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ADOLESCENTS IN TROUBLES?[1]

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Abstract: *The aim of the study is to reveal the differences between the positive and negative components of the life situations of adolescents suffering from mental disorders in comparison with the normal population. It was based on the assumption that adolescents with disorders demonstrate more significant risk tendencies in their lifestyle. The study sample is populated by 15 year-old adolescents with mental disorders who participated in the project ELSPAC (European Longitudinal Study of Parenthood and Childhood) (N=447) and a control group, adolescents without diagnosis (N=2838). Based on the results we came to the conclusion that these adolescents really suffer from greater difficulties in psychological and social areas. Furthermore, risk behavior occurs in this group at a more significant rate. On the contrary, a positive finding is that this risk group also possesses protective, resilient components which can be an important source of strength in their life situations.*

Key words: *adolescents, mental disorders, risk behavior, resilience*

Introduction

The life situation of adolescents is not easy. They face greater demands from the environment, a changing body and psyche; they are looking for their place in the world. They are radically changing their lifestyle. Lifestyle is an expression of personality and it is characterized as the product of voluntary behavior and life situation (Mach, Kubatova et al., 2009). The World Health Organization (WHO) today designates adolescence as being the most risky period of life growing up, which was previously considered early childhood (ČSP communications, online), and the teens were defined as an independent risk population group (Kabíček, 2008).

Developmental psychology sees adolescence as a period during which individuals have to manage many changes. In parallel with the biological maturation (sexual maturation, physical development and growth) there are many significant changes in mental aspects (emotions, identity, the onset of formal abstract thinking, general intellectual development, social learning) and also it leads to a new level of individual´s socialization. Indeed, adolescents experience changing societal expectations regarding behavior and performance, while experiencing changing role expectations and a changing self. All these changes are interdependent. The basic developmental tasks of this period are considered to be ending depen-

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dence on parents and to make new, significant relationships with peers. This interdependent process of independence and the expansion of social relationships is crucial for the proper development of future social roles (Langmeier, Krejčířová, 2006, Macek, 2003).

Lerner (1985, dynamic interaction model) sees adolescence, especially early adolescence, as a "model case" in the "natural laboratory" for lifelong development. His model is trying to see the development in the context of biological, psychological, social (and cultural and historical) factors. The model highlights the complexity of adolescence and refers to the fact that in order to achieve a good social functioning the individual must cope with changes within themselves and their environment and this management (coping) is an interactive process. Now, given that a wide range of changes inevitably happen, it poses risks for some individuals. The term "risk" is interpreted as a predisposition or increased possibility of psychosocial development as compared with the general population (Labáth, 2001). Considering youth at risk, we consider vulnerable adolescents to be more likely to fail in social and psychological areas. Risk and danger may therefore be expressed in two aspects: the individual to society (delinquency, crime ...) or to himself (self-harm behavior - eating disorders, alcohol, smoking, drugs, sexual promiscuity, suicidal behavior, etc.). It is also noted that risky behavior in adolescence is composed of three areas, which are often combined and have a largely common risk and protective factors (according to Kabíček, 2008; Communication ČPS, online). These are areas of drug addiction (drugs, alcohol, and smoking), negative effects in psychosocial areas (aggression, crime, delinquency, but also self-harm and suicidal behavior) and reproductive disorders (sexual) health (early sexual life, promiscuity, unwanted pregnancies, venereal diseases).

A non-hazardous individual, in other words resilient individual, does not have any serious behavioral problems or learning and he is able to manage to tasks appropriate to their age and culture, despite exposure to adverse conditions. Youth at risk, then show a lower level of resilience[2], or its absence (Šišláková, 2006).

Group sample and methods

The data in the presented study are based on previously conducted research on the assessment of the life situations of adolescents with mental disorders, for which I have assumed a greater risk (Foltová, 2010).

The research group consists of adolescents in a longitudinal project tracking ELSPAC (European longitudinal study of parenting and childhood)[3]. In respect to the definition of adolescence, these individuals fall into the middle adolescence (defined as 14-16 years old, according to Macek, 2003), and the investigation is carried out on data obtained when the subjects were 15 years old. These adolescents were divided into two groups. The first group included adolescents who were diagnosed with mental disorders (these are the "weaker", or more frequently occurring disorders that interfere with the individual's life in a particularly serious way[4]), and possibly more than one of these

2 Resilience is an expressed ability to cope with stress regardless of the exposure to risk, negative conditions and stress . (Šišláková, 2006; in: Truhlářová, Smutek, 2006).

3 For more details, visit: http://www.med.muni.cz/elspac

4 Following disorders were included: hyperkinetic disorders, behavioral disorders, specific developmental disorders of language, specific developmental disorders of school abilities, eating disorders, mood disorders.

disorders (i.e. comorbidity). This selection was made from data collected from pediatric questionnaires in the study. The total number of the research group of adolescents with psychiatric disorders is N = 447.

The second group was created as a statistical comparison group and was composed of adolescents without diagnoses of mental disorders (this criterion was met from birth to 15 years of age). The total number of adolescents with no diagnoses (control group) is N = 2838.

For this study we used questionnaires filled in by the adolescents themselves at 15 years of age. The adolescents' mothers and pediatricians also filled out questionnaires about the subjects during the same period. Unless stated otherwise, the data relates to the age period of 11-15 years of the adolescents. The primary data analysis and the classical frequency analysis data were conducted. Furthermore, the data were tested using parametric tests in SPSS. If the data processing violated any of the conditions for parametric tests, a nonparametric test was used (e.g., Mann-Whitney U-test). The null hypothesis were tested, i.e., that the hypothesis about the differences in distribution in the monitored group, or differences in mean values, where required by the nature of data.

Results

The results part will be divided into risk and protective factors of adolescent life situation. In previous research (Foltová, 2010) from which the data is drawn, a large number of indicators were evaluated, of which only the most relevant and interesting in terms of the contribution to our goals were selected.

Risk Factors

First, the occurrence of the selected risk behaviors of adolescents (reported) was evaluated, as stated in Table 1.

Table 1: Risk Behaviors of Adolescents

Behavior	Adolescents with diagnosis	Adolescents with no diagnosis
Anger blowouts	58,2 % *	49,6 %
Quarrels with peers	51,6 %	46,9 %
Lying and fraud	29,9 %	26,7 %
Physical confrontation with peers	13,6 %	16,4 %
Truancy	9,3 %	9,6 %
Robbery	7,7 %	5,1 %

* $p < 0.05$

From the data obtained from adolescents one can see that explosions of anger paired with inability to control oneself are prevalent in 58.2 % of adolescents with disabilities compared with 49.6 % of adolescents with no diagnoses. This difference is statistically significant, and the significance level of $p < 0.05$. It can be argued that ado-

lescents with disabilities are 1.4 times more likely to be unable to control themselves than adolescents the control group (OR = 1.412, OR = interval /1030; 1935/, $p < 0.05$).

The other data shows that the adolescents with disorders argue with their peers slightly more often, but are less involved in fights. Furthermore, we can find a slightly higher incidence of theft and lying. The differences are not statistically significant. Truancy in both groups appears equally, below 10 %.

Next, I examined the subjects in terms of risk, what types of friends are adolescents watching. The results are shown in the Table 2.

Table 2: ‚At Risk' Adolescents with Friends

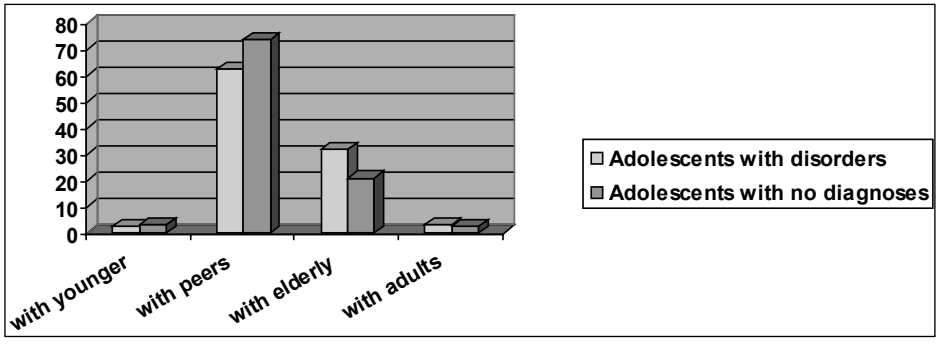
	Adolescents with diagnosis	Adolescents with no diagnosis
Abstainers	68,8 %	71,2 %
Often drinking	34,5 %	31,5 %
Smokers	71,2 %	70,5 %
Using drugs	32,2 % *	24,3 %

* $p < 0.05$

Abstainers among friends, of course, do not represent a risk group. However, the data shows that almost a third of adolescents do not have any friend who is abstainer (recall that these are adolescents age 15). On the contrary, often drinking friends is also prevalent among a third of the adolescents. Over two thirds of adolescents have smokers among their friends. Those numbers are true in both groups.

Drug users friends have a third of adolescents with disorders compared to a quarter of the friends of adolescents with no diagnoses. This difference is statistically significant, and the significance level of $p < 0.05$. Adolescents with psychiatric disorders are therefore have 1.48 times more friends who use drugs other than alcohol and cigarettes (OR = 1.480, OR = interval /1047; 2091/, $p < 0.05$). Also investigated was age appropriateness of the friends of tracked adolescents. This value was evaluated from the statements about which group of people adolescents feel best among or pursuing. The data illustrated in Figure 1.

Figure 1: Age Appropriateness of Friends (the number of adolescents in %)



The chart demonstrates the significant differences are also statistically significant,

at $p < 0.05$. The company of young people satisfies 2.5 % (3.0 %), adolescents, peers of the same age 62.6 % (74.1 %), elderly 31.9 % (20.8 %), and adults 3.1 % (2.2 %).

Adolescents with mental disorders seek the company of the same age peers 0.84 times less than adolescents with no diagnoses (according to the interpretation of relative risk: RR = 62.6 / 74.1 = 0.844, $p < 0.05$), while they are 1.5 times more likely than the control group to feel best with older people (according to the interpretation of relative risk: RR = 31.9 / 20.8 = 1.534, $p < 0.05$). The results also confirmed a danger in the sexual aspects as monitored adolescents with psychiatric disorders were significantly more likely to initiate an earlier sex life. 15.6 % of adolescents with disabilities and 10.0 % of adolescents with no diagnoses said they already had sexual intercourse (recall again that the data was under 15 years of age[5]). This difference is statistically significant, and the significance level of $p < 0.05$. It can be argued that adolescents with disabilities are 1.67 times more sexually active than control group adolescents (OR = 1.665, OR = interval /1062; 2608/, $p < 0.05$).

Significantly more often the monitored group reported problems in relationships. These problems are 1.53 times more likely among the adolescents with psychiatric disorders than among adolescents with no diagnoses (42.4 % vs. 32.4 %), and the significance level of $p < 0.01$ (OR = 1.533, OR = interval / 1115; 2106 / $p < 0,01$).

Adolescents also reported on disputes with the parents. Out of the studied reasons I mention here only two that are, in my view, quite serious, both in terms of period of reference (data is limited to respondents of 11-15 years old).

Table 3: Adolescent – Parent Conflicts

Reason	Adolescents with diagnosis			Adolescents with no diagnosis		
	Often	Sometimes	Never	Often	Sometimes	Never
Cigarette smoking	9,4 %	37,5 %	53,1 %	8,8 %	45,6 %	45,6 %
Drinking	5,0 % *	43,3 %	51,7 %	1,5 %	32,2 %	66,4 %

* $p < 0.05$

The table shows that virtually half of the fifteen year-old adolescents fight with their parents often or sometimes over smoking cigarettes (46.9 % adolescents with diagnosis and 54.4 % adolescents without diagnosis, the difference is not statistically significant). As for drinking, almost half of the reference group of adolescents with disabilities (48.3 %) report fights compared with a third of adolescents with no diagnoses (33.7 %). This difference is also statistically significant. Adolescents with diagnosed mental disorders are 1.85 times more likely to have disputes with their parents about alcohol use than adolescents without a diagnosis, the significance level of $p < 0.05$ (OR = 1.847, OR = interval /1061; 3213/, $p < 0.05$).

Protective Factors

In the experimental group, however, you can also find protective, resilience features that are now the center of our focus. These elements should be developed and further expanded.

5 The adolescents experienced their first intercourse: before 12 years of age 3,8 % (2,9 %); in 14 years of age 0 % (9,6 %); in 14 years of age 96,2 % (87,5 %). Those results were not significantly different.

I examined the number of close friends of the experimental group of adolescents. I was afraid that adolescents with psychiatric disorders would be more isolated, as they tend to have trouble choosing and maintaining close relationships. My findings, however, were contrary to that expectation and ultimately provided positive news. Adolescents with disabilities indicate an average of 7.45 friends, adolescents with no diagnoses, 7.87. The difference is not statistically significant. We can conclude that the adolescents in both groups have roughly the same number of close friends.

Other positives are found in perceived social support provided to the adolescents. Again, the results refute a presumption of reduced social support for adolescents with disabilities. Using the Questionnaire of social support for children[6], adolescents were evaluated by both the total score of social support by frequency and by the total score of the perceived importance of social support and by other resources offered by the various aspects of support.

The total score of social support provided by frequency is averaged 231.3 points in adolescents with disorders and 232.2 points in adolescents with no diagnoses. The total score of perceived importance of social support is averaging 123.1 points in adolescents with disorders and 126.7 points in adolescents with no diagnoses. The assessment of resource supports that many (most) adolescents receive support from their friends / girlfriends (that adolescents with disabilities slightly more likely to receive it there than adolescents without a diagnosis - the average score of 55 versus 54), ranked immediately behind is the support given by parents (50 versus 51 points). Also very high support is manifested in adolescent classmates (49 vs. 48 points) and teachers (43 vs. 45). The perceived importance of this support more or less follows its frequency. None of the differences were considered statistically significant, but I think it is appropriate to reflect on the minor differences: It seems that adolescents with disabilities perceive support provided by peers, friends and classmates as being slightly more important than that of adults, parents and teachers. Would not this group deserve more empathetic approach from us adults?

Without removing credit for their parents' dedication, it is necessary to explore another unconfirmed assumption - that the parents of adolescents with ADHD and comorbidity were significantly more likely to pay little interest in their child's activities (Hurtig et al., 2007; research focused on the family environment of adolescents with ADHD). A summary of the activities pursued by the adolescent as reported by their mothers, the survey measured awareness of the child's activities in different aspects. When the teenager was home, adolescent mothers with psychiatric disabilities (without diagnosis) were aware of the child's activities: throughout the day, 31.9 % (36.1 %), most of the day or part of 67 % (63 %) and almost no part of the day only 1.1 % (0.9 %). If an adolescent is not at home, awareness of activities throughout the day 9.6 % (15.2 %), most of the day or part of 85.1 % (80 %) and almost no at all 5.3 % (4.8 %) mothers of ado-

6 Questionnaire Child and Adolescent Social Support Scale (CASSS - Child and Adolescent Social Support Scale of Malecki, Demaray, Eliott, 2000; translated and modified - Mareš, Ježek, 2005; included in the study ELSPAC). It contains 60 items, divided into five subscales (= support resources, i.e., parents, teachers, classmates, friends, people in school). Individual items also contain a statement regarding the type of social support (emotional, instrumental, information, support assessment). Moreover, specifically it examines also the frequency of support for a six-point scale and the importance / relevance of support on the three-point scale. Scale reliability - Cronbach alpha = 0.95.

lescents with diagnosis (control group).The differences are not statistically significant. Adolescents also expressed their satisfaction with talking to their parents. In talking with their mothers, 91.8 % of adolescents with disabilities felt satisfied to 94.2 % of adolescents with no diagnoses. In talking with the father 84.0 % of adolescents with a diagnosis of adolescents felt satisfied to 83.5 % of the control group. The differences are not statistically significant. It is clear that fathers should devote more time to their offspring, even though in my opinion, the relatively high satisfaction rating moves us to consider it a favorable report.

Discussion

According to Macek (2003) the image of adolescence has recently changed. He states that adolescents do not feel the majority of their experience of adolescence as a period full of crisis and conflict. This idea is consistent with the finding that a sixth of respondents almost never have conflicts with parents, another sixth have conflicts with their parents often, and two thirds have disagreements with their parents only sporadically (Foltová, 2010). But I see a serious argument to be made about alcohol consumption by adolescents surveyed. Since the respondents are fifteen years old adolescents (and thus correspond to the questionnaires for the previous four years, i.e., 11-15 years), it strikes me as an alarming indicator that affects nearly half of adolescents with psychiatric disorders and one-third of adolescents with no diagnoses. Here I see a need to recommend a greater emphasis on preventive efforts in regards to adolescents (the topic of smoking as well).

Theoretical considerations concerning the concept of resilience have shown that adolescents with psychiatric disorders may have a generally reduced level of resilience. In addition, adolescence is a sensitive period for the development of risk and problem behaviors (in Šišláková, 2005). The results of this study partially confirm this assumption - the observed group showed a decrease in self-control, and a threat can be particularly seen in the sexual aspects - an earlier start of sexual life is to be taken in addition to some close friends at risk - alcohol, smoking, drugs. Peers do represent an important element in their lives of young people. Adolescents look for a reference group among them from which to shape their identity (Šišláková, 2006, likewise in Langmeier, 2006, Lerner, 1985; Macek, 2003). Based on the results, the study also showed that the groups of adolescents with psychiatric disorders were significantly more likely to seek the company of older peers. Of course this does not explicitly say that older friends represent increased risk. It is possible that more sophisticated individuals other hand, can have a positive impact and to act more as a protective factor. However, it can be also expected that more problematic groups of individuals will take into their group rather younger individuals and this should be kept this in mind.

The results of this work have not confirmed the assumption of weakened support provided to adolescents with mental disorders from their social environment (reflections on the concept of coping with everyday tasks, as formulated by Bartlett, 1970; further developed Srajer and Musil, 2008, also as a model Lerner, 1985). Langmeier (2006) mentions that for a proper receipt of future social roles is a key process of independence, while expanding social relations. Snopek, Hublová (2008, p. 507) argue that "the social

relations in adolescence is an important source for creating your own self-image, self-esteem or self-realization." It may seem that adolescents with psychiatric disorders are quite well integrated.

Regarding perceived social support, the results are in accordance with the research of Snopek and Hublová (2008), who also reported the highest scores for friends / girlfriends, followed by parents and peers, which according to the authors corresponds with previous studies. The results also revealed a relatively high level of perceived support provided by teachers. This fact can be considered positive, in accordance with the research of Šišláková (2006) that supporting teachers are resilience (protective) element in mesosystems of adolescent, as well good links between pupils, as also confirmed in this work.

Family members of individuals with mental disorders can suffer from negative reactions, such as constant supervision, ignorance and increased criticism (Probst, 2005). Continuous monitoring of the results in this study did not confirm that assumption. An overview of the activities of adolescents is similar in both groups.

Conclusion

Assessment of the situation took place at the very beginning of adolescence, when there is a greater role for parents (and in this case parents who can be presumed to have greater interest in their children than the absolutely "typical" population, because of their selfless participation in the longitudinal project). As indicated above, adolescents with psychiatric disorders did not account for too many differences in selected elements of lifestyle, compared with normal adolescents. And if this assessment can build any intervention, it revealed the need to address the increasingly psychosocial issues of adolescent life, to expand prevention efforts mainly on tobacco, alcohol and sexual issues and increase the resilience of adolescents.

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ADOLESCENTI V (PRO)PASTI?

Abstrakt: Cílem této studie je odhalit rozdíly v pozitivních i negativních prvcích životní situace adolescentů s diagnostikovanými psychickými poruchami ve srovnání s běžnou populací. Ověřoval se tak předpoklad, že adolescenti s poruchami vykazují větší rizikovost v životním stylu. Výzkumný soubor tvořili 15letí adolescenti ze studie ELSPAC (Evropská longitudinální studie rodičovství a dětství) s psychickými poruchami (N=447) a kontrolní skupina, tedy adolescenti bez diagnóz (N=2838). Z výsledků vyplývá, že adolescenti s poruchami opravdu častěji trpí potížemi v psychické a sociální oblasti. Vyskytuje se u nich ve větší míře rizikové chování. Pozitivním zjištěním naopak je, že i v této skupině rizikovějších jedinců lze nalézt ochranné, resilienční prvky, které mohou být v jejich životní situaci významným pozitivním faktorem.

Klíčová slova: adolescenti, psychické poruchy, rizikové chování, resilience