

Mental Disorders

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Introduction

- 20% of adolescents suffer behavioral impairment
- 50% of mental illnesses begin before age 14 years

Anxiety

- Def: a feeling of worry, nervousness, or unease about something with an uncertain outcome
- Types
 - GAD
 - Panic disorders
 - Panic attacks

- **Risk factors**
- Mental & physical illnesses
- Familial
- High demands-social, academic
- Stressful environments
- Family dysfunction (deaths, divorce)
- Bullying including cyber
- Neglect
- Abuses
- Substance use
- Antisocial & conduct behaviours, delinquency
- **Tool:** Hamilton Anxiety Rating scale (HARS)
- **Further reading**
- Risk and protective factors of health-related quality of life in children and adolescents (2017). <https://doi.org/10.1371/journal.pone.0190363>. Rockhill C, Kodish I, DiBattisto C, Macias M, Varley C, Ryan S. *Anxiety disorders in children and adolescents. Curr Probl Pediatr Adolesc Health Care* 2010; 40:66–99.
- *DSM V (2013)*
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Mood disorders

- **def:** psychological disorders characterized by the elevation or lowering of a people's moods such as depression or bipolar disorder
- **Types:**
- Adjustment disorder with depressed mood
- MDD
- Bipolar disorder (I & II)
- Premenstrual dysphoric disorder (luteal phase)

Mood -contd

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- **Tool:** The Mood Disorder Questionnaire (MDQ)-SAMHSA
- **Further reading:**
- *Tang MH, Pinsky EG. Mood and affect disorders. Pediatr Rev 2015; 36:52–60; quiz 61*
- *DSM V (2013)*
- *Frontiers in Psychiatry: 11 July 2017 doi: 10.3389/fpsy.2017.00119*
- *Mood disorders in childhood and adolescence. Revista Brasileira de Psiquiatria. 2013;35: S22–S31*
2013 Associac, a ~ o Brasileira de Psiquiatria doi:10.1590/1516-4446-2013-S106

Attention Deficit Hyperactivity Disorder (ADHD)

- DEF :a chronic condition marked by persistent inattention, hyperactivity, and sometimes impulsivity. Occurs in 1in 20 adolescents
- **Risk factors**
- Cause unknown ; Familial ;Premature birth/LBW
- Pre & perinatal obstetric complications
- Intrauterine toxins (nicotine, alcohol, drugs)
- Severe early deprivation; Institutionalization
- Pre-frontal abnormalities
- Ventral tegmental area (VTA) abnormalities
- Neurotransmitter imbalances (dopamine & noradrenaline)
- Neurotoxins (lead, pesticides/organophosphates)
- Serious head injuries
- Socioeconomic (child motherhood, low social class, low maternal literacy, maternal depression)

- **Tool: Swanson Nolan and Pelham (SNAP) IV Rating Scale**
- **Further reading:**
- *Clinical practice guideline: diagnosis and evaluation of the child with attention-deficit/hyperactivity disorder. American Academy of Pediatrics. Pediatrics 2000; 105:1158–70.*
- ADHD: a critical update for educational professionals. International Journal of Qualitative Studies in Health and Wellbeing (2017). <http://doi.org/10.1080/17482631.2017.1298267>
- DSM V (2013)
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Disruptive Behaviour Disorders (DBD)

- DEF: behaviours in which there are patterns of ongoing uncooperative, defiant and hostile behaviors towards authority figures that seriously impacts a child's daily functioning
- Types:
 - Oppositional Defiant Disorder (ODD)
 - Conduct disorder (CD)
- females tend to run away from home, getting exposed to sexual exploitation & trafficking

- **Risk factors**
- Genetics-modest contribution (dopaminergic & serotonergic)
- Hyperactivity
- Violence
- Perinatal complications
- Maltreatment
- Family dysfunction
- Abuses & neglect
- Poor parenting
- Peer dysfunctioning
- Poor social skills
- Bad temperament
- ODD & ADHD - risk factors for CD
- Severe brain injury
- **Tool:** Child Behaviour Checklist (CBC)
- **Further reading:**
- *Am J Orthopsychiatry*, 1994 64(4):534-44
- *Caspi et al* , 2002)
- [*Psychol Res Behav Manag*. 2017; 10: 353–367.](#)

Depression

- Def: feelings of severe low spirits from loss of hope or courage (despondency) and a sad and depressed state; low spirits (dejection)
- **Types:**
- Major
- Persistent
- Bipolar
- Seasonal affective
- Psychotic
- Peripartum
- Premenstrual
- Situational

Risk factors

- Peer problems ; Family problems ;Familial ; Female gender
- Chronic illnesses
- Obesity
- Childhood neglect/abuse ;Bullying; Few or no friends
- Oestrogenic contraceptive use
- Failure to achieve aspiration ; Low self esteem ;Unfulfilled desires
- Drop in socioeconomic status
- Family dysfunctioning (deaths, divorce)
- Anxiety
- Childhood emotional problems
- Early substance use debut
- Neurotoxins (lead) ; Peer/family rejection
- Lack of social support ;Major life events
- Neurotransmitter inadequacy (serotonin, dopamine, norepinephrine)
- Sleep disorders; Medication
- Substance use
- Urban residence
- **Tool:** Reynold's Adolescent Depression Scale (RADS)/Patient Health questionnaire (PHQ)
- **Further reading**
- Bhatia & Bhatia (2007)
- Busi, Weinman & Smith (2007)
- Feldman (2008)
- DSM V (2013)

Suicide

- **Def:** the act or an instance of taking one's own life voluntarily and intentionally
- Types:
- **Egoistic suicide – protracted feeling of alienation that leads to despondency**
- **Altruistic suicide – a feeling of being overwhelmed by demands of the objectives to be achieved**
- **Anomic suicide – a sense of moral confusion and social**
- **Fatalistic suicide - when a person is excessively regulated and subdued**

Risk factors

- Previous attempts
- Substance use
- Mental illnesses
- Relationships/marriages
- Legal problems
- Easy access to weapons for suicide
- Bullying
- Family dysfunctioning
- Chronic physical illnesses
- Neglect and Abuses
- Disabilities
- Economic difficulties
- Impulsivity
- Religious/cultural beliefs
- Self/imposed isolation
- Inaccessibility to mental health professionals
- Previous self harm
- Negative use of social media
- Stressful life events
- Substance abuse
- Stigma, segregation, discrimination & marginalization
- Academic and social problems
- Conflicts
- Language barriers
- Reckless behaviour
- Mood changes
- **Tool:** Suicidal Ideation Questionnaire (SIQ)/PHQ
- **Further reading**
- American Association of Suicidology. U.S.A. suicide: 2015 official final data. Available at:<http://www.suicidology.org/Portals/14/docs/Resources/FactSheets/2015/2015datapgsv1.pdf?ver=2017-01-02-220151-870>. Retrieved January 30, 2017. Washington, DC: AAS; 2016. ↩
- Maslow GR, Dunlap K, Chung RJ. Depression and Suicide in Children and Adolescents. *Pediatr Rev* 2015; 36:299–308; quiz 309–10.
- World Health Organization. [*Preventing suicide: A global imperative*](#). Geneva, Switzerland: WHO; 2014

Borderline personality disorder

- **Def:** also known as emotionally unstable personality disorder (EUPD), is a long-term pattern of abnormal behavior characterized by unstable relationships with other people, unstable sense of self, and unstable emotions

- **Risk factors**
- Anger
- Depression
- Anxiety
- Idealization of people (good)
- Devaluation of people (bad)
- Intolerant of rejection
- Fear abandonment
- Attention seeking
- Binge eating
- Risk sexual behaviour
- Non-suicidal self injury
- Suicidal attempts
- History of abuse/neglect & separation in childhood
- 40-70% abused sexually
- **Tool:** Borderline Personality Questionnaire
- **Further reading**
- Kaess M, Brunner R, Chanen A. Borderline personality disorder in adolescence. *Pediatrics* 2014; 134:782–93. [↩](#)
- Vijay NR, Langley J, Links PS. Adolescent personality disorders in adolescent medicine. *Adolesc Med Clin* 2006; 17:115–30.
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Somatization Disorders

- Include:
- Somatic symptom disorder,
- Illness anxiety disorder
- Conversion disorder (functional neurological symptom disorder),
- Psychological factors affecting other medical conditions,
- Factitious disorder,
- Other specified somatic symptom and related disorder, and
- Unspecified somatic symptom and related disorder.
- Commonly encountered in primary care and other medical settings but are less commonly encountered in psychiatric and other mental health.

Risk factors

- Trait of negative affectivity (neuroticism)
 - Comorbid anxiety or depression,panic
 - Few years of education and low socioeconomic status,
 - Recent stressful life events/social stress
 - Female gender
 - Older age,
 - Unemployment),
 - History of sexual abuse or other childhood adversity,
 - Concurrent chronic physical illness
 - Reinforcing social factors such as illness benefits
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- Reference
 - Heinbokel C, et al. BMJ Open 2017;7:e014157. doi:10.1136/bmjopen-2016-014157
 - Nwokocha et al. Int J Ment Health Syst (2017) 11:57 DOI 10.1186/s13033-017-0161-0
 - DSM 5 (2013)

Substance Use Disorders (SUDs)

- **Types:**
 - ✓ Alcohol
 - ✓ Caffeine
 - ✓ Tobacco/Nicotine
 - ✓ Cannabis
 - ✓ Amphetamines & Stimulants (Cocaine, amphetamine, Khat, medical – ritalin/ephedrine)
 - ✓ Hallucinogens (Phencyclidine/ Ketamine)
 - ✓ Inhalants-glue
 - ✓ Sedative-Hypnotics
 - ✓ Steroids
 - ✓ Opiates- heroin, morphine, oxycodone, codeine

Why do adolescents take drugs?

- - Curiosity
 - Boredom
 - Peer pressure
 - Dysfunctional family
 - Spiritual hunger
 - Ignorance
 - Availability of drugs
 - Environmental factors
 - Greed- traffickers
 - Dilution of cultural values
 - Negative influence by mass media.

Stages of Substance use

- Abstinence
- Experimental use
- Regular use
- Problem use
- Substance abuse
- Dependence
- Secondary abstinence

Risk Factors

- Familial:
- DSA develop in a familial context and successful resolution of problems may also occur in a familial context.
- Families have multiple influences on use patterns: eg adolescents are less likely to develop alcohol or drug use problems if they have parents who are
 - warm, nurturing and non confrontational:
 - provide consistent and firm discipline,
 - monitor their child's behavior;
 - advocate for their child outside of their home and
 - provide a religious context (Bry & Slechta 2000).
- Similarly, families that experience multiple psychological, social and substance abuse problems across generations, and the children are at a high risk for developing substance use disorders (Louka et al.,2003).

Psychological factors

- Interaction btw DSA and other psychological disorders e.g a person with social phobia who drinks heavily to interact in a social situations, or the depressed individual who uses cocaine to feel energized.
- Cognition about DSA and the effects of the substances is also an important psychological factor to consider. For instance, heavy users tend to have high expectancies about the effects of the use than light or non-users.
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- Environmental:
- Include cultural attitudes towards drinking and intoxication,
- availability of alcohol including price,
- acquired personal experience with alcohol and stress level

SIGNS of drug use in young people/adolescents

- Change in child's friends, a new group
- Seclusive behaviour
- Long unexplained periods away from home.
- Lying
- Stealing
- Involvement with the law
- Deteriorating family relations
- Obvious intoxication, incoherence or unconscious.
- Distinct changes in behaviour and normal attitude
- Decreased/deteriorating school performance.

Symptom profile

- ***Categories:***
- Impaired control
- Social impairment
- Risky behaviour
- Pharmacological impairment
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- Further Reading:
- Ref: DSM 5
- Bry & Slechta 2000.
- Louka et al.,2003

Approach to treatment needs for adolescents

- Appropriate environment
- Normal till proved otherwise
- Families & caretakers
- Social support system
- Minimum medication
- Keep busy-vocational training
- No expulsion/no residential rehabilitation
- homely settings
- Child protection Policy-Children's Act / Conventions on the rights of children (CRC), AU Maputo Protocol, Chief's Act, Public Health Act, CPC
- Cultural practices/malpractices
- Information technology
- No criminalization
- No stigmatization
- No regression
- Personal space management

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