

*Short Communications*

Addressing high-risk behaviors among adolescents – Need of the hour; mental health perspective

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ABSTRACT

Adolescence is the developmental period between childhood and adulthood. It involves biological, cognitive, socio, and emotional changes and typically spans from 12 to 18 years of age. High-risk behavior is defined as acts that increase the chance of illness or injury, which may result in mortality, disability or social issues. The present article is written based on clinical experience, real incidents reported in newspapers, and a review of the literature to understand the high-risk behaviors among adolescents and subsequently suggest possible psychoeducational interventions to minimize the high-risk behaviors among adolescents by psychiatric social workers.

Keywords: Adolescents, High-risk behaviors, Social work interventions

INTRODUCTION

High-risk behaviors among adolescents in India are rapidly increasing such as substance abuse, reckless driving, and self-harm behaviors. These behaviors are linked to underlying mental health issues such as stress, anxiety, depression, and peer pressure. Despite growing recognition of mental health problems, an inadequate access to professional help remains major barrier. Thus, addressing high-risk behaviors among adolescents are imperative to design appropriate psychosocial interventions.

CASE ILLUSTRATIONS

We have received a case of a 16-year-old child, studying 9th standard, from a local government school, hailing from a low socio-economic family background, Raichur, Karnataka and subsequently admitted to the Department of Neurological Rehabilitation. The child had been involved in rash riding and met a road traffic accident which resulted in spinal cord injury D6 vertebral fracture and compression with anterolisthesis grade 2 of D5 over D6 with bilateral lower limb pars fracture and left laminar fracture. Further, magnetic resonance imaging findings showed C2 fracture without significant posterior subluxation. Subsequently undergone surgical treatment D4, D5, D7, and D8 transpedicular screw fixation and fusion with rods. Postoperatively, the child did not report any improvement and developed paraplegia and neurogenic bowel

and bladder problems and dependent on father and mother for bed mobility, sitting up from supine dependent, static sitting balance, dynamic sitting balance poor and transfers dependent on 2 people, and activities of daily living. At present, the child is with locomotor disability and wheelchair bound. The present case highlights the involvement of adolescent in risk-driving behavior without adhering to riding and driving rules and the need for education and awareness.

Adding to this, the real incidents reported in the newspaper. An 8-year-old schoolgirl was gang-raped, allegedly by three seniors aged 12 and 13, and then murdered in Andhra Pradesh's Nandyala district on July 11th, 2024^[1] and another incident reported a 17-year-old child apparently drove a car under the influence of substance use on May 21st, 2024 and knocked down two motorbike riders causing their death in Pune, Maharashtra.^[2] Risk behaviors among minor adolescents are especially rash riding, drunk and driving, and involving in sexual activities are happening unfortunately irrespective of socioeconomic status. The aforementioned case studies will pose many questions to professional psychiatric social workers in the country who are supposed to engage in preventing these unwanted behaviors by creating awareness, education, and inserting values among children and adolescents. Thus, the present article is planned to review and suggest a few strategies to address the following questions;

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- What are high-risk behaviors among adolescents?
- What are the consequences of high-risk behaviors on the health and mental health of adolescents?
- What is the role of medical and psychiatric social workers in addressing high-risk behaviors among adolescents?

Understanding high-risk behaviors and their importance

Adolescence is the developmental period between childhood and adulthood. It involves biological, cognitive, socio, and emotional changes^[3] and typically spans from 12 to 18 years of age, which roughly corresponds to the time from pubertal onset to guardian independence.^[4] Studies report that every person's late childhood and adolescence are times of experimentation, discovery, identity construction, independence assertion, and risk-taking.^[5] The World Health Organization states that teenagers or adolescents are more likely to participate in high-risk behaviors such as reckless driving, aggressive behavior toward others, self-harm, mental health concerns, substance abuse, alcoholism, tobacco use, unintended pregnancies at an early age, environmental problems, and lack of activity.^[6] Risk-taking behaviors are divided into five domains: Physical (driving under the influence of alcohol, engaging in sexual intercourse without protection), emotional (using coercion, lying), social (provoking physical fights, bullying, or cyberbullying), intellectual (cheating on a test, skipping school), and spiritual (engaging in behaviors that go against one's ethical code, doing something because of peer pressure rather than personal).^[7] High-risk behavior is defined as acts that increase the chance of illness or injury, which may result in mortality, disability, or social issues.^[8] Multiple risk behaviors are defined as more than one behavior directly or indirectly associated with health, well-being, and healthy development.^[9] Further, these multiple risk behaviors also influence adult behaviors, and individuals who engage in one risk behavior are likely to engage in others due to shared biological and environmental factors and raise the possibility of low physical activity, premature death, future sickness, and low educational attainment.^[10] The aforementioned high-risk behaviors are associated with criminal behaviors and involvement in violence,^[11] sexual behaviors,^[12] smartphone addiction,^[13] depression associated with academic difficulties, relationship issues with parents, family-related stress, economic status, anger, aggression, pessimism, decreased sleep, decreased appetite, and anhedonia.^[14] Indian research studies show that 13.1% of adolescents are involved in the use of substance abuse, tobacco, alcohol, cannabis, opioids, and heroin before the age of 15 years.^[15] The Global Youth Tobacco Survey indicates that nearly 14.6% of Indian adolescents aged 13–15 years are current tobacco users.^[16] Further, substance use is higher among boys 34.11% compared to girls 6.65%,

male adolescents have more negative gender attitudes, and adolescents who have experienced adverse childhood experiences are more likely to engage in early sexual debut.^[17]

Specific high-risk behaviors in India

The systematic review of literature reports that substance use, inhalant use, unsafe sexual practices, suicide attempts, and rash driving are more commonly occurring high-risk behaviors among adolescents in India.^[18-20]

Factors contributing to the rise of high-risk behaviors

High-risk behaviors are manifested by various socio, cultural, and economic factors.

Social factors

In developing countries like India, adolescents, and young people are already get exposure to various stressors such as competition in the field of education, employment comparison with peer groups, seeking new identity physically, mentally, and emotionally.^[5] Further, factors such as family dynamics, school and peer dynamics, neighborhood, the presence of peer adolescents, emotional neglect by parents, exposure to peer victimization, traumatic experiences, verbal, physical, emotional, or sexual abuse also contribute.^[21,22] A number of risk factors, including familial conflict, physical and sexual abuse throughout childhood, isolation, socioeconomic hardship, and discrimination are linked to this phenomenon.^[23]

Cultural factors

Further, India is experiencing a rapid shift in social norms driven by urbanization, change in family structures, the rise of nuclear families, and fostering greater autonomy for young people to provide space for potential experimentation and involvement in high-risk behaviors. Adding to that, cultural taboos surround sexual education restricting open discussions and limiting access to accurate information for adolescents. This lack of awareness and attraction to the Western lifestyle often result in stigmatization, harmful drinking, and engage in unsafe sexual practices. The complex sociocultural dynamics reflected in India's evolving social landscape require targeted approaches to promote awareness and encourage safer behavioral norms among youth.^[24,25]

Economic factors

Economic factors especially poverty are linked with high-risk behaviors among adolescents in India. Studies highlight that adolescents from economically disadvantaged backgrounds are more susceptible to behaviors such as substance abuse,

involvement in criminal activities, experience low self-esteem, and lack of education and healthcare, which drive adolescents to solace in risky behaviors.^[26]

High-risk behaviors and mental health among adolescents

High-risk behaviors such as attention-deficit hyperactive disorder (ADHD) can cause impulsivity and poor judgment, which can lead to engaging in high-risk behaviors without knowing the consequences. Similarly, conduct disorders are another cause of concern among adolescents. They express aggressive behavior, have disregard for societal behavior, and have difficulties in maintaining positive relationships. Thus, the conduct combined with ADHD further compound the risk behaviors.^[27] Further, for adolescents who are experiencing anxiety and depression, the high-risk behaviors serve as a coping mechanism. Untreated mental health conditions are more likely to use substances and engage in unsafe behaviors to gain social acceptance which further leads to unplanned pregnancies, academic dropout, or even criminal behavior.^[28]

Deleterious consequences of high-risk behaviors among adolescents

Adolescents who are involved in high-risk behaviors such as substance use, theft, rash driving, and sexual harassment have to face legal consequences and often enter to juvenile justice system. This interaction itself can stigmatize them within society and deny them future educational and employment opportunities. Adolescents who make suicidal attempts due to societal pressure and academic stress will have tragic outcomes in terms of facing social stigma, limited help-seeking behavior, and limited access to mental health resources.^[29] In addition, they become dependent on family members, decreased academic performance, and are involved in criminal behavior and school dropout. Studies also report that the dropout rate among adolescents engaged in substance misuse or those who experience unwanted pregnancy remains high. This disruption in education perpetuates cycles of poverty.^[21,30] Studies report that young people are more engaged in grievous accidents.^[31] Post-traumatic stress symptoms, fears, mood disturbances, and high levels of distress are also present among adolescents.^[32]

Evidence-based psychosocial interventions to reduce high-risk behaviors

The school-based mental health programs such as peer counseling, parental training, and skill-building programs have shown little reduction in reducing high-risk behaviors. Therefore, the school-based psychosocial interventional programs which are carefully designed to meet the area-specific or cultural-specific intervention are feasible when parents, teachers, and community leaders come

forward.^[18] The efforts made by the Government of India initiatives such as Rashtriya Kishor Swasthya Karyakram (RKSK) focused on community-based interventions by engaging adolescents introduced counseling services, adolescent health days, peer education, Further Adult Education programs and Sexual Reproductive Health education programs aimed to teach culturally relevant information and bring awareness on sexual health, gender, sexuality, communication skills, and relationship but difficulties in implementation and accessibility of the services remain problematic.^[30] With regard to mental health, the Government of India has initiated Support, Advocacy, and Mental Health interventions for children in Vulnerable circumstances and Diseases using the life skills approach. It is still in the infancy stage to reach the larger child and adolescent population.^[33] Adding to this, schools in collaboration with non-governmental organizations have also initiated bringing awareness on child rights, gender sensitization, and counseling services have been provided for children who expressed behavioral problems. This effort is also inconsistent due to insufficient funding and a lack of qualified school counselors.^[34]

Psychosocial interventions to reduce high-risk behaviors

It is clear from the evidence that high-risk behavior has huge health and socio-economic implications and significantly affects individuals' families and communities thus becoming a public health issue.^[35] Adolescents can overcome or minimize high-risk behaviors with the support of targeted interventions at the individual, family, and community levels.^[36] In light of this, psychosocial interventions to reduce risk behaviors are recommended to lower the risk behaviors and improve the psychological well-being of Indian adolescents.^[37] Based on our clinical and school social work, we would like to suggest feasible psycho-educational interventions to address the high-risk behaviors such as promoting healthy behaviors, parental involvement and support, connecting to health care services, and community engagement.

Promoting healthy behaviors

Effective intervention begins with providing comprehensive education and awareness programs targeting adolescents. Schools should implement comprehensive health education programs that cover topics such as substance abuse prevention, sexual health, and safety measures and engage them in sports.^[38] Further, Special focus should be given to providing awareness on the Protection of Children from Sexual Offences Act, 2012, and road safety, adhering to traffic rules and consequences of violating traffic rules and special emphasis should be given to life skills for adolescents. These programs should provide accurate information, debunk myths, and promote

healthy behaviors. Appropriate information, education, communication material, and web-based interventions also can be designed with the help of technology^[39] and used to promote healthy behaviors. Catching them young and teaching them early would be the motto.

Parental involvement and support

Studies report that parental involvement is positively correlated with increased school attendance, fruit and vegetable consumption, no violent behaviors, and engagement in physical activities, and lack of parental involvement is associated with bullying, physical fighting, loneliness, anxiety, and suicide ideation.^[40] Parents play a crucial role in shaping adolescent behaviors. Thus, initiatives that encourage open communication between parents and adolescents can help in the early identification and intervention of high-risk behaviors. Parenting workshops, communication skills training, education on understanding adolescents' behaviors, and involving parents in support groups can equip parents with the skills to guide their children and adolescents effectively. Parents also should be advised in healthy rule setting, allowing children less screen time;^[41] avoiding smoking, drinking, and abusive behavior in front of the children; and keeping away children and adolescents witnessing domestic violence also should be taught to parents.

Connecting to healthcare services and resources

Accessible and adolescent-friendly healthcare services are essential. It is important to connect the children with school counselors, and school teachers whom adolescents have trust.^[42] Clinics should offer confidential counseling, screening for substance abuse, and sexual health services. Thus, adolescent-friendly clinics and primary healthcare centers should be arranged in the community.^[43] Training healthcare providers to address the unique needs of adolescents can improve service delivery and outcomes. Further, it is important to connect them with existing resources such as One Stop Center, 181 women helpline, Poshan Abhiyan, Scheme for Adolescent Girls, e-SAMPARK, Emergency Response Support System 112 in case of emergency, and Tele Manas - National Institute of Mental Health and Neurosciences helpline 14416 to prevent suicide-related thoughts.

Community engagement

Community-based programs can create supportive environments for adolescents. Introducing life skills to adolescents, promoting safer sexual practices, being faithful to single partners,^[44] peer-led initiatives, mentorship programs, and recreational activities can provide positive

role models and alternatives to risky behaviors. Engaging community leaders, religious practitioners, and local self-help group leaders, and leveraging local resources can enhance the reach and impact of these programs.

Commitment to the implementation of existing policies and legislation

National Health Mission's RKSK has placed a strong emphasis on teenage mental health; nonetheless, its implementation at the local level is inadequate to guarantee the mental wellness of adolescents. Furthermore, there has not been much focus on young people's mental health in the National Health Policy of 2002, 2016, and the National Mental Health Policy of 2014. There are several resources available, but none of them have made child and mental health a top priority. These include the Indian Council for Mental Health Hygiene 1940, the National Health Policy for Children 1974, the National Policy on Education 1986 and Labour 1987, the Mental Health Act 1987, the National Nutrition Policy 1993, the National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disability Act 1999, the Charter for Children 2004, and the National Plan of Action for Children 2005 and Protection of Children from Sexual Offences Act, 2012.^[45,46] The literature also states that early intervention and prevention should be the main priorities for funding for children and adolescents.^[47] There is therefore ample proof that policy implementation is lacking and insufficient guidelines for addressing the health and mental health of adolescents. Further, enacting and enforcing policies that limit the availability of substances such as tobacco and alcohol to minors can reduce initiation rates. Stricter regulations on advertising and sales, along with penalties for violations, are necessary measures. In addition, policies that promote safe driving practices and protect against violence can mitigate risks.

CONCLUSION

Addressing high-risk behaviors among adolescents in India is of paramount importance for safeguarding their health and mental health ensuring their productive contribution to society. A multifaceted approach that includes education, parental involvement, healthcare services, community engagement, and awareness of supportive policies is essential for effective intervention. By prioritizing the well-being of adolescents, India can harness the potential of its youth and pave the way for a healthier, more prosperous future.

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