

**RISING MENTAL DISORDERS AMONG ADOLESCENTS: THE NEED FOR
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The study explained the rising mental disorders among adolescents and the need for psychological therapies in Nigeria. In doing so, it gives a definitive analysis of mental disorders, alongside the explanation of the types of mental disorders among adolescents. Furthermore, the study also provided the synopses of models/theories of aetiology of mental disorders in adolescence. Thus, in the circumstances of the rising statistics of mentally ill adolescents, the study suggested psychological therapies and their necessity to halt the scourge in Nigeria. In line with these facts, the study recommended among others, that the Federal Government in conjunction with the State Governments should, through their media agencies, educate, inform and communicate with the public, especially the adolescents on the aetiologies of mental disorders, and how they should avoid same for sound mind and healthy living in the Nigerian society.

Keywords: Rising, Mental Disorders, Adolescents, Need, Psychological Therapies

INTRODUCTION

The rising number of adolescents with mental disorders has become a major concern in the world today. Sadly, the resultant effects on the actions of the mentally ill on the streets are enormous, in so much that health and socio-economic living conditions of members of the society are in serious jeopardy. Apart from the members of the society, individuals with psychological mental disorders are at greater risk for decreased quality of life, educational difficulties, lowered productivity and poverty, social problems, vulnerability to abuse, and additional health problems (Unite for Sight Organization [USO], 2015). With reference to the foregoing facts, mental disorders have become a 'genius-faced problem', both to the mentally ill and members of the society.

Surprisingly today, the rise in adolescents with mental disorders is at an alarming rate in Nigeria. In order to halt this ugly situation, medical drugs were intensified to care for the mentally ill adolescents, regardless of the need for psychological therapies in Nigeria. It is on this premise that the study is carried out to explain the rise in mental disorders among adolescents and the way out of same through the use of psychological therapies in Nigeria.

Mental Disorder: a Definitive Analysis

The definition of mental disorder cuts across socio-psychological and health disciplines. It means therefore that there is no consensus definition of mental disorder with regard to human existence. However in the 'medical academic arena', the concept of mental disorder is at the foundation of psychiatry as a medical discipline, at the heart of scholarly and public disputes about which mental conditions should be classified as pathological and which as normal suffering or problems of living (Wakefield, 2007). This has ramifications for psychiatric diagnosis, research and policy in health care (Wakefield, 2007). Although both normal and disordered conditions may warrant treatment, and although psychiatry arguably has other functions beyond the

treatment of disorder, there exists widespread concern that spurious attributions of disorder may be biased in prognosis and treatment selection, creating stigma, and even interfering with normal healing processes (Wakefield, 2007).

More precisely, Cherry (2018) defines a psychological disorder, also known as a mental disorder, as a pattern of behavioural or psychological symptoms that impact multiple life areas and create distress for the person experiencing these symptoms. *American Psychological Association (APA)* (2018) further explains that mental illnesses otherwise known as mental disorders are health conditions involving changes in emotion, thinking or behaviour (or a combination of these). In fact, mental illnesses are associated with distress and/or problems functioning in social work of family activities (APA, 2018). In accordance with the above views, *U.S. National Library of Medicine (NLM)*a (2018) defines mental disorders as conditions that affect your thinking, feeling, mood, and behaviour. Mental disorders may be occasional or long-lasting (chronic); that can affect your ability to relate to others and function each day (*U.S. NLMa*, 2018). For clarity, some common types of mental disorders include the following:

- i. Anxiety disorders, including panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder, and phobias
- ii. Depression, bipolar disorder, and other mood disorders
- iii. Eating disorders
- iv. Personality disorders
- v. Psychotic disorders, including schizophrenia.

In tandem with *U.S. NIM* (2018), *World Health Organization (WHO)* (2018:1) also explains that:

Mental disorders comprise a broad range of problems, with different symptoms. However, they are generally characterized by some combinations of abnormal thoughts, emotions, behaviours and relationships with others. Examples are schizophrenia, depression, intellectual disabilities and disorders due to drug abuse. Most of these disorders can be successfully treated.

Types of Mental Disorders among Adolescents

i. Anxiety disorders among adolescents

Anxiety disorders are the most prevalent mental health concern facing adolescents today, yet they are largely undertreated (Sieged and Dickstein, 2012). *Cleveland Clinic* (2018) sees anxiety disorder as an excessive worry and/or apprehension about a number of events or activities. These may occur due to generalized worries about wars, accidents, unemployment and others in society. Anxiety disorders include phobias, separation anxiety disorder, panic disorder, obsessive-compulsive disorder and post traumatic stress disorder (PTSD). In line with the foregoing, phobias deal with fears (excessive fears in adolescents, i.e. fears of not having a job). Furthermore, separation anxiety disorder is a commonly occurring childhood anxiety disorder, and panic disorder, a more rare anxiety disorder in youths (Suveq, Aschenbrand and Kendall, 2005).

In the circumstance, Kossowsky, Pfaltz, Schneider, Taeymans, Locher and Gaab (2013) in a meta-analysis of 20 studies indicate that children with separation anxiety disorder were more likely to develop panic disorder later on (odds ratio = 3.45; 95% CI = 2.37 – 5.03). Five studies suggest that a childhood diagnosis of separation anxiety disorder increases the risk of future

anxiety (odds ratio = 2.19; 95% CI = 1.40 – 3.42) (Kossowsky, Pfaltz, Schneider, Taeymans, Locher and Gaab, 2013).

Tull (2018) also explains that obsessive-compulsive disorders (OCD) are anxiety disorders that commonly co-occur in people with the history of trauma. Examples of trauma associated PTSD include loss of loved one, war, flood disaster, accident, incessant abusive behaviour (interactions), being victimized and being thrown out of home without clear justification. The symptoms of PTSD include intense, repetitive memories, negative thoughts (or instance, feeling detached from others), avoiding reminders of the trauma, and experiencing reactive symptoms (for example, being easily startled or having angry outbursts (Tull, 2018).

Equally important in adolescents' behaviours in the society is OCD. According to *National Institute of Mental Health (NIMH)* (2018) OCD is a common, chronic and long-lasting disorder in which a person has uncontrollable, recurring thoughts (obsessions) and behaviours (compulsions) that he or she feels the urge to repeat over and over. This disorder may frustrate adolescents, especially if they do not have jobs, and do not seem to have the chance of having one in the future.

Generally, some common symptoms of anxiety include:

- i. Feeling nervous or "on edge".
- ii. Unfounded or unrealistic fears.
- iii. Trouble separating from parents.
- iv. Sleep disturbance.
- v. Obsessive thoughts and/or compulsive behaviours.
- vi. Trembling, sweating, shortness of breath, stomach aches, headaches, and/or muscle tension or other physical symptoms (*Cleveland Clinic*, 2018).

ii. Depression

This is a neurotic disorder arising from excessive sadness with intense persistent behaviour (Oriji, 2014). Beyond this, depressive neurosis may include simple depression (normal sadness to upsetting sadness, like loss of limbs or sight); acute depression in which both mental and physical activities are reduced significantly, in so much so that there are no feelings towards others, since he or she is hopeless and dejected within the "pond of neurosis" and depressive stupor (unfeeling, inactive and passive behaviours toward significant and generalized others in society, hence he or she is in vegetative state) (Oriji, 2014). Note that short sadness, which is less persistent, does not constitute depression among adolescents. The signs and symptoms of depression begin with irregular behaviour and/or mood disorder. Steingard (2018:1) explains as follows:

Since adolescents are often moody, it can be difficult to recognize when your son or daughter has become depressed, and might need help. The thing people tend to notice first is withdrawal, or when the teenager stops doing things she usually likes to do. There might be other changes in her mood, including sadness or irritability. Or in her behaviour, including, appetite, energy level, sleep patterns and academic performance. If several of these symptoms are present, be vigilant about the possibility of teen depression.

Apart from this, adolescents who are in near depression may experience bipolar mood disorders. Bipolar disorder is a mental illness that causes extreme shifts in mood, behaviour, attention, and energy level (Smith, 2018). The worrisome aspect of bipolar disorder is in adolescents who are usually exposed to symptoms of feeling of irregular mood, thought of suicide, inability to sleep, quick temper, among others in society.

iii. Eating and personality disorders

Some mental disorders could be traced to eating and personality disorders. Eating disorders are more with adolescents than any age group in any society. More broadly, eating disorders are psychological challenges in which adolescents deprive themselves from eating food in fear of gaining weight (Anorexia Nervosa) or eating too much food within a short period, and so regularly in order to gain weight (Bulimia Nervosa). On the other hand, the personality disorders deal with changes in adolescents' behaviours, moods and interactions. Examples of personality disorders include mood swing, drive for immediate gratification with regard to drugs and sexual intercourse, unpredictable behaviour, irregularity in relationships with others, among others in the society.

iv. Psychotic disorders (including schizophrenia)

The term 'psychosis' which is derived from the Greek word for abnormal condition of the mind, has been used in many different ways in clinical medicine (Lieberman and First, 2018). Psychotic disorders may cause abnormal thinking and perceptions in humans (*U.S. NLMb*, 2018). The major types of psychotic disorders are schizophrenia, schizoaffective disorder, schizophreniform disorder, delusional disorder, brief psychotic disorder and substance-induced psychotic disorder.

According to *U.S. NIMHb* (2018), schizophrenia is a chronic and severe mental disorder that affects how a person thinks, feels and behaves. For schizoaffective disorder, it is a mental disorder in which a person experiences a combination of schizophrenia symptoms such as hallucinations or delusions, and mood disorder symptoms such as depression or mania (*Mayo Clinic*, 2018). The two types of schizoaffective disorder both of which include some symptoms of schizophrenia are bipolar type, which includes episodes of mania and sometimes major depression, and depressive type, which includes only major depressive episodes (*Mayo Clinic*, 2018).

Similarly, schizophreniform is a psychotic disorder like schizophrenia, schizoaffective disorder, but what makes it different from others is it lasts for less than six months in the sick. What is worse with adolescents suffering schizophreniform is they cannot differentiate what is real from what is imagined. In this case, adolescents suffering schizophreniform will have difficulty in processing their thoughts, expressing emotions and interacting positively with significant and generalized other persons in society. In the same vein, there is a delusional disorder, which is characterized by the presence of recurrent, persistent non-bizarre delusions (*Encyclopaedia of Mental Disorders a*, 2018). This type of mental disorder may last for at least one month with strange beliefs as symptoms.

In furtherance, there are several types of delusions such as (1) delusions of reference (in which people [sufferers of delusions] believe that messages by a preacher or lecturer is directed to them when they are not); (2) delusion of thinking (in which the sufferers think that other people are reading their thoughts, inserting thoughts in them, besides controlling their thinking and behaviours); (3) grandiose and religious delusions (in which sufferers think they have supernatural powers or calling from God or deities over others' life decisions or activities and so should depend on them to succeed in life); (4) paranoid delusions (this is common among adolescents in Nigeria; it happens when sufferers think that other people are trying to hurt them and/or government policies and system of governance by elected leaders as well as private organizations' hike in prices of goods and services, embargo on employment are focused on harming them).

Equally important are brief psychotic disorder and substance-induced psychotic disorder. The brief psychotic disorder is associated with adolescents. Brief psychotic disorder also known as brief reactive psychosis is a psychosis that occurs in a short (between one week and four weeks) period in which recovering is usually quick among adolescents. In this case, it is a short and stress-related experience psychotic disorder among adolescents, especially when the unemployed lack basic needs such as food, shelter, clothing, education and others in society.

Additionally, another psychotic disorder among adolescents is substance-induced psychotic disorder. This happens when adolescents in attempt to go out of parental care indulge in substance abuse. In doing so, the adolescents will be exposed to psychotic disorder such as substance-induced psychotic disorder. Goerke and Kumra (2013) in consideration of adolescence developmental stage argue that although the ability of illicit substances to induce psychotic symptoms has been well recognized, more recent epidemiologic studies have suggested that cannabis may represent a significant risk factor for the development of a psychotic illness in adolescents.

Synopses of Models/Theories of Aetiology of Mental Disorders in Adolescence

i. *Biomedical Model*

This model posits that mental illness is a disease or disease-like phenomenon treatable by purely medical means, because all mental illnesses are the result of physiological causes, which includes biomedical and genetic disturbances (Wolinsky, 1988). Furthermore, biomedical model depicts that mental illness is a disorder or germ which should be treated with pharmaceutical drugs in order to restore the patient's mental health (Orij, 2014).

This model is also bipolar to social theory of illness aetiology in human society. An overall distinction is also commonly made between a 'medical model' (also known as a biomedical model or disease model) and a 'social model' (also known as an empowerment or recovery model) of mental disorder and disability, with the former focusing on hypothesized disease processes and symptoms, and the latter focusing on hypothesized social constructionism and the social contexts (Pilgrim and Rogers, 2005). The tenet of this model is adolescents develop mental disorder or psychotic disorder as a result of complex interplay of genetic and biomedical experiences of body disturbances in human society.

ii. *Biopsychosocial Model*

The biopsychosocial approach was proposed by Dr. George Engel (a cardiologist). The model offers a means of incorporating existing, as well as emerging and new areas (e.g. psychoneuroimmunology) that better explain the cause and treatment of all symptoms that might present in health care settings than does the traditional dualistic approach in which illness is dichotomized into two domains: the body or the mind (Engel, 1977). Thus, it "supplements and enriches the discoveries of biomedicine, rather than undermining them" (Frankel, quill and McDaniel, 2003:46). Central to the biopsychosocial model is an appreciation of the continuum of hierarchical natural systems that always are interacting at any point in time in a patient's experience of symptoms (Kreipe, 2006).

Specifically, biopsychosocial model deals with complex and systematical interactions of biological, psychological, and social factors in the care of psychotic disorders, besides opening a new vista of understanding of health and health care delivery for the mentally ill in the society. Again, the biopsychosocial model emphasizes the complementary influences of genetic predisposition, environmental factors, and experience on development and behaviour (Schonfeld and Dreyer,

2008). What is more is that the model recognizes that health, disease, illness and disability result from complex interactions of biological, emotional, cognitive, social and environmental factors (Schonfeld and Dreyer, 2008).

iii. Psychoanalytic Theory

This theory was first developed by Sigmund Freud in the 19th century, but developed to full theoretical framework for worldwide discourse in the 20th century, with regard to the analysis of mental disorders in the society. In fact, psychoanalysis as a form of therapy, is based on the understanding that human beings are largely unaware of the mental processes that determine their thoughts, feelings and that psychological suffering can be alleviated by making those processes known to the individual (*Encyclopaedia of Mental Disorders* b, 2018).

Wolinsky (1988:193) also explains in the following words:

Freud's mental illness results from an improperly balanced personality, which develops as a result of stressful events occurring during the individual's infancy, childhood, and adolescence. These stressful events occur specifically during the oral, anal, phallic, latency, and genital stages of the individual's psychosexual development. If the child is subjected to stressful events during one of these stages of psychosexual development, the result will manifest itself as a particular personality disorder in adulthood.

In the expansion of this frontier of knowledge, psychodynamic theories were developed by Freud in the late 1800s. Dr. Freud was one of the first 'psychotherapists' (professionals who treated mental problems with a talk therapy) and was influential (Dombeck, 2018). In fact, Freud introduced the idea that the mind is divided into multiple parts, including the irrational and impulsive id (a representation of primal animal desires, and also it is the personality component made up of unconscious psychic energy that works to satisfy basic urges, needs and desires), the judgmental super-ego (a representation of society inside the mind), and the rational ego which attempts to bridge the divide between the other two parts (Dombeck, 2018). Considering the relevance of these theories, Dombeck (2018:1) explains:

Freud popularized the idea that the mind has conscious and unconscious parts which can conflict with one another, producing a phenomenon called repression (a state where you are unaware of certain troubling motives or wishes or desires). His basic therapeutic idea was that mental illness was caused by mental tensions created by repression, and that mental health could be restored by making repressed knowledge conscious.

iv. Attachment Theories

Attachment theory was first developed by John Bowlby and his associates to show the relevance of attachment to humans, specifically to adolescents' development. What is more of the theory is the need for child/adolescent development as a result of attachment relationships between the child and caregiver, or between the child and an adult or between the child and his or her parents.

In like manner, *American Addiction Centres Resources (AACR)* (2018) group of theories explains that attachment is a theory (or group of theories) about the psychological tendency to seek closeness to another person to feel secure when that person is present, and to feel anxious when that person is absent. Today, children develop different styles of attachment based on experiences and interaction with caregivers (AACR, 2018). Ipso facto, four different attachment

styles have been identified in children: secure, anxious-ambivalent, anxious-avoidant, and disorganized. What this explains is that the better attachment by adolescents to parents or caregivers during childhood, the better their behavioural patterns via improved mental health in society. The reverse may be the case where childhood attachment was insecure, due to children negative lifestyle which may serve as a predictor to their mental state when they become adolescents.

v. Evolutional Psychology Theory

Evolutionary psychologists seek to explain people's emotions, thoughts, and responses based on Charles Darwin's Theory of Evolution through Natural Selection, similar to how evolutionary biologists explain an organism's physical features (Fritschey, 2018). Machluf and Bjorklund (2015) explain that evolutionary developmental psychology posits that natural selection has operated across the lifespan, but especially in childhood, shaping psychological mechanisms that foster survival during the early years of life and also preparing children for life as adults. This paradigm adopts the view that adverse, high-risk behaviour promotes disturbances in subsequent development and asserts that certain individuals are predisposed to develop psychopathologic conditions when exposed to stressful environments (Machluf and Bjorklund, 2015).

According to this theory, 'good' developmental outcomes, such as good mental health, secure attachment, emotional regulation, and educational success, tend to emerge from children who were reared in positive, supportive environments, whereas negative stressful environment cause behavioural problems, drug use, depression, and early pregnancy (Machluf and Bjorklund, 2015). What this means is human evolution from childhood is influenced by how he or she positively adapts to the environments to enhance survival and healthy living. Sadly, this may change where the child is exposed to negative or unfavourable motivations and/or harsh environments (where adolescents abuse illicit drugs, and where crimes and vices flourish). The resultant effects of these on children who were reared in the foregoing environments will be a dicey future; hence at adolescent age and/or adulthood they may be exposed to mental disorders.

Psychological Therapies of Mental Disorders

Mental disorders among adolescents include anxiety disorder, depression, eating disorder, personality disorder, schizophrenia and others. The bad news of these mental disorders among adolescents seems worrisome; hence they pose dangers to both the ill and others in the society. Thus, to halt the volcanic dangers of these mental disorders among adolescents is to use different psychological therapies such as acceptance and commitment therapy (ACT), cognitive analytic therapy (CAT), cognitive behaviour therapy (CBT), dialectical behaviour therapy (DBT), group therapy (GT), interpersonal therapy (IPT) and mentalisation-based therapy (MBT).

i. ACT

U.S. Department of Veterans Affairs (2015) sees ACT as a talk therapy for treating symptoms of depression. What is more of ACT for depression (ACT-D) is it helps individuals with depression make changes so that they can have full, rich and meaningful lives. Thus, using talking therapy to help adolescents with depression will make them draw closer to positive values of the society, besides rejuvenating them to improve their relationships with others for better emotional wellbeing.

Equally important is the fact that the psychological therapist talks to the adolescents with depression to adhere to the regimens of (1) A = accept (to accept the advice on how to change the negative behaviours for positive behaviours); (2) C = choose (to choose positive lifestyles to get well); and (3) T = take action (to practice positive behaviours/values such as obedience to

parents and others, preach against drug abuse and crime, engage in self-businesses for self-actualization, eat balanced food diets, do appropriate exercises, improve your thought by reading moral-value and spiritual books and others) for improved wellbeing and downplay depression in them. In tandem with the foregoing, commitment on the side of adolescents suffering depression is really prominent to being committed to the regimens of acceptance, choosing right behaviours and acting to achieve emotional wellbeing.

ii. CAT

The CAT focuses on treating adolescents with mental disorders to reposition their thinking, feelings and actions, in order to improve on their relationships earlier damaged for better wellbeing in society. In this psychological therapy, patients are treated using procedural sequences (patients to identify bad thoughts or events in life and reciprocal roles (avoid bad roles between people which may replay themselves in a later life). The points to make include that CAT uses not only cognition (psycho-social intervention to improve mental health), but also psycho-analysing ideas (using a set of theories and therapeutic techniques related to the study of unconscious mind, which together form a method of treatment of mental health disorders) as solutions in treating adolescents with mental disorders. In doing so, the patients who adhered to the foregoing, in addition to medical drugs will have improved coping strategies with their mental disorders for a better wellbeing in society.

iii. CBT

Like the ACT, CBT uses talk therapy to help manage adolescents with anxiety disorder and depression to change their ways of thinking and behavioural patterns, in order to achieve mental wellbeing in society. *Psychology Today* (2019) sees CBT as a form of psychotherapy that treats problems and boosts happiness by modifying dysfunctional emotions, behaviours, and thoughts. Unlike traditional Freudian psychoanalysis, which probes childhood wounds to get at the root causes of conflict, CBT focuses on solutions, encouraging patients to challenge distorted cognitions and change destructive patterns of behaviour (*Psychology Today*, 2019).

iv. DBT

According to Grohol (2018), DBT is a specific type of cognitive-behavioural psychotherapy developed in the late 1980s by psychologist, Marsha M. Linehan to help better treat borderline personality disorder (BPD). The DBT is an evidence-based (Chapman, 2006) psychotherapy, designed to help people suffering from BPD. Furthermore, DBT is a type of psychotherapy- or talk therapy- that utilizes a cognitive-behavioural approach (Grohol, 2018). Thus, people who are sometimes diagnosed with BPD experience extreme swings in their emotions, see the world in black-and-white shades, and seem to always be jumping from one crisis to another (Grohol, 2018).

Additionally, the treatment components of BPD and other mental disorders include the following perspectives:

- i. Support-oriented: It helps a person to identify his or her strengths and builds on them in order to feel better life;
- ii. Cognitive-based: It helps identify thoughts, beliefs, and assumptions that make life harder; and make people to learn different ways of thinking that will make life more bearable;
- iii. Collaborative: It requires constant attention to relationships between clients and staff (Grohol, 2018).

- iv. Family Therapy (FT): *Virtual Family Centre [VFC]* (2018) sees FT as a possible treatment for a number of conditions including serious psychiatric illnesses such as depression and schizophrenia. It can also be defined as any psychological treatment that focuses on:
 - i. Changing the way family members interact
 - ii. Improving the functioning of the family as a unit
 - iii. Improving the functioning of individuals in the family (*VFC*, 2018).

What is more to these facts is that for FT to help or not to help in the treatment of adolescents with depression and schizophrenia, it requires focus on its dysfunctional nature and close relationships with the patients. In these circumstances, a dysfunctional family discourages patients from adhering to regimens of mental disorder treatments. For instance, where parents are in disarray with each other, adolescents with depression suffer abandonment, and thus may not have direction to the treatment regimens in order to get well. This is however a different case from that of a family that encourages close relationships with the sick. Indeed, the benefits of a family with close relationships with adolescents with depression or schizophrenia are enormous as the sick will be guided for appropriate drug treatment, and on how to improve on social care and coping skills to manage their illnesses.

In view of the relevant facts to 'kick out' mental disorders among adolescents, different techniques are used to achieve mental health of the sick using FTs. These therapies include psycho-family education, family solution focused therapy, systemic dysfunctional family therapy, structural family therapy, post-Milan family therapy, behavioural family reinforcement therapy and family teaching coping therapy.

vi. GT

According to *John Green and Associates (JGA)* (2018), GT involves one or two therapists working with a select small group of clients. What this means is in GT, it is team work among therapists in a group to handle specific mental disorders such as depression, anxiety, an eating disorder, among others. Other groups focus on improving social skills, or helping clients cope with a range of challenges such as low self-esteem, emotional regulation, shyness or a recent loss (*JGA*, 2018).

What is more of the GT is the fact that patients benefit from it by learning how to share feelings for positive behaviours, improve their social relationships with others, develop their social skills, self-esteem, and coping skills to manage their mental disorders. In doing so, the adolescents with mental disorders will become more integrated and accepted in the group for improved emotional balance and sense of wellness, in as much as they are open to the group therapists about their illnesses and challenges of life.

vii. IPT

Child Trends (2012) sees IPT for adolescents as a type of psychotherapy designed to lower rates of depression and improve social functioning among depressed adolescents by promoting positive interpersonal relationships. The IPT ensures that the substance abuse and challenges of peer group that influenced and exposed the adolescents to mental disorders are addressed first through interpersonal relationships with them. By this, the adolescents with depression will begin to develop social functioning behaviour for socio-emotional acceptance by the therapists. The goals of IPT-adolescents (IPT-A) are to:

- i. Help adolescents to recognize their feelings and think about how interpersonal events or conflicts might affect their mood;
- ii. Improve communication and problem-solving skills;

- iii. Enhance social functioning and lessen stress experienced in relationships;
- iv. Decrease depressive symptoms (*International Society of Interpersonal Psychotherapy [ISTPT], 2017*).

viii. MBT for Adolescents (MBT-A)

MBT (Brenth, 2009) is often framed around the likelihood that attachment dynamics will be repeated in therapy and that the therapeutic process that follows will be centred on thinking about mental states in oneself and others, leaving room for the clinician's empathy reflection upon the patient's current mental state. More importantly, Taubner, Volkert, Gablonski and Rossouw (2017:1) explain that:

MBT describes the imaginative ability to understand human behaviour in terms of mental states. Mentalization is a central component to understand the aetiology and to treat patients with BPD. Both adult and adolescent patients with BPD have limited mentalization abilities, which can be reliably assessed using the Reflective Functioning Scale (RFS). MBT was originally developed as an integrative approach for the treatment of adult patients with BPD. It is a manualized psychotherapy with psychodynamic roots with the aim to increase mentalizing abilities of patient. Since then, MBT has been further developed for other mental disorders as well as for the treatment of different age groups. One of these developments is MBT for adolescents.

In line with the above facts, it is obvious that the importance of MBT is enormous in the treatment of adolescents with mental disorders in modern societies, the world over. MBT-A can be applied in patient and out-patient settings and aims to improve mentalizing abilities in emotionally important relationships and the whole family system (Taubner, Volkert, Gablonski and Rossouw, 2017). In furtherance, MBT helps adolescents to develop mentalizing ability to trust them and others, besides improving their emotional balance in order to suppress BPD for mental wellness.

The Need for Psychological Therapies for Adolescents with Mental Disorders in Nigeria

The need for psychological therapies for adolescents with mental disorders include to create awareness of the danger of substance abuse to the aetiology of mental disorders, reduce the rate of adolescents with mental disorders who constitute a nuisance on Nigerian streets, and to improve the emotional health and healthy living of adolescents with mental disorders as well as to improve on the reintegration of recuperated mentally ill adolescents into the Nigerian families.

i. Create awareness of the danger of substance abuse to the aetiology of mental disorders

Qualitative psychological therapies help create awareness of the danger of substance abuse such as marijuana, cocaine, heroin, stanozolol, epiedrine and others on adolescents; and guide parents, significant and generalized others on how to care for them in the family. In these circumstances, parents should ensure that adolescents indulge in good moral and socio-cultural values that will make them avoid substance or illicit drug intake, having known that the latter can cause mental disorders. More importantly, adolescents who abused drugs and became mentally ill with anxiety disorders, depression, personality disorder and others alike, after recovery will understand the reason why they should not go back to drugs; hence the awareness of the danger of same on them and the entire society.

Today, the adolescents who abuse codeine, tramadol, and inhalants (prepane and butane, gasoline, paint thinners, aerosol hair sprays, feaces in sucker tanks or pits among others), and

have passed through psychological therapies, understand the need for wellness, and why they should create the awareness of same to others who abuse illicit drugs to come out of 'the maze of illicit drug abuse' that may expose them to mental disorders in Nigeria.

ii. *Reduce the rate of adolescents with mental disorders who constitute a nuisance on Nigerian streets*

In order to reduce the rate of mental disorders among adolescents, psychological therapies have become a *sine qua non* for the care of same in Nigeria. In achieving this purpose, psychological therapists with the help of concerned government agencies remove all mentally ill persons on the streets to psychiatric hospitals for treatment, reducing the threat of a nuisance in Nigeria. With regard to the obvious need for psychological therapies, psychological therapists use CAT, CBT, FT, GT, IPT, and MBT for the care of adolescents with mental disorders with all intents and purposes of reducing the rate of same in Nigeria. The resultant positive effect of the foregoing is Nigerians will be on the pathway of improved mental sanity among adolescents.

iii. *Improve the emotional health and healthy living of adolescents with mental disorders*

Where you have psychological therapies, there is usually obvious benefit of emotional health of adolescents with mental disorders. This is obviously true, as the mentally sick are always put into the understanding of the regimens of psychotherapies, and how to live with the illnesses by imbibing in healthy living. What is even more is the fact that the recuperated adolescents from mental disorders will improve on their self-esteem and self-actualization as coping strategies that will help stabilize their emotional health. In view of the benefits of psychological therapies, the adolescents will start avoiding illicit drugs that may destabilize their emotions and/or make them commit suicide in Nigeria.

iv. *Improve on the reintegration of recuperated mentally ill adolescents into Nigerian families*

The psychological therapists help create awareness in the recuperated mentally ill adolescents and their family members on the need for harmonious relationships in order to open a new vista of roles of social behaviours in families. Besides, the need for psychological therapies will also expose the recuperated mentally ill adolescents to adhere to social acceptance in the families regardless of their earlier mental disorders in the society. Thus, after the reintegration of these adolescents into the society, family members being aware of psychological therapies will therefore, possess the sound mind to accept and encourage them to perform their roles of procreation and social welfare care in families.

CONCLUSION

In concordance with the findings of the study, it is crystal clear that there is a rise in cases of adolescents with mental disorders in Nigeria. This is so because in most families in Nigeria, there are evidences of adolescents with anxiety disorders, depression, eating disorders, personality disorders and others. In order to overcome this ugly trend, the study explains why Nigerians need psychological therapies as a panacea for the treatment of mentally ill adolescents in Nigeria.

Thus, for the purpose of achieving and sustaining the need for psychological therapies to halt the rise of adolescents with mental disorders, the study suggests precise researches on the relationship between vagrant psychotic disorders and violent acts on Nigerian streets, as well as the relationship between the use of over-the-counter codeine, cough syrups and rise in psychotic disorders among adolescents in Nigeria.

RECOMMENDATIONS

Based on the findings, the following recommendations are made for the study:

- i. The Federal Government in conjunction with State Governments should, through their media agencies educate, inform and communicate with the public, especially the adolescents on the dangers of aetiologies of mental disorders, and how they should avoid same for a sound mind and healthy living in Nigerian society.
- ii. The Federal Government in conjunction with the State Governments should fund adequately the psychiatric hospitals and psychiatric units in general hospitals for efficient and effective health management of adolescents living with psychotic disorders. In addition, they should employ qualified psychosocial therapists to achieve optimal care of adolescents with psychotic disorders in health families.
- iii. Private Organizations and/or Federal Government should send a bill that will address the challenges of vagrant psychotic adolescents to the National Assembly, with regard to providing measures of picking them off the streets as well as establishing rehabilitation centres in all states for appropriate treatment of mental disorders. In the same vein, the Federal Government should in the bill ensure that, on its passage by the National Assembly, the State Governments as a matter of mandate domesticate same in order to comprehensively halt the rising mental disorders among adolescents on Nigerian streets.
- iv. The Federal Government in conjunction with the State Governments should improve social work policy on out-reach programmes for adolescents with psychotic disorders (both the untreated and recuperating) in the communities; in addition to ensuring that the social work discipline and related disciplines are established in all Universities in Nigeria, in order to train professional health personnel to adequately solve the rising challenges of mental disorders in Nigeria.
- v. Religious organizations and Non-State Actors (NSAs) should support the Federal and State Governments for the removal of vagrant psychotic persons on streets for social care and spiritual therapy, in order to achieve sound mind among the sick as well as safe sane adolescents from the rising mental illnesses in Nigeria.

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