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On the other hand, as a remark for potential fields of
intervention, Johnson etc have pointed out that
adequate parenting behaviours are influential on the
resilience of the children, allowing better stress
management and a better emotional, affective and
relational adjustment in adulthood, regardless of
psychiatric disturbances in parents.
Substantial evidence is that psychiatric care during
adolescence is a crucial problem. Because of the
difficulties of families in managing the
psychopathology of children, the cases of teenagers
hospitalized in psychiatric wards for adults are
growing. This is aided by the increasingly early
physical and sexual development of youths, compared
with a delayed psychological maturity. This decoupling
makes very complex the management of behavioural
disorders. Despite the existence of effective therapies
for depression or bipolar disorder the use of coercive
means (admissions SPDC regime in TSO) is
increasingly frequently because of the impotence of the
family. The parents are often thwarted to build and
manage a relationship with their children also because
personal problems. They are often unable to establish
relations of authority and hierarchy to contain the
young on the affective and regulatory side of the
parenting relationship.
Also the public health services display critical
problems. Adolescents who undergo an inadequate
transition between the neuropsychiatric services and
those of adult psychiary瀀
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