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Narrative review on psychosocial challenges and identity issues associated with severe mental illness in adolescents

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Abstract— The onset of severe mental illness (SMI) typically manifests during adolescence. Given that it is a particularly sensitive stage for adolescents from an identity development perspective, receiving a SMI diagnosis may have long-term impacts on their identity and present several psychosocial challenges. Most importantly, at this stage in life, adolescents are at a critical juncture in making plans and career paths, increasing social interaction, and completing higher school education. This review will argue that since SMI is more likely to occur during adolescence and this can have additional psychosocial challenges, which may cause several issues on one's identity, and this effect may be carried forward across one's lifespan. It seeks to establish the positive and negative impacts of SMI on adolescents' psychosocial development. It is essential to comprehensively understand this impact as it has implications for recovery and for health professionals to select suitable treatment interventions.

Keywords: Psychosocial challenges, Identity, Adolescents, Severe mental illness

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I. INTRODUCTION

ACCORDING to the American Psychiatric Association (2013), mental illness can affect one in every four people throughout their lifetime. It can be a source of considerable distress, typically resulting in major behavioural and cognitive changes and poor emotional regulation. Of all mental health conditions, the prevalence rate of severe mental illness (SMI) is between 1-4% in the population. This cohort is most likely to experience severe and chronic illness (Acero et al., 2017). SMI tends to require ongoing access to health care for several reasons, including the chronic and/or recurring nature of their symptomology, functional impairment, limited resources, and psychosocial challenges (Schinnar et al., 1990). The American Psychiatric Association (2013) identifies bipolar disorder, schizophrenia, and major depression as the three most commonly occurring SMI, and they are typically associated with significantly diminished social or occupational performance.

Most mental illness, or even SMI, is more likely to occur during adolescence (Paus et al., 2008). Given its potentially chronic nature, many studies have noted that adolescents with chronic illness can pose significant challenges; examples of these include stress and coping issues, academic incompetence due to illness and stress, anxiety, challenges in social life, and esteem issues (Taylor et al., 2010). Similarly, presenting SMI during adolescence is challenging, as it is a significant stage in a young person's development. Therefore, it can impact normal developmental trajectories and create several difficulties for these adolescents. In the case of people with SMI, the individuals may also experience side effects from psychiatric or other pharmacological interventions, which Moncrieff et al. (2013) identify can include lack of motivation and social engagement, reduced physical activity, impaired speech, and emotional blunting. Thus, this highlights the importance of establishing the psychosocial challenges and identity issues adolescents are more likely to experience due to SMI. It also demonstrates that effective treatment and care during developmental stages or types of illness are contingent upon understanding the condition and its specific impact on individuals.

Adolescence is a crucial transitionary stage from childhood to adulthood, where significant and accelerated physical and psychosocial development typically occurs between the ages of 10 and 19 years, surpassed only in terms of the scale of growth during infancy (Rosen, 2004). Much preparation is undertaken for adulthood, notably achieving educational attainments, making career choices, establishing social relations, and close friendships (Pinquart & Pfeiffer, 2015). Therefore, within this context, receiving a diagnosis and availing treatment for an SMI is further magnified and particularly difficult for young people, as it is for their parents and other family members. This underlines the importance of health professionals being aware of these issues and offering appropriate and specialist care to support adolescents in managing SMI more effectively.

This review will primarily examine psychosocial development among adolescents aged 10 to 19. Erikson (1950) argued that adolescence represents a critical phase in a young person's life as self-consciousness and identity formation typically occur. Furthermore, events during this phase significantly shape our entire adult lives. This review highlights that, given that the mean age of SMI onset is usually during adolescence, multiple developmental and broader issues will inevitably emerge. This diagnosis will influence identity formation in adolescence but will have long-term effects throughout the life course. This paper seeks to recommend age-appropriate treatment interventions, coupled with the need for ongoing investigations into this area. Furthermore, it endeavours to raise awareness of the challenges young people with SMI can face, identify supports and services that aid the management of their condition, and promote recovery.

II. IDENTITY DEVELOPMENT IN ADOLESCENCE

The study of identity development concerns developing a distinct individual identity. Pioneering work was undertaken by Erikson (1950), where he advanced a life-stage theory of psychosocial development. He proposed that a healthy identity is formed due to completing each stage along a life cycle, while an unhealthier identity occurs due to failure to do so. Erikson (1950) contended that unhealthy individuals could lead a lifetime of striving to overcome the difficulties associated with the inability to complete one or earlier psychosocial stages.

Adolescence represents a crucial decision-making juncture regarding personal goal setting for life and self-discovery. During adolescence, young people strive to assimilate the different factors affecting their lives, such as social, sexual, intellectual, and moral elements (Erikson, 1950). For example, they begin to question themselves regarding their beliefs, who they are, what they are doing with their life, the types of jobs they want, and the relationships they wish to have. The ultimate objective of this life stage is to form a strong ego identity, while failure to do so can leave adolescents floundering without any sense of direction. According to Pinquart and Pfeiffer (2015), part of identity development involves achieving age-specific responsibilities, most notably obtaining greater independence from their parents, forming friendships, and preparing for the working world. Erikson (1950) coined the phrase 'identity crisis' to describe adolescents undergoing self-identity problems during psychosocial developmental stages. In contrast, the term 'identity issues' will be used throughout this paper to refer to those experiencing pathological aspects of identity during adolescence arising from SMI.

In addition to outlining the different psychosocial development stages across the lifespan, Erikson (1950) highlighted specific difficulties due to failure to complete any of these. He also claimed that each consecutive stage is associated with a fundamental societal aspect. Thus, while these stages are intrinsically connected, individual development processes also align with a person's role or the situation in which they find themselves. This reinforces the crucial nature of successfully and sequentially progressing through stages. Consequently, Erikson (1950) has posited that failure to do so will ultimately lead to more long-term difficulties and struggles, including impeding the building of a solid foundation for future development. Other determinants can also shape psychosocial development throughout these stages, including the manifestation of SMI. Its onset before the completion of significant psychosocial development stages, particularly surrounding the formation of a strong instead of a more confused identity, may account for the far-reaching and long-term impact of adolescent SMI later in life.

III. LIVING WITH CHRONIC ILLNESS

Many studies have shown that chronic conditions and ongoing disabilities adversely impact identity development during adolescence (Nadeau & Tessier, 2009), such as building self-esteem and self-confidence, educational attainment, developing relationships, goal setting, and career planning. However, the severity of these effects can differ depending on the nature of the disability and chronic condition in question. Furthermore, few studies to date have comprehensively investigated psychosocial challenges during the onset of SMI during adolescence (Brady et al., 2020; Moncrieff et al., 2013; Iseselo et al., 2016), and of those that have, findings of identity aspects remain somewhat unclear (Schlüter-Müller et al., 2015; Pérez-Corrales et al., 2019).

Regarding chronic illness, Kroksmark and Nordell (2001) have highlighted that it can negatively impact daily living activities. It can curtail social engagement with friends or attendance at school due to extended hospital admissions or visits to other healthcare settings. Chronic illness or disabilities can hinder participation in various leisure pursuits. Findings from a cross-sectional study undertaken by Luque-Suarez et al. (2020) of psychological adjustment to physical disorders in childhood revealed that chronic shoulder pain exerted the greatest impact. A subsequent study by Akezaki et al. (2020) reported that breast cancer was more closely associated with the development of psychological problems.

Furthermore, young people with a cancer diagnosis were found to experience greater challenges regarding forming social connections and engagement with family, leisure pursuits, education, career selection and employment, and role-related problems (Levesque et al., 2020). These challenges present during adolescence can persist throughout and post-treatment and in end-of-life care. Findings from other studies fail to reach a consensus. Nadeau and Tessier (2009) reported that adolescents with chronic illness formed fewer friendships than their healthy counterparts, while Broder et al. (1994) argued the opposite. Similarly, research by Schreiner et al. (2020) noted that battling cancer in adolescence was associated with a diminished sense of self-identity. However, another work by Madan-Swain et al. (2000) found no evidence to confirm this finding.

Moreover, another study by Cukor et al. (2020) has argued that the type of presented disorder is irrelevant in terms of psychosocial outcomes. Many illnesses share common characteristics, and various chronic illnesses pose similar psychosocial challenges (Brady et al., 2020). Those favouring this stance tend to classify all chronic conditions into a single sample study cohort. For example, research conducted by Valencia and Cromer (2000) failed to identify behavioural issues associated with specific chronic illnesses. Similarly, from both psychological and social perspectives, no differences emerged in terms of illness conditions and other issues, namely: well-being, general anxiety (Wolman et al., 1994); suicidal ideation, and emotional strain (Suris et al., 1996); or social outcomes (Meijer et al., 2000).

However, evidence has also emerged of several intra-disorder differences in psychological impact (Brady et al., 2020). For example, Reißmann et al. (2007) found that differences emerged regarding specific illnesses' functional and psychosocial impact. And importantly, their study also found that patients with two related diagnoses reported significantly higher impact scores than those with one. This suggests that some uncertainty remains regarding the effects of specific conditions on outcomes and identifying the determinants that can lead to similarities occurring within specific disorder classification groupings. This information is vital in offering the most appropriate psychosocial treatment regime. Consequently, this has led Runions et al. (2020) to contend that establishing a lack of variation across chronic conditions would strengthen the argument for introducing a more generic approach. In contrast, the reverse is true if variations are found to occur.

IV. SOCIAL, BEHAVIOURAL, AND EMOTIONAL CHALLENGES OF ADOLESCENTS WITH SMI

This review proposes that SMI impedes the successful completion of psychosocial development stages, in line with Erikson's (1950) theory. Therefore, the onset of SMI between the significant ages of 10 to 19 can adversely affect identity development during this and future life stages. This is primarily due to the compounding effect of typical developmental challenges and the additional stress induced by SMI. Recent studies have confirmed that SMI can result in adolescents' cognitive, behavioural, and social problems (Brady et al., 2020; Pérez-Corrales et al., 2019; Moncrieff et al., 2013; Schlüter-Müller et al., 2015). These include lack of ability to concentrate, decreased energy levels, poor sleep patterns; overreliance on parents and guardians; reduced capacity to engage socially with friends and in leisure pursuits; and stress associated with future health concerns. In addition, there is an increased likelihood that the effects of SMI will extend to other areas, most notably, social, and self-stigmatization of SMI, impeding the building of social skills and generalised school-related anxieties ranging to school phobia. Thus, an investigation of the impact of SMI on adolescent's quality of life must account for the psychosocial or developmental perspective from which SMI disrupts these adolescents' lives.

As children grow older, peers can play a key role in identity achievement, given that it occurs during social engagement (Erikson, 1950). As a result of the symptomology associated with their condition, adolescents with serious illnesses may be reluctant to become involved in social activities or maintain social relationships. Meijer et al. (2000) and Mason et al. (2009) have attributed this to several factors, for example, inability to convey their physical or emotional needs effectively; poor understanding of social norms and etiquette; misreading social cues and interactions; and some cases, presenting with challenging behaviours, including of a violent or hostile nature. These challenges can impede effective communication in social situations, reducing motivation to engage and decreasing exposure to opportunities to learn important social skills and behaviours.

Accordingly, SMI onset during adolescence can create feelings of isolation or result in active disengagement from peers (Pérez-Corrales et al., 2019). Since a large part of young people's social interactions occur in school (Mason et al., 2009; Meijer et al., 2000; Nadeau & Tessier, 2009), the feelings of isolation may be exacerbated by poor school attendance due to illness. As a chronic feeling of isolation may relate to poor self-esteem and negative emotions, it may further develop adolescents' identity (Dusek et al., 1986). Besides, Mason et al. (2009) have also argued that the combination of greater detachment with the requirement to treat cognitive impairment, can impede the building of appropriate social skills commonly used to initiate relationships. Social support is a key element currently. It can be defined as the perception that assistance is available from others, including those outsides the family network (Dumont & Provost, 1999). This is vital to adolescents with SMI, particularly their identity establishment and fostering social development. According to Dumont and Provost (1999), social support is multifactorial, comprising some elements, including the type of relationship formed and the frequency and strength of the support on offer. Thus, peer-to-peer support is of enormous importance to developing an identity among adolescents with SMI to validate their experience, offer hope, and reduce feelings of social isolation.

The latest research shows that treating adolescents with a wide range of mental health conditions can impact their ability to form relationships with peers and their general social functioning (Meijer et al., 2000). Furthermore, an earlier study by Hendryx et al. (2009) undertook a comparative analysis of those presenting with and without SMI, revealing that the former participated in less than half the number of social events as the latter group. In addition, two existing studies (Dumont & Provost, 1999; Nadeau & Tessier, 2009) found that peer ratings of social competency in those with SMI were lower, primarily attributable to being ill, tired, or largely absent from school. Mason et al. (2009) reported greater social isolation and withdrawal from both siblings and other pupils among adolescents with depression. This cohort also perceives themselves to be more isolated from their fellow peers.

Variations have been found to occur in the quality of friendships formed by young people with SMI compared to their peers. For example, a study by Selfout et al. (2009) exploring relationships in adolescents diagnosed with depression and social anxiety revealed that this cohort reported fewer closer and confiding relationships than other adolescents in the general population. In addition, their peers viewed them as more unlikely to have formed close friendships, be chosen as best friends, or receive friendship nominations. Similarly, Schutz and Paxton (2007) noted that adolescents with an eating disorder tended not to confide in their friends. Their study also found that this behaviour pattern continued into adulthood, whereby friendships formed by this cohort were more short-term and less intimate than their peers.

A related issue for adolescents is deciding whether they should disclose details of their illness to friends and peers and how to reveal this information and its timing (Hinshaw, 2005). Deciding on the level of detail to divulge is a different sensitive matter, particularly when engaging with new acquaintances or within the context of seeking employment. Furthermore, the prospect of experiencing differing and possibly losing self-confidence may deter discussing this issue with others. Poor self-confidence at this time can augment negative emotions while also heightening the likelihood of engaging in high-risk behaviours (Ottewell, 2018). Again, high levels of self-confidence and self-esteem are associated with addressing challenges about identity issues among adolescents (Luyckx et al., 2013); those with lower self-confidence and self-esteem may have cyclic issues when tackling psychosocial challenges.

In line with family systems theory, parent-child interactions and functioning can impact the family dynamic (Houtzager et al., 2004). For example, Houtzager et al. (2004) found that parents of children with chronic illness tend to be overly protective, less open, and stricter than those who do not. Accordingly, SMI adolescents might likely be less engaged in social interactions or activities due to the impact of parenting style. If parents are over-protective, adolescents might lose the opportunities to develop necessary social skills and learn how to interact with other people in social situations (Hinshaw, 2005; Mason et al., 2009), and the lack of proper social skills will negatively affect one's identity and in-depth self-exploration (Quinn et al., 1999).

Moreover, less favourable academic outcomes can occur due to ongoing absence from school due to illness and in-patient admissions, reducing capacity to engage in personal or occupational pursuits. Woodward and Fergusson (2001) have highlighted that current illness, or the prospect of future illness may also shape young people's educational direction, curtail their ambitions, and hamper their ability to consider more long-term plans. Poorer educational attainment is more pronounced in girls than boys (Ranning et al., 2018). Adolescents with SMI may believe their condition could diminish their opportunities and, therefore, may exercise caution in selecting a career pathway. They also identify the lack of predictability of their illness as presenting a challenge.

Similarly, Williamson et al. (2009) found that this cohort believed their vocational prospects were more limited in viewing their illness negatively. This belief also manifested as reduced expectations and less tangible plans. It could also necessitate a change in career pathway due to illness (Benitez et al., 2005).

Individuals with SMI may also be concerned about the social and self-stigma associated with the condition throughout their lives. At a critical juncture characterised by gaining ever-increasing independence and identity consolidation (Erikson, 1950), the onset of SMI in adolescence can be especially distressing. Social and self-stigma can negatively impact self-esteem and autonomy (Cruwys & Gunaseelan, 2016) while challenging the basic semblance of what Lebowitz (2016) describes as the normality in life. Despite the severity of the condition or the need to avail of in-patient care, it is crucial that health professionals communicate a sense of individual agency, and that the dignity of adolescent service users is always maintained. Similarly, establishing a positive therapy-client relationship is crucial in aiding recovery and acknowledging the young person's capacity to make logical decisions. Fear of stigma may also exert adverse effects, regardless of whether its source emanates from therapist attitudes or degrading treatment during hospitalisation (Hinshaw, 2005). Accordingly, we propose that stigma has ongoing repercussions for significant psychosocial development rather than a static phenomenon. The combined effect of both sigma and discrimination can be particularly detrimental and seriously impact achieving success. Therefore, we here argue that adolescents' experience of stigma may be further magnified during various developmental stages.

In summary, adolescents who experience SMI typically encounter behavioural, social, and emotional challenges compared to the general adolescent population. These include reduced educational outcomes and attainment, lower self-confidence, less effective social skills, fewer relationships, greater social isolation, side effects of pharmacological interventions, increased stigma, and future health concerns. They also face challenges in deciding whether to discuss their mental health history with others, how to reveal this information, and the level of detail they wish to divulge. For example, they may struggle with these aspects in a dating situation for fear of rejection. There is strong evidence to suggest that adolescents who experience one of three main SMIs, major depression, bipolar disorders, and schizophrenia, generally display negative self-thoughts and feelings (Bell et al., 2011). They also tend to be discouraged about future relationships, based on apprehensions around divulging their mental ill-health history, coupled with the fear that it could lead to possible or actual rejection, as may have occurred in the past. Bell et al. (2011) and Ottewell (2018) observed that some individuals believe that they have lost their previous identity and that it has now been replaced by the sole label they cannot escape of having an SMI. This may create uncertainty around initiating conversations with others that do not discuss mental illness-related issues.

Conversely, adolescents adopting a more recovery-orientated approach can redefine themselves and develop a positive identity with SMI. Thus, Ottewell (2018) has noted that having encountered such adversity, and they now view their illness as contributing to building their resilience and inner strength. Others have integrated this experience into defining who they now are and are generally willing to share these experiences during the early phase of forming new relationships or engaging with acquaintances. However, this may pose challenges for adolescents whose family, friends, and peers have a different understanding of SMI and may respond less favourably to this important aspect of the young person’s identity. This creates reluctance among adolescents with SMI to develop their identity similarly to others unaffected by mental illness.

V. POSITIVE ASPECTS OF SMI EXPERIENCES

As assumed above, SMI may negatively impact adolescents’ identity development, and we also assume that these adolescents may perceive positive changes through such experiences. With the increasingly deeper integration of positive psychology and other subjects, people have gradually developed different views about stressful events like long-term illness. They have different beliefs that illness may also positively influence individuals and their families despite some negative ones (Galvez et al., 2011). These positive influences are known differently as posttraumatic growth or benefit findings by different scholars. Posttraumatic growth has long been considered like benefit findings. It refers to the positive changes an individual may feel in their psychology after fighting against traumatic negative events and situations (Calhoun & Tedeschi, 2014). Benefit finding refers to a person's benefits from specific illness experiences (Helgeson et al., 2006). In illness studies, posttraumatic growth emphasizes the positive changes and growth an individual experiences, while benefit finding emphasizes the benefits of the illness. Posttraumatic growth arises from rumination and cognitive processing (Stockton et al., 2011), and benefit findings may start right after diagnosis (Harding et al., 2014).

It is agreed that individuals tend to seek, explore, and formulate the positive strength against the illness as they begin to view the illness itself optimistically. Empirical studies have shown that patients with different illnesses may have different benefit findings (Helgeson et al., 2006). Patients with different SMI or in different phases of the illness may also experience different benefit findings (Chiba et al., 2020).

Illnesses may bring about positive changes for adolescents and how they handle their problems. For example, they might find themselves stronger than they used to assume after surviving the illness. Studies have shown that handling illnesses such as cancer helps patients rely better on themselves, improve their self-efficacy and self-worth, and change some views about themselves (Calhoun & Tedeschi, 2014; Helgeson et al., 2006). The patients are more likely to believe they can better handle difficulties and problems in the future (Sears et al., 2003). This is because they generalize their survival in one case to other situations. These changes may help adolescents develop a new philosophy of their own life while handling the anxieties and losses during adolescence. For example, they may adjust their priorities and better understand what to value. They may also appreciate themselves better, make life easier, and begin to enjoy life (Galvez et al., 2011).

VI. SUGGESTIONS FOR FURTHER STUDY

This review argues that a diagnosis of SMI during adolescence is implicated in the failure of individuals to successfully achieve Erikson’s developmental milestones, which will cause identity issues. The research on adolescents' SMI experience is important due to their unique perspective, introducing new ideas, and addressing issues that adults may overlook (Weare, 2015). Such research can develop more reliable, relevant, and relatable healthcare interventions, social support initiatives, and special education programs for illness adolescents, specifically addressing their needs and values and facilitating their successful integration into society.

However, there is hardly any research on SMI adolescents that has comprehensively distinguished these adolescents' unique psychosocial challenges and identity issues. Although existing researchers such as Frawley (2016) focused on the significance of possessing a sense of emerging adulthood and how this impacts adjustment and mental illness experience, this relationship should be tested empirically and analysed comprehensively using various methods. In this case, the sample was self-identified college students which did not specify the difference between mental illness experience and diagnosis. Previous studies about identity development, including that of Crocetti et al. (2009), consider neither the effect of externalising problem behaviours such as aggression nor contextual variables such as the living environment. Although current research has already pointed out that adolescents with other chronic illnesses, such as cancer (Hokkanen et al., 2004), have problems in their psychosocial development, no scientific research deals with the psychosocial development of adolescents with SMI. In addition, it is still insufficiently clear that the results of empirical studies of psychosocial development among adolescents with chronic illness are somewhat contradictory. Thus, we need to know the difference in identity issues between chronic conditions to develop corresponding intervention strategies.

Besides, most existing studies use self-report questionnaires of self-identity for data gathering (Demir et al., 2010; Jung et al., 2013; Schlüter-Müller et al., 2015). However, using this method, research findings tend to be impacted by common method variance, self-interest propensity, memory bias, etc. Also, it is difficult to develop a more accurate conceptualization of the construct identity issues (Jung et al., 2013). For this reason, qualitative research is crucial in obtaining a thorough insight into identity research, and there is a great need to collect more factual data by employing a more diverse methodology. It is suggested that a qualitative research study is often well-placed for an in-depth exploration of participants’ thoughts, views, and opinions.

In contrast, the quantitative studies provided a limited range of potential responses (Pérez-Corrales et al., 2019). Thus, it would enable researchers to gain insight into people’s lives and understand the meaning people attach to their experiences. In this case, it would be appropriate to provide accurate representations of the adolescents’ experiences of suffering from SMI in their growth and identity development. Following Erikson’s work on adolescent identity development, we suggested that failure to achieve early milestones may impede individuals’ progress through later stages of psychosocial development. The impact of the SMI experience may exacerbate this failure. We suggest that empirical research of a longitudinal nature to confirm this thesis is warranted and long overdue. It is suggested that a longitudinal study would enable us to identify long-term patterns in identity development, which would be appropriate as the subject of identity is a dynamic and evolving process.

Furthermore, the positive influences of illnesses have become the focus of psychological and medical researchers in recent years, who have extended the research from theoretical studies to clinical and empirical ones. However, most existing research focuses on the positive influences of chronic illnesses like cancers and AIDS (Sears et al., 2003; Siegel & Schrimshaw, 2007), with only one paper dedicated to the benefit finding of mental illness patients (Chiba et al., 2020). Their study did not use a qualitative method to study the lived experiences of patients during chronic illnesses and the influences of these experiences on their identity development. Besides, their study participants were from mildly serious mental illnesses; the findings should be generalised with caution. However, it developed a scale to assess the experience of benefit findings among people with mental illness in Japan.

Similarly, very few qualitative studies are available on the posttraumatic growth of SMI. Slade et al. (2019) observed no significant difference in the posttraumatic growth of mental illnesses and other negative events. Still, the former was more about self-discovery, though their study was targeted at adults above 18 years old. So far, there has not been any study on adolescents with SMI or the difference in posttraumatic growth between the different onsets of SMI; an in-depth investigation is required to focus on SMI adolescents. Adolescence is critical for developing self-consciousness and ego-identity (Erikson, 1950). Therefore, it is vital to study the influence of positive psychological aspects of SMI and the influence of psychosocial challenges on adolescents' identity development.

VII. CONCLUSION

The experience of SMI has been shown to impact many aspects of life significantly. Late childhood and early adolescence bring many changes, such as school transition, puberty, and friendships, which are significant and often stressful changes and can significantly impact the individual. For adolescents suffering from SMI, these changes and transitions might be more difficult to manage or might be interrupted. Identity development is comprised of various stages that occur throughout life (Erikson, 1950). According to Erikson (1950), individuals who cannot meet these developmental stages are unhealthy. If the stages relevant to adolescence are not met, the opposite effect is reflective of the symptoms of mental illness. If one of the stages is not met, although there is no conclusive evidence, this failure will likely affect subsequent stages. This implies that the snowball effect may mean that many stages of development for some individuals, even in later life, are interrupted. Thus, this proposition requires empirical investigation in cohorts of adolescents, including those who have and those who do not have SMI.

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