

## Adolescent Mental Health

A brief overview of mental health issues facing many adolescents today

## Video Clip

- Camp Erin

## Depression

- Depressed mood (irritability in teens)
- Anhedonia
- Weight loss/gains (not making # gains)
- Insomnia/hypersomnia
- Psychomotor retardation
- Regular fatigue
- Feelings of worthlessness or guilt
- Reduced concentration
- Thoughts of death

## Depression and Social Factors

- Adolescents are especially vulnerable to social stressors.
  - Chronic family discord
  - Academic failure, etc.
- Vast majority of clinically depressed teens have a history of abuse or neglect.
- Teens may have symptom remission with improvement in social environment.
- One study showed 17% of MDD teens initially sought help with substance abuse issues

## Dysthymic Disorder

- Depressed or irritable mood
- Poor self esteem
- Pessimism or hopelessness
- Anhedonia
- Social withdrawal
- Chronic fatigue
- Excessive anger
- Appetite disturbance
- Reduced concentration or memory

## Bipolar Disorder (manic episode)

- Abnormally elevated/expansive/irritable mood X1 week
  - Inflated self-esteem/grandiosity
  - Decreased need for sleep
  - Pressured talk
  - Flight of ideas or racing thoughts
  - Distractibility
  - Increased goal directed behavior
  - Excessive involvement in pleasurable activities that have painful consequences.
  - Hallucinations/psychosis

## Bipolar criteria sets

- Single manic episode (1 week)
- MRE Hypomanic (4 days)
- MRE Manic
- MRE Mixed
- MRE Depressed
- MRE Unspecified
- Specifiers include:
  - Psychosis, seasonal pattern, severity, melancholic, catatonic, postpartum, and rapid cycling

## Prevalence

- 1% in adults
- Males and females equally afflicted
- 14% met criteria for mania w/o duration
- 7.5% met criteria w/o severity
- .6% met criteria of both mania and severity
  - Study of 14-16 year olds Carlson and Kashani (1998)

## BP vs. ADHD

Mania Item	Bipolar	ADHD
Irritable Mood	97%	72%
Grandiosity	85%	7%
Elevated Mood	87%	55%
Daredevil Acts	70%	13%
Uninhibited People Seeking	68%	21%
Silliness/Laughing	65%	21%
Flight of Ideas	6%	10%
Accelerated Speech	97%	78%
Hypersexuality	45%	8%

## Bereavement

- State of grief related to the death of a loved one that may present with symptoms of MDD.
- MDD generally not diagnosed within first two months after loss.
- In some cases, MDD may be diagnosed in first two months if symptoms are considered to be beyond the scope of "normal grieving" (morbid preoccupation with worthlessness, prolonged functional impairment, hallucinations outside of "grief psychosis")

## ADHD

- Subtypes
  - Predominantly Inattentive Type
  - Predominantly Hyperactive-Impulsive Type
  - Combined Type
  - Not Otherwise Specified

## ADHD Inattentive

- 6 or more symptoms for at least 6 months
  - Fails to give close attention to details/makes careless mistakes
  - Difficulty sustaining attention tasks/play
  - Does not listen when spoken to directly
  - Poor follow through on chores, duties, etc.
  - Has difficulty organizing
  - Avoids tasks that require mental effort
  - Frequently loses items
  - Easily distracted
  - Forgetful of daily activities

## ADHD Hyperactive/Impulsive

- 6 or more for at least 6 months
  - Fidgets with hands or squirms in seat
  - Leaves activities when expected to stay
  - excessively motor active when inappropriate
  - Has difficulty with leisure activities/being quiet
  - “driven by motor” or often “on the go”
  - Talks excessively
  - Blurts out answers
  - Trouble waiting for turn
  - Often interrupts or intrudes on others

## ADHD

- At least some of the symptoms were obvious before the age of 7
- Impairment is seeing in two or more settings
- Impairment must be clinically significant in social, occupational or academic setting

## ADHD NOS

- Symptoms of ADHD are prominent but do not meet the criteria for Combined type, Inattentive type

## ADHD Historical Timeline

Minimal Brain Damage	1920's
Minimal Brain Dysfunction	1930's
Efficacy of Amphetamine	1937
Hyperactive Child Syndrome	1950
Hyperkinetic Reaction of Childhood (DSM-II)	1968
ADD or Hyperactivity (DSM-III)	1980
ADHD (DSM-III)	1987
ADHD (DSM-IV)	1994

## Anxiety Disorders

- Generalized Anxiety Disorder (overanxious d/o)
- Panic Disorder
- Specific Phobia
- Social Phobia
- Post Traumatic Stress Disorder
- Obsessive Compulsive Disorder

## Prevalence of Child Anxiety Disorders

<u>Anxiety Disorder</u>	<u>Children</u>	<u>Adolescents</u>
Separation Anxiety Disorder	3.5 – 4.7%	0.7 – 2.0%
Generalized Anxiety Disorder	2.9 – 4.6%	5.9 – 7.3%
Social Phobia/Avoidant	0.9 – 1.6%	1.1%
Specific Phobia	2.4 – 9.2%	3.6 – 4.6%
Panic Disorder	<1%	0.6 – 4.7%

## Symptoms of Anxiety

- Cardiovascular
- Respiratory
- Skin
- Musculoskeletal
- Gastrointestinal
- Other physical
- Psychological
- Social/Behavioral
- Palpitation,  $\uparrow$ bp
- SOB,  $\uparrow$  respiration
- Flushing, sweaty
- Tremors, cramps
- Diarrhea, nausea
- HA, chest pain
- Fears, stress
- Clingy,

## Generalized Anxiety Disorder

- Excessive anxiety (X 6 months)
- Restlessness or feeling keyed up
- Easily fatigued
- Trouble concentrating
- Irritability
- Muscle tension
- Sleep disturbance

## Panic Disorder

- Palpitations, pounding heart
- Sweating
- Trembling, shaking
- Shortness of breath
- Feeling of choking
- Chest pain or discomfort
- Dizziness
- Derealization or depersonalization
- Fear of losing control/dying
- Paresthesias (numbness or tingling sensations)
- Chills or hot flashes

## Panic Disorder

- Followed by 1 month of
  - Persistent concern about having additional attacks
  - Worry about the implications of the attack or its consequences
  - Significant change in behavior related to attack

## Specific Phobia

- Persistent fear that is excessive or unreasonable
- Cued by specific object or situation
- Results in anxiety response
- Avoidance leads to impairment of routine
- > than 6 months in duration for minors

## Common Phobias In Children

- Animals
- Blood
- Thunder
- Dark
- Strangers
- Fire
- Germs/dirt
- Heights
- Spiders
- Zoophobia
- Hematophobia
- Brontophobia
- Nyctophobia
- Xenophobia
- Pyrophobia
- Mysophobia
- Acrophobia
- Arachnophobia

## Social Phobia/Anxiety

- Fear of performance
- Fear of unfamiliar people/situations
- Afraid of scrutiny
- Forecasts embarrassment
- Situations are avoided
- Children will express with tantrums/tearfulness, freezing or shrinking

## Post Traumatic Stress Disorder (1)

- Re-experiencing the traumatic event
  - Nightmares/flashbacks/distressing memories
  - Repetitive play with event related themes
  - Sudden "catastrophic" anxiety with cues
  - Sense of reliving event (trauma re-enactment)
  - Intense physiological/psychological distress with similar events

## Post Traumatic Stress Disorder (2)

- Avoidance or emotional numbness
  - Efforts to avoid thoughts/feelings
  - Efforts to avoid activities/places
  - Limited recall of aspects of trauma
  - Diminished interest in activities
  - Feelings of estrangement/detachment
  - Restricted affect
  - Sense of foreshortened future

## Post Traumatic Stress Disorder (3)

- Increased symptoms of arousal
  - Difficulty with sleep
  - Irritability/anger outburst
  - Poor concentration
  - Hypervigilance
  - Exaggerated startle response

## Post Traumatic Stress Disorder (4)

- Symptoms present for more than one month
- Symptoms cause impairment of functioning

## PTSD in minors

- 14-43% of boys/girls have experienced at least one traumatic event in their life
- 3 to 15% of girls and 1 to 6% of boys could be diagnosed with PTSD.

## Obsessive Compulsive Disorder

- Obsessions
  - Recurrent and persistent thoughts, impulses or images
  - Thoughts, images not simply excessive worries about real life problems
  - Person attempts to ignore or suppress thoughts or impulses with other thoughts
  - Person recognizes that the thought, impulses are product of own mind (not thought insertion)

## Obsessive Compulsive Disorder

- Compulsions
  - Repetitive behaviors in response to an obsession
  - Behaviors or mental acts are aimed at preventing or reducing distress

## Obsessive Compulsive Disorder

- Other required Criteria for Diagnosis
  - Person recognizes this is excessive or unreasonable (not necessary in children)
  - Causes marked distress, time consuming, or significantly interfere with the person's normal routine

## Five common categories of OCD

- Washers
  - Fear of contamination/cleaning compulsions
  - "If I don't clean this, something bad will happen."
- Checkers
  - Repeatedly checks things
  - "If I left the oven on, the house will burn down."
- Doubters and sinners
  - Fears terrible things will happen
  - "Am I a good Catholic? Did I do this job right?"
- Counter and arrangers
  - Ruled by magical thinking and superstition
  - Asymmetry will lead to catastrophe i.e. pencils must face north
- Hoarders
  - Cannot throw anything away
  - "Something horrible will happen if I throw this away."

## Suicide

- Ideation-thoughts of death and dying that includes strategies to takes one's life.
- Gestures-sometimes referred to as "parasuicide" which means an attempt that is not meant to take one's life.
- Attempts- actions taken with intention of ending a life.

## Suicide Facts

- Completed suicide occurs five times more often in males
- Suicide *attempts* occur three times more often in females
- Most common method of completed suicide is firearm (66% of male suicides and 50% of female suicides)
- American males ages 15-19 -13.6 per 100k
- American females ages 15-19 -3.6 per 100k
- 3<sup>rd</sup> leading cause of death in adolescent population (accidents, homicide, suicide)

## Suicide Factors

- Genetic Factors
  - Risk of suicide is highest for those with relatives who have a history of mood disorders
- Social Factors
  - Exposure to chaotic, abusive and neglectful environments increase risk of aggressive, self-destructive and suicidal behaviors
- Biological Factors
  - Alcohol may increase vulnerability to suicidal behavior
  - Some correlation between aggressive and impulsive behaviors and suicide attempts

## Possible Warning Signs of Suicide

- Suicidal threats
  - Writing about suicide
  - Direct threats
  - Indirect threats
- Preoccupation with death
  - Giving away items
  - Reading or writing about death
  - Repetitive thoughts about a dead person
- Changes in behavior
  - Social withdrawal, isolation
  - Increased risk taking
  - Emotional lability
  - Unexplained absences

## Possible Warning Signs of Suicide

- Changes in physical condition
  - Recent weight loss or gain
  - Lethargy, exhaustion
- Changes in thoughts
  - Reduced concentration or rational thought
  - Low self esteem
- Changes in feelings
  - Hopelessness, anger, anxiety and moodiness
  - Less communicative
- Stress
  - Intolerable loss or change (trauma)

## Self-Injury: Definition

- By definition, self-harm refers to hurting oneself to relieve emotional pain or distress. The most common forms of this behavior are cutting and burning. The least common forms of self-harm include pulling out bodily hairs, punching walls, and ingesting toxic substances or sharp objects.

AAMFT

## Self-Injury: Behaviors

- carving
- scratching
- branding
- marking
- picking, and pulling skin and hair
- burning/abrasions
- Ingestion of sharps/toxins
- cutting

## Self-Injury: Behaviors

- biting
- head banging
- bruising
- hitting
- tattooing
- excessive body piercing

## Self-Injury: Reasons

- Take risks
- Rebel
- Reject parental values
- Express individuality
- Acceptance
- Desperation
- Attention
- Anger
- Hopelessness
- Worthlessness
- Traumatic event
- Suicidal intentions

## Self-Injury: Diagnosis

- Bipolar Disorder
- Depression
- Borderline Personality Disorder (as adult)
- PTSD
- Psychosis
- Mental Retardation
- Autism

## Self-Injury: Clinical Features

- Release of tension/stress
- "Feel alive" with sight of blood
- Dissociates from overwhelming feelings
- Punishes body for behaviors
- External expression of internalized rage
- Replicates earlier abuse
- Make internal wounds external (visible)
- Event markers (memorial for traumatic events)
- Creates euphoria

## Self-Injury: Interventions

- accept reality and find ways to make the present moment more tolerable.
- identify feelings and talk them out rather than acting on them.
- distract themselves from feelings of self-harm (for example, counting to ten, waiting 15 minutes, saying "NO!" or "STOP!," practicing breathing exercises, journaling, drawing, thinking about positive images, using ice and rubber bands)
- stop, think, and evaluate the pros and cons of self-injury.
- soothe themselves in a positive, non-injurious, way.
- practice positive stress management.
- develop better social skills.
- Hospitalization

AACAP-Facts for Families

## Internet Addiction

- Social networking
  - Facebook
  - MySpace
  - Twitter
- Cybersex/Cyberporn
- Compulsive Surfing
- Online Gaming
  - Massive Multiplayer Online Role-Playing Games (MMORPGs)
    - World of Warcraft (Warcrack)
      - 10 million registered users
    - Everquest (Evercrack)
    - Halo 3 (Halodiction)

## Internet Addiction: Clinical Features

- Preoccupation
- Downplaying Use
- Lack of Control
- Loss of Time
- Negative Impact on Other Areas of Life
- Hiding From Negative or Uncomfortable Feelings or Situations
- Defensiveness
- Misuse of Money/relationships
- Mixed Feelings



## Internet Addiction: Addictive Features

- Multiplayer
- Single player
- Graphics
- Fantasy
- Fighting
- Higher levels with more playing time
- Relationships
- Discovery

## Video Clip

- <http://www.pbs.org/wgbh/pages/frontline/parents/>  
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