



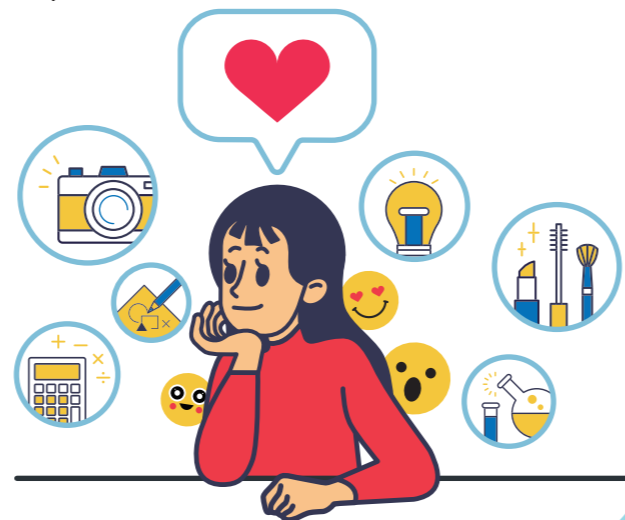
## General Challenges During Puberty

**1** Puberty is a developmental phase characterized by a hormone surge that induces rapid changes in body height and physical features, including secondary sexual characteristics. These changes take place in a relatively short period of time and may inflict mental stress, further complicating the feeling of restlessness secondary to hormonal changes. Notably, the mood swings and physical discomforts of pre-menstrual syndrome are also associated with cyclic hormonal changes.



**2** Teenagers usually encounter challenges in the forms of relational changes with elders and social adaptation. During their earlier years of development, young children may think their caregivers are “supermen” or “superwomen” that can do everything, and later in school age they admire their teacher or an authority figure. As they hit puberty, their “faith” in the older generations fade, causing them to disagree with or cast doubt on those whom they held with high respect, and feel uncertain about their future. They usually discuss with peers or turn to the “virtual community” for answers, and unfortunately what they get may not be ideal for their situation. This makes assistance from adults highly valuable and sometimes necessary.

**3** Social adaptation is also a crucial part of development in this stage of life. Seventh to Twelfth Grade is a phase of fundamental education with high-intensity learning. During this period, teenagers have less control of their own affairs, as they usually need to try living up the expectations even though they may have ideas or concepts conflicting with common values. There are many ways to fame. The enthusiasm and motivation to explore is a more valuable personal asset, while academic performance is not always a reliable indicator of potential achievement. During this period, teenagers learn to respect themselves and others, the meaning of responsibilities and obligations, the boundaries, and their unlimited potential and possibilities. Social adaptation matures with time and experience.



## Potential hardships during puberty

**I. Anxiety disorder** Anxiety is an emotional response to people, incidents or objects. It is important to seek medical attention when such emotion disrupts daily routines.



**1** Pervasive anxiety: Restlessness or nervousness, anxiety, feeling “worn out”, inattentiveness, “spacing out”, irritation, muscle tension, sleep problems.



**2** Social anxiety disorder: Serious anxiety in specific social contexts, avoiding interaction with others.



**3** Panic disorder: Sudden onset of bodily symptoms such as increased heart rate, sweating, trembling/shivering, shortness of breath, feeling out of breath, chest pain, nausea or abdominal pain, dizziness, instability, lightheadedness or fainting, losing sense of reality or depersonalization, fear of losing control or going mad, fear of death, numbing or tingling sensation, feeling cold or flushing. Though the intensity and duration of such events can vary with individual, they can cause fear or concern of recurrence, and even discouragement from visiting specific places, or further develop into phobia.

**4** Obsessive-compulsive disorder: Comprised of obsessive thoughts and/or compulsive behavior. Obsessive thoughts are repeated thoughts, impulses or mental images that cannot be controlled, inflict uncomfortable feelings, and incomprehensible but unacceptable anxiety. Common obsessive thoughts include the constant urge for personal hygiene (such as worrying about getting dirty from handshakes), repeated suspicion (of certain actions they might have done, such as hurting someone or leaving doors unlocked), the need to follow certain orders (such as intense feeling of discomfort when seeing things in disorder or which appear asymmetric), impulses of aggression or terrible acts (such as hurting themselves or others, the thought of using vulgar language), and sexually-based thoughts (repeated reliving of images or videos related to sex). Compulsive behavior can be repeated actions (such as hand-washing, sequencing or checking) or mental activities (such as prayer, counting, reciting words, phrases or sentences). Individuals with compulsive behavior develop anxiety that worsens with the duration of “weaning”. This anxiety finds relief when the pattern is restored, further motivating the behavior. Common compulsive behavior includes repeated cleaning and checking, hoarding, orderliness, and reassurance seeking.



Taipei Community Mental Health Center also has community counseling resources available: a total of 13 counseling clinics are provided through 12 district health service centers, as well as counseling resource referral services. Anyone in need may call the Center's counseling line at

**(02)3393-7885**

Visit any of the following websites for relevant events and information:



Taipei Community Mental Health Center official site



Facebook



Ministry of Health and Welfare Adolescent Mental Health Section



Mental Health Wellbeing Learning Portal

廣告

## II. Mood disorder

This refers to mood fluctuations due to biological factors, namely abnormal serotonin release in the brain. Everyone may experience mood fluctuations from time to time, and it's better to seek expert assistance when daily routine is disrupted.



**1** Clinical depression: Presented as the experience of depressive mood or "low mood", loss of interest in what one used to enjoy, weight loss/gain, appetite loss/increase, sleep disturbance, insomnia or drowsiness, psychomotor retardation/agitation, slowed thoughts and movements, reduced academic performance, fatigue and loss of vigor, sense of guilt, feeling of worthlessness, feeling a lack of purpose in life, self-blaming, negative thoughts, reduced ability to think or focus, contradictory thoughts and hesitation, inattentiveness, repeated thoughts of death, or even suicidal ideation, attempt or planning. The John Tung Foundation provides a depressive mood survey for teenagers which may help you discover potential issues. Expert assistance is advised for any questions.

**2** Manic-depressive (bipolar) disorder: The symptoms in the depressive phase are basically the same as those seen in clinical depression. "Manic episodes" come with reduced need for sleep, inflated self-esteem, and rapid, increased and exaggerated speech that doesn't stop at appropriate intervals, racing or leaping thoughts, being unable to focus and easily distracted, being abnormally elevated, overspending that can cause problems (excessive purchases, investments or donations). Individuals with mania usually can't control their own behavior, and inflict consequences that are regrettably beyond their ability to handle which affect their social relationships and occupation.

**III.** Attention-deficit hyperactivity disorder (ADHD) is associated with dopamine release from the brain. Its most notable symptoms include inattentiveness (having a hard time focusing on studying or the task at hand, short attention span, easily distracted, carelessness and being prone to errors, forgetting to bring along needed objects, disliking or avoiding anything requiring focus, especially studying or homework, spacing out in class, and the lack of organization) and hyperactivity (high activity level, being unable to sit still while in class or doing homework, having the tendency of moving about or even climbing up and down, being incapable of controlling the urge to move the body even when sitting still is required; some individuals may be chatty), and impulsiveness (being impulsive and lacking deliberation or patience, being unwilling to wait, having the tendency to interrupt, cutting in line or butting into conversations, actions that can be offensive such as uninvited touching of others).

Though it is difficult for teenagers to resist peer pressure and their own urge "to give it a try", it's important to think about potential outcomes, legal concerns, and last not but least, personal accountability.

## IV. Diet disorder

**1** Upon reaching puberty, teenagers may pay more attention to their own appearance, and may refuse to eat in order to "stay slim". Some may even eat a lot then induce vomiting or take laxatives to induce diarrhea, or engage in excessive exercise to burn off the calories. In extreme cases, some teenagers with anorexia/bulimia nervosa may continue losing weight despite being underweight. Underweight can lead to physical changes including hair loss or absence of menstrual periods (amenorrhea). The prevalence of anorexia/bulimia nervosa in Taiwanese high school girls is ~0.1% and ~1%, respectively. Such individuals require expert assistance.

**2** Overweight can also be a problem for teenagers. Of the children and teenagers (6.5 to 18.5 years of age) in Taiwan, approximately 10.6 to 22.8% of boys and approximately 10.0 to 18.4% of girls have overweight issues. There are two contributing factors of overweight: diet and a lack of exercise. A Taiwanese report suggested that 6.1 to 16.7% of boys and 6.2% to 15.4% of girls in Taiwan have a significantly reduced amount of exercise. Maintaining a healthy diet is also important.

## V. Sleep disorder

Sleep deprivation (inadequate sleep) is a common problem for Taiwanese teenagers. The lack of sleep can affect development and mental acuity. Teenagers need eight hours of sleep a day. It is important to take care of yourself for the best physical and mental state to start each day.

## VI. Addiction

Internet addiction is a serious problem. Computers and mobile devices make our lives much easier, but addiction to them can be troublesome. Try other hobbies, such as ball sports, painting art, board games and reading to avoid addiction.



When you notice something concerning about yourself or those around, you should speak out and seek expert assistance (counselor in your school or psychologist) even if it may just be a normal part of development. When it comes to the point of seriously impacting your sleep, diet and life routine, visit a psychiatrist.

## A Guide to Teenager Mental Health

# LIFT THE MOOD AND STAY COOL

Psychiatrist: Wu, Yu-Yu

