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PSYCHOLOGICAL CRISES DURING ADOLESCENCE AND WAYS TO OVERCOME THEM

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Abstract: Adolescence is a sensitive developmental period marked by rapid biological, cognitive and social changes that make young people particularly vulnerable to psychological crises. Emotional problems such as stress, anxiety, depression, identity confusion and behavioral difficulties are highly prevalent, yet often under-recognized and under-treated worldwide. These crises may be triggered or intensified by academic pressure, family conflict, peer relationships, social media exposure, poverty, violence, war, serious illness and large-scale disruptions like the COVID-19 pandemic. At the same time, adolescents possess significant capacity for resilience, especially when supported by adaptive coping strategies, social support and timely, evidence-based interventions. This article describes common psychological crises during adolescence, their main risk factors and manifestations, and examines effective ways to overcome them, including individual coping, family and peer support, school-based programs, community and digital interventions, and public policy responses. Research indicates that problem-focused coping, emotional regulation skills, physical activity, structured leisure, supportive relationships and access to mental health services can protect adolescents from severe distress and promote healthy adjustment. Conversely, avoidance, substance use and self-harm are associated with worse outcomes and require targeted prevention and intervention. Understanding both the vulnerabilities and strengths of adolescents in crisis is essential for designing comprehensive, culturally sensitive strategies that help them navigate this critical life stage and lay the foundation for long-term mental health.

Keywords: adolescence; psychological crisis; mental health; coping strategies; resilience; stress; depression; anxiety; intervention.

Adolescence is a transitional phase between childhood and adulthood during which young people confront intense physical maturation, new cognitive abilities, expanding social roles and heightened expectations from family, school and society. These rapid changes can destabilize existing patterns of coping and identity, generating psychological crises when adolescents feel overwhelmed, misunderstood or unable to meet internal and external demands. Global estimates suggest that around 20% of adolescents experience significant mental health problems, with depression, anxiety and behavioral difficulties among the most common. Many psychological disorders first emerge in adolescence and can continue into adulthood if not addressed. Crises at this age are not limited to diagnosable disorders; they also encompass periods of acute distress, confusion, loss of meaning or breakdown in functioning triggered by stressors such as high academic

pressure, bullying, family violence, social isolation, discrimination, chronic illness, or exposure to conflict and disaster.

A growing body of research documents the multiple forms that adolescent psychological crises can take. Internalizing problems such as emotional distress, worry, sadness, low self-esteem and withdrawal are very common, as are externalizing problems such as conduct issues, aggression, hyperactivity and risky behaviors including substance use. A mixed-methods study of school-going adolescents in Ghana found that more than half had mental health difficulties, particularly peer problems, emotional problems and conduct problems, with smaller but notable rates of hyperactivity. In an Indian school sample, almost 90% of adolescents reported at least mild psychological problems, while only a small minority had no problems at all. Large longitudinal data from the United States during the COVID-19 pandemic also showed increases in anxiety, depressive symptoms and psychological distress among young adolescents, especially girls and those who had pre-existing internalizing symptoms or sleep problems. These findings indicate that psychological crises during adolescence are widespread rather than exceptional, and that certain groups—girls, youth with prior vulnerabilities, and those exposed to chronic stressors—are at higher risk.

The sources of adolescent psychological crises are diverse and often cumulative. Academic pressure is one of the most frequently cited stressors. Qualitative research among Chinese high school students highlights intense stress stemming from high expectations for academic achievement, fear of failure and concerns about future opportunities; this academic stress negatively affects emotions, sleep, concentration and overall mental wellbeing. Similar concerns appear in studies from Nepal and Indonesia, where adolescents report academic demands, exam pressure and worries about school performance as major contributors to stress, anxiety and emotional turmoil. Family-related factors such as domestic violence, financial hardship, conflict, parental mental health problems and lack of emotional support further exacerbate psychological risk. In Ghana, domestic violence, bullying, financial challenges and substance use emerged as strong predictors of mental health difficulties. In a large U.S. cohort during the pandemic, poorer quality and functioning of family relationships predicted higher psychological distress in adolescents, while better family functioning had a protective effect.

Social and cultural environments also shape adolescent crises. Peer relationships, social media use and social expectations around appearance, gender roles and success can generate body image concerns, low self-esteem, loneliness and fear of rejection. Qualitative work with Indonesian adolescents described "journeys through emotional turmoil and societal expectations," including difficulties with emotional regulation, body image, academic pressure and the influence of social media, which together contributed to distress and confusion about identity **5**. In disadvantaged urban housing areas in Malaysia, adolescents facing socioeconomic hardship reported psychological distress and often turned to maladaptive coping strategies such as self-harm, smoking and vaping. Adolescents living with chronic illnesses like HIV or surviving cancer must also navigate additional layers of stigma, physical symptoms and uncertainty

about the future, often resulting in heightened rates of depression, anxiety and post-traumatic stress symptoms. In war and disaster zones, exposure to violence, displacement and loss can produce severe anxiety, depression and post-traumatic stress disorder (PTSD), with long-term consequences for mental health.

Coping strategies play a central role in determining whether adolescent crises intensify or are successfully navigated. Studies consistently show that many adolescents rely heavily on avoidant or emotion-focused coping, such as withdrawal, distraction, denial or self-blame, which may bring short-term relief but fail to address underlying problems and can increase the risk of longer-term maladjustment. For example, research in Swiss adolescents found that common strategies for dealing with mental health problems included solitary activities, entertainment and distraction rather than talking to others or seeking professional help; stigma and the fear that adults would not take their problems seriously were major obstacles to disclosure **1**. Chinese high school students also reported frequent use of avoidant coping and recognized that their strategies were often ineffective in reducing stress over time. During COVID-19 lockdowns in Europe, school-age children and adolescents relied heavily on emotion-oriented coping, which was linked to higher internalizing and externalizing symptoms; in contrast, task-oriented strategies, such as problem-solving and planning, were associated with better adjustment at all ages.

At the same time, there is substantial evidence that adaptive coping can buffer the impact of crises. Problem-focused coping (for example, planning, seeking solutions, organizing time), seeking emotional and instrumental social support, and positive reappraisal are generally associated with lower levels of distress and better functioning. In Nepal, adolescents most commonly used problem-focused strategies like planning and active coping, as well as emotion-focused approaches such as seeking emotional support and acceptance; these adaptive strategies were viewed as helpful in managing stress. Among Ukrainian adolescents living through war, active coping strategies and support-seeking were positively associated with resilience and, indirectly, with lower levels of anxiety, depression and PTSD symptoms. Avoidant strategies, in contrast, were linked to higher levels of all three types of symptoms. This pattern suggests that promoting active, problem-solving and support-oriented coping can strengthen resilience and reduce the severity of psychological crises.

Social support from family, peers, teachers and community resources is another critical factor in overcoming adolescent crises. Adolescents frequently describe spending time with friends, engaging in leisure activities or going outside as effective ways to relieve stress and improve mood. In Switzerland, young people emphasized that going out with friends and doing sports or arts were among the best ways to reduce stressful situations and mental health problems; they also highlighted that policies ensuring adolescents' access to such activities are essential for mental health promotion. A large U.S. study found that better social support, regular physical activity and healthy behaviors such as good sleep were strongly associated with better emotional well-being and protected against the psychological toll of the pandemic. In Ghana, despite the presence of school guidance and counseling units, concerns about confidentiality, lack of trust and limited

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professional expertise undermined their effectiveness, suggesting that simply having formal structures is not enough; adolescents must perceive them as safe, respectful and helpful in order to benefit.

Overcoming psychological crises in adolescence therefore requires not only strengthening individual coping skills but also reducing barriers to help-seeking and expanding access to appropriate services. Systematic reviews of adolescent help-seeking consistently identify stigma and negative beliefs about mental health services and professionals as major barriers; facilitators include prior positive experiences with care and higher mental health literacy. Adolescents often fear being judged, labeled "crazy," or having their privacy violated if they talk about their struggles, which leads many to suffer in silence or rely only on peers who may lack the resources to help. Interventions that provide psychoeducation about common mental health problems, normalize help-seeking, and challenge stigma have been shown to improve knowledge and attitudes and to increase willingness to seek support, especially when delivered in school settings where most adolescents can be reached.

Evidence-based psychological and social interventions can substantially reduce symptoms of depression, anxiety and other forms of distress. An overview of systematic reviews on adolescent mental health interventions found that school-based cognitive-behavioral therapy (CBT) and targeted group programs are effective in reducing depressive and anxiety symptoms, while exercise interventions improve self-esteem and reduce depression. Internet-based programs also show promise for preventing and treating anxiety and depression, although more rigorous research is needed. More recent reviews highlight the potential of integrated mental health platforms that combine school, community and digital approaches, with a focus on early recognition and prevention. In contexts of large-scale crises such as the COVID-19 pandemic, youth-friendly digital tools, telehealth services and online peer support may be particularly important when in-person services are disrupted.

At the individual level, several non-pharmacological strategies have shown benefits for adolescent mental health. Physical activity and structured exercise programs are consistently associated with improvements in mood, self-esteem and overall well-being. Yoga and mind–body practices, increasingly implemented in school and community settings, have been found to reduce anxiety, depression and stress and to enhance resilience, attention and emotional balance among adolescents. These interventions can be attractive because they address both physical and mental health, require relatively few resources and can be adapted to different cultures. In addition, targeted psychological therapies such as CBT, interpersonal therapy and trauma-focused interventions are effective for adolescents with more severe or persistent conditions, including depression, anxiety disorders and PTSD. For adolescents living with chronic health conditions like HIV or cancer, integrated care models that combine medical treatment with regular mental health assessment and psychosocial support are crucial to address the additional burdens they face.

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Context-sensitive approaches are essential because adolescents' crises and coping resources are shaped by cultural, socioeconomic and political realities. In low-resource and conflict-affected settings, adolescents may have limited access to mental health professionals and rely more heavily on family, religious or community supports. Studies in Ghana, Indonesia, Malaysia and China show that adolescents often turn to spiritual practices, isolation, or informal networks rather than formal services, and that these strategies may be insufficient or even harmful when used alone. Policies that invest in school-based counseling staffed by trained therapists, community mental health workers, youth clubs, safe recreational spaces and culturally appropriate psychoeducation can help bridge these gaps. In war zones and disaster contexts, developmentally sensitive interventions that support flexible coping, agency and meaning-making—such as enabling adolescents to oscillate between emotional distancing and engagement—may be particularly effective in maintaining psychological resilience.

Ultimately, overcoming psychological crises during adolescence demands a multi-layered response that addresses both individual vulnerabilities and structural conditions. At the societal level, experts recommend long-term strategies including intergenerational shifts in attitudes toward mental health, social reforms to reduce poverty and violence, improved regulation of digital environments, and public health campaigns that highlight the signs of depression, anxiety and suicidality and the importance of early intervention. At the service level, building robust, accessible adolescent mental health systems with trained professionals, integrated school and primary care services, and youth participation in program design is critical. Within families and schools, fostering open communication, emotional validation, supportive discipline, and opportunities for meaningful participation in decisions can strengthen adolescents' sense of security and competence, reducing the likelihood that temporary crises will evolve into chronic disorders.

In conclusion, psychological crises are common during adolescence, reflecting the intense developmental changes and multiple stressors that young people face. These crises manifest in emotional distress, behavioral problems, identity confusion and, in some cases, serious mental disorders such as depression, anxiety and PTSD. Research across diverse contexts shows that academic pressure, family conflict and violence, socioeconomic hardship, peer problems, social media exposure, chronic illness and large-scale events like pandemics or war can precipitate or worsen crises. Yet adolescence is also a period of remarkable plasticity and resilience: adaptive coping strategies, supportive relationships, physical activity, structured leisure, and timely psychological and social interventions can help adolescents overcome crises and emerge with stronger skills and self-knowledge. Problem-focused and support-seeking coping, resilience-building approaches, school-based and community programs, stigma reduction and expanded access to youth-friendly mental health services are especially important components of an effective response. By combining individual-level support with broader policy and system changes, societies can transform adolescent psychological crises from pathways to chronic suffering into opportunities for growth, adaptation and long-term mental health.

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