INTRODUCTION
Adolescence is a formative period during which children grow into their full position as full citizens and agents of change in their own lives as well as their societies. But it is also a critical transition phase characterized by acceleration of physical, biological and hormonal changes resulting in psychosocial, behavioral and sexual maturation along with changes in social expectations. Successful passage to adulthood through this portal results in a secure sense of self, biologic maturity, and the mental capacity to deal with onslaught of life’s challenges. Behavioral attributes can be explained by four models: psychosomaticmodels, behavioral model, ecological system models, and cognitive models. Imbalance between any of the two models can trigger behavioral disorders. Adolescents today face more stresses and are hurried into adulthood earlier than predecessors. They have unprecedented access to an incredible amount of random information at the click of a mouse with less parental availability, support and accurate information. Faced with challenges confronting the youth, Pediatricians have to address mental health problems apart from health and nutrition issues.

MATERIALS AND METHODS
A cross sectional study was conducted at St. Xavier’s High School, Surat city. 300 students were studied. Prior permission was taken from students and parents. Class 11 and 12 students were examined and given a confidential structured questionnaire to fill. The questionnaire comprised of questions related to health complaints, adaptation at school, domestic issues that could have an impact on the adolescents health. Recorded data was analyzed with Microsoft excel and percentage were calculated. Children with significant problems were referred to the hospital.

RESULTS AND DISCUSSION
300 students were evaluated. 277 students (92.33%) were in 16-17 yrs age group. 13 patients (2.33%) were 15 yrs old and 10 patients (3.33%) were 18 yrs old. Even distribution of sexes was observed: 155 males (51.67%) and 145 female (48.33%). Out of 300 students, 120 students (40%) suffered from some form of adaptive dysfunction. 28% students had fear of isolation. 20% students faced same amount of peer pressure. 40% had fear of failure. 29.66% suffered from inferiority complex. 30% students reported to have symptoms of depression. 10% students had reported some level of suicide ideation. Domestic problems showed positive correlation in behavioral problems ranging from 15-20%. Domestic conflicts were reported in 39% cases.

CONCLUSION: Predominant causes of dysadaptation were academic pressure and failure, maladjustment with school atmosphere and domestic conflicts. There is a need for timely recognition and correction of these problems by school and family based counseling.

Key words: Behavioral disorders, Adolescents, Stress, Depression, Urban school
Table 1 shows that the most common school problem was fear of failure (40%). Reasons identified for fear of failure were most commonly parental insistence on good grades followed by low self esteem, economic constraints and lack of motivation. The feeling of failure is a subjective reaction to the unexpected, unfavorable outcome. At the students level, with less experience and more expectations in academics, sports and special activities; they are likely to face setbacks and failures. Inability to cope with failure may result in low self esteem, dejection and ultimately depleting one’s level of competence. Students who feel a sense of control or responsibility remain self confident even when faced with occasional failures.

28% students had fear of isolation. This presents a serious risk factor for adolescents to take to High risk behavior to be accepted. Acceptance by their group is of primary importance. Exclusion makes them feel unworthy, with resultant timidity and lack of self confidence.

20% students faced peer pressure. It is accepted facts that middle adolescents relate more to peers as compared to late adolescents.

Table 2: Factors responsible for depression among students (N=90)

<table>
<thead>
<tr>
<th>Factors responsible for depression</th>
<th>No. of students</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic conflicts</td>
<td>51</td>
<td>56.7</td>
</tr>
<tr>
<td>Negative body image</td>
<td>46</td>
<td>51.1</td>
</tr>
<tr>
<td>Fear of failure</td>
<td>26</td>
<td>28.0</td>
</tr>
<tr>
<td>Inferiority complex</td>
<td>30</td>
<td>33.3</td>
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</tbody>
</table>

90 students (30%) reported to have some symptoms of depression. Causal relationship was established with fear of failure (28%), negative body image (51.1%), domestic conflicts (56.7 %) and inferiority complex (33.3%) (Table 2). Major depression is many times missed in children due to its manifestations which are misinterpreted as the turbulent behaviors of the adolescent. Diagnostic symptoms of depression are persistent sadness or irritability, obvious loss of interest and pleasure in routine activities, fatigue, diminished ability to concentrate, and suicide ideation.

10% of students reported some level of suicide ideation. Suicide ideation or suicidal thoughts concerns thoughts about an unusual preoccupation with suicide. The range of suicide ideation ranges from fleeting thoughts to extensive thoughts, to detailed planning, role playing and incomplete attempts. Depression is a major risk factor (50%) followed by domestic conflicts and fear of failure. According to national crime records bureau report 2010, students account for 5.5% of all suicides in India. 34% of suicides in India in 2012 occurred in 15-29 age group.

Table 3: Domestic problems among students (N=118)

<table>
<thead>
<tr>
<th>Domestic problem</th>
<th>No.</th>
<th>%</th>
</tr>
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<tbody>
<tr>
<td>Quarrelling among parents</td>
<td>93</td>
<td>78.8</td>
</tr>
<tr>
<td>Authoritarian parents</td>
<td>29</td>
<td>24.6</td>
</tr>
<tr>
<td>Single parents</td>
<td>03</td>
<td>2.5</td>
</tr>
</tbody>
</table>

Domestic problems leading to school problems were reported by 118 students (39%). Most common domestic problem was quarrelling among parents (78.8%) followed by single parents (2.5%) and authoritarian parents (24.6%) (Table 3).

Family conflicts create negative effects on adolescent due to stressful family environment and being involved in triangulated relationships. Family disruption due to death or separation can be highly stressful for the adolescent. In general, adolescents often report being angry, upset, ashamed or embarrassed about the disruption.

CONCLUSION
Some form of adaptive dysfunction was observed in 40% of students. Predominant causes of dysadaptation were academic pressure and failure, maladjustment with school atmosphere and domestic conflicts. There is need for timely recognition in form of school based surveys, teen care clinics and correction of these problems by school and family based counseling to ensure a mentally and physically competent individual.

RECOMMENDATIONS
1) Develop a systematic and in-depth assessment of adolescents health and development needs.
2) Establishment of free counseling services for the youth to ensure better mental health.
3) Provide education to teachers and create awareness about early recognition of stress markers or warning signs in children.
4) Establishment of a crisis management team comprising of school psychologists, counselor and school administrator.
5) Education of parents and emphasizing their role in form of emotional, informational and appraisal support.
6) Training students in stress management, relaxation techniques and advocating healthy lifestyle as part of school curriculum.

REFERENCES
2. F.H. Weeks, Behavior problems in the Classroom: a model for teachers to assist learners.
9. Tarun; “Adolescent Practice from the General Pediatrician’s Perspective”.