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Editorial

Therapeutic Approaches in Youth Psychiatry: The Art of Balancing Between 'Do not Harm' and 'Best Possible Care': An Editorial

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Adolescence is one of the most critical periods of an individual's life where the bulk of neurological, biological, and social development occur. During this stage, adolescents are forced to get out of their comfort zones such as home or school, to experience true variability and independence in their new environments. While this transition may be easy for some, it can be very cumbersome for others leading to the emergence of maladaptive behaviors and the manifestation and intensification of underlying disorders [1].

Given how sensitive this phase is, misdiagnosis of mental health diseases in adolescents is, unfortunately, a common finding and its repercussions are extremely problematic and can be lifelong. I had a friend who consulted a psychiatrist during her adolescent years after being encouraged to do so for so long by her family members to better understand herself, her emotions, and her behavior. Upon the first session, this psychiatrist diagnosed her with bipolar disorder and chose to start her on lithium immediately. However, after further investigation and even though the patient has already started her treatment, the actual correct diagnosis turned out to be a borderline personality disorder. This patient ended up not trusting psychiatrists anymore and failed to comply with subsequent treatments. Therefore, what started with the intention of providing the patient with the best possible care, ended up defying the main principle of medicine "first do no harm". The evident question to ask here is: are such situations avoidable? When it comes to adolescent psychiatry, given how critical this period in life is, one must be overly meticulous in diagnosing and treating patients especially when it comes to prescribing heavy drugs such as lithium with very well-understood and documented side effects. Therefore, treating mood and psychotic disorders in adolescents cannot and should not be restricted to a distinct set of symptoms, rather a

multidisciplinary approach with the main focus being on addressing the needs of these young individuals along with a target of improving outcomes across several domains of life should be adopted. Moreover, the conventional diagnostic criteria and previous references fail to account for the individuality and heterogeneity of disorders among this age group and they fall short in diagnosing sub-threshold mental disorders that are yet to meet the pre-set fixed diagnosing criteria but nonetheless are a source of distress to our patients which may lead us to under or misdiagnose them [1]. Therefore, providing our patients with the best possible care starts with a shift in our typical approach to endorse a comprehensive assessment that will guide us into the best diagnostic and treatment plan sparing our patients' unnecessary interventions and securing them the best possible outcome.

Although misdiagnosis in youth psychiatry has been documented in all ethnic and racial groups, it has however a higher propensity in ethnic minority children thus making this group subject to a lower quality mental health care compared to their non-Hispanic Caucasian counterparts. As a result, inadequate medical care is being implemented and children are left with unmet mental health needs and are deprived of effective interventions. This can be attributed in part to the failure of clinicians in adopting a holistic approach and taking into account the cultural background of patients upon making a diagnosis [2]. It is critical to elucidate and understand the reasons behind misdiagnosis in youth patients in an attempt to correct the source of the problem and a way to provide our patients with the best possible care. Clinicians shouldn't be basing their approach on their cultural background, rather it should be centered on the youths' cultural norms to minimize misdiagnosis.

When it comes to treating children with mental health disorders, a diagnostic assessment that determines whether psychoactive medications are to be used should be very meticulously and carefully performed. Only when there are very specific, urgent, and clear indications to prescribe such medications, psychiatrists should consider other treatment methods as first-line interventions. When medical therapy proves to be essential in the treatment, one must keep in mind that much of the potential side effects of psychiatric medications on the maturation and developmental processes remain unknown, and hence using minimal effective doses is mandatory along with drug holidays when appropriate [3,4].

An interesting finding to note is the increasing evidence that supports the effectiveness of complementary and alternative medicine in treating youth mental health disorders. Multiple studies have reported significant correlations between physical exercise and decreased depression in adolescents as well as a therapeutic benefit of exercise in improving depressive symptoms. Moreover, several reports documented the positive outcome of using exclusively light therapy to treat seasonal depression in adolescents [5]. Having said that, further investigation needs to be performed in order to establish a definitive correlation and draw applicable conclusions. Nonetheless the studies available pave the way for the emergence of new patterns in treating adolescent psychiatric diseases.

That being said, in certain instances medical therapy is mandatory and thus the appropriate use of psychiatric drugs can significantly improve patient outcomes. It is only when we carefully assess the state of our young patients and consider potential alternative treatment methods before resorting to medical therapy, that we are really achieving a balance between properly treating without doing any harm.

Finally, our mission as healthcare professionals doesn't start the moment a patient presents to our clinic to provide them with a diagnosis and a course of treatment, rather it begins at a much earlier stage where we help our patients detect, recognize, and understand their disease early on to improve their prognosis. This is especially applicable

in adolescents with psychiatric diseases as the mindset and the attitude they have towards their mental illness can greatly affect the outcome. Moreover, the early presentation gives the mental health professional more time to properly and thoroughly understand the patient's condition which could spare him the need to resort to harsh medical treatments.

For this reason, mental health professionals should encourage initiatives such as teenage and youth mental health first aids (tMHFA, yMHFA) that strive to improve the general population and especially adolescents' understanding of mental health disorders prompting them to seek treatment earlier with less stigmatizing attitudes and a more positive mindset [6]. Such initiatives could ultimately help us minimize this existing gap between 'Do no harm' and 'Best attainable care' in adolescents.

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