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General Physicians Taking Care of Mental Health among Young People

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ABSTRACT:

Young adults on hospital wards are relatively uncommon in an ageing society because only 12% of young adults report having a chronic illness or disability. But among younger people, mental health issues are still common. The two issues that young adults have the most trouble with are mental health and obesity, according to a recent study. Early intervention in psychosis teams, for example, has been demonstrated to operate better than traditional care models and to be more cost-effective. These teams are created expressly to meet the requirements of younger adults. Younger patients in the medical wards may arouse powerful feelings in the personnel, who frequently feel protective and may emotionally sympathise with the young patient's suffering. General practitioners must recognise typical signs of mental illness in young people, such as depression, willful self-harm, eating disorders, and substance abuse, in order to provide holistic therapy for these patients. For young people, health promotion is crucial in addition to illness treatment.

KEYWORDS: Depression, Self-harm, Young People, Self-management

INTRODUCTION

The pattern of mental illness across a person's lifespan is identical to the pattern of physical sickness. Adolescence and the early stages of adulthood are when mental illness is most likely to start. The fifth to sixth decade of life is substantially later than the average age at which physical sickness first manifests it. Clinically speaking, this indicates that young patients with physical sickness are comparatively more likely than older patients to have co-existing psychological issues. Additionally, it means that younger patients are rather uncommon in medical wards. Young people may feel lost in a medical setting that mostly treats elderly patients, and their particular requirements may be easily disregarded (Jones, et al. 2013).

The pattern of physical illness over a person's lifespan and the pattern of mental illness are the same. The most common times for the onset of mental illness are during adolescence and the first few years of adulthood. The average age when physical illness first appears is much later than the fifth to sixth decade of life. Clinically, this suggests that young patients with physical illness are more likely than older ones to also have psychological problems. Furthermore, it indicates that younger patients are not commonly found in hospital wards. In a medical setting that mostly handles older patients, young patients may feel misplaced and their unique needs can be overlooked (Kendler, et al. 2014).

TARGETING MENTAL HEALTH NEEDS OF YOUNG PEOPLE WORKS AND IS COST EFFECTIVE: Attempts have been made to make psychiatric services more sensitive to the needs of young people as a result of emerging evidence of the importance of early treatment in order to prevent psychiatric disability. In recent years, psychiatric services for "young people" have emerged, replacing the prior service split of "children" and "adults." Early intervention teams have been established in several regions of the nation and are focused on helping young individuals with severe mental illnesses. Since the former way of service delivery did not help with therapy at the most vulnerable time in a young adult's life, these services are known as "youth services" and cover a variety of ages, such as 0-21 or 0-25 years (Sartorius, et al. 1997).

EXPERIENCE OF YOUNG PEOPLE AND STAFF IN ACUTE MEDICAL UNITS: Acute care hospitals have a minority of young adults (AMU). Their medical demands could be anything from severe, chronic illnesses to acute presentations with a decent prognosis. Young patients with serious physical illnesses are more likely to have unmet psychological needs than healthy patients, and their medical conditions are more likely to prevent them from achieving their educational and professional goals. In this situation, career counsellors and alternative educational options might be useful. Patients may also require psychological assistance

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to help them cope with the losses resulting from physical disease.

Young adults with abnormal sickness behaviours may have had many admissions as youngsters. This may cause young adults to see disease in a way that makes them appear 'younger' than they actually are. Regular admissions may promote a reliance on the service while putting at risk a lack of self-management. Multiple admissions may also foster a close relationship with the medical and nursing staff, which could lead to an overly protective relationship that furthers the young patient's dependence (Speerforck, et al. 2014).

DEPRESSION AND SUICIDAL BEHAVIOUR IN YOUNG ADULTS: The primary cause of death for those between the ages of 15 and 24 is suicide. Approximately 100 suicide attempts in young people are documented for every committed suicide. Young people on hospital wards frequently come with psychiatric symptoms including intentional self-harm and parasuicidal behaviours. However, some departments will have specialised knowledge in aiding young individuals who appear with overdoses necessitating medical attention (for instance, poisons units).

Patients believed that healthcare professionals solely cared about their physical health, disregarding their mental wellbeing, according to a 2009 review. Working with those who self-harm gives medical students practise communicating with young people who are distressed and enables them to adopt a caring and non-judgmental attitude. Since patients are more inclined to disclose their suicidal thoughts, a compassionate approach is by far the most effective and potentially life-saving. Suicide risk detection and reaction are influenced by the qualities of a healthcare professional's assessment. Various risk assessment tools, frequently recorded electronically, are used in many hospitals. Suicide, however, is uncommon and difficult to anticipate using risk assessment tools. Focusing on the patient's existing coping mechanisms and creating a safety plan are two possible suicide prevention strategies.

SUBSTANCE MISUSE: Amphetamines, anabolic steroids, club drugs, cocaine, heroin, inhalants, and prescription medications are the most common substances taken by young adults. According to recent statistics, 40% of young individuals between the ages of 16 and 24 have used illicit drugs at least once; these numbers have not changed over the past ten years. One in five and one in ten young individuals, respectively, reported using illegal drugs in the 12 months prior. The substance that was used the most frequently has gradually decreased for the most of the decade. Since frequent drug use was observed to be more than twice as high in young adults (16–24 years old) compared to 16–59 year olds (3.35%), young adults (16–24 years old) are a vulnerable category for illicit substance use (Angermeyer, et al.2005).

The majority of young people who seek out specialised drug and alcohol interventions have issues with alcohol (37%) and cannabis (53%), necessitating family and psychosocial support instead of addiction therapy. Contrarily, the majority of individuals who seek out specialised drug and alcohol interventions need addiction treatment.The majority of young people participates in specialised drug and alcohol interventions for a brief time, frequently weeks, and then continues receiving support through third-sector organisations. The demands of young people are different from those of adults; drug usage, for instance, can endanger the growing brain more seriously.

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