2010). Suicide or deliberate self-harm is the third leading cause of mortality in adolescents (WHO, 2021). Chronic bullying often leads to the victims taking drastic measures and committing suicide (Holt, et al 2014, Kim and Leventhal, 2008;

Hinduja and Patchin,2010). According to a Yale University study ("Bullying and Suicide," n.d.), bully victims had a 2-9 times greater propensity to attempt suicide than non-victims. Bullying not only affects victims but also affects the bystanders, Occasionally people who witness bullying either develop an anxious disposition or become desensitised and might stand the risk of joining the bullies as well (Singh and Singh, 2021).

Another form of bullying quite prevalent in recent times with the advent of internet and social media is cyberbullying. Cyberbullying is an unfortunate social by-product of recent communication technologies, particularly social networking sites like Facebook, Instagram, Snapchat, Twitter and so on. Cyberbullying may involve posting rumours, threats, sexual remarks, personal or confidential information and pejorative labels. With the rise of social media, comments, posts, photos and content shared by individuals can often be viewed by acquaintances as well as strangers. The content shared by an individual online creates a kind of a permanent public record of their views, activities and behaviour. This public record of a person is their 'online reputation'. Cyberbullying harms this 'online reputation' of the victims.

Nancy Willard (2006), in her book "Cyberbullying and Cyberthreats", outlines various forms of cyberbullying. Flaming is a form of cyberbullying that refers to an argument or brief exchange between two or more people involving vulgar or rude language, threats and insults (Chibbaro, 2007). It occurs in public Internet sites rather than private message exchanges. Cyber harassment is another specific form of cyberbullying that involves repetitive offensive messages sent to a target (Kowalski, Limber & Agatston, 2012). Harassment usually takes place via private messages such as emails but can also be seen in public forums. Denigration is the spreading of information about another that is derogatory and untrue, including spreading gossip or rumours about someone in an effort to damage reputations and

friendships (Willard, 2006). It refers to posting false information or rumours on webpages which are circulated through private communication channels. Included in this form of cyberbullying is the digital alteration of photos, most commonly in a way that portrays someone in a sexualized or harmful manner (Kowalski, Limber & Agatston, 2012). Yet another form of cyberbullying is impersonation is a method of cyberbullying in which the perpetrator poses as the victim and either sends or posts negative, cruel, or inappropriate information in an attempt to damage that person's reputation (Willard, 2006). Impersonation may also occur if the perpetrator poses as someone else entirely in an attempt to elicit information. This relates to another form of cyberbullying known as trickery that refers to talking someone into revealing secrets or embarrassing information and then sharing it online (Kowalski, Limber & Agatston, 2012). Sometimes trickery may lead to the outing, which refers to sharing of personal secrets or sensitive information without the victim's permission. Lastly, exclusion or cyber-ostracism refers to intentionally and cruelly excluding someone from an online group (Willard, 2006). It basically refers to "defriending" or blocking someone on Facebook, WhatsApp and similar social networking sites. Though not as harmful as other forms of cyberbullying, exclusion or even perceived exclusion has been related to lower self-esteem (Williams, Cheung &Choi, 2000).

There is a wide variation (six percent to seventy five percent) regarding the prevalence of cyber bullying (Hinduja and Patchin, 2012), among adolescents. India is in the third position with 53 percent of children bullied online behind China and Singapore (Global Youth Online Behaviour Survey released by Microsoft in 2012). Further, one in every four Indian teenager is a victim of cyber bullying (Mitch et al., 2014). Cyberbullying occurs by innumerable technological nature or ways. It encompasses publicly revealing personal information (Willard, 2005), sending harmful or threatening messages, posting derogatory comments on web site or social networking site, physically threatening and intimidating someone in a variety of online settings (Burgess, 2009), creating web sites with content and posting pictures asking other people to rate things, without the consent of an individual (Willard, 2006), bothering someone online by teasing in a mean way, calling someone hurtful names, intentionally leaving persons out of things, threatening someone and saying unwanted sexually-related things (Patchin and Hinduja, 2006) etc. Access to high technology (Beran and Li 2005), revenge (Raskauskas and Stoltz, 2007), perceived anonymity (Dempsey et al. 2009), lack of awareness (Campbell, 2005), lack of support and guidance of family (Wells and Mitchell, 2008), negative personal experiences and parental alienation (Mitchell et al.2007), pleasure seeking and perceived social benefits (Hinduja and Patchin, 2009) are the main causes of cyber bullying behaviour. Male students (Nabuzoka, 2003) particularly in middle school to high school (Wolak et al. 2006), are more prone to it. In addition to this, students who are from lower income families, overweight or underweight, new or fresh, perceived as weak, depressed, anxious with low self-esteem, antisocial or unpopular is more vulnerable. Cyberbullying has been linked to multiple maladaptive emotional, psychological, and behavioural outcomes (Patchin and Hinduja, 2006). The effects of cyberbullying vary depending on the individual, but its consequences include low self-esteem, anxiety, feeling sad, being scared, embarrassed, depression, anger, truancy, decreased academic achievement, an increased tendency to violate (Beran and Li, 2005; Willard, 2006; Hinduja and Patchin, 2009). others, school violence and even suicide (Beran and Li, 2005; Willard, 2006; Hinduja and Patchin, 2009).

Body Shaming

Body shaming is the act of disparaging someone's physical appearance. A person's size, age, hair, clothing, diet, and level of perceived beauty can all be

discussed in the discussion. In addition to the overall sensation of loathing one's body, body shaming can result in eating disorders, depression, anxiety, low self-esteem, and body dysmorphia. Adolescents who experience body shame are far more likely to experience depression. It was discovered throughout the study that 74% of teenagers have suicidal thoughts due to body image issues triggered by body shaming. Body shaming is more prevalent than ever in a society dominated by social media and fitness models! Even if it offends them, people believe that their opinions count. When there is no face to be seen, making a statement is simple. Creating a troll is simple if you have a name for it. The media wields a weapon that serves several purposes in society. Both men and women focus more on their own looks. Less attention is paid to the product itself in advertisements and more on the model's appearance and physical attributes. Since not everyone is born with glowing skin, a good-looking figure, or healthy hair, this is a cause for concern. One of its bad traits is that these advertisements set expectations for ideal male and female bodies. Racism and eating problems are promoted by it. According to a recent survey performed in Chennai, 42% of women felt pressurised to seem "Beautiful," and 76% desire to have a lower body size than their current figure. Barbie dolls are quite popular among young girls. Cases of teenage girls having reduced body esteem and a strong desire for a slimmer body shape are after being exposed to dolls. As per survey conducted in Pune 34% of girls and 42% of boys face obesity/underweight related criticisms and 18% of girls face criticism related to Acne. Whereas 15% of boys face criticism related to short height. Both sexes have a high prevalence of suicidal ideation as a result of depression, although girls are more likely than boys to feel the impulse. As a form of control, many abusers even permanently alter the appearance of their victim partners. The survivor may eventually start to feel ugly and embarrassed. A common tactic used by abusers to weaken their partners physically as well as

emotionally is to have them restrict their food intake, lose weight, and exercise more. In our environment, it can be challenging to appreciate your body without making an effort, and it may take years of work to achieve this. Before one comes to experience empathy, acceptance, and finally love for their body, there are numerous obstacles to overcome. Images, written pieces, films, blogs, and vlogs all frequently convey signals to us about how we need to appear. Many children received direct instructions to alter their looks because they were overweight, underweight, or out of proportion. Those who were taunted and harassed as youngsters had peer wounds that, if not treated, might bleed for a lifetime. Children have a strong need to belong and feel comfortable among their peers. A child's perception that they are not OK, good enough, or deserving of affection begins to solidify when they feel rejected because of their looks. The result may be a lifetime spent trying to alter their physical appearance, but the sense of worthlessness runs far deeper than that.

Social Media

Mental health is represented as a state of well-being in which individuals recognize their potential, successfully navigate daily challenges, perform effectively at work, and make a substantial difference in the lives of others. There is currently debate over the benefits and drawbacks of social media on mental health. Social networking is an important part of safeguarding our mental health. Mental health, health behaviour, physical health, and mortality risk are all affected by the quantity and quality of social contacts. This systematic review was carried out and reported in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement and standard practices in the field. The purpose of this study was to identify studies on the influence of technology, primarily social media, on the psychosocial functioning, health, and well-being of adolescents and young adults. The MEDLINE bibliographical database, PubMed, Google Scholar, CINAHL (Cumulative Index to Nursing and Allied

Health Literature), and Scopus were searched between 1 January 2000 and 30 May 2023. Social media AND mental health AND adolescents AND young adults were included in the search strategy (impact or relation or effect or influence). Two researchers (AK and AR) separately conducted a literature search utilizing the search method and evaluated the inclusion eligibility of the discovered papers based on their titles and abstracts. Then, the full texts of possibly admissible publications were retrieved and evaluated for inclusion. Disagreements among the researchers were resolved by debate and consensus. The researchers included studies that examined the impact of technology, primarily social media, on the psychosocial functioning, health, and well-being of adolescents and young a thorough search of electronic databases, including PubMed, Embase, and Cochrane Library, was done from 1 January 2000 to 20 May 2023. Initial research revealed 326 potentially relevant studies. After deleting duplicates and screening titles and abstracts, the eligibility of 34 full-text publications was evaluated. A total of 23 papers were removed for a variety of reasons, including non-comparative studies, case reports, and studies that did not report results of interests. Online friends can be a significant source of social support, but in-person social support appears to provide greater protection against persecution [27]. Digital and social media use offers both benefits and risks to the health of children and adolescents, and an individualized family media use plan can help strike a balance between screen time/online time and other activities, set boundaries for accessing content, promote digital literacy, and support open family communication and consistent media use rules.

Relationship Issues

Adolescence is associated with many psychosocial and developmental challenges, including the processing of intense emotions. There is a growing body of work documenting the normative and salient nature of adolescent romance, as well as the behavioural, emotional and psychosocial sequelae of the experience.

It is now well evidenced that adolescent romance is an important developmental marker for adolescents' self-identity, functioning and capacity for intimacy. There have been a number of important theoretical contributions to the understanding of romantic relationships, from early through to late adolescence and the transition to young adulthood. Approaches include evolutionary theories related to neuroendocrine functioning and genetics and interpersonal theories which emphasize the nature and processes of changes in adolescents' social relationships and their effect on cognitions, emotions and behaviours. Theories of attachment, ego formation and psychosocial development have been particularly influential. Adolescent romance typically begins as brief relationships in early adolescence, progresses into sexual relationships in mid-adolescence (14–15 years) and onto more intense, committed relationships during later adolescence (16–18 years). Developmental-contextual theories of adolescent romantic stages also provide a framework for how romantic relationships assist young adults with addressing their identity and intimacy needs. Connolly and colleagues propose a framework containing four stages of romantic relationships: (1) the infatuation stage—a pre-relationship stage, where young teens have the opportunity to explore their romantic passions through physical attraction on a personal level, without engaging a prospective partner; (2) affiliate romantic stage—a pre-relationship stage that typically occurs in a larger group context where an acknowledged couple relationship is not yet formed, rather, a decision is made whether or not to attempt entering into a relationship; (3) intimate stage—representative of a formed romantic couple; and (4) committed stage—where an established relationship borrows features resembling a marital relationship and a mutual commitment. According to this model, the evolution of adolescent romantic involvement is highly sensitive to the peer context and corresponds with the course of individual identity development. Despite the brevity and reduced

intimacy of relationships in early adolescence, reports of feelings of "love," convictions of knowing the true nature of "love," and feelings of confusion and hurt as a result of "love" have been documented in early adolescence and children as young as nine. While these early attachment relationships may be unreciprocated and/or driven more by social than intimate factors, findings suggest the importance of acknowledging and examining romantic stressors across all developmental stages of adolescence. Data from both Australian and international youth counselling services report romantic relationship concerns are one of the most common reasons young people seek counselling support. Romantic relationships have been found to impact on psychosocial development and mental health during adolescence. For example, frequent or early dating and dating multiple partners has been linked with behavioural issues, poorer academic performance and employment prospects, and increased delinquency. Similarly, several studies have found elevated levels of stress, anxiety and depressive symptoms among adolescents who engaged in romantic experiences compared to those who did not. The breakup stage of a romance has also been specifically examined, revealing links to heightened likelihood of first onset major depressive disorder among older adolescents. However, little research has examined the association between breakups and poor mental health in earlier stages of adolescence.

Mental Health Struggles

Adolescent anxiety and associated mental health disorders have emerged as a pressing concern in recent years, with a growing body of evidence suggesting a significant increase in prevalence rates. The COVID-19 pandemic has resulted in considerable research regarding the impact of the pandemic and resulting social isolation on adolescent mental health. A systematic review of 61 articles found significant increases in the rates of anxiety and depression among children and adolescents worldwide compared to pre-pandemic levels (Panchal et al. 2023). Key risk factors identified by the studies included in the review were mental health problems before the pandemic and excessive media exposure, while strong family communication and social support were protective against the development of mental illness. Additionally, several studies found that individuals with neurodevelopmental disorders and special educational needs exhibited more emotional problems than neurotypical peers (Nonweiler et al. 2020; Waite et al. 2021). Pre-existing disparities were further exacerbated by the pandemic, disproportionately impacting youth from minority backgrounds (Fortuna et al. 2023). A study evaluating changes in the rates of depression, anxiety, and suicide risk in youths aged 8–20 years and spanning 2015–2022 found that the greatest increase in depression and anxiety was among Hispanic and Asian females, while the largest suicide risk was observed in Asian females and Black females (Prichett et al. 2024). Recent industry reports emphasize comparable trends in the Gen Z population. The Gallup–Walton Family Foundation Voices of Gen Z Report, based on a survey conducted April–May 2023, highlights the alarming state of mental health among young people (Walton Family Foundation 2024). The report found that only 47% of Gen Z members (aged 12–26) consider themselves to be thriving, compared to 59% of millennials, 57% of Gen X, and 52% of baby boomers. Part of this staggering number may be explained by the finding that Gen Z is more likely to report concerns regarding mental health (Bethune 2019). However, mental health is multifactorial, and these rising numbers can also be attributed to various cultural influences, including biological factors, social media, nuclear family dynamics, academic pressures, extracurriculars, and global uncertainty (McKinsey & Company 2024).

The increasing trend in violence among adolescents had been of great concern. Violence is a form of physical aggression and it is usually an expression of anger (Hazaleus & Deffenbacher, 1986; Parrot & Zeichner, 2002). Aggression can be categorised into verbal and physical. Although anger is a common and

natural emotion, or internal event, problems associated with inappropriate expression of anger remain among the most serious concerns of parents, educators, and the mental health community (Feindler & Engel, 2011). Anger leads to aggression (Campano dan Munakata, 2004; Neighbors,Vietor & Knee, 2002; Bushman & Anderson, 2002; Lok, Bond & Tse, 2009). When anger failed to be controlled it would lead to agression (Hazaleus & Deffenbacher, 1986; dan Parrot & Zeichner, 2002). Anger and its expression represent a major public health problem for school-age and adolescents (Blake & Hamrin, 2007). Anger is associated with serious harm and in the worst case scenario, homicides may result. Further if an adolescent's anger occurs with aggression, a host of additional negative consequences may ensue (Fives, Kong & Fuller, 2011). Anger and aggression, which are generally considered as negative, are disruptive and detrimental emotional and behavioral expressions in social encounters (Lok, Bond & Tse, 2009). Anger has been defined as a negative destructive emotion often related to sorrow, trouble, rage, and wrathe (McCarthy, Barnes & Alport, 1998); as a subjective emotional state that involves the interrelationship of psychological components and cognitive appraisal (Novaco, 1975); and a negative feeling state associated with cognitive distortion, physiologic changes, and behavioral reactions (Kassinove & Sukholdosky, 1995). Expression of anger may take many forms, including violence, self-harm, and more commonly, physical and verbal aggression (Blake & Hamrin, 2007). Anger facilitates the production of aggression (Averill, 1993). Thus anger causes a lot more harm than good, hence, it should be managed.

III.DISCUSSION:

Adolescence is one of the most crucial stages of development existing between childhood and adulthood wherein the adolescent child goes through diverse biological and psychological changes. The adolescents are capable of logical decision making and appropriate social adjustment. However, they do engage in comparisons and over-idealisation which in turn makes them feel insecure. Adolescents frequently get into arguments with family members and consider their peers to be their ultimate support system. The adolescents struggle between asserting their independence and compliance to social norms as a result of which it is also popularly known as 'the period of storm and stress'.

Of the many relationships that populate the adolescent social ecology, those between teenagers and their parents tend to exert a profound influence on behaviour. Although adolescence is a period where individuals begin to spend more time with peers than parents. On average, adolescents report valuing their parents despite also reporting developmentally typical increases in family conflict. Prior experimental studies have shown that adolescents take fewer risks in the presence of their mothers than when alone or in the presence of an unknown adult, suggesting that adolescents think about their parents when taking risks. Thus, in low conflict relationships, adolescents may change their behaviour to be less risky, but in high conflict relationships they may increase their risky behaviour (Steinberg & Morris, 2001; McCormick et al., 2016; Shah, 2003).

Body shaming is more prevalent than ever in a society dominated by social media and fitness models! Even if it offends them, people believe that their opinions count. When there is no face to be seen, making a statement is simple. Creating a troll is simple if you have a name for it. We've all read those hateful remarks, so let's not waste time concentrating on them. The media wields a weapon that serves several purposes in society. Both men and women focus more on their own looks. Less attention is paid to the product itself in advertisements and more on the model's appearance and physical attributes. The result may be a lifetime spent trying to alter their physical appearance, but the sense of worthlessness runs far deeper than that.

Mental health is represented as a state of well-being in which individuals recognize their potential, successfully navigate daily challenges, perform effectively at work, and make a substantial difference in the lives of others. There is currently debate over the benefits and drawbacks of social media on mental health. Social networking is an important part of safeguarding our mental health. Mental health, health behaviour, physical health, and mortality risk are all affected by the quantity and quality of social contacts. Digital and social media use offers both benefits and risks to the health of children and adolescents, and an individualized family media use plan can help strike a balance between screen time/online time and other activities, set boundaries for accessing content, promote digital literacy, and support open family communication and consistent media use rules.

It is now well evidenced that adolescent romance is an important developmental marker for adolescents' self-identity, functioning and capacity for intimacy. There have been a number of important theoretical contributions to the understanding of romantic relationships, from early through to late adolescence and the transition to young adulthood. Approaches include evolutionary theories related to neuroendocrine functioning and genetics and interpersonal theories which emphasize the nature and processes of changes in adolescents' social relationships and their effect on cognitions, emotions and behaviours. Romantic relationships have been found to impact on psychosocial development and mental health during adolescence. For example, frequent or early dating and dating multiple partners has been linked with behavioural issues, poorer academic performance and employment prospects, and increased delinquency. Similarly, several studies have found elevated levels of stress, anxiety and depressive symptoms among adolescents who engaged in romantic experiences compared to those who did not. The breakup stage of a romance has also been specifically examined, revealing links to heightened likelihood of first onset major depressive disorder among older adolescents. However, little research has examined the association between breakups and poor mental health in earlier stages of adolescence.

A systematic review of 61 articles found significant increases in the rates of anxiety and depression among children and adolescents worldwide compared to pre-pandemic levels. Key risk factors identified by the studies included in the review were mental health problems before the pandemic and excessive media exposure, while strong family communication and social support were protective against the development of mental illness. Additionally, several studies found that individuals with neurodevelopmental disorders and special educational needs exhibited more emotional problems than neurotypical peers (Panchal et al. 2023; Nonweiler et al. 2020; Waite et al. 2021; Prichett et al. 2024)

Bullying is yet another pertinent social issue that adolescents deal with. Reports suggest that an adolescent is most likely to experience bullying at least once in their lifetime. Chronic exposure to bullying leads to drastic mental adversities, some of them being- self esteem issues, feelings of worthlessness, social withdrawal, communication issues, emotional dysregulation and difficulties in executive functions. Bullying pushes the vulnerable teenagers to attempt suicide or self harm. Studies reveal that bully victims have a higher tendency to commit suicide that non-bully students (Siegel et.al., 2009; Heino et al,2010; Holt, et al 2014; Kim and Leventhal, 2008; Hinduja and Patchin,2010; Singh and Singh, 2021). Bullying is a crippling social issue that calls for immediate awareness. Bullies usually come from dysfunctional family environments and lack appropriate parental training. Similar to how bullying can lead to mental health issues in the victims, the teenagers who bully are also suffering from significant problems in mental health and social adjustment with poor coping skills.

Ethical Concern:

A. Funding: The authors have no funding to disclose

B. Compliance with Ethical Standards: Not Applicable

C. Conflicts of Interest: The authors declare they have no conflicts of interest

IV. FUTURE IMPLICATIONS:

A. More research will take place and other teenagers will be able to handle their mental health.

B. Working professionals like psychologists will be aware and they will understand their patients and treat them accordingly.

C. Parents, teachers will look upon this matter and will be more aware of their children or students.

D. Implementing comprehensive mental health education in schools and communities to reduce stigma and encourage open conversations about mental well-being.

E. Implementing early screening programs in schools and healthcare settings to identify and address mental health issues at an early stage.

REFERENCES

[1]. Subramani, C., & Kadhiravan, S. (2017). Academic stress and mental health among high school students. Indian Journal of Applied Research, 7(5), 404-406.

[2]. Hosseinkhani, Z., Hassanabadi, H. R., Parsaeian, M., Karimi, M., & Nedjat, S. (2020). Academic stress and adolescents mental health: A multilevel structural equation modeling (MSEM) study in northwest of Iran. Journal of research in health sciences, 20(4), e00496.

[3]. Steare, T., Muñoz, C. G., Sullivan, A., & Lewis, G. (2023). The association between academic pressure and adolescent mental health problems: A systematic review. Journal of affective disorders, 339, 302-317.

[4]. Van Loon, L. M., Van de Ven, M. O., Van Doesum, K. T., Witteman, C. L., & Hosman, C. M. (2014). The relation between parental mental illness and adolescent mental health: The role of family factors. Journal of Child and Family Studies, 23, 1201-1214.

[5]. Maglica, T., Ercegovac, I. R., & Ljubetić, M. (2021). Family characteristics as determinants of mental health in adolescents. European journal of mental health, 16(2), 7-30.

[6]. Chen, Y. (2022). An analysis of the influence of family cumulative risks on adolescents' mental health. Advanced Journal of Nursing, 2(3), 52-55.

[7]. Bokhari, U., Shoaib, U., Ijaz, F., Aftab, R. K., & Ijaz, M. (2022). Effects of bullying on the mental health of adolescents. The Professional Medical Journal, 29(07), 1073-1077.

[8]. Bond, L., Carlin, J. B., Thomas, L., Rubin, K., & Patton, G. (2001). Does bullying cause emotional problems? A prospective study of young teenagers. Bmj, 323(7311), 480-484.

[9]. Holt, S., Buckley, H., & Whelan, S. (2008). The impact of exposure to domestic violence on children and young people: A review of the literature. Child abuse & neglect, 32(8), 797-810.

[10]. Baruah, H., Dashora, P., & Parmar, A. (2017). Impact of cyberbullying on psychological health of adolescents. International Journal of Humanities and Social Sciences (IJHSS), 6(4), 137-144.

[11]. Nasir, R., & Abd Ghani, N. (2014). Behavioral and emotional effects of anger expression and anger management among adolescents. Procedia-Social and Behavioral Sciences, 140, 565-569.

[12]. Limo, S. (2015). Bullying among Teenagers and its Effects.

[13]. Mustafa, M. S. A., Mahat, I. R., Shah, M. A. M. M., Ali, N. A. M., Mohideen, R. S., & Mahzan, S. (2022). the awareness of the impact of body shaming among youth. International Journal of Academic Research in Business and Social Sciences, 12(4), 1096-1110.

[14]. Javed, A. (2024). Body shaming, social appearance anxiety and mental health in young adults (Doctoral dissertation).

[15]. Deviantony, F., Fitria, Y., Rondhianto, R., & Pramesuari, N. K. T. (2024). An in depth review of body shaming phenomenon among adolescent: Trigger factors, psychological impact and prevention efforts. South African Journal of Psychiatry, 30(1).

[16]. Rosenthal, A. (2016, October). How social media affects mental health: Individual and community perspectives. In APHA 2016 Annual Meeting & Expo (Oct. 29-Nov. 2, 2016). APHA.

[17]. De Goede, M., Spruijt, E., Iedema, J., & Meeus, W. (1999). How do vocational and relationship stressors and identity formation affect adolescent mental health?. Journal of Adolescent Health, 25(1), 14-20.

[18]. Aldam, S. F. S., Keliat, B. A., Wardani, I. Y., Sulistiowati, N. M. D., & Florensa, M. V. A. (2019). Risk factors of mental health in adolescents: emotional, behavioral, family, and peer relationship problems. Comprehensive Child and Adolescent Nursing, 42(sup1), 284-290.

[19]. Horwitz, A. V., McLaughlin, J., & White, H. R. (1998). How the negative and positive aspects of partner relationships affect the mental health of young married people. Journal of Health and Social Behavior, 124-136.

[20]. Evans, D. L., Foa, E. B., Gur, R. E., Hendin, H., O'Brien, C. P., Seligman, M. E., & Walsh, B. T. (Eds.). (2005). Treating and preventing adolescent mental health disorders: What we know and what we don't know. Oxford University Press.

[21]. Chen, H., Cohen, P., Kasen, S., Johnson, J. G., Berenson, K., & Gordon, K. (2006). Impact of adolescent mental disorders and physical illnesses on quality of life 17 years later. Archives of pediatrics & adolescent medicine, 160(1), 93-99.

[22]. Hazen, E. P., Goldstein, M. A., & Goldstein, M. C. (2010). Mental health disorders in adolescents: A guide for parents, teachers, and professionals. Rutgers University Press.