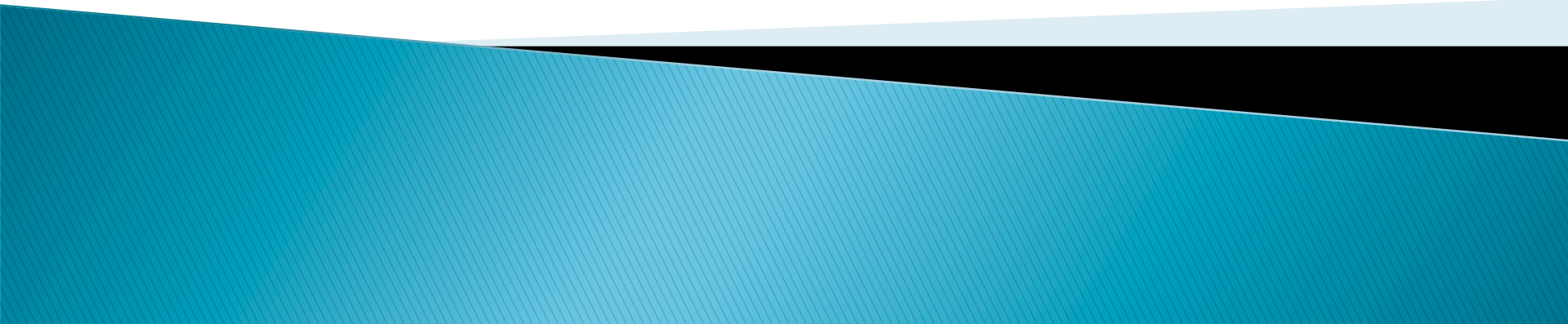


Mental illnesses in children and adolescents



Intellectual disability (ID)

Disability level	IQ	Developmental age (years)	Educational level	Support needed
Mild ID	69-50	12-9	Primary school	Occasional support
Moderate ID	49-35	8-6	Special education	Moderate, daily support
Severe ID	34-20	5-3	Special education and daily support	Consecutive care
Profound ID	19-0	<2	---	Specialized institution

Partial deficits

- ▶ Speech:
 - Articulation
 - Expression
 - Understanding

Partial deficits

- ▶ Learning skills:
 - Reading
 - Writing
 - Calculating

Attention–Deficit/ Hyperactivity Disorder

- ▶ Attention deficit disorder, hyperactivity, impulsiveness
- ▶ Attention deficits:
 - Difficulty of sustaining attention

ADHD symptoms

- ▶ Hyperactivity/impulsiveness
 - „twirling”
 - talkativeness
 - Impatience – inability to wait in line
 - Interrupting/interference during conversation

ADHD symptoms

- ▶ Present for at least 6 months
- ▶ Onset before 7 years of age
- ▶ Deterioration in at least 2 different functional fields
- ▶ Significant aggravation of learning results

ADHD – incidence

- ▶ The most common psychiatric disorder in children treated in outpatients clinics
- ▶ 5–7% affected children in early primary school
- ▶ Boys are more often affected

ADHD clinical course

- ▶ 30 – 80% of patients present some symptoms also during adolescence and adulthood
- ▶ Increased risk of psychoactive substances abuse

Autism

- ▶ Onset in first 24 months of life
- ▶ Significant deficits in 3 functional fields

Autism

- ▶ Deterioration of verbal communication
 - Delay or absence speech development
 - 50% never speak
 - Abnormal form or content of speech
 - echolalia
 - improper use of personal pronouns
 - Inability to initiate or maintain the conversation

Autism

- ▶ Restricted and stereotypic kinds of activity and interests:
 - Stereotypic movements
 - Concentration on details
 - Difficulties in adjusting to new or unusual situations
 - Restricted or odd hobbies

Autism – incidence

- ▶ 0.04% = 4 / 10,000 infants
- ▶ 4:1 male : female ratio
- ▶ 80% < 70 IQ level

Autism– clinical course

- ▶ 50% required special institutional care
- ▶ 35–45% required daily care
- ▶ 5–17% relatively well-functioning

Autism – clinical course

- ▶ Better prognosis:
 - Higher IQ level
 - Speech development before 5 years of age

Autism – ethiology

- ▶ Genetic factors:
 - The risk of siblings affected = 2%
 - Folstein & Rutter (1979)
 - 10 dizygotic twins = 0%
concordance
 - 11 monozygotic twins = 36%
concordance

Behavioral disorders

Does adolescent:

- Harm or threaten other people, children?
- Initiate brawls, roughhousing?
- Harm or threaten other people by using some kind of weapon such as: baseball bat, knife, gun?
- Intentionally torture or make someone physically suffer?
- Intentionally torture or wound animals?
- Steal or take something by force using?

Behavioral disorders

- Sexual harassment or abuse someone?
- set on fire some larger items (except of bonfire)?
- Intentionally devastate things, which were not his/her property?
- Break into houses, other buildings, cars?
- Often lie?
- Steal, shoplift or sign for someone?
- Run away from home and does not come back over the night?

Types of behavioral disorders

- ▶ Oppositional defiant disorder
- ▶ Behavioral disorder with poor socialization
- ▶ Behavioral disorder with well socialization

Oppositional defiant disorder (ODD)

- A. Characterized by presence of at least 5 of the following symptoms for last 6 months:
1. Often loses a moderation
 2. Often argues with adults or people in authority
 3. Often actively defies or refuses to comply with adults' requests or rules
 4. Often deliberately annoys people
 5. Often blames others for his/her mistakes or misbehavior
 6. Is often touchy or easily annoyed by others
 7. Is often angry and resentful
 8. Often lies
 9. Uses vulgar and obscene words

Diagnosis

- ▶ Parents', teachers' and other children's opinion

Differential diagnosis

- ▶ ADHD
- ▶ Other behavioral disorders
- ▶ Affective disorders
- ▶ Pediatric psychosis
- ▶ Mild intellectual disability

Epidemiology

- ▶ 2–20% children affected with ODD
- ▶ Male : female ratio = 2–3:1
- ▶ As frequent as ADHD in children in early primary school

Other behavioral disorders

- ▶ Separation anxiety disorder
- ▶ Disorders associated with excessive anxiety in childhood
- ▶ Excessive competition with siblings
- ▶ Selective mutism
- ▶ Disorders associated with difficulties in social contacts
- ▶ Disorders associated with excessive easiness in social contacts

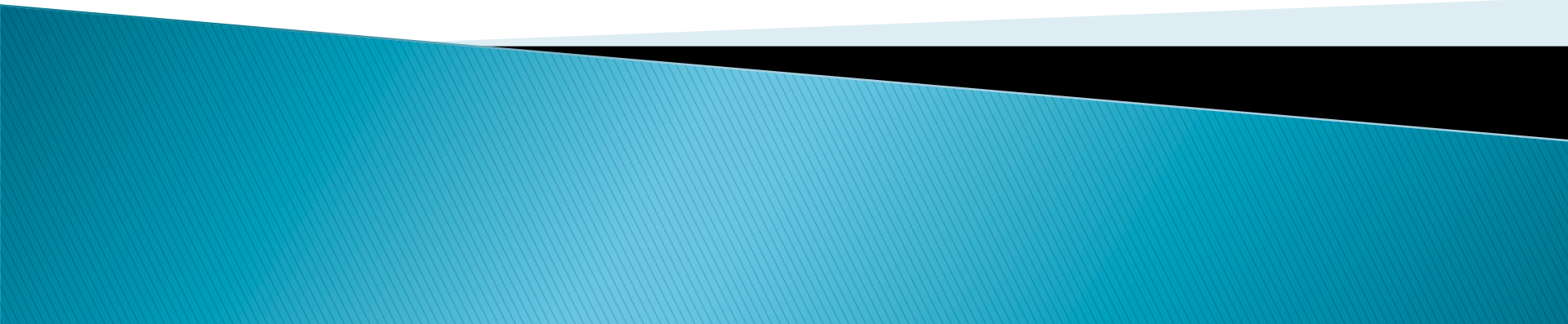
Separation anxiety disorder

- A. Excessive anxiety in situations associated with real or imaginary separation, manifested by at least 3 of the following symptoms:
 1. Unrealistic and persistent fear of negative consequences of separation from caregivers and fear of leaving them
 2. Unrealistic and lasting fear of tragic events that may happen to caregivers, such as death, kidnap, murder, accident
 3. Persistent refusal to go to school in order to stay with the caregiver
 4. Sleeping with caregivers
 5. Fear of being alone
 6. Recurrent nightmares about being separated
 7. Recurrent complains of physical symptoms during school days, such as: headaches, stomach aches, nausea, vomiting
 8. Outbursts of crying or anger in situation prior to separation event
 9. Presenting physical symptoms at school that will facilitate dismissal to home; making frequent telephones to home
- B. Symptoms presented for at least 2 weeks
- C. Onset before 18 years of age
- D. Anxiety is not associated with autism, schizophrenia or other psychosis

Reasons of school absence

- ▶ Separation anxiety disorder
- ▶ Behavioral disorders
- ▶ Psychoactive substances abuse
- ▶ Other psychiatric disorders
 - Affective disorders
 - Anxiety disorders
 - Psychotic disorders
- ▶ Socio-cultural factors
- ▶ Authentic fear of school
- ▶ Medications' side effects – fear of stigmatization

Addictions among children and adolescents



The ways of spending free time among children in junior high school (13 - 16 yo)

- Sport, training- 21,8%
- Reading books- 7,2%
- Spending time with parents- 5,1%
- Watching TV- 19,8%
- In the backyard - 12,2%
- Do nothing, boring - 8%

The ways of spending free time among children in high school (16 - 18 yo)

- Sport, training- 13%
- Reading books- 6%
- Spending time with parents- 1%
- Watching TV- 22%
- In the backyard- 11%
- Do nothing, boring- 3%

Are there incidents in your class of (junior high school, 13 – 16 yo):

<i>Hazing</i>	38,2%
Money extortion	11,1%
Taking someone's property by using the force	10,5%
Stealing	17,2%
Intimidation of teachers by students	10,4%
Blackmail	22,6%
Intimidation of students by teachers	17,5%
Brawls/roughhousing among students	67,9%

Are you experience in your home (junior high school, 13 – 16 yo):

Corporal punishments	15,8%
Physical violence	2,5%
Insults, psychological violence	11,4%
Hazing	2,1%
Intimidation by parents	8,1%
Sexual abusing	1,3%

Alcohol consumption among junior high school and high school students

- Junior high school (13 – 16 yo)
 - Don't drink– 45,3%
 - Every day – 0,3%
 - At least once a week– 3,6%
 - At least several times a year – 29,7%
 - Beer– 78%
 - Vodka– 1,8%
- High school (16 – 18 yo)
 - Don't drink– 10,1%
 - Every day – 2,6%
 - At least once a week – 22,8%
 - At least several times a year – 76,5%
 - Beer – 78%
 - Vodka– 6%

Circumstances and patterns of alcohol consumption

- Junior high school (13 – 16 yo)
 - At the backyard– 29,5%
 - At the parties – 18,8%
 - Family meetings – 18,8%
 - Alone – 8,9%
 - In pubs, clubs – 4,5%
 - At the concerts – 1,8%
 - I drink until I get blackout – 15%
 - Giving up drinking could be difficult for me – 2,1%
- High school (16 – 18 yo)
 - At the backyard– 9%
 - At the parties– 34%
 - Family meetings– 9%
 - Alone – 1%
 - In pubs, clubs – 39%
 - At the concerts – 4%
 - I drink until I get blackout – 45%
 - Giving up drinking could be difficult for me – 6%

Specification of youth alcoholism

- Rapid progression to alcohol abusing
- Significant psychiatric and neurological complications
- Criminogenic factor
- Less availability of special therapies and support

Drugs use among junior high school and high school students

- Junior high school (13 – 16 yo)
 - Any contact with drugs– 4,1%
 - Using 1-3 times a month 0,5%
 - At the backyard – 71,4%
 - At the parties– 14,3%
- High school (16 – 18 yo)
 - Any contact with drugs– 25,7%
 - Using 1-3 times a month 6,3%
 - At the backyard– 34%
 - At the parties – 38%
 - At the concerts – 8%
 - In clubs, at discos– 6%
 - At school– 8%

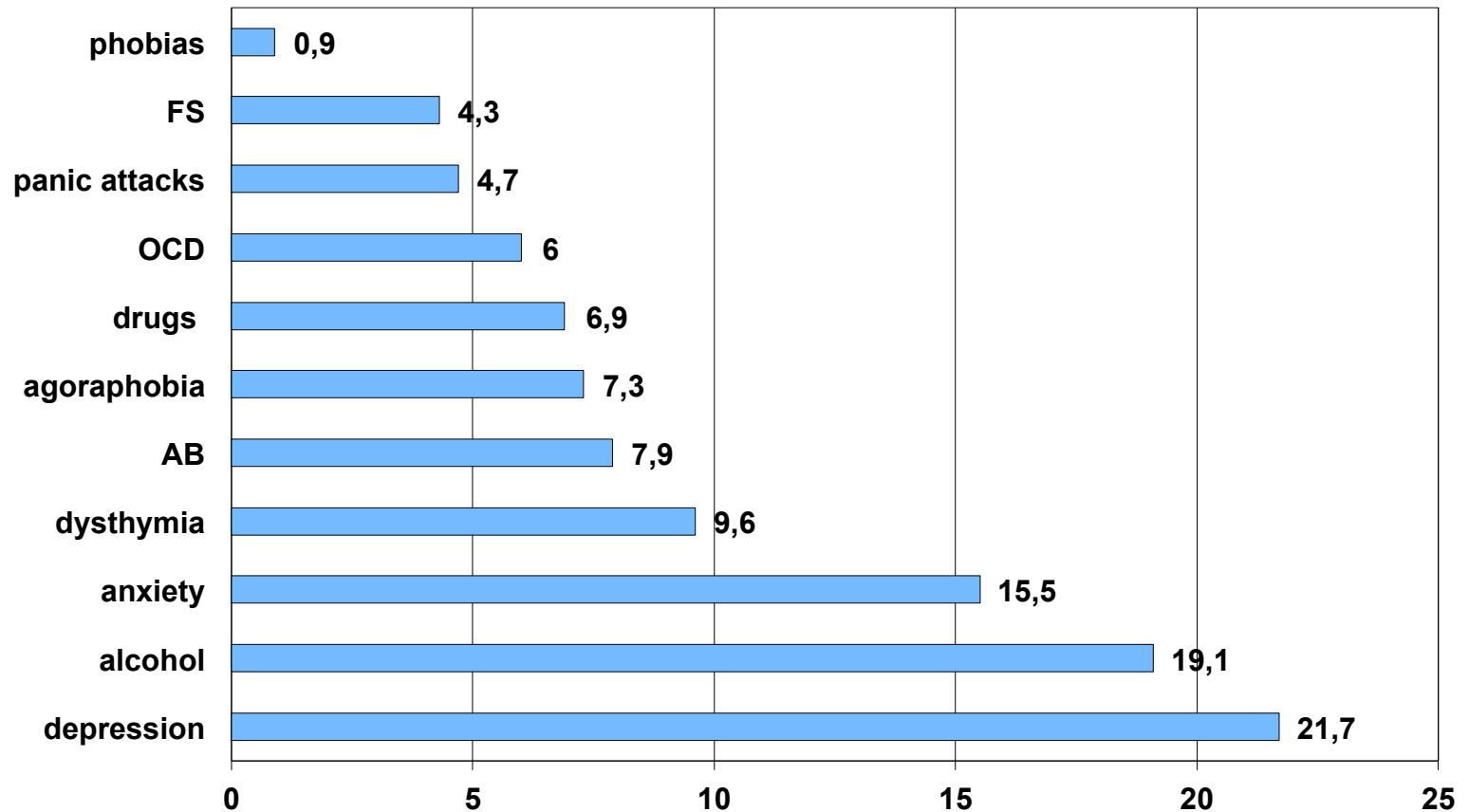
Circumstances of first drug use

- Junior high school (13 – 16 yo)
 - Treated by someone – 47,1%
 - Buying from a dealer– 23,5%
 - Buying from a friend – 17,6%
 - Produced by him/herself 5,9%
- High school (16 – 18 yo)
 - Treated by someone – 70%
 - Buying from a dealer– 4%
 - Buying from a friend– 13%
 - Produced by him/herself– 1%

Drugs used

- Junior high school (13 – 16 yo)
 - Marijuana – 78,6%
 - Glues – 7,1%
 - Opiates – 7,1%
- High school (16 – 18 yo)
 - The same as in junior high school

Self-estimation results SDDC +MINI (n=701)



Differences between depression among adolescents and adults

- ▶ Incidence of depression among adolescents is as high as in adults
- ▶ About 2,5% of children and 8,3% of adolescents suffer for depression [Birmaher i in.–1996].
- ▶ Some studies showed that over the time symptoms tend to occur at earlier age [Schaffer i in.–1996].
- ▶ Different male to female ratio – 1:1 in adolescents (1:2 in adults)

Specific symptoms of youth depression:

- ▶ Somatic symptoms: dizziness and headache, pain of neck, extremities or stomach aches
- ▶ Persistent feeling of unhappiness, negativism, irritability
- ▶ Uncontrolled outbursts of anger or madness
- ▶ Persistent excessive self-criticism, feeling guilty , low self-esteem
- ▶ Attention deficit disorder, difficulties in making decisions – manifested usually during classes
- ▶ Speech slowness and pauses during speaking caused by uncertainty in further sentences
- ▶ Loss of interest in previous activities/hobbies
- ▶ Lack of vital energy, chronic fatigue
- ▶ Body weight fluctuations associated with appetite changes
- ▶ Lasting worry about every little thing
- ▶ Excessive interest in subject of death in literature and music

Sucides and youth depression

- ▶ About 95% adolescents commit a suicide during depression period
- ▶ 10 – 11 / 100 000 young people die by suicide
- ▶ Suicide ratio is even 4 times higher in male than female (4:1)
- ▶ Alarming sympoms suggesting possibility of suicide commitment:
 - Talking or even joking about suicide
 - Desire of seeing once more dead, loved people
 - Statements like "Life is meaningless," "Everything will be better when I will not be here," "I would rather not exist."
 - Interest in subject of death in literature, music or internet
 - Writing suicide notes/goodbye letters
 - Sudden meetings with unseen for a long time friends – to say goodbye
 - Self-destructive behaviors – alcohol abuse, self-injury

Thank you for your attention