

UNDERSTANDING ADOLESCENCE

What Parents, Teachers & Educational
Institutions
Need to Know

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A practical guide to supporting young people through one of the most
transformative periods of human development

Ages 10 – 19 • Physical • Cognitive • Emotional • Social



A quick show of hands

Invite participation; there are no right or wrong answers

Kitne log apni
teenage life ki kuch
baatein apne parents
se chhupate the?

... Kya kisi ne apne
marks, looks, body,
kisi doosre bachche se
compare kia

WHO REMEMBERS...

Wanting
independence but felt
parents strict the

“Adolescence has changed in some ways—but the need to belong, feel respected and be understood remains.”

Meet Maya

A story to return to throughout the presentation

MAYA, 15

Maya shares something personal with a friend. A screenshot spreads through her class. She feels betrayed and humiliated.

She starts sleeping poorly, feels anxious, withdraws from friends and says she does not want to go to school.



WHAT ADULTS MAY SEE

Silence • irritability • school refusal

WHAT MAY BE HIDDEN

Shame • fear of judgement • worry that things will never improve

Ask: “Why might Maya find it difficult to tell her mother or teacher?”

- Why do you think Maya did not tell her mother what had happened?
-

choose the most likely reason.

- A. Her mother would have lectured her.
- B. She was afraid of being blamed or punished.
- C. She feared her mother would take away her phone or restrict her freedom.
- D. She thought her mother would not understand what she was going through.
- E. All of the above.

What we will explore

01

What is Adolescence?

Definition, stages & why it matters

02

Physical & Brain Changes

Body, hormones & the developing brain

03

Emotional & Social World

Identity, peers, risk & relationships

04

Roles & Responsibilities

Parents, teachers & institutions

05

Practical Strategies

Actionable guidance for daily support

06

Key Takeaways

Remember these essentials

What is Adolescence?

WHO Definition

Adolescence is the phase of life between childhood and adulthood, from ages 10 to 19. It is a unique stage of human development and an important time for laying the foundations of good health.

Early (10–13)

- Puberty begins
- Concrete thinking
- Same-sex peers
- Growing independence

Middle (14–16)

- Rapid growth
- Abstract thinking
- Peer influence peaks
- Identity exploration

Late (17–19)

- Physical maturity
- Future orientation
- Intimate relationships
- Values solidify

The Changing Body



Hormonal Shift

Estrogen, testosterone & growth hormone surge — driving mood, energy & physical changes. Puberty timing varies; early or late maturation can affect self-image and peer experience

Brain–Body Lag

Body matures faster than the prefrontal cortex. Impulse control lags behind physical capability.

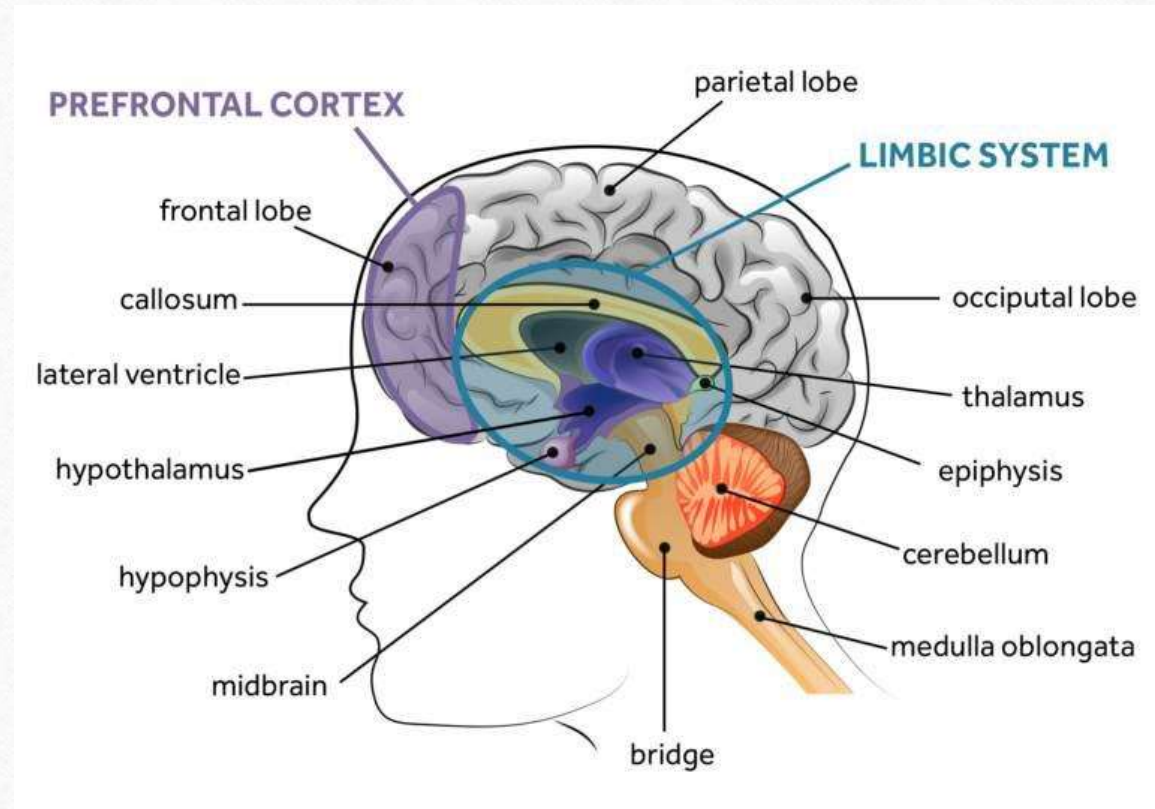
Sleep Need

Teens need 8–10 hours. Circadian rhythm shifts later — early school starts fight biology.

The adolescent brain

Reward and emotion systems become highly sensitive earlier.

Planning and self-control systems strengthen more gradually



The Adolescent Brain

Two systems out of sync

The limbic system (emotion & reward) matures earlier than the prefrontal cortex (planning & control). This gap explains much of adolescent risk-taking, intensity, and creativity.

LIMBIC SYSTEM (earlier)

Emotion, reward-seeking, social sensitivity, novelty preference

PREFRONTAL CORTEX (later)

Planning, impulse control, weighing consequences, long-term thinking

Key Processes

1

Pruning

Unused connections are eliminated — use it or lose it.

2

Myelination

Neural pathways become faster and more efficient.

3

Plasticity

High capacity to learn skills, habits & values.

4

Risk Window

Sensitivity to peer reward peaks mid-adolescence.

Mental Health in Adolescents in India

Real challenges. Real people. It matters.

Healthy minds
today, brighter
futures tomorrow.



1 in 5

adolescents in India (ages 10–19) are estimated to have a mental health disorder.

(Source: WHO, 2023)

Common Conditions



Anxiety, depression and stress are the most common mental health issues among Indian adolescents.

Risk Factors



Academic pressure, excessive screen time, family conflicts and peer pressure can increase the risk.

Impact



These issues can affect learning, sleep, emotions and overall well-being if not addressed.

What Can Help



- ✓ Talk openly and listen without judgment.
- ✓ Encourage healthy routines (sleep, study, exercise).
- ✓ Seek professional help if needed.



Better mental health is possible.

With awareness, support and timely help, adolescents in India can thrive.

Common Child and Adolescent Psychiatric Disorders

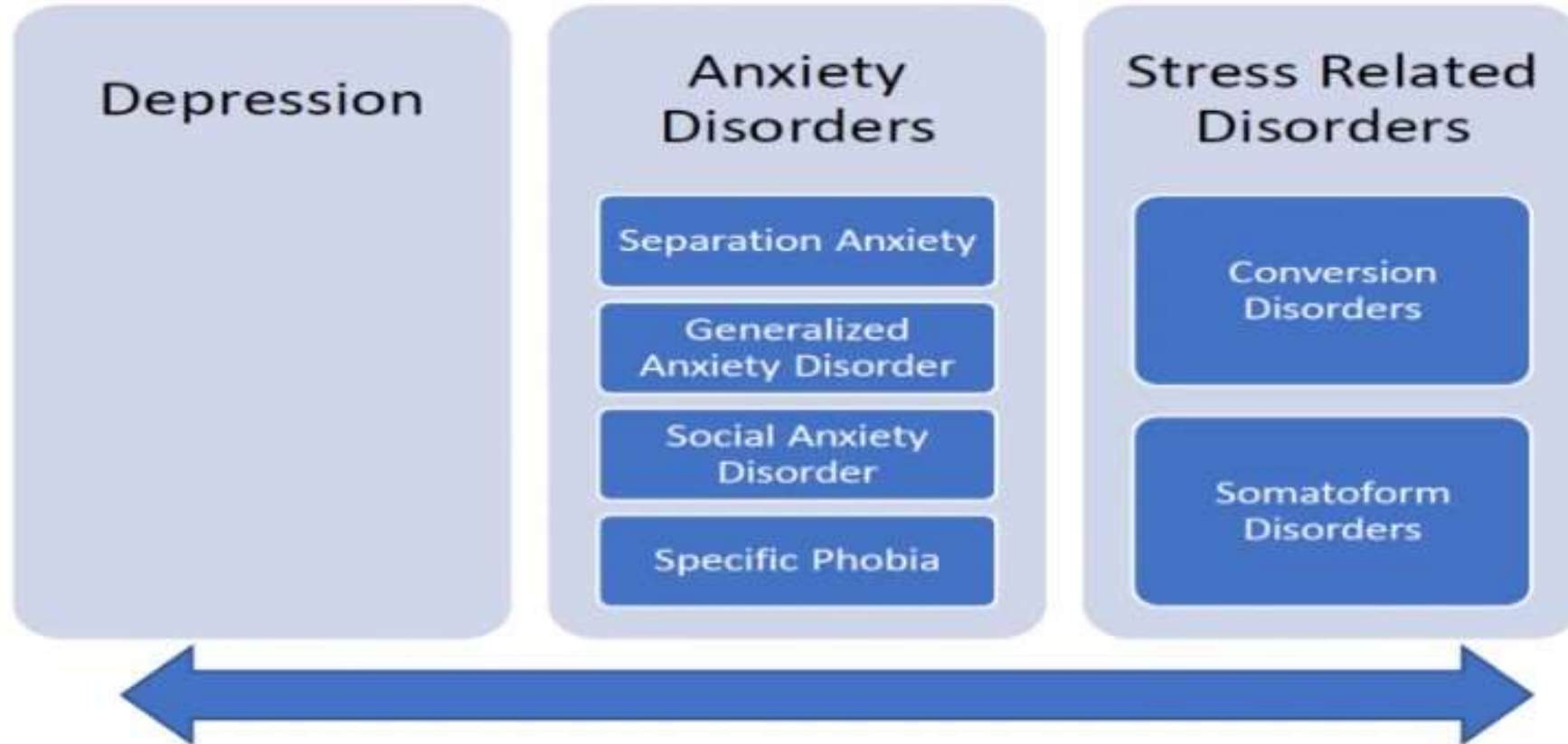
The common child and adolescent mental health issues may be broadly classified into three groups:

a) Neuro-developmental disorders: Intellectual Developmental Disorder, Speech and language-related disorders, Autism spectrum Disorder (ASD), Specific Learning Disorder.

b) Emotional disorders: Depression, Anxiety spectrum disorders (generalised anxiety disorder, separation disorder, phobias), somatoform disorders and conversion disorder.

c) Behavioural disorders: Attention deficit hyperactivity Disorder, Oppositional disorders, and conduct disorders.

Three types of EDs:



Substance use in children and adolescents

How big is the problem?

- World Health Organisation (WHO) has estimated that globally, 25 to 90 percent of children and adolescents have ever used at least one substance of abuse.
- The most common substances ever used by children in this study were Tobacco (83.2%) and alcohol (67.7%), followed by cannabis (35.4%), inhalants (34.7%), pharmaceutical opioids (18.1%), sedatives (7.9%) and heroin/smack (7.9%).
- A significant proportion of injectable substances (12.6%) were also found.

Adolescent Social Media Addiction

More likes. More scrolls. A bigger impact than you think.

Social media can connect and inspire — but for many adolescents, it's becoming hard to stop. What starts as fun can turn into an addiction, affecting their mental health, sleep and real-life relationships.

ONE-LINE DATA (INDIA)

~1 in 3

adolescents in India (ages 12–17) spend more than **4 hours** per day on social media.

(Source: Internet and Mobile Association of India (IAMAI) & Kantar, 2023)

That means:

Around 33%

of Indian adolescents are spending excessive time on social media.

Key Consequences

- **Mental health issues** — higher risk of anxiety, depression and low self-esteem.
- **Sleep problems** — delayed sleep, poor sleep quality and daytime fatigue.
- **Reduced attention** — difficulty focusing, lower academic performance.
- **Social isolation** — less face-to-face interaction, weaker real-life relationships.
- **Physical health concerns** — eye strain, headaches, poor posture and less physical activity.
- **Increased risk behaviours** — greater exposure to harmful content and online risks.

What Adults Can Do to Help

- **Set healthy boundaries** — encourage screen-free times (e.g., meals, bedtime, study time).
- **Model balanced use** — show healthy tech habits yourself.
- **Have open conversations** — listen without judgment and understand their online world.
- **Encourage offline activities** — sports, hobbies, family time and real-life friendships.
- **Monitor and guide** — use parental controls and talk about online safety.
- **Seek professional help** — if use interferes with school, sleep, mood or daily life.

The Bigger Picture

Social media isn't the problem — excessive use is.

With awareness, boundaries and support, we can help adolescents build a healthier relationship with technology and a stronger, happier real-life future.

Healthier habits today. Brighter tomorrows.

Less screen time. More real-life time.

Adolescent Self-Injury in India

Self-injury (like cutting, burning, or hitting oneself) is not attention-seeking — it's often a sign of deep emotional pain. It can affect any adolescent, regardless of gender, background or location.

One-Line Data (India)

~1 in 10

Indian adolescents (10–19 years) report having intentionally injured themselves at least once in their lifetime.

(Estimates from a 2022 study published in The Lancet Regional Health – South Asia)

That means:

Around 10–12%

of adolescents in India may have engaged in self-injury.

Key Risk Factors

- **Mental health issues** – depression, anxiety, trauma, eating disorders, or previous self-harm.
- **Family and relationship problems** – conflict, neglect, abuse, or lack of emotional support.
- **Academic pressure** – high expectations, fear of failure, or bullying at school.
- **Social media and online exposure** – harmful content, cyberbullying, or comparison with others.
- **Substance use** – alcohol or drug use increases vulnerability.
- **Life changes** – breakup, loss of a loved one, or major transitions (e.g., moving, school change).

What Adults Can Do to Help

- **Notice the signs** – unexplained injuries, withdrawal, mood changes, or talking about feeling hopeless.
- **Start an open, non-judgmental conversation** – listen with empathy, not criticism.
- **Encourage professional support** – seek help from a psychologist, counselor, or trusted mental health service.
- **Create a safe and supportive environment** – show care, reduce pressure, and build their self-esteem.
- **Limit harmful online exposure** – monitor social media use and promote positive content.
- **Take self-harm seriously** – it's a sign of distress, not a phase. Early support can prevent more serious harm.

The Bottom Line

Self-injury in adolescents is common in India, but it can be prevented and treated with the right support, awareness and compassion.

Healthy conversations. Early support. Brighter futures.

Risks and warning signs {Notice-Ask-Act}

- Notice: persistent change from baseline, distress, functional decline, withdrawal, sleep/appetite change, substance use or self-harm communication. •
- Ask: calmly, privately and directly—“Kya kabhi tumhe lagta hai ki jeena worth it nahi?” “Kya khud ko hurt karne ka thought ya plan aaya?”
- • Act: do not promise secrecy; ensure supervision and urgent professional assessment when there is current intent, a plan, access to means, severe intoxication, psychosis or inability to stay safe

What Parents Need to Know

Your role shifts from manager to consultant. Stay connected, stay curious, stay calm. Connection is the strongest protective factor.

1 Listen more than lecture

Ask open questions. Reflect feelings before offering advice. Feeling heard builds trust.

2 Keep routines & limits

Clear, consistent boundaries around sleep, screens and safety provide security even when resisted.

3 Model emotional regulation

How you handle stress and conflict teaches more than any conversation.

4 Support autonomy safely

Offer choices within limits. Let natural consequences teach when risk is low.

5 Watch for mental health

Know the signs. Seek professional help early. Normalize talking about feelings.

6 Partner with school

Share insights, attend meetings, and align strategies with teachers.

- **Maya begins refusing to go to school. What is the most helpful parental response?**
-

- A. Insist that she attend school because education comes first.
- B. tell her she has to learn to handle it, no need to be very emotional.
- C. Explore whether bullying, anxiety or fear is making school feel unsafe, and work with the school on a plan.
- D. Allow her to stay home without further discussion.

What Teachers Need to Know

1

Relationship First

A caring adult relationship is the single strongest school-based protective factor. Know names, notice changes, show genuine interest.

2

Design for the Brain

Short focused tasks, movement breaks, relevance to real life, and opportunities for peer discussion match adolescent cognition.

3

Safe to Struggle

Normalize mistakes. Growth mindset feedback (yet) reduces fear of failure and supports identity as a learner.

4

See the Whole Student

Behaviour is communication. Look behind disruption for sleep, hunger, anxiety, trauma or unmet needs.

5

Collaborate Early

Partner with parents and support staff before issues escalate. Shared language and plans multiply impact.

6

Self-Care Matters

Teachers who model calm and boundaries help students more. Protect your own emotional bandwidth.

**Several students are laughing about Maya's leaked screenshot.
What should the teacher do?**

- Ignore it because the incident happened online.
- B. Tell Maya to learn to take a joke.
- C. Address the harmful behaviour, protect Maya's dignity, and follow the school's safeguarding and anti-bullying procedures.
- D. Ask Maya to explain the incident in front of the entire class so that it clarifies what actually happened

Which question opens a door for further communication?

- Teacher 1: “Tum intelligent ho, phir bhi careless ho.”

OR

- Teacher 2: “Maine change notice kiya hai. Kya kuch problem hai ho rahi hai ?kya support useful hoga?”

When a teen is close to someone who may be unsafe

Stay curious and protective—without making the teen defend the relationship

AVOID

- Insulting the friend or partner
- Threats that shut down disclosure
- Assuming you know the whole story
- Relying on punishment alone

TRY INSTEAD

- Ask what the teen likes and what worries them
- Name specific behaviours, not labels
- Agree on safety boundaries and check-ins
- Keep transport, emergency help and trusted adults accessible
- Seek professional help if substance use, coercion or violence is involved

You can disapprove of a behaviour while keeping the relationship with your teenager intact.

Everyday Practices That Work

1 Connection Rituals

Daily check-ins, shared meals, one-on-one time without agenda. Small consistent contact builds trust reserves.

2 Emotion Coaching

Name the feeling, validate it, then problem-solve together. I can see you are frustrated opens doors.

3 Scaffold Independence

Gradually increase responsibility. Practice decision-making in low-stakes situations before high-stakes ones.

4 Protect Sleep

Consistent bedtime, device-free hour before sleep, dark cool room. Sleep is non-negotiable for brain health.

5 Limit Toxic Exposure

Curate online environments, discuss media critically, set clear device boundaries as a family or school.

6 Celebrate Effort

Praise process, persistence and recovery from setbacks more than outcomes. Identity as learner grows.

Key Takeaways

- 01 Adolescence is a biological and social transformation — not a problem to be fixed.
- 02 The brain is still under construction; emotion and reward systems run ahead of control systems.
- 03 Connection with caring adults is the most powerful protective factor across all settings.

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- “When I was a boy of fourteen, my father was so ignorant I could hardly stand to have the old man around. But when I got to be twenty-one, I was astonished at how much the old man had learned in seven years”
 - “जब मैं चौदह वर्ष का था, मुझे अपने पिता बहुत अज्ञानी लगते थे... लेकिन इक्कीस वर्ष की उम्र में मैं यह देखकर चकित था कि सात वर्षों में उन्होंने कितना कुछ सीख लिया था।”

Thank you