Common Mental Health Issues Facing Children and Adolescents

JOANNA LINDELL, DO
Common Mental Health Issues Facing Children and Adolescents

- Introduction
- Objectives
- Normal vs Abnormal Development
- Common Mental Health issues facing children and adolescents
- Therapeutic Interventions
- Importance of Schools
- Question and Answer
Common Mental Health Issues Facing Children and Adolescents

Introduction

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- Child and Adolescent Fellowship Lurie Children’s Hospital (Children’s Memorial)
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- Back at Lutheran General
Common Mental Health Issues Facing Children and Adolescents

- CME Financial Disclosure Statement
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Common Mental Health Issues Facing Children and Adolescents

Objectives:
- To become familiar with what is normal versus abnormal development in youth.
- Understand common mental health conditions affecting children and adolescents.
- Gain knowledge in therapeutic interventions for mental health disorders of children and adolescents.
- Realize the significant role schools can have in helping children and adolescents with mental health issues.
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- **Child and Adolescent Mental Health Statistics**
  - 13-20% of children living in the United States experiences a mental disorder in any given year. (CDC, 2013)
  - Half of all lifetime cases of mental disorders begin by age 14.
  - Many children with mental disorders fail to be identified, lack access to treatment or supports and thus have a lower quality of life.
  - Only 20 percent of children with mental disorders are identified and receive mental health services.
  - **Suicide is the third leading cause of death in youth ages 15 to 24.**

http://mentalhealthscreening.org/blog/adolescent-mental-health-the-school-nurse-parent-connection
http://www2.nami.org/Template.cfm?Section=federal_and_state_policy_legislation&template=/ContentManagement/ContentDisplay.cfm&ContentID=43804
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- **Child and Adolescent Mental Health Statistics**

- School nurses report spending **33%** of their time addressing student mental health issues (GAO, 2007; Stephan et al., 2007).

- School nurses can play a **BIG** role in helping to identify and facilitate early treatment in youth with mental health disorders!

http://mentalhealthscreening.org/blog/adolescent-mental-health-the-school-nurse-parent-connection

http://www2.nami.org/Template.cfm?Section=federal_and_state_policy_legislation&template=/ContentManagement/ContentDisplay.cfm&ContentID=43804
Common Mental Health Issues Facing Children and Adolescents

- What is Normal?
  - **Middle School and Early High School Years**
  - **Movement Towards Independence**
    - Struggle with sense of identity
    - Feeling awkward or strange about one's self and one's body
    - Focus on self, alternating between high expectations and poor self-esteem
    - Interests and clothing style influenced by peer group
    - Moodiness
    - Improved ability to use speech to express one's self
    - Realization that parents are not perfect; identification of their faults
    - Less overt affection shown to parents, with occasional rudeness
    - Complaints that parents interfere with independence
    - Tendency to return to childish behavior, particularly when stressed
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- **What is Normal?**
  - **Middle School and Early High School Years**
  - **Future Interests and Cognitive Changes**
    - Mostly interested in present, with limited thoughts of the future
    - Intellectual interests expand and gain in importance
    - Greater ability to do work (physical, mental, emotional)
  - **Sexuality**
    - Display shyness, blushing, and modesty
    - Girls develop physically sooner than boys
    - Increased interest in sex
    - Movement toward heterosexuality with fears of homosexuality
    - Concerns regarding physical and sexual attractiveness to others
    - Frequently changing relationships
    - Worries about being normal
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- What is Normal?
  - Middle School and Early High School Years
  - Morals, Values, and Self-Direction
    - Rule and limit testing
    - Capacity for abstract thought
    - Development of ideals and selection of role models
    - More consistent evidence of conscience
    - Experimentation with sex and drugs (cigarettes, alcohol, and marijuana)
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Common Mental Health Issues Facing Youth:

- **Anxiety**
  - Separation anxiety
  - Specific phobias
  - Social phobia
  - Generalized Anxiety Disorder
  - Panic Disorder
  - Obsessive Compulsive Disorder

- **Mood (Affective Disorders)**
  - Major Depressive Disorder
  - Pediatric Bipolar Disorder

- **Attention-Deficit/Hyperactivity-Disorder (ADHD)**

- **Disruptive Behavior Disorders**
  - Oppositional Defiant Disorder
  - Conduct Disorder

- **Self-Injury**

- **Substance Use**

- **Psychosis**
  - Schizophrenia

- **Eating Disorders**
  - Anorexia Nervosa
  - Bulimia
Common Mental Health Issues Facing Children and Adolescents

- **Anxiety:** Common Normal Fears

<table>
<thead>
<tr>
<th>Developmental Stage</th>
<th>Feared Object or Situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth to 6 months</td>
<td>Loss of physical support</td>
</tr>
<tr>
<td></td>
<td>Loud Noises</td>
</tr>
<tr>
<td></td>
<td>Large Rapidly approaching Objects</td>
</tr>
<tr>
<td>7-12 months</td>
<td>Strangers</td>
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<tr>
<td>1-5 years</td>
<td>Loud noises</td>
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<tr>
<td></td>
<td>Storms</td>
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<tr>
<td></td>
<td>Animals</td>
</tr>
<tr>
<td></td>
<td>Dark</td>
</tr>
<tr>
<td></td>
<td>Separation from parents</td>
</tr>
<tr>
<td>3-5 years</td>
<td>Monsters</td>
</tr>
<tr>
<td></td>
<td>Ghosts</td>
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<tr>
<td>6-12 years</td>
<td>Bodily Injury/sickness</td>
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<td></td>
<td>Burglars</td>
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<td></td>
<td>Being sent to principal</td>
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<td></td>
<td>Punishment</td>
</tr>
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<td></td>
<td>Natural Disasters</td>
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<td></td>
<td>Failure/Rejection</td>
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<tr>
<td>12-18 years</td>
<td>Tests in school</td>
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<tr>
<td></td>
<td>Low social competence</td>
</tr>
<tr>
<td></td>
<td>Social evaluation</td>
</tr>
<tr>
<td></td>
<td>Social embarrassment</td>
</tr>
<tr>
<td></td>
<td>Psychological abnormality</td>
</tr>
</tbody>
</table>
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**Anxiety**
- Separation Anxiety
- Generalized Anxiety Disorder
- Social Anxiety
- Panic Disorder (with or without agoraphobia)
- Specific Phobias
- Post Traumatic Stress Disorder (PTSD)
- Obsessive Compulsive Disorder (OCD)
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- **Anxiety Disorders**
  - Most common childhood psychiatric diagnoses
  - 6-15% of school-aged children
  - Girls:Boys, 2:1 (except for OCD and Social Anxiety DO)
Common Mental Health Issues Facing Children and Adolescents

- **Anxiety Disorders**
  - **Prevalence in each grade group**

<table>
<thead>
<tr>
<th>Age</th>
<th>Anxiety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preschool Age 3-5</td>
<td>Separation Anxiety Disorder</td>
</tr>
<tr>
<td>School Age Age 6-12</td>
<td>Specific Phobia Generalized Anxiety Disorder Selective mutism OCD</td>
</tr>
<tr>
<td>Adolescence 12-18</td>
<td>Social Anxiety Disorder Panic Disorder</td>
</tr>
</tbody>
</table>
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- **Anxiety Disorders: Separation Anxiety Disorder (DSM-IV Criteria)**
  - Developmentally Inappropriate and excessive anxiety concerning separation from home or from those to whom the individual is attached (3 or more)
  - distress when separation occurs or anticipated
  - worry about losing or harm occurring to attachment figure
  - worry that an event will lead to separation (ex. Kidnapping)
  - refusal to go to school or elsewhere because of separation
  - fearful or reluctant to be alone or without major attachment figure at home or without significant adults in other settings
  - refusal to go to sleep without being near a major attachment figure or sleep away from home
  - Repeated nightmares of separation
  - Repeated physical symptoms (ex. Headaches, nausea, vomiting) when separated
  - Disturbance at least 4 weeks
  - Onset before age 18
  - Causes clinically significant distress or impairment in social, academic or other important areas of functioning
  - Does not occur during a course of PDD, schizophrenia, or other psychotic disorder

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- **Anxiety Disorders: Specific Phobias**
  - Distinguished by severity, irrationality, persistence, and functional impairment
  - May begin at any time during development
  - Most remit spontaneously
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- **Anxiety: Social Phobia**
  - 2-5% youth
  - Boys=girls
  - Tends to start in adolescence
  - Impaired social and academic/occupational functioning
    - School avoidance
    - Social withdrawal
    - Substance use
    - Difficulty with dating and intimacy
  - Persists into adulthood
    - Professional underachievement
    - Depression
    - Generalized anxiety symptoms
    - Constrained social functioning
    - Significant functional impairment

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- **Anxiety: Generalized Anxiety Disorder**
  - 10% or more of children and adolescents
  - Girls:Boys, 2:1
  - Pervasive worries for at least 6 months
  - Uncontrollable anxiety
  - Associated with one of the following:
    - Restlessness, feeling keyed up or on edge
    - Easily fatigued
    - Difficulty concentrating or mind going blank
    - Irritability
    - Muscle tension
    - Sleep disturbances
  - Not due to any substance or medical condition

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- **Anxiety: Panic Disorder**
  - Prevalence rates adolescents 0.6%-5% (rare in children)
  - More common in females vs. males
  - Recurrent unexpected panic attacks (4 of below symptoms) within 10 minutes
    - Sweating
    - Palpitations
    - Trembling
    - Shortness of breath
    - Feeling of choking
    - Chest pain
    - Nausea
    - Dizziness
    - Derealization feeling
    - Fear of losing control or “going crazy”
    - Fear of dying
    - Paresthesias
    - Chills or hot flashes
  - One of the attacks followed by one month of excessive worry about having attacks
  - With or without agoraphobia
  - 63% of adolescents report panic attacks

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- **Anxiety: Obsessive Compulsive Disorder**
  - Prevalence in children and adolescents 1-4%
  - Mild or transient rituals, obsessions, or compulsions are normal
    - Ex. Rigid bedtime routines, collecting, arranging, storing objects, concerns about dirt and germs
  - Chronic, waxing and waning course; many will reach full or partial remission

<table>
<thead>
<tr>
<th>Most Common Obsessions</th>
<th>Most common compulsion</th>
</tr>
</thead>
<tbody>
<tr>
<td>contamination</td>
<td>washing</td>
</tr>
<tr>
<td>Sexual thoughts</td>
<td>repeating</td>
</tr>
<tr>
<td>Somatic thoughts</td>
<td>checking</td>
</tr>
<tr>
<td>Overly moralistic worries</td>
<td>ordering</td>
</tr>
</tbody>
</table>

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- **Anxiety: Obsessive Compulsive Disorder**
  - Careful assessment of impairment
  - Children and adolescents are often secretive about obsessions/compulsions
  - Temper outbursts, academic struggles, eating changes may be initial concerns
  - (CBT is first line, CBT and meds (sertraline) best outcome)
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- **Mood (Affective Disorders)**
  - **Major Depressive Disorder**
    - 2% in children
    - 4%-8% in adolescents
    - Lifetime prevalence by age 18 is 20%
  - Male to female ratio
    - 1:1 in childhood
    - 1:2 in adolescents
  - More than 70% of children and adolescents with depressive disorders or other serious mood disorders do not get diagnosed or treated (1)


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- **Mood (Affective Disorders):**
  - **Major Depressive Disorder**
    - Suicide statistics
      - 20% of teens seriously contemplate suicide
      - 8% attempt suicide
      - #5 cause of death ages 5-14
      - #3 cause of death ages 15-24
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**Mood (Affective Disorders):**

**Major Depressive Disorder**
- 2 weeks of persistent change in mood plus 5 or more symptoms
- depressed mood most of the day
- loss of interest or pleasure in all, or almost all, activities
- significant weight loss or weight gain
- too much or too little sleep
- fatigue or loss of energy
- trouble concentrating
- feeling worthless
- guilt about mood
- feeling restless or slowed down
- recurrent thoughts of wanting to die, suicidal ideation, suicide attempt
Common Mental Health Issues Facing Children and Adolescents

- **Mood (Affective Disorders):**
  - **Major Depressive Disorder**
    - Presentation in children versus adolescents

<table>
<thead>
<tr>
<th>Children</th>
<th>Adolescents</th>
</tr>
</thead>
<tbody>
<tr>
<td>More irritable</td>
<td>Verbalize feelings of depression</td>
</tr>
<tr>
<td>Low frustration tolerance</td>
<td>More melancholic symptoms</td>
</tr>
<tr>
<td>Temper tantrums</td>
<td>Anger</td>
</tr>
<tr>
<td>Physical complaints</td>
<td>Academic difficulties</td>
</tr>
<tr>
<td>Social withdrawal</td>
<td>Behavior changes (ex. hostile, reckless)</td>
</tr>
<tr>
<td>Hallucinations</td>
<td>Frequent school absences</td>
</tr>
<tr>
<td>School refusal</td>
<td>Giving away valued possessions</td>
</tr>
<tr>
<td></td>
<td>More suicide attempts</td>
</tr>
</tbody>
</table>
Common Mental Health Issues Facing Children and Adolescents

- **Mood (Affective Disorders):**
  - **Major Depressive Disorder: Etiology and Risk Factors**
    - Effects of these stressors depend on:
      - Child’s cognitive and coping styles with stress
      - IQ
      - Socioeconomic status
      - Family and social support
      - Other genetic factors

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- **Mood (Affective Disorders):**
  - **Major Depressive Disorder: Co-morbidities**
    - 50-90% of depressed youth have other psychiatric disorders
    - Most common Co-morbidities
      - Anxiety
      - Disruptive behavior disorders
      - Attention deficit hyperactivity disorder (ADHD)
      - Substance use disorder
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- **Mood (Affective Disorders):**
  - **Major Depressive Disorder: Course and Prognosis**
    - Mean duration of a major depressive episode is 9 months
    - Most will recover;
      - 50% chance of another episode
      - 70% after 2 episodes
      - 90% after 3 episodes
    - Mood disorders in childhood are serious and potentially fatal problems
    - 4-8% will commit suicide
    - 20-40% will develop bipolar disorder

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- **Mood (Affective Disorders):**
  - **Major Depressive Disorder: Risk Factors for Suicidal Behavior**
    - History of prior attempts
    - Substance abuse
    - Disruptive behavior disorder
    - Impulsivity
    - Aggression
    - Availability to lethal agents
    - Exposure to negative events
    - Family history and/or personal history of suicidal behavior


Child and Adolescent Psychiatry Certification Exam Prep Course; Anxiety Disorders
Jennifer Kurth, 2008-2012 BeatTheBoards.com 877-225-8384
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**Mood (Affective Disorders):**

**Pediatric Bipolar Disorder**

- 3 types: Bipolar I, Bipolar II, Bipolar NOS (Not otherwise specified))
- Characteristics and prevalence are controversial especially prior to puberty
- Criteria used to diagnose is the same for adults
- Lifetime prevalence in adults
  - Bipolar I Disorder 0.8%-1.6%
  - Bipolar II Disorder 1.1%
- Lifetime rates in teens:
  - Bipolar I Disorder 0.1%
  - Bipolar II Disorder 0.85%

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- **Mood (Affective Disorders):**
  - **Pediatric Bipolar Disorder**
    - Bipolar I Disorder (Mania)
    - Distinct period of abnormally and persistently elevated, expansive, or irritable mood lasting 1 week
    - 3 (or more) below or 4 is mood is irritable:
      - inflated self-esteem
      - decreased need for sleep
      - excessive talking
      - racing thoughts
      - easily distracted
      - increase in goal directed activities (highly-energized affect)
      - high risk taking behaviors
  - Causes **significant impairment**
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- **Mood (Affective Disorders):**
  - **Pediatric Bipolar Disorder**
    - Bipolar II Disorder (Hypomania)
      - Same criteria as Bipolar I Disorder but **DOES NOT** cause significant impairment
    - Bipolar Disorder NOS (Not otherwise Specified)
      - Combination of manic and hypomanic symptoms that don’t meet full criteria
        - Childhood *depression* is more likely to evolve into bipolar disorder
        - Children and adolescents present more with *agitated* affect and explosive anger
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- **Mood (Affective Disorders):**
  - **Pediatric Bipolar Disorder**
    - Example of Child with “Classic” Early-Onset Bipolar Disorder
    - Marty is a 12 year old girl who was previously shy, helpful and did well academically comes in with a sudden onset of behavior change over past 2-3 weeks consisting of wearing more revealing clothing, uninhibited talking to strangers by phone and internet, increased energy all the time, and extreme mood changes from laughing hysterically one minute to swearing and smashing things the next to crying uncontrollably, without much provocation. She could be heard bragging loudly to everyone that she was waiting for a cell phone call from a famous actor. She would be seen frantically trying to organize a waiting room and get upset when told to slow down.
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- **ADHD (Attention-Deficit/Hyperactivity Disorder)**
  - The most common of childhood disorders
  - World-wide prevalence rate of 5.3%
    - Males:females, 3:1
    - Previously known as “hyperactivity”, “hyperkinetic syndrome” or “ADD”
    - 3 types:
      - inattentive type
      - hyperactive/impulsive
      - combined inattentive-hyperactive/impulsive
  - “ADD” in no longer correct term
  - Chronic condition with partial remission and a lot of co-morbidity
  - Highly genetic; if a parent has ADHD, risk to child having it can be 57%
  - Environmental factors also exist


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- **ADHD (Attention-Deficit/Hyperactivity Disorder)**
  - Neurodevelopmental disorder in which a child’s ability to attend to and control impulses is significantly less than that of the typically developing child
  - Causes impairment in the child’s academic or social functioning
  - Impairment occurs in **2 or more settings**

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- **ADHD (Attention-Deficit/Hyperactivity Disorder)**
  - 6 or more symptoms persisting for at least 6 months

<table>
<thead>
<tr>
<th>Inattention</th>
<th>Hyperactivity/Impulsivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fails to give close attention to details</td>
<td>Fidgets with hands or feet or squirms in chair</td>
</tr>
<tr>
<td>Difficulty sustaining attention</td>
<td>Leaves seat in classroom</td>
</tr>
<tr>
<td>Trouble listening</td>
<td>Runs about or climbs excessively when inappropriate</td>
</tr>
<tr>
<td>Does not follow instructions, fails to finish homework</td>
<td>Difficulty engaging in leisure activities or playing quietly</td>
</tr>
<tr>
<td>Avoids, dislikes or reluctant to involve in task that requires a sustained</td>
<td>“on the go” or “driven by motor”</td>
</tr>
<tr>
<td>mental effort</td>
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<tr>
<td>Difficulty organizing</td>
<td></td>
</tr>
<tr>
<td>Loses things</td>
<td>Blurs out answers</td>
</tr>
<tr>
<td>Easily distracted</td>
<td>Difficulty waiting turn</td>
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<tr>
<td>Forgetful in daily activities</td>
<td>Interrupts or intrudes on others</td>
</tr>
</tbody>
</table>

Common Mental Health Issues Facing Children and Adolescents

- **ADHD (Attention-Deficit/Hyperactivity Disorder)**
  - Combined type; more prominent in males and patients are younger
  - Hyperactivity decreases as the child gets older, first symptom to remit
  - Adults with childhood history of ADHD have higher rates of:
    - Antisocial behavior
    - Injuries and accidents
    - Employment and marital difficulties
    - Health problems
    - Teenage pregnancies
    - Children out of wedlock
    - Other major psychopathology
    - Substance use disorders

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- **Disruptive Behavior Disorders: Oppositional Defiant Disorder and Conduct Disorder**
- Normal Developmental Stages:
  - **Terrible Twos**: ages 18-24 months where children begin to express their growing individuation and autonomy: physical aggression peaks at age 2-3 years
  - **Teenager Years**: “Identity Crisis” when teenagers struggle to establish an individual identity separate from their parents
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**Disruptive Behavior Disorders: Oppositional Defiant Disorder**

- 6 months of negativistic, hostile, disobedient and defiant behavior with 4 of the behavioral criteria:
  - Often loses temper: Twice a week
  - Often argues with adults: Twice a week
  - Actively defies or refuses to comply with rules: Twice a week
  - Often deliberately annoys people: 4xs a week
  - Often blames others for their mistakes: 1x in 3 months
  - Touchy or easily annoyed by others: Twice a week
  - Often angry or resentful: 4xs a week
  - Often spiteful or vindictive: 1x in 3 months

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- **Disruptive Behavior Disorders: Oppositional Defiant Disorder**
  - Often found with ADHD
  - May be at higher risk of developing a mood or anxiety disorder
  - Several psychosocial mechanisms have been hypothesized:
    - Parents use inconsistent methods of discipline, structuring and limit setting
    - Children identify with a stubborn and impulsive parent
    - Parents have insufficient time and emotional energy for the child
    - Temperamental factors play a role

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- **Disruptive Behavior Disorders: Oppositional Defiant Disorder**
  - **Aggression**
    - Often bullies, threatens or intimidates others
    - Often initiates fights
    - Has used a weapon that can cause serious physical harm to others
    - Has been physically cruel to people and/or animals
    - Has stolen while confronting a victim
    - Has forced someone into sexual activity
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- **Disruptive Behavior Disorders: Conduct Disorder**
  - Repeated violations of societal rules or the personal rights of others as manifested by the presence of 3 of the following criteria over 12 months with 1 criteria present in past 6 months:
    - **Destruction of Property**
      - Has deliberately engaged in fire setting with the intention of causing serious damage
      - Has deliberately destroyed others’ property
    - **Deceitfulness or Theft**
      - Has broken into someone else’s house, building or car
      - Often lies to obtain goods or favors or avoid obligations
      - Has stolen items of nontrivial value without confronting a victim
    - **Serious Violations of Rules**
      - Often stays out late at night despite parental prohibitions, beginning before age 13
      - Has run away from home at least twice
      - Is often truant from school, beginning at the age of 13

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- **Self-Injury**

- deliberate, self-inflicted destruction of body tissue without suicidal intent and for purposes not socially sanctioned

- also sometimes referred to as non-suicidal self-injury, self-injurious behavior, or deliberate self-harm.

- Around 12% to 24% of young people have self-injured

- Age of onset typically is around age 13 or 14

- only slightly more common in females than it is in males

- Women appear more likely to cut themselves, whereas men appear more likely to burn or hit themselves

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- **Self-Injury**
  - Why do people self injure?
    - Affect regulation
    - Self-punishment
    - Interpersonal influence
    - Anti-dissociation
    - Anti-suicide
    - Sensation seeking

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**Self-Injury**
- Can be associated with depression and anxiety but does not imply a particular diagnosis
- Often co-occurs with eating disorders and substance abuse (disorders that cause harm to body)
- Complex behavior
- Treatment usually involves multi-modal approach
  - Psychotherapy (ex. CBT, DBT)
  - Pharmacotherapy if indicated to reduce symptoms of co-occurring mental disorders
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**Substance Use**

- 2014’s Monitoring the Future survey of drug use and attitudes among American 8th, 10th, and 12th graders showed:
  - *decreasing* use of alcohol, cigarettes, and prescription pain relievers;
  - *no increase* in use of marijuana;
  - *decreasing* use of inhalants and synthetic drugs, including K2/Spice and bath salts
  - general *decline* over the last two decades in the use of illicit drugs
  - growing concerns over the *high rate* of e-cigarette use and softening of attitudes around some types of drug use, particularly decreases in perceived harm and disapproval of marijuana use

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**Substance Use**
- Risk Factors Associated with serious substance abuse in adolescence
  - Rebelliousness
  - Aggression
  - Impulsivity
  - Low self-esteem
  - Elementary school underachievement
  - Failure to value education
  - Absence of strong religious convictions
  - Experimentation with drugs under age 15
  - Relationship with peers who have behavior problems and use drugs
  - Alienation from parents
  - History of physical or sexual abuse
  - Family lacking in clear discipline, praise and positive relationships
  - Family history of substance abuse

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- **Substance Use**
  - Treatment: Main goal is achieving and maintaining abstinence
  - Suggested therapeutic approaches:
    - Motivational interviewing techniques
    - Teaching social skills and strategies for problem-solving, coping and relapse prevention
    - Encouraging structured and supervised recreational activities with drug-free peers

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- **Psychosis: Schizophrenia**
  - Severe neurodevelopmental disorder where children interpret reality differently
  - Some symptoms may include hallucinations (visual, auditory), delusions
  - Genetic and biological factors
  - VERY RARE; Prevalence before adolescence is less than 0.1%
  - Most children who have hallucinations are not schizophrenic
  - Some other mental health disorders may have psychotic features

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- **Eating Disorders: Anorexia**
  - Refusal to maintain body weight (< 85% of that expected)
  - Intense fear of gaining weight
  - Disturbance in the way in which one’s body weight or shape is experienced
  - A lot of denial about the seriousness of the condition
  - Majority are female; estimated prevalence of 0.5% adolescent girls in US
  - Usually presents between ages 14-18
  - 6-10 xs more likely to become anorexic if first-degree relative had it
  - Two types:
    - **Restricting type:** strict dieting, fasting or excessive exercise
    - **Binge-eating/purging type:** huge quantities of food are eaten and then purged
Common Mental Health Issues Facing Children and Adolescents

- **Eating Disorders: Anorexia**
  - **Medical Complications**
    - VS: bradycardic, hypotensive, hypothermic
    - Cardiac: elongation of QT interval, arrhythmias
    - Blood: anemic
    - Endocrine: amenorrhea (absence of 3 consecutive menstrual cycles)
    - Skin: dry
  - **When to Hospitalize? (AAP Guidelines)**
    - <75% ideal body weight or ongoing weight loss despite intensive management
    - Body fat < 10%
    - Refusal to eat
    - Heart rate < 50 bpm (day) or <45 bpm (night)
    - Systolic BP <90
    - Orthostatic changes in pulse (> 20 bpm) or BP (>10 mmHg)
    - Temperature < 96 degrees F
    - Arrhythmia
Common Mental Health Issues Facing Children and Adolescents

- **Eating Disorders: Bulimia**
  - Repeated episodes of uncontrollable binge eating of huge amounts of food in a short time (2-hour period) accompanied by excessive attempts to compensate for this caloric intake
  - Twice a week for at least 3 months
  - Exercise and strict fasting are most common followed by induced vomiting
  - Use of laxatives, enemas, diet pills, diuretics, thyroid medication less common
  - Usually normal weight
  - Affects 1-2% of adolescent females and 0.2% of adolescent males

Common Mental Health Issues Facing Children and Adolescents

- **Eating Disorders: Bulimia**
  - Medical complications
    - Low potassium
    - Esophageal tears
    - Gastric disturbances
    - Dehydration
    - Orthostatic blood pressure changes
    - May require intermittent hospitalization
Common Mental Health Issues Facing Children and Adolescents

**Eating Disorders**
- Anorexia treatment is complex
- Bulimia treatment is also complex but combination of CBT (cognitive behavioral therapy) and SSRIs (selective serotonin reuptake inhibitors) have proven most effective
- Anorexia has one of the highest mortality rates
  - 0.6% mortality due to suicide
  - 4% due to medical complications
- 22% of anorexics and 11% bulimics attempted suicide
- take suicidal ideation seriously especially in anorexic patients

Common Mental Health Issues Facing Children and Adolescents

**Therapeutic Interventions; When, Where and How To Seek Help**

1.) Assess for SAFETY (what is a crisis, what is not)
   - Plan, intent, means, access, history
   - If child is unsafe, a danger to themselves or others call CARES line (SASS for public aid 800-345-9049), 911, or send to ER
   - Talk to school personnel (ex. Social workers, teachers, psychologists, teachers, principal) and/or parent

2.) General Assessment and Screening
   - Recommend Psychiatric Evaluation:

3.) Follow up
Common Mental Health Issues Facing Children and Adolescents

**Therapeutic Interventions; When, Where and How To Seek Help**

Comprehensive Psychiatric Evaluation Usually includes:

- Description of present problems and symptoms
- Information about health, illness and treatment (both physical and psychiatric), including current medications
- Parent and family health and psychiatric histories
- Information about the child's development
- Information about school and friends
- Information about family relationships
- Interview of the child or adolescent
- Interview of parents/guardians

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Common Mental Health Issues Facing Children and Adolescents

- **Therapeutic Interventions; When, Where and How To Seek Help**
  - Comprehensive Psychiatric Evaluation Usually includes:
    - If needed, laboratory studies such as blood tests, x-rays, or special assessments (for example, psychological, educational, speech and language evaluation)
    - Formulation is made

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Common Mental Health Issues Facing Children and Adolescents

Therapeutic Interventions; When, Where and How To Seek Help

Comprehensive Psychiatric Evaluation:
- When a treatable problem is identified, recommendations are provided and a specific treatment plan is developed which may include
  - Medication
  - Therapy or referral to therapist (group, family, individual)
  - Referral to a specific program
Common Mental Health Issues Facing Children and Adolescents

**Therapeutic Interventions; When, Where and How To Seek Help**

**Levels of Care:**

1. **Inpatient Psychiatric Hospitalization:**
   - If child/adolescent is unsafe, risk to himself/herself or others

2. **Partial Hospitalization Program/Intensive Outpatient Program:**
   - Patient continues to reside at home, but commutes to a treatment center up to seven days a week
   - Multiple therapies: group, individual, family and psychopharmacological assessments

3. **Outpatient Services**

**Others:**

- **Residential treatment center (RTC):**
  - Sometimes called a rehab, is a live-in health care facility providing therapy for substance abuse, mental illness, or other behavioral problems.
Common Mental Health Issues Facing Children and Adolescents

- **Therapeutic Interventions; When, Where and How To Seek Help**
  - Variety of mental health practitioners can be CONFUSING!
  - There are psychiatrists, psychologists, psychiatric social workers, psychiatric nurses, counselors, pastoral counselors and people who call themselves therapists.
  - Almost anyone can call herself or himself a “psychotherapist” or a “therapist.”
Common Mental Health Issues Facing Children and Adolescents

- **Therapeutic Interventions; When, Where and How To Seek Help**
  - **Child/Adolescent Psychiatrist:** is a licensed physician (M.D. or D.O.) who is a fully trained psychiatrist and who has two additional years of advanced training beyond general psychiatry with children, adolescents and families.
    - Can prescribe and monitor medications.
    - Can do psychotherapy but usually optional.
  - **Psychologists:** possess a master's degree (M.S.) in psychology while others have a doctoral degree (Ph.D., Psy.D, or Ed.D) in clinical, educational, counseling, developmental or research psychology.
    - Provide psychological evaluation and treatment
    - Can provide psychological testing and assessments
  - **Social workers:** have a bachelor's degree (B.A., B.S.W., or B.S.), however most social workers have earned a master's degree (M.S. or M.S.W.).
    - Provide different forms of psychotherapy
Common Mental Health Issues Facing Children and Adolescents

- **Therapeutic Interventions; When, Where and How To Seek Help**

  - **Where to start:**
    - **TALK** to school personnel (counselors, social workers, psychologists)
    - **REFER** to child/adolescent’s pediatrician or family medicine physician
    - **GATHER** more information about mental health resources through:
      - Employee Assistance Program through your employer
      - Local medical society, local psychiatric society
      - Local mental health association
      - County mental health department
      - Local hospitals or medical centers with psychiatric services
      - Department of Psychiatry in nearby medical school
      - National Advocacy Organizations (National Alliance for the Mentally Ill, Federation of Families for Children's Mental Health, National Mental Health Association)
      - National professional organizations (American Academy of Child and Adolescent Psychiatry, American Psychiatric Association)

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Common Mental Health Issues Facing Children and Adolescents

- **Therapeutic Interventions; When, Where and How To Seek Help**
  - **Where to start:**
    - provide readily accessible basic information
    - help students/families appreciate the need for and value of a potential resource
    - account for problems of access (e.g., cost, location, language and cultural sensitivity)
    - aid students/families in reviewing their options
    - provide sufficient support and guidance to enable students/families to connect with a referral resource
    - follow-up with students/families (and referrers)!

http://smhp.psych.ucla.edu/pdftools/nurses/unit1.pdf
Common Mental Health Issues Facing Children and Adolescents

- **Therapeutic Interventions; When, Where and How To Seek Help**
  - Confidentiality
    - Is an ethical concern
    - Fundamental intent is to protect a patient’s right to privacy
    - Professionals have to legally/ethically disclose to appropriate public authorities when an individual threatens to harm themselves or others and/or have been abused.

http://smhp.psych.ucla.edu/pdfdocs/nurses/unit1.pdf
Common Mental Health Issues Facing Children and Adolescents

**Importance of School Nurses**
- Usually one of the first to notice any mental health concerns
- Can become a child/adolescent’s trusted, respected resource and mentor
  - Be available and visible
- Can play a fundamental role in providing support to parents as they promote positive mental health for their child.
- Offer or collaborate with community organizations
- Provide parents with information on the same mental health topics they are exploring with students.
- Provide and promote school-sponsored mental health resources.

http://smhp.psych.ucla.edu/pdfdocs/nurses/unit1.pdf
Common Mental Health Issues Facing Children and Adolescents

Questions?
Common Mental Health Issues Facing Children and Adolescents

THANK YOU!

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