

Article

## Mental Health Crisis in Adolescents and Young People? The Role of Social Psychiatrization

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### ABSTRACT

Concern about the apparent increase in mental health problems among adolescents and young people has intensified considerably in recent years, with it being common nowadays to refer to a “mental health crisis” in this age group. Available epidemiological studies confirm an increase in internalized behaviors within this population. This article proposes that the sociocultural process of “social psychiatrization” in contemporary society is an indispensable contextual factor for analyzing the mental health situation of adolescents and young people and for understanding the scope and significance of this apparent crisis. It is argued that a risk of not paying enough attention to this context is the unjustified and iatrogenic psychopathologization of adolescent distress, ignoring relevant social factors that are important for understanding the causes of the distress and for developing comprehensive responses to it.

### ¿Crisis de Salud Mental en Adolescentes y Jóvenes?: rol del Proceso de Psiquiatrización Social

### RESUMEN

La preocupación por el aparente aumento de los problemas de salud mental en adolescentes y jóvenes se ha intensificado considerablemente en los últimos años, siendo común en la actualidad referirse a una “crisis de salud mental” en este grupo de edad. Los estudios epidemiológicos disponibles confirman un incremento en los comportamientos internalizados dentro de esta población. Este artículo propone que el proceso sociocultural de “psiquiatrización social” de la sociedad contemporánea es un factor contextual indispensable tanto para analizar la situación de salud mental de adolescentes y jóvenes como para comprender el alcance y significado de esta aparente crisis. Se argumenta que un riesgo de no prestar suficiente atención a este contexto es la psicopatologización injustificada y iatrogénica del malestar adolescente, ignorando factores sociales relevantes tanto para comprender las causas del malestar como para desarrollar respuestas integrales a este.

#### Palabras clave

Salud mental  
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Concern, in various regions of the world, about a potential increase in psychological or mental health problems in adolescents and young people has been recurrent from the last decades of the 20th century to today (Collishaw et al., 2004; Collishaw & Sellers, 2020; Rutter & Smith, 1995). Currently, reference to an "adolescent mental health crisis" has become prevalent, both in public discourse and in specialized circles (Group of the European People's Party [EPPGroup], 2023; Lu & Keyes, 2023). There is, however, some controversy as to how far it is justified to speak of a crisis (Aftab & Druss, 2023; Madsen, 2021) and concern about the potential alarmism of certain approaches (Corredor-Waldrón & Currie, 2024). In some countries, the mental health of adolescents and young people has become not only a relevant social concern, but also a reason for political mobilization, particularly by student organizations (Aceituno & Jáuregui, 2022).

The central aim of this article is to propose that the sociocultural process of "social psychiatrization" of contemporary society is an indispensable contextual factor for analyzing the mental health situation of adolescents and young people today and for understanding the scope and meaning of this apparent crisis. Such understanding is essential to generate comprehensive and relevant responses to the present distress and suffering.

For the sake of simplicity, the article will henceforth refer to "adolescents", using this term in a broad sense. This will allude to both what is conventionally considered to be early (10 to 15 years) and middle (15 to 20 years) adolescence, as well as "late adolescence" (up to around 25 years), overlapping, to a large extent, with what is usually referred to as youth or emerging adulthood (Arnett, 2015; Instituto Nacional de la Juventud [INJUVE], 2022). Concern about the possible deterioration of mental health extends not only to early or middle adolescence, but also to late adolescence, where signs of increasing problems equivalent to those of earlier ages have also been observed, particularly visible in higher education students (Álamo et al., 2020; Auerbach et al., 2018).

### **An Increase in Adolescent Mental Health Problems in Recent Decades: Fiction or Reality?**

The existence of a notorious increase in mental health problems (whether understood as "mental disorders", according to established diagnostic criteria, or in a broader sense) in the new generations is one of the central arguments supporting the idea that there is a mental health crisis in adolescents. However, empirically substantiating this increase involves addressing considerable epistemological and methodological challenges. As a starting point, research is needed in the general adolescent population, with repeated measurements over relatively long periods of time, employing consistent sampling strategies and forms of measurement on each occasion (Collishaw & Sellers, 2020; Rutter et al., 1998). Despite the complexity of having research that meets all these requirements, a significant number of studies in the adolescent population have been accumulated that meet them, partially or completely, principally in high-income countries. Such studies have supported the notion that adolescents indeed show a growing tendency to report behaviors associated with certain mental health issues. Specifically, reporting of "internalized" type behaviors shows the highest increase across measurements (see, among others, the reviews by Bor et al., 2014; Collishaw, 2015; Keyes &

Platt, 2023). Internalized behaviors are understood as conditions that are expressed "inwardly" in people, such as anxiety, sadness, psychological stress, depressive states, "psychosomatic" distress, anxiety disorders, and depressive disorders (Lu & Keyes, 2023). Twenge (2024) and Haidt (2024) also show an increase in indicators of internalized problems, both in the USA and in other countries of the "Anglosphere" and Europe. They indicate that this has intensified from 2010-2015 onwards. Anxiety and depression are among the internalized behaviors showing the greatest increase, but self-injurious behaviors (with and without suicidal intent), suicidal ideation, and suicide attempts have also risen. Regarding completed suicides, no generalized pattern has been identified in the adolescent population across different countries. In some, such as the USA, adolescent suicide rates have returned to levels as high as (or higher than) those seen after their decline in the 80's and 90's, but in other countries stable or declining rates have been observed in the last decade (Madsen, 2021). Most studies agree that the increase in the reporting of internalized behaviors is more pronounced among females. There are also studies that indicate a tendency for these problem indicators to appear at younger ages than was common in the past (Armitage et al., 2023).

The vast majority of studies use "symptom" scales-usually in the form of self-reports and, occasionally, hetero-reports. These scales do not allow for the establishment of diagnostic criteria for mental disorders per se. Symptom-report instruments that do not provide diagnoses tend to be more overly inclusive than ones that do (Foulkes, 2022; Zimmerman, 2024), and they are more sensitive to minor changes in participants' response patterns. In some studies that have considered structured interviews enabling standardized diagnoses, an increasing trend in internalized disorders has also been noted (e.g., Mojtabei et al., 2016; Sadler et al., 2018; Ten Have et al., 2023).

With regard to externalized behaviors, most studies have not observed an incremental pattern. On the contrary, many of them, show a declining pattern of these behaviors in adolescents after the 1990s (Arnett, 2015; Askari et al., 2022; Ball et al., 2023). However, depending on the specific type of externalized problem and the particular contexts considered, different results have also been observed (e.g., Polglase & Lambie, 2023). For example, unlike what has been observed in high-income countries, in other regions, such as Latin and Central America, the rates of aggressive and antisocial behaviors in adolescents have continued to rise after the 1990s (Collishaw & Sellers, 2020).

### **Possible Explanations for the Increase in Internalized Mental Health Problems**

The debate regarding the possible explanations for the increase in internalized behaviors in adolescents is intense, with no hypothesis to date having gained broad support or consensus within the scientific community. According to the review by Keyes and Platt (2023), the explanatory hypotheses with the strongest support to date include changes in macroeconomic conditions, the earlier age of onset of puberty, the growing immersion of the new generations in digital technologies and social networks at increasingly younger ages. Another hypothesis is that this increase may be (at least partially) only apparent and not real, driven by a greater willingness among adolescents to

identify and express "symptoms" (Foulkes & Andrews, 2023), as will be discussed later.

From another angle, and despite the high presence of indicators of distress and suffering in adolescents, it has been emphasized that a significant or even majority portion of the adolescent population is doing well and does not present major difficulties (Madsen, 2021). Most studies that consider indicators of well-being, such as life satisfaction and positive affect, show high or moderate levels of well-being. However, recent studies indicate that, in certain regions of the world, particularly in high-income countries, indicators of life satisfaction among adolescents show have shown a declining trend in recent years (Marquez et al., 2024).

### **The Process of Social Psychiatrization**

Throughout the 20th century, there was an interweaving of institutions, professions, and disciplines interested in the study and treatment of mental health problems and mental disorders, giving shape to the field of mental health. Throughout its development, this institutional field expanded its areas of action in society and penetrated transversally into the sociocultural fabric. This sociohistorical process has been characterized, with different emphases, by a multiplicity of authors (Brinkmann, 2016; Gergen, 1996; Rose, 2020), different denominations: psychologization, therapeutic culture, diagnostic culture, deficit culture, social psychiatrization, among others. Beeker et al. (2021) use this last denomination, seeking to refer to the fact that, over the last 60 or 70 years, psychiatric knowledge and practices have influenced the lives of an increasing number of people, obtaining a growing importance in society as a whole. As indicators of this phenomenon, they mention the notorious increase in the number of people diagnosed with and treated for mental health problems and the diffusion of the terminology from the field of mental health and psychiatry in everyday life.

While Beeker et al. (2021) use the term social psychiatrization, the process they refer to involved the entire field of institutions, professions, and disciplines linked to mental health and not only psychiatry (thus, another name could well be the process of "social-health mentalization"). However, the term social psychiatrization alludes to the relevance that psychiatry has had-whether acknowledged or not-in providing conceptual and material leadership. Within psychiatry itself, since the late 1970s, a medical and often biomedical model of understanding and approaching mental health problems became dominant. In the context described above, this inevitably had significant consequences both for the mental health field as a whole and for the specific form that the process of social psychiatrization took (Davies, 2021; Pérez-Álvarez & Hermida, 2008).

As Beeker et al. (2021) emphasize, social psychiatrization has not only resulted from the expansion of the institutional mental health field but also from a process of mutual feedback between this field and the population. The actors in the field progressively developed more comprehensive concepts and practices, which allowed them to offer a greater number and diversity of mental health services. The continuous generation of new diagnostic categories of mental disorders, and the greater inclusiveness given to the diagnostic criteria of the different disorders over time, are an illustration of this phenomenon (Frances, 2014). This generated

cultural changes in the population, which, in turn, demanded responses to a greater diversity of problems from the institutional actors in the field of mental health, driving its expansion.

One expression and, at the same time, consequence of the psychiatrization process is that the concepts of mental health problems and mental disorders have been widely disseminated in society. The mass media, including in recent decades new media such as social networks, have been one of the vectors of this dissemination, reflecting and propagating the growing attention to mental health. This has occurred spontaneously and also as part of campaigns aimed at raising public awareness. In this scenario, the signs of worsening adolescent mental health have received intense media coverage in several countries (Horwood et al., 2022; Malla & Gold, 2024), which has been further amplified since the COVID-19 pandemic.

Three interrelated implications of this context of social psychiatrization for analyzing adolescent mental health are discussed in the following sections.

### **The Risks of Psychopathologizing any Subjective Discomfort**

A psychiatrized social context encourages more forms and degrees of distress and suffering, as well as non-normative behaviors, to be interpreted-whether by the people who experience them, their social groups, the people in their close environment, or by mental health professionals themselves-as expressions of mental health problems (Jackson & Haslam, 2022).

The identifying of a person's experiences and behaviors as manifestations of a mental health problem has significant consequences for that person. These consequences can be predominantly positive or negative depending on the situation in question and the way it is addressed (Paris, 2023). The possibility of accessing relevant treatment may be a positive consequence of this consideration. Conversely, undue psychopathologization, especially if associated with inappropriate interventions, may be one of the negative consequences. This risk has increased with the broadening of what is considered a mental health problem or disorder (likely with even more severe consequences when labeled as a "mental disorder"). Several authors highlight that this process has generated widespread overdiagnosis and iatrogenic psychopathologization of the population, including adolescents (Davies, 2021; Frances, 2014). Behaviors that are expected reactions to adverse circumstances, to life conditions, or difficulties inherent to life's challenges and human development have come to be considered indicators of psychological problems and are treated as such (Haslam et al., 2021). The negative effect of this process is greater in the context of the predominance of a medicalized model for understanding and addressing mental health. This model assigns diagnostic labels that suggest, explicitly or implicitly, the existence of internal dysfunctions, often biological, and promotes the routine use of psychotropic drugs as a regular part of treatments, with potentially significant side effects (Pérez-Álvarez, 2021).

The magnitude of the phenomenon of overdiagnosis is not clearly calculable. The very criteria used as references to diagnose mental disorders in the mental health field are overly inclusive, so there is no clear standard by which to judge the adequacy of diagnostic practices (Wakefield & Schmitz, 2017). In fact, there is evidence that many of those who meet the established diagnostic

criteria for the presence of a mental disorder have a positive evolution over time without receiving treatment, which raises doubt regarding the usefulness and validity of the current diagnostic criteria, also questioned for additional reasons (Wang et al., 2017). These are the criteria used by psychiatric epidemiology studies, whose high rates of mental disorders are therefore debatable but often serve to support actions that increase social psychiatrization (Cova et al., 2020).

This raises substantive questions as to how to interpret the high and growing degree of distress and suffering shown by studies on the prevalence of mental health problems in adolescents, including studies that analyze trends with methodologies considered appropriate for making comparisons over time. Equally or more important, the installation of a psychiatrized view in the culture may have generated changes in the way we value experiences and behaviors, resulting in a greater predisposition to detect and report some indicators of mental health problems. The methodological control of this possible effect has not been carried out and constitutes a major challenge.

In this context, the "prevalence inflation hypothesis" has recently been described (Foulkes & Andrews, 2023). The authors of this hypothesis ask whether efforts to raise awareness of the importance of mental health problems might be contributing to an increase in reporting of "symptoms" of mental health problems. According to this hypothesis, these efforts may lead to more accurate identification of previously unrecognized symptoms, which would be a beneficial outcome, but they may also cause people to interpret and report milder forms of distress as mental health problems. This prevalence inflation hypothesis has been questioned by some researchers given that the increase in problem reporting in studies of the general adolescent population is restricted to some domains (internalized behaviors), and given that the increase is not only limited to self-reported problems but also includes visible behaviors, such as self-injury and suicide attempts (Collishaw & Sellers, 2020). It has also been noted that the rise in hospitalizations for mental health problems cannot be attributed to a greater willingness to self-report symptoms, as these depend on medical criteria (Haidt, 2024). Although these considerations are relevant, they do not allow us to clearly rule out the importance that this hypothesis may have in contributing to explain, at least partially, the increase in internalized behaviors. On the contrary, it could be argued in favor of this hypothesis that the greater increase in internalized behaviors is consistent with their being particularly dependent on subjective evaluation.

### The Social Expansion of the "Charcot Effect"

Another implication of the relevance of the psychiatrized context for the analysis of adolescent mental health, which deepens what has already been discussed, is related to how it can affect not only the detection and expression of behaviors that are considered indicators of mental health problems but also the very configuration of the experiences and behaviors regarded in this way. This implication involves a way of understanding mental health problems different from that of the traditional medical model, which considers them as phenomena that "appear" in people with predetermined forms, independent of themselves and the social and existential context they are in (Pérez-Álvarez, 2021). In contrast, it assumes

that mental health problems are "interactive objects" (Hacking, 2001), influenced by the modes of conceptualization-and by the social practices-of the experiences related to them. This phenomenon, within the relationship between mental health professionals and users, has been labeled the "Charcot effect", alluding to how this famous neurologist somehow "taught" his patients to present their hysterical crises (González & Pérez-Álvarez, 2007). This effect illustrates that clinical realities are not given entities but are socially constructed, a matter that becomes particularly relevant in a context of widespread psychiatrization.

Different theoretical perspectives converge in emphasizing that the ways in which experiences and behaviors are conceptualized act back upon them, tending to intensify or stabilize them (Ahuvia, 2024). The authors of the prevalence inflation hypothesis also consider this aspect and indicate that the increased labeling of discomforts or distress as mental health problems may be generating "effective" increases in these problems by influencing an individual's self-concept and behavior (and that of others with respect to the person) in a way that may ultimately be creating self-fulfilling prophecies (Foulkes & Andrews, 2023). In a psychiatrized context, diagnosable mental health problems operate as prototypes that tend to channel human experiences involving suffering and difficulties according to the expectations and roles that they explicitly or tacitly induce. This scenario makes it possible for more human behaviors to "take the form" of the mental health problems that have become socially established (González & Pérez-Álvarez, 2007).

Since about 2012, most adolescents have been deeply immersed in social networks, where social psychiatrization is intensely expressed. The recurrent exposure to content that stimulates the psychopathologization of emotional distress, where diagnostic labels are widely socialized, is likely a factor that, with high speed and intensity, encourages different experiences to be identified as indicators of mental health problems and the prototypes of problems disseminated there to be internalized, as highlighted by some studies (Chevalier, 2024; Jadayel et al., 2017). The very idea of an adolescent mental health crisis, particularly the sharp increase in problems such as depression and anxiety, has been widely disseminated by these media, and it can be expected that this is influencing adolescents' own experiences, their ways of understanding themselves, and their behaviors (Haltigan et al., 2023).

### The Boom in Adolescent Mental Health Problems

The context described above therefore calls for caution when considering the series of phenomena that are often considered indicators of a mental health crisis among adolescents: an increase in the number of adolescents diagnosed with a mental health problem or mental disorder and/or undergoing psychological or psychiatric treatment; a rise in demand for adolescent mental health care, putting pressure on care systems in different countries to try to absorb it; an increase in the consumption of psychotropic drugs, either by self-medication or under prescription; and a rise in adolescent hospitalizations for mental health issues (Bliddal et al., 2023; Mojtabei & Olfson, 2020; Wiens et al., 2020). These are real phenomena, particularly accentuated in certain regions, but their explanation can be attributed, partially or totally, to the effects of the social psychiatrization process. This process has led to

transformations in diagnostic criteria and practices, in access to mental health services, in care policies, in problem detection practices, in the willingness to seek specialized care, in subjective sensitivities, and even to changes in the practices of recording these phenomena (Collishaw & Sellers, 2020; Corredor-Waldron & Currie, 2024). These increases, therefore, are not unequivocal signs that mental health problems are rising among adolescents. Roemer's classic "law", which alludes to how the increased availability of health services creates an increase in demand is, in this context, another factor to be considered (Temporelli, 2009).

### **Final Considerations: Adolescent Distress and its Implications for Mental Health Policies**

According to the points discussed above, the notion that there is an adolescent mental health crisis is too reductionist as an interpretation of the phenomenon of adolescent distress and may lead to counterproductive outcomes. However, it is clear that adolescent mental health today requires particular attention. There are significant levels of subjective distress and suffering in this population. Although social psychiatrization has been highlighted as an important contextual factor to be taken into account because of its influence on the way in which distress is presented, recognized, and addressed, it is not, by itself, a complete explanation of the roots of this distress. The marked increase in internalized behaviors, although perhaps stimulated by the context of psychiatrization, cannot be ignored, especially when there is also an increase in self-destructive behaviors such as self-harm, suicide attempts, and—although less widespread—completed suicides.

It is difficult to establish whether this distress and suffering is higher than that of other historical moments, as it is inseparable from the cultural contexts in which it is expressed. However, it is recognizable that, in our current cultural context, a variety of circumstances are present in the lives of adolescents today that are a frequent source of insecurities, anguish, and self-destructive behaviors. Apart from the "classic" situations of significant social and family adversity that can seriously affect the psychosocial development of many adolescents, even in high-income countries, there are also transformations in lifestyles in recent decades that are fundamental to understanding these experiences of distress (Haidt, 2024; Vermeulen, 2021). The negative effect of these transformations is more pronounced in the new generations, but it is not limited to them. Indeed, while the idea of an adolescent mental health crisis has emerged with particular resonance, concern about mental health in contemporary society has spread widely across all generations (Patel et al., 2018).

Although the data are not conclusive, it is likely that these transformations are increasing the experiences of existential uprooting and accentuating the self-absorption in one's own subjectivity, placing each adolescent in the challenge of "self-editing" a life with few reference points, weakened social ties, high expectations, and an apparent multiplicity of options, which, in many cases, also clashes with real possibilities and with everyday experience (Madsen, 2021). All this is intensified by the virtualization of life, which paradoxically intensifies our disconnection with the world and others and accentuates the feeling of loneliness, limiting, moreover, the development of essential skills to develop interpersonal relationships and to study or work in a

focused and systematic way (Hari, 2023; Pérez-Álvarez, 2023). The limited existential "anchors" provided by our modern societies' mode of individuation—a "floating" individuality (Bueno, 1982)—, and the concomitant crises of meaning, have been classically highlighted as sources of unease and anguish (Bauman, 2002; Fromm, 1956). "The lightness of being, the lost connections, the disorientation, and the lack of meaning brought about by a society in which everything vanishes into thin air" (Pérez-Álvarez, 2023, p. 192) are central elements to be considered when examining the roots of distress and suffering analyzed here.

How much of this distress and suffering should be considered an expression of mental health problems cannot be answered empirically, since it depends on how one evaluates the information provided by the diagnostic categories and current measurement methods in the field of mental health, which we have critically assessed in this article. From a critical perspective on social psychiatrization, such as the one developed here, it is worth questioning—and indeed warning against—the tendency to necessarily consider these forms of distress as mental health problems and even more so as mental disorders, even when they meet current diagnostic criteria. In fact, one of the elements that we have sought to highlight is that the context of social psychiatrization invites the psychopathologization of any distress; consequently, it is usually assumed that the mere presence of distress that can be typified as mental health problems or mental disorders justifies both its diagnosis and the need for specialized treatment. This psychopathologizing perspective tends to make invisible the factors that need to be addressed in order to understand and act in relation to the distress. The psychopathologization of distress has risky implications, at the levels of social and mental health policy, as well as at the individual level.

From a social and mental health policy point of view, without a critical perspective on the process of social psychiatrization and its implications, the main emphasis will be on the need for more clinical services for the care of adolescents, screening, and continuous monitoring of mental health status, implementation of early detection and treatment strategies, mental health literacy (which usually involves education on diagnostic criteria for mental disorders) and other related actions. Sociocultural factors and ways of life that influence distress are relegated or displaced. This scenario reinforces the process of social psychiatrization, in a permanent feedback loop, where psychological and psychiatric diagnoses and treatments become more omnipresent.

From the individual's point of view, psychopathologization encourages more and more people to begin "careers" as users of mental health services at increasingly early ages. Although in many cases this can be positive—particularly for the adolescents who are most overwhelmed by their problems and who do not have the personal or social resources to deal with them—it can also have negative effects, particularly, although not exclusively, when there is overdiagnosis. Diagnoses of mental health problems and mental disorders have effects on feelings of personal agency and self-concept (Ahuvia et al., 2024; Harari et al., 2023). Mental health treatments, particularly pharmacological treatments, can also have significant iatrogenic effects (Paris, 2023).

Two additional problems emerge in this context. First, adolescent mental health care is mainly focusing on internalized behaviors. While this focus has some basis, as these behaviors show the

greatest increase, it risks overshadowing other equally or more complex issues that disproportionately affect disadvantaged social sectors-and certain regions of the world-as well as male adolescents. These issues include antisocial behaviors, certain types of addictions, and school dropout (Petersen & Madsen, 2023). On the other hand, the continued expansion of the boundaries of mental health services to accommodate milder forms of distress may affect the possibilities of providing more intense care to those with more severe and limiting health problems (Malla & Gold, 2024). Addressing these threats appropriately remains an additional challenge.

The model of progressive social psychiatrization is being increasingly questioned, among other factors, due to the indicators that, despite significant efforts to increase the coverage of mental health services and the large number of people receiving psychotherapeutic treatment or consuming psychotropic drugs, there is no evidence to date that the widespread access to mental health services-where it has been most widely implemented-is improving collective mental health (Ormel & Emmelkamp, 2023). Of course, this is not to deny the precariousness of mental health care networks and the essential strengthening they require. In general, care networks are seriously under-resourced (Castelpietra et al., 2022; Patel et al., 2018).

Inevitably, the conclusion is one often reached in many analyses: the state of mental health in today's societies-in this case, adolescent mental health-requires new ways of thinking and acting (Rose, 2020). Addressing this issue cannot involve deepening a medicalized process of social psychiatrization that threatens to spiral out of control. Advances in alternative directions include initiatives aimed at questioning how social media operates and its early accessibility, as well as ones promoting the active integration of adolescents into the "non-virtual" social and natural world (Haid, 2024). This challenge is enormous but is likely the only one capable of having a significant impact: to take action on the factors underlying adolescent distress, including the negative effects of the process of social psychiatrization.

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### Conflict of Interest

The authors declare that they have no conflict of interest.

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