

Sestrinska skrb u prevenciji poremećaja mentalnoga zdravlja u adolescenata

Nursing care in the prevention of mental health disorders in adolescents

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Sažetak

Adolescencija predstavlja prijelazno razdoblje između djetinjstva i odrasle dobi u kojoj se događaju razne emocionalne i kognitivne promjene praćene individualizacijom – razdobljem izgradnje vlastitog identiteta, vlastitih vrijednosti i stavova. Na globalnoj razini, procjenjuje se da 15 – 20 % adolescenata ima problem s poremećajima mentalnoga zdravlja među kojima su vodeći uzroci bolesti: poremećaji ponašanja, depresija i anksioznost. Kako bi se smanjio porast poremećaja mentalnoga zdravlja, Svjetska zdravstvena organizacija pokrenula je niz inicijativa s ciljem unaprjeđenja intervencija usmjerenih na razvoj skrbi adolescenata. Mentalni poremećaji treći su najčešći razlog posjete liječniku školske medicine u hrvatskim osnovnim i srednjim školama. U najčešće poremećaje mentalnoga zdravlja u adolescenata spadaju: afektivni i anksiozni poremećaji, psihotični poremećaji, poremećaji ponašanja, ovisnosti i poremećaji jedenja. Prioritetne i ključne strategije u očuvanju zdravlja čine programi prevencije mentalnih poremećaja usmjereni na osiguravanje psihosocijalne i individualne podrške. Jedna od najznačajnijih uloga medicinske sestre / medicinskog tehničara u prevenciji poremećaja mentalnoga zdravlja jest edukacija adolescenta, njegove obitelji i šire zajednice da bi se što bolje razumjeli adolescentovi osjećaji te na vrijeme uočile promjene u ponašanju koje bi mogle dovesti do razvoja poremećaja mentalnoga zdravlja. Procjena mentalnoga zdravlja adolescenta, holistički pristup, motivacijski i pozitivan odnos s adolescentom, aktivno slušanje, izgradnja terapijskog odnosa, razumijevanje i empatija te podrška predstavljaju sestrinsku skrb u prevenciji poremećaja mentalnoga zdravlja.

Ključne riječi: adolescencija, sestinstvo, poremećaj mentalnoga zdravlja, prevencija

Kratak naslov: Poremećaji mentalnog zdravlja u adolescenata

Abstract

Adolescence represents a transitional period between childhood and adulthood in which various emotional and cognitive changes occur, followed by individualization – a period of building one's own identity, values, and attitudes. Globally, it is estimated that 15–20% of adolescents have a problem with mental health disorders, among which the leading causes of the disease are: behavioral disorders, depression, and anxiety. To reduce the increase in mental health disorders, the World Health Organization launched a series of initiatives to improve interventions aimed at the development of adolescent care. Mental disorders are the third most common reason for visiting a school medicine doctor in Croatian primary and secondary schools. The most common mental health disorders in adolescents include affective and anxiety disorders, psychotic disorders, behavioral disorders, addictions, eating disorders, self-harm, and suicidal behavior. Priority and key strategies in the preservation of health are programs for the prevention of mental disorders aimed at providing psychosocial and individual support. One of the most important roles of the nurse/technician in the prevention of mental health disorders is the education of the adolescent, his family, and the wider community to better understand the adolescent's feelings and to spot changes in behavior that could lead to the development of mental health disorders. Assessment of the adolescent's mental health, holistic approach, motivational and positive relationship with the adolescent, active listening, building a therapeutic relationship, understanding and empathy, and support represent nursing care in the prevention of mental health disorders.

Keywords: adolescence, nursing, mental health disorder, prevention

Running head: Mental health disorders in adolescents

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Uvod

Adolescenti čine jednu šestinu cjelokupne svjetske populacije, što čini 1,2 milijarde ukupnog stanovništva, a procjenjuje se da će broj adolescenata rasti do 2050. godine, naročito u zemljama s niskim i srednjim dohotkom čija kućanstva čini 90 % mladih u dobi od 10 do 19 godina. Doba adolescencije karakterizirano je brzim fizičkim, kognitivnim i psihosocijalnim razvojem što utječe na to kako se adolescenti osjećaju, donose odluke, razmišljaju te komuniciraju sa svijetom oko sebe [1]. Usprkos velikim i pozitivnim promjenama sazrijevanja, potencijalno se javljaju novi zdravstveni rizici s mogućim dugotrajnim posljedicama za zdravlje. Adolescenti su suočeni sa specifičnim preprekama u pri-

Introduction

Adolescents make up one-sixth of the entire population, which is 1,2 billion of the total population, and the number of adolescents is estimated to grow by 2050, especially in low- and middle-income countries whose households consist of 90% young people between the ages of 10 and 19. Adolescence is characterized by rapid physical, cognitive, and psychosocial development, which affects how adolescents feel, make decisions, think, and communicate with the world around them [1]. Despite the large and positive changes of maturation, new health risks with possible long-term health consequences are potentially emerging. Adolescents face specific obstacles in accessing health

stupu zdravstvenim uslugama i informacijama. Restriktivni zakoni, politika, ograničeno znanje, roditeljski ili partnerski odnos, udaljenost i troškovi putovanja do zdravstvene ustanove te nedostatak povjerljivosti često mogu ograničiti adolescente u dobivanju adekvatne skrbi nužne za očuvanje zdravlja [2]. Narušeno mentalno zdravlje dovodi do nemogućnosti postizanja optimalne razine kompetencija i funkcioniranja što se manifestira u poremećajima poput depresije, anksioznosti i teškoćama u učenju. Cilj prevencije poremećaja mentalnoga zdravlja jest smanjiti simptome i razvoj mentalne bolesti [3].

Prema procjeni Svjetske zdravstvene organizacije, u svijetu svake godine umre 1,1 milijun adolescenata. Vodeći su uzroci mortaliteta adolescenata ozljede u prometu, nasilje i samoubojstvo [4]. U Europi samoubojstvo predstavlja drugi najčešći uzrok smrti adolescenata. Tragičnu činjenicu predstavlja podatak da svake godine 1 200 europskih adolescenata odluči učiniti samoubojstvo, što znači da na ukupan broj adolescenata, u danu samoubojstvo počini njih čak troje [5]. Međunarodni dječji fond (eng. United Nations International Children's Emergency Fund - UNICEF) 2021. godine u izvješću „Stanje djece u svijetu 2021.“ pod sloganom: „Mislim na promicanje, zaštitu i brigu za mentalno zdravlje djece“ (eng. On My Mind: promoting, protecting and caring for children's mental health) predstavio je svoj najopsežniji uvid u mentalno zdravlje djece i adolescenata u 21. stoljeću na globalnoj razini. Procjenjuje se da devet milijuna europskih adolescenata ima razvijen jedan od mentalnih poremećaja. Najveću učestalost mentalnih poremećaja bilježe Španjolska, Portugal i Irska, a najmanju Poljska, Češka, Slovačka, Rumunjska, Bugarska i Mađarska. Prema podacima UNICEF-a iz 2019. godine, procijenjeno je da je 11,5 % hrvatskih adolescenata imalo ozbiljan problem s mentalnim zdravljem [6].

Cilj je ovoga rada prikazati najčešće poremećaje mentalnoga zdravlja, važnost i načine prevencije te sestrinsku skrb u prevenciji poremećaja mentalnoga zdravlja u adolescenciji koja je obilježena intenzivnim tjelesnim, psihološkim i neurozvojnim promjenama.

Poremećaji mentalnoga zdravlja

Budući da adolescencija predstavlja razvojnu fazu obilježenu brojnim i brzim promjenama koje uključuju prihvatanje tjelesnih promjena, odvajanje od roditelja i usmjerenost društvu, razvoj pogleda na svijet te izgradnju budućih perspektiva, adolescenti su u ovoj fazi podložniji poremećajima mentalnoga zdravlja nego što je to u drugim razdobljima života. U čimbenike rizika poremećaja mentalnoga zdravlja u adolescenciji ubrajaju se obiteljski čimbenici rizika (autoritativni odgoj, partnerski sukobi, duševne bolesti u roditelja), čimbenici rizika vezani za vršnjačku grupu (društvene veze s delinkventnim vršnjacima), socioekonomski i kulturni čimbenici rizika (siromaštvo, socijalna izolacija, imigrantsko podrijetlo) [7, 8].

Afektivni i anksiozni poremećaj

Jedna od karakteristika afektivnih poremećaja jest društveno povlačenje koje dovodi do izolacije i usamljenosti.

services and information. Restrictive laws, politics, limited knowledge, parental or partner relationships, distance and travel costs to health facilities, and lack of confidentiality can often limit adolescents from receiving the appropriate care needed to maintain health [2]. Impaired mental health leads to the inability to achieve an optimal level of competence and functioning, which is manifested in disorders such as depression, anxiety, and learning difficulties. The goal of the prevention of mental health disorders is to reduce the symptoms and development of mental illness [3].

According to the World Health Organization, 1,1 million adolescents die worldwide every year. The leading causes of adolescent mortality are traffic injuries, violence, and suicide [4]. In Europe, suicide is the second most common cause of death for adolescents. The tragic fact is represented by the fact that every year 1 200 European adolescents decide to commit suicide, which means that out of the total number of adolescents, as many as three commit suicide per day [5]. In 2021, the United Nations International Children's Emergency Fund (UNICEF) in the report "The State of Children in the World 2021" under the slogan: "On My Mind: promoting, protecting and caring for children's mental health" presented its most comprehensive insight into the mental health of children and adolescents in the 21st century on a global level. It is estimated that nine million European adolescents have developed one of the mental disorders. The highest frequency of mental disorders is recorded in Spain, Portugal, and Ireland, and the lowest in Poland, the Czech Republic, Slovakia, Romania, Bulgaria, and Hungary. According to UNICEF data from 2019, it was estimated that 11,5% of Croatian adolescents had serious mental health problems [6].

This paper aims to show the most common mental health disorders, the importance and methods of prevention, and nursing care in the prevention of mental health disorders in adolescence, which are characterized by intense physical, psychological and neurodevelopmental changes.

Mental health disorders

Given that adolescence represents a developmental phase marked by numerous and rapid changes that include acceptance of physical changes, separation from parents and orientation towards society, development of a worldview, and building of future perspectives, adolescents in this phase are more susceptible to mental health disorders than in other periods of life. Risk factors for mental health disorders in adolescence include family risk factors (authoritative upbringing, partner conflicts, mental illness in parents), risk factors related to the peer group (social ties with delinquent peers), socioeconomic and cultural risk factors (poverty, social isolation, immigrant origin) [7, 8].

Affective and Anxiety Disorder

One of the characteristics of affective disorders is social withdrawal, which leads to isolation and loneliness. The UNICEF report "The State of Children in the World 2021" presented data from 2019 that indicate that a total of 55% of European adolescents diagnosed with a mental disorder

U UNICEF-ovom izvještaju „Stanje djece u svijetu 2021.“ prikazani su podaci iz 2019. godine koji ukazuju na to da je ukupno 55 % europskih adolescenata s dijagnozom nekog mentalnoga poremećaja imalo anksiozni ili depresivni poremećaj [6]. Problem je često teško prepoznati jer adolescenti koji imaju afektivni poremećaj ne pokazuju uvijek identične simptome kao i odrasli. Umor, tužno, ljuto i razdražljivo raspoloženje, nisko samopoštovanje, nemotiviranost i buntovno ponašanje predstavljaju zajedničke znakove afektivnih poremećaja [9].

Anksiozni poremećaj najčešći je poremećaj u adolescentnoj dobi te je češći u starijih adolescenata. Procjenjuje se da 3,6 % 10 – 14-godišnjaka i 4,6 % 15 – 19-godišnjaka ima anksiozni poremećaj [10]. Adolescenti u situacijama koje uzrokuju osjećaj straha pokazuju iritabilnost, ljutnju te mogu imati ispade bijesa. Generalizirani anksiozni poremećaj dijagnosticira se kada je osjećaj anksioznosti prisutan u većem dijelu dana tijekom šest mjeseci. Adolescenti s generaliziranim anksioznim poremećajem svoju nekontroliranu zabrinutost usmjeravaju na buduće događaje i nove situacije, samokritični su, postavljaju visoke ciljeve i teže uspjehu [11].

Depresivni poremećaj i bipolarni afektivni poremećaj

Adolescentna depresija karakterizirana je učestalim osjećajem tuge i gubitkom interesa za bilo kakvom aktivnošću te socijalnom interakcijom. Procjenjuje se da se depresija javlja u 1,1 % adolescenata u dobi 10 – 14 godina i u 2,8 % adolescenata u dobi 15 – 19 godina [10]. Smatra se da depresivni poremećaj u adolescenciji nastaje zbog utjecaja specifičnih i nespecifičnih čimbenika (Tablica 1.) [8]. Depresivni poremećaj može se manifestirati popuštanjem u školi te odbijanjem odlaska u školu, zanemarivanjem vlastitog izgleda, smanjenim samopouzdanjem, bježanjem od kuće, emocionalnom labilnošću, apatijom, zloupotrebom sredstava ovisnosti, nedostatkom apetita ili povećanjem apetita, promjenama sna u vidu nesanice ili spavanjem po 20 sati dnevno, usredotočenosti na samoubojstvo [8, 12].

TABLICA 1. Čimbenici rizika za nastanak depresivnog poremećaja prema Hertz-Dahlmann, Bühren i Remschmidt

Specifični čimbenici	Nespecifični čimbenici
Obiteljska povijest afektivnih poremećaja	Siromaštvo, iskustvo nasilja
Negativni kognitivni stilovi (beznađe, nisko samopouzdanje, pesimizam)	Sukobi u obitelji, zanemarivanje
Iskustvo velikog gubitka (smrt člana obitelji, razvod roditelja)	Društvena izolacija

Izvor: Hertz-Dahlmann B, Bühren K, Remschmidt H. Growing up is hard: mental disorders in adolescence. Dtsch Arztebl Int. 2013; 110 (25): 432–9.

Bipolarni afektivni poremećaj predstavlja mentalni poremećaj karakteriziran prisutnošću manične i depresivne

had an anxiety or depressive disorder [6]. The problem is often difficult to recognize since adolescents who have an affective disorder do not always show the same symptoms as adults. Fatigue, sadness, angry and irritable mood, low self-esteem, lack of motivation, and rebellious behavior are common signs of affective disorders [9].

Anxiety disorder is the most common disorder in adolescence and is more common in older adolescents. It is estimated that 3,6% of 10-14-year-olds and 4,6% of 15-19-year-olds have an anxiety disorder [10]. Adolescents show irritability and anger and may have outbursts of anger in situations that cause fear. Generalized anxiety disorder is diagnosed when the feeling of anxiety is present for most of the day for six months. Adolescents with generalized anxiety disorder focus their uncontrollable anxiety on future events and new situations, are self-critical, set high goals, and strive for success [11].

Depressive Disorder and Bipolar Affective Disorder

Adolescent depression is characterized by frequent feelings of sadness and loss of interest in any activity and social interaction. It is estimated that depression occurs in 1,1% of adolescents aged 10-14 and in 2,8% of adolescents aged 15-19 [10]. It is believed that depressive disorder in adolescence arises due to the influence of specific and non-specific factors (Table 1) [8]. Depressive disorder can be manifested by slacking off in school and refusing to go to school, neglecting one's own appearance, reduced self-confidence, running away from home, emotional lability, apathy, abuse of addictive substances, lack of appetite or increased appetite, changes in sleep in the form of insomnia or sleeping for 20 hours daily, focusing on suicide [8, 12].

TABLICA 1. Risk factors for the development of a depressive disorder according to Hertz-Dahlmann, Bühren and Remschmidt

Specific Factors	Non-specific Factors
Family history of affective disorders	Poverty, experience of violence
Negative cognitive styles (hopelessness, low self-confidence, pessimism)	Conflicts in the family, negligence
Experience of great loss (death of a family member, divorce of parents)	Social isolation

Source: Hertz-Dahlmann B, Bühren K, Remschmidt H. Growing up is hard: mental disorders in adolescence. Dtsch Arztebl Int. 2013; 110 (25): 432-9.

The bipolar affective disorder is a mental disorder characterized by the presence of manic and depressive episodes. Bipolar affective disorder is difficult to diagnose because the symptoms are often intertwined with other disorders that are common in adolescents (depressive disorder, anxiety disorder, conduct disorder) [9]. The bipolar affective disorder in adolescents is intertwined with rapid alternations of

epizode. Teško ga je dijagnosticirati jer se simptomi često isprepliću s drugim poremećajima koji su česti u adolescenata (depresivni poremećaj, anksiozni poremećaj, poremećaj ponašanja) [9]. Bipolarni afektivni poremećaj u adolescenata isprepleten je brzim izmjenama maničnih i depresivnih simptoma nekoliko puta dnevno. Kod 76 % adolescenata u takvim stanjima dolazi do suicidalnih misli, a trećina adolescenata pokušava samoubojstvo [13].

Psihotični poremećaj

Najčešće su manifestacije adolescenata s psihotičnim poremećajem halucinacije, poremećeno funkcioniranje, poremećen afektivni doživljaj i socijalno povlačenje [14]. Psihotični simptomi zastupljeniji su u adolescenata (najčešće u kasnoj adolescenciji) nego u djece, a najčešći je simptom iluzija [15]. Shizofrenija je kronični psihotični poremećaj povezan s teškim deficitima u spoznaji, ponašanju i društvenom funkcioniranju. Početak shizofrenije u dobi od 13 do 18 godina naziva se shizofrenija s ranim početkom ili shizofrenija s početkom u adolescentnoj dobi. Uz iluzije i halucinacije koje su najčešći simptomi shizofrenije, mogu biti prisutni i osjećaj izgubljenog identiteta, siromaštvo/nerazumljivost govornog sadržaja, nepovezano mišljenje, socijalno povlačenje, gubitak orijentacije, poremećaj psihomotornih funkcija (katatonija). Studije su pokazale da 90 % mladih koji počine samoubojstvo ima mentalni poremećaj, a do 30 % onih sa shizofrenijom tijekom života će pokušati izvršiti samoubojstvo [14].

Poremećaji ponašanja

Poremećaji ponašanja obilježeni su ponavljajućim i upornim obrascima asocijalnog, agresivnog ili prkosnog ponašanja koje dovodi do značajnih i upornih kršenja društvenih pravila. Diljem svijeta prijavljena je njihova prevalencija u adolescenciji koja iznosi 5 – 10 %. Navedena skupina poremećaja učestalija je među mlađim adolescentima nego starijim adolescentima. Karakteristike adolescenata s poremećajima u ponašanju sljedeće su: pretjerana impulzivnost (često čine stvari bez razmišljanja), nedostatak griznje savjesti, osvetoljubivost, ponavljano i kontinuirano ponašanje koje ometa druge (na primjer, neuobičajeno česti i ozbiljni napadi bijesa, uporna neposlušnost, okrutno ponašanje), nagle promjene u ponašanju ili odnosima s vršnjacima uključujući ljutnju i povlačenje iz društva [10]. S prevalencijom većom od 5 %, poremećaj pažnje i hiperaktivnosti spada u jedan od najčešćih psihičkih poremećaja u adolescentnoj psihijatriji. Peto izdanje „Dijagnostičkog i statističkog priručnika za mentalne poremećaje“ (eng. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition DSM-5) definira kriterije za poremećaj pažnje i hiperaktivnosti. Adolescenti s poremećajem pažnje i hiperaktivnosti pokazuju trajni obrazac nepažnje (11 simptoma – neposluš, nepridavanje pažnje detaljima, problemi sa zadržavanjem pažnje na aktivnostima) i/ili hiperaktivnosti – impulzivnosti (devet simptoma – često prekidanje/upadanje u razgovor, pretjerano pričanje, osjećaj nemira) koji ometa normalno funkcioniranje i razvoj. Poremećaj pažnje i hiperaktivnosti ne bi se trebao dijagnosticirati ako se simptomi ponašanja mogu bolje objasniti drugim mentalnim poremećajima (na primjer, psihotični poremećaj, poremećaj raspoloženja ili anksioznosti, ovisnosti) [16, 17,18].

manic and depressive symptoms several times per day. A total of 76% of adolescents in such conditions have suicidal thoughts, and a third of adolescents attempt suicide [13].

Psychotic Disorder

The most common manifestations of adolescents with psychotic disorders are hallucinations, impaired functioning, impaired affective experience, and social withdrawal [14]. Psychotic symptoms are more prevalent in adolescents (most often in late adolescence) than in children, and the most common symptom is an illusion [15]. Schizophrenia is a chronic psychotic disorder associated with severe deficits in cognition, behavior, and social functioning. The onset of schizophrenia between the ages of 13 and 18 is called early-onset schizophrenia or adolescent-onset schizophrenia. In addition to illusions and hallucinations, which are the most common symptoms of schizophrenia, there may also be a sense of lost identity, poor/unintelligible speech content, disjointed thinking, social withdrawal, loss of orientation, and disorder of psychomotor functions (catatonia). Studies have shown that 90% of young people who commit suicide have a mental disorder, and up to 30% of those with schizophrenia will attempt suicide during their lifetime [14].

Behavioral Disorders

Behavioral disorders are characterized by repetitive and persistent patterns of antisocial, aggressive, or defiant behavior that lead to significant and persistent violations of social rules. Around the world, their prevalence in adolescence is reported to be around 5-10%. The mentioned group of disorders is more frequent among younger adolescents than among older adolescents. Characteristics of adolescents with conduct disorders are excessive impulsivity (they often do things without thinking), lack of remorse, vindictiveness, repeated and continuous behavior that disturbs others (for example, unusually frequent and severe tantrums, persistent disobedience, cruel behavior), sudden changes in behavior or relationships with peers including anger and social withdrawal [10]. With a prevalence of over 5%, attention deficit hyperactivity disorder is one of the most common mental disorders in adolescent psychiatry. The fifth edition of the “Diagnostic and Statistical Manual of Mental Disorders” (DSM-5) defines the criteria for attention deficit hyperactivity disorder. Adolescents with attention deficit hyperactivity disorder show a persistent pattern of inattention (11 symptoms - disobedience, not paying attention to details, problems with maintaining attention on activities) and/or hyperactivity-impulsivity (nine symptoms - frequent interruption in conversation, excessive talking, feeling restless) which interferes with normal functioning and development. Attention deficit hyperactivity disorder should not be diagnosed if the behavioral symptoms can be better explained by other mental disorders (for example, psychotic disorder, mood or anxiety disorder, addiction) [16, 17,18].

Ovisnosti

Za adolescente sredstva ovisnosti predstavljaju način opuštanja ili suočavanja s problemima, društvenu uključenost ili jednostavno način eksperimentiranja novih stvari. Bez obzira na to koji je razlog u pitanju, ovakvo ponašanje nije neuobičajeno među adolescentima, no važno je znati prepoznati problem ovisnosti. Česte promjene raspoloženja, zanemarivanje izgleda i higijene, poremećaji jedenja, protivljenje, stalna potreba za novcem, promjene u obiteljskim i prijateljskim odnosima, nedostatak motivacije i agresivno ponašanje predstavljaju znakove upozorenja. Adolescenti koji su skloniji razvitku nekog oblika ovisnosti adolescenti su s niskim samopouzdanjem, impulzivnim ponašanjem, poteškoćama u učenju, problemima mentalnoga zdravlja, neadekvatnim obiteljskim okruženjem te okruženjem u kojem je razvijen pozitivan stav prema sredstvima ovisnosti [19]. Rezultati istraživanja „Projekta europske školske ankete o alkoholu i drugim drogama“ (eng. European School Survey Project on Alcohol and Other Drugs - ESPAD) pokazali su da je RH na trećem mjestu po udjelu mladih koji su probali cigarete te pokazali pozitivan trend smanjenja po pitanju učestalosti pušenja i dobi [20]. Duhan, alkohol i marihuana obično su prve stvari ovisnosti koje mladi isprobavaju. Vjerojatnost razvoja poremećaja ovisnosti o supstancama značajno se povećava kada pojedinci počnu koristiti alkohol i droge tijekom adolescencije. Mladi koji počnu konzumirati alkohol prije 15. godine života imaju četiri do šest puta veću stopu ovisnosti o alkoholu tijekom života od onih koji ostaju suzdržani od konzumacije alkohola do 21. godine [21].

Prema opsežnoj studiji u kojoj su se ispitala djeca i adolescenti u dobi 8 – 18 godina o korištenju medija i tehnologija (njih više od 2 600 na području Sjedinjenih Američkih Država), dobiveni rezultati pokazali su da adolescenti u prosjeku provedu 7 sati i 22 minute koristeći medije i tehnologiju. Medijsko okruženje koje se neprestano izmjenjuje i napredak u razumijevanju problema zahtijevaju redovitu nadogradnju smjernica usmjerenih na prevenciju ovisnosti o internetu [22]. Rezultati istraživanja provedenog među 667 hrvatskih i njemačkih učenika osnovnih i srednjih škola u dobi 11 – 18 godina pokazali su da je od ukupnog broja ispitanih adolescenata s karakteristikama narušenog mentalnoga zdravlja njih 39 % umjereno ili teško ovisno o internetu [23].

Poremećaji jedenja

U adolescenciji poremećaji jedenja prepoznati su kao treća najčešća kronična bolest i često se javljaju zajedno s drugim mentalnim poremećajima, osobito anksioznošću, depresijom, suicidalnošću [24]. Poremećaji jedenja uzrokovani su kombinacijom bihevioralnih, bioloških, genetskih, psiholoških te okolišnih/kulturnih utjecaja (Tablica 2.) [25].

Nekoliko studija ukazalo je na sve raniju pojavu anoreksije nervoze u adolescenata pa je sve više oboljelih adolescenata mlađih od 14 godina. Smatra se da je ranija pojavnost poremećaja povezana s pogoršanim dugoročnim ishodom. Zbog pojavnosti u osjetljivom razvojnom razdoblju, anoreksija nervoza može imati dugotrajne ireverzibilne učinke na razvojne procese (neadekvatan razvoj sekundarnih

Addictions

For adolescents, addictive substances are a way to relax or cope with problems, social inclusion, or simply a way to experiment with new things. Regardless of the reason, this kind of behavior is not uncommon among adolescents, but it is important to know how to recognize the problem of addiction. Frequent mood swings, neglect of appearance and hygiene, eating disorders, opposition, a constant need for money, changes in family and friendship relationships, lack of motivation, and aggressive behavior are warning signs. Adolescents who are more prone to developing some form of addiction are adolescents with low self-confidence, impulsive behavior, learning difficulties, mental health problems, an inadequate family environment, and an environment in which a positive attitude towards addictive substances has been developed [19]. The results of the “European School Survey Project on Alcohol and Other Drugs” (ESPAD) research showed that the Republic of Croatia is in third place in terms of the share of young people who have tried cigarettes and showed a positive trend of reduction in smoking frequency and age [20]. Tobacco, alcohol and marijuana are usually the first addictive substances young people try. The likelihood of developing a substance use disorder significantly increases when individuals begin using alcohol and drugs during adolescence. Young people who start consuming alcohol before the age of 15 have a four to six times higher rate of alcohol dependence during their lifetime than those who remain abstinent from alcohol consumption until the age of 21 [21].

According to a comprehensive study in which children and adolescents aged 8-18 years were questioned about the use of media and technologies (more than 2 600 of them in the United States of America), the results obtained indicated that adolescents spend an average of 7 hours and 22 minutes using media and technology. The constantly changing media environment and progress in the understanding of the problem require regular updating of guidelines aimed at preventing Internet addiction [22]. The results of a study conducted among 667 Croatian and German primary and secondary school students aged 11-18 showed that 39% of the total number of adolescents with impaired mental health were moderately or severely addicted to the Internet [23].

Eating Disorders

In adolescence, eating disorders are recognized as the third most common chronic disease and often occur together with other mental disorders, especially anxiety, depression, and suicidality [24]. Eating disorders are caused by a combination of behavioral, biological, genetic, psychological, and environmental/cultural influences (Table 2) [25].

Several studies have pointed to an earlier onset of anorexia nervosa in adolescents, so more and more adolescents under the age of 14 are affected. Earlier onset of the disorder is thought to be associated with worse long-term outcomes. Due to its occurrence in a sensitive developmental period, anorexia nervosa can have long-term irreversible effects on developmental processes (inadequate development of secondary sexual characteristics, increased risk of osteoporosis

TABLICA 2. Rizični čimbenici za razvoj poremećaja jedenja prema Peterson i Fuller

Biološki čimbenici	Psihološki čimbenici	Okolišni čimbenici
Ženski spol	Opsesivno-kompulzivni poremećaj	Društvo koje ističe mršavost
Član obitelji s poremećajem prehrane	Perfekcionizam	Zadirivanje i zlostavljanje
Član obitelji s poremećajem mentalnoga zdravlja	Nezadovoljstvo vlastitim izgledom tijela Anksioznost i/ili depresija	Sudjelovanje u hobijima/sportovima koji potiču mršavost (balet, manekenstvo, gimnastika)

Izvor: Peterson K, Fuller R. Anorexia nervosa in adolescents. An overview. Nursing. 2022. 2019; 49 (10): 24–30.

TABLE 2. Risk factors for the development of eating disorders according to Peterson and Fuller

Biological factors	Psychological factors	Environmental factors
Female gender	Obsessive-compulsive disorder	A society that emphasizes thinness
A family member with an eating disorder	Perfectionism	Teasing and bullying
A family member with a mental health disorder	Dissatisfaction with one's own body appearance Anxiety and/or depression	Participation in hobbies/sports that promote thinness (ballet, modeling, gymnastics)

Source: Peterson K, Fuller R. Anorexia nervosa in adolescents. An overview. Nursing. 2022. 2019; 49 (10): 24-30.

spolnih obilježja, povećan rizik od osteoporoze, smanjen razvoj određenih moždanih struktura) [26].

Bulimija nervosa predstavlja poremećaj karakteriziran ponavljajućim epizodama prejedanja koje su popraćene osjećajem gubitka kontrole. Prvi vrhunac prejedanja najčešće se pojavljuje u dobi od 14 godina, a drugi u kasnoj adolescenciji između 18. i 20. godine. Međunarodno istraživanje provedeno u općoj populaciji pokazalo je da je 26 % ženskih i 13 % muških adolescenata doživjelo epizodu prejedanja barem jednom u periodu od godine dana. Važno je napomenuti da se epizode prejedanja u adolescenciji mogu povezati s razvojnim skokovima rasta te je samim time potrebno intenzivnije praćenje kako bi se potvrdila, odnosno isključila dijagnoza bulimije nervoze [27].

Sestrinska skrb u prevenciji poremećaja mentalnoga zdravlja u adolescenata

Općepoznata je važnost psihološke dobrobiti adolescenata za njihov zdrav emocionalni, socijalni, fizički, kognitivni i obrazovni razvoj. Medicinska sestra / medicinski tehničar djeluje na svim razinama prevencije, a edukacija adolescenata i obitelji predstavlja jednu od najvažnijih zadata sestre u prevenciji poremećaja mentalnoga zdravlja. Medicinska sestra / medicinski tehničar promiče zdravlje te integraciju zdravstvenog odgoja u praksu, posjeduje specifična znanja o grupnoj terapiji i psihoedukaciji adolescenata i njegovih roditelja. Svi adolescenti i njihovi roditelji ili skrbnici trebaju imati osiguran pristup informacijama i poticajno okruženje da bi se osiguralo promicanje mentalnoga zdravlja adolescenata. Konkretno aktivnosti kao što su borba protiv zlostavljanja, pružanje obrazovanja za povećanje svijesti o problemima mentalnoga zdravlja i za poboljšanje prepoznavanja novonastalih potreba adolescenata imaju ključnu ulogu u prevenciji [28, 29, 30]. Medicinska sestra / medicinski tehničar često je prvi kontakt za adolescenta koji se suočava s problemom mentalnoga zdravlja. Prevencija je neophodna za adolescente koji se nalaze u okruženju ispunjenom ratnim zbivanjima, nasiljem, siromaštvom te dru-

sis, reduced development of certain brain structures) [26]. Bulimia nervosa is a disorder characterized by repeated episodes of overeating accompanied by a feeling of loss of control. The first peak of overeating most often occurs at the age of 14, and the second in late adolescence between the ages of 18 and 20. An international study conducted on the general population showed that 26% of female and 13% of male adolescents experienced an episode of overeating at least once in one year. It is important to note that episodes of overeating in adolescence can be associated with developmental growth spurts, and therefore more intensive monitoring is needed to confirm or exclude the diagnosis of bulimia nervosa [27].

Nursing care in the prevention of mental health disorders in adolescents

The importance of the psychological well-being of adolescents for their healthy emotional, social, physical, cognitive, and educational development is well known. The nurse/technician works at all levels of prevention, and the education of adolescents and families is one of the most important tasks of a nurse in the prevention of mental health disorders. The nurse/technician promotes health and the integration of health education into practice and possesses specific knowledge of group therapy and psycho-education of adolescents and their parents. All adolescents and their parents or guardians should have access to information and a supportive environment to ensure the promotion of adolescent mental health. Concrete activities such as the fight against abuse, providing education to increase awareness of mental health problems, and improving the recognition of the emerging needs of adolescents play key role in prevention [28, 29, 30]. The nurse/technician is often the first point of contact for an adolescent facing a mental health problem. Prevention is necessary for adolescents who are in an environment filled with war events, violence, poverty, and other forms of instability that can cause anxiety, depression, self-harm, eating disorders, addictions, and

gim oblicima nestabilnosti koji mogu uzrokovati tjeskobu, depresiju, samoozljeđivanje, poremećaje jedenja, ovisnosti te suicidalno ponašanje [31]. Medicinska sestra / medicinski tehničar treba nastojati stvoriti podržavajući, motivacijski i pozitivan odnos s adolescentom te treba posjedovati vještinu aktivnog slušanja kako bi se moglo prepoznati i usmjeriti adolescenta koji se suočava s problemom na pronalazak rješenja. Izuzetno je bitna profesionalnost koju medicinska sestra / medicinski tehničar iskazuje putem pružanja potpore, razumijevanja i empatije, poštivanja individualnosti, primjene načela jednakosti i dostupnosti te postavljanja jasnih granica [20]. Cilj razgovora medicinske sestre / medicinskog tehničara i adolescenta jest uspostaviti odnos povjerenja u kojemu adolescent može bez straha od odbacivanja i osuđivanja podijeliti svoje osjećaje i misli. Komunikacija se treba temeljiti na pravilima profesionalne komunikacije s naglaskom na komunikacijske i socijalne vještine aktivnog slušanja i empatije. Medicinska sestra / medicinski tehničar u razgovoru treba djelovati edukativno i savjetodavno. U razgovoru je potrebno izbjegavati: davanje osuđujućih primjedbi i vlastitih pretpostavki o situaciji i osjećajima, pokazivati užasnutost ili šokiranost, neuvažavanje osjećaja adolescenta, naređivati, navoditi da adolescent pretjeruje sa svojim osjećajima te doživljajima [32]. Također, jedan od ciljeva sestrinske skrbi jest edukacija adolescenta, obitelji i šire zajednice. Ako obitelj i okolina u kojoj adolescent boravi ne razumiju njegove osjećaje i na vrijeme ne uoče promjene u ponašanju, velika je vjerojatnost da će se s adolescentom pogrešno postupiti te posljedično tome razvit će se mentalna bolest. Edukaciju treba prilagoditi dobi adolescenta i njegovim individualnim karakteristikama, a edukativni materijali moraju biti prikladni za kognitivnu razinu adolescenta i obitelji, podrazumijevati verbalne informacije te vizualne i tekstualne materijale [33]. Medicinska sestra / medicinski tehničar aktivno provodi školske programe usmjerene na poboljšanje pristupa adolescentu, minimalizaciji stigme te pružanje mogućnosti razmatranja i izravne intervencije u okruženju u kojemu adolescenti provode većinu vremena. Neki važni čimbenici zaštite od poremećaja mentalnoga zdravlja su društvena podrška, optimizam i otpornost koje medicinska sestra / medicinski tehničar može poticati pregledom i upućivanjem na daljnje stručno savjetovanje te moguću daljnju zdravstvenu obradu [30].

Zaključak

U adolescenciji dolazi do formiranja identiteta pri čemu adolescent razvija svijest o sebi što osigurava izgradnju odnosa s prijateljima, obitelji, okolinom u kojoj se nalazi. Prilikom formiranja identiteta nastaje i osjećaj ranjivosti koji može dovesti do krize identiteta i posljedično tomu, razvoja poremećaja mentalnoga zdravlja. Problemi i poremećaji mentalnoga zdravlja počinju se javljati u sve ranijoj životnoj dobi, sve češće su kroničnog karaktera te narušavaju kvalitetu života adolescenta i njegove obitelji. Poremećaji mentalnoga zdravlja u adolescenata sve su rašireniji o čemu svjedoče razni epidemiološki podaci te se može zaključiti da su poremećaji mentalnoga zdravlja velik javnozdravstveni problem koji zahtijeva hitne preventivne interven-

suicidal behavior [31]. The nurse/technician should strive to create a supportive, motivational, and positive relationship with the adolescent and should possess the skill of active listening to be able to recognize and guide the adolescent who is facing a problem to find a solution. The professionalism shown by the nurse/technician by providing support, understanding and empathy, respecting individuality, applying the principle of equality and availability, and setting clear boundaries is extremely important [20]. The goal of the conversation between the nurse/technician and the adolescent is to establish a relationship of trust in which the adolescent can share his feelings and thoughts without fear of rejection and judgment. Communication should be based on the rules of professional communication with an emphasis on communication and social skills of active listening and empathy. The nurse/technician should act in an educational and advisory manner during the interview. In the conversation, it is necessary to avoid: making judgmental remarks and own assumptions about the situation and feelings, showing dismay or shock, disregarding the adolescent's feelings, giving orders, and stating that the adolescent exaggerates his feelings and experiences [32]. Also, one of the goals of nursing care is the education of adolescents, families and the wider community. If the family and the environment in which the adolescent lives do not understand his feelings and do not notice changes in behavior in time, there is a high probability that the adolescent will be mistreated and, as a result, develop a mental illness. Education should be adapted to the age of the adolescent and his individual characteristics, and the educational materials must be suitable for the cognitive level of the adolescent and the family and include verbal information and visual and textual materials [33]. The nurse/technician actively implements school programs aimed at improving access to adolescents, minimizing stigma, and providing opportunities for consideration and direct intervention in the environment where adolescents spend most of their time. Some important factors of protection against mental health disorders are social support, optimism, and resilience, which the nurse/technician can encourage by examination and referral for further professional counseling and possible further medical treatment [30].

Conclusion

In adolescence, the formation of identity occurs when the adolescent develops self-awareness, which ensures the building of relationships with friends, family, and the environment in which he finds himself. During the formation of an identity, a feeling of vulnerability arises, which can lead to an identity crisis and, consequently, the development of mental health disorders. Mental health problems and disorders begin to appear at an earlier and earlier age, are more and more often of a chronic nature, and impair the quality of life of the adolescent and his family. Mental health disorders in adolescents are increasingly widespread, as evidenced by various epidemiological data, and it can be concluded that mental health disorders are a major public health problem that requires urgent preventive interventions. Through well-implemented public health actions,

cije. Kvalitetno provedenim javnozdravstvenim akcijama, uključenošću obitelji, škole, šire zajednice te okoline u kojoj se adolescent nalazi, planiranjem i provođenjem intervencija prilagođenih pojedincu može se ostvariti povoljan rezultat skrbi za mentalno zdravlje adolescenta. Općepoznato je da nedostatak kvalitetne edukacije i motiviranosti predstavljaju glavne čimbenike neučinkovitosti intervencija, stoga je medicinska sestra / medicinski tehničar važna karika u provođenju detaljne, razumljive i sveobuhvatne edukacije adolescenta i obitelji te važna osoba u suočavanju adolescenta s problemom mentalnoga zdravlja. Izgradnja terapijskog odnosa medicinske sestre / medicinskog tehničara i adolescenta može doprinijeti razvoju pozitivnog razmišljanja i pozitivne slike o sebi te usvajanju metoda adekvatnog suočavanja i rješavanja problema.

Nema sukoba interesa

the involvement of the family, school, wider community, and the environment in which the adolescent is located, planning and implementation of interventions adapted to the individual, a favorable result of care for the mental health of the adolescent can be achieved. It is common knowledge that the lack of quality education and motivation is the main factor in the ineffectiveness of interventions, therefore the nurse/technician is an important link in the implementation of detailed, comprehensible, and comprehensive education of adolescents and their families and an important link in dealing with adolescents with mental health problems. Building a therapeutic relationship between a nurse/technician and an adolescent can contribute to the development of positive thinking and a positive self-image, as well as the adoption of adequate coping and problem-solving methods.

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