

Child and Adolescent Psychiatric Disorder: An Overview

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Talk plan

- **Highlighting features of child & adolescent mental health and problems**
- **Simplest classification**
- **Aetiology**
- **Management**
- **Concluding notes**

Child & adolescent mental health

- Child and adolescent mental health is the largest specialty in mental health
Considering age (ranged from 0-18-22 years), involvement, impact, training and research
- It is crucial and inseparable part of child health
- It is well recognized part of social welfare
- It becomes part of education in many countries
- Child and adolescent mental health is well documented in UN Convention on Rights of the Child(1989)

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Child & adolescent mental health

It is prior important as related problems cause

- Distress for the effected children and adolescents
- Interfere social and educational development
- Can lead to life long social and psychiatric problems
- Create huge burden on the family, school, society

Child & adolescent mental health

It is further important as

unrecognized and untreated child mental health problems

- present in the different facilities of health care
- reduce the possibility of satisfactory outcome
- absorb increasing amount of professional time with no benefit
- further possibility of harm
- have an adverse effect on the country's productivity, economic stability and viability

Child and Adolescent Psychiatric Disorder

- **Around 15% of Children have emotional and behavioral problems**
- **Severe enough to result in substantial distress or social impairment**
- **Warranting a psychiatric diagnosis, and warranting treatment too**

Child and Adolescent Psychiatric Disorder

Correlates of the disorders

Risk factors

- Poverty
- Illiteracy
- Stigma
- Underage marriage
- Urbanization

Child and Adolescent Psychiatric Disorder

Correlates of the disorders

Risk factors

- **Age :younger <older**
- **Sex : boys > girls**
emotional disorders - male :female = 0.7:1
conduct disorder - male : female =4:1
mixed-male :female = 3:1
- **Link with specific reading disorder**
- **Link with low IQ**

Child and Adolescent Psychiatric Disorder

Correlates of the disorders

Risk factors

- **Link with parental attitude-overprotective, hostile rejecting**
- **Link with ‘ Disorganized’ family**
- **Link with parental disorder**
- **Little link with two socioeconomic status**

Child and Adolescent Psychiatric Disorder

Correlates of the disorders

Protective factors

Female sex

Above average IQ

Easy temperament

Strong family support and family cohesion

High social capital

Religiosity

Child and Adolescent Psychiatric Disorder

Correlates of the disorders

Protective factors

Good relationship at list with one parent

Good school environment

Good social environment

Recreational programs

Classification

Neurodevelopmental disorders

Classification

The major diagnostic groupings

- **Neurodevelopmental disorders**
- **Disruptive behavior disorders**
- **Emotional disorders**

Disruptive behavior disorders

Conduct disorder

Oppositional defiant disorder (ODD)

Classification

Common Neurodevelopmental disorders

- **Specific developmental disorders**

of speech and language

of scholastic skills e.g. SRD, Dyslexia

of motor skills

Classification

Common Neurodevelopmental disorders

- **Autism Spectrum Disorders(ASD)**

Classification

Common Neurodevelopmental disorders

- **Autism Spectrum Disorders(ASD)**
 - Impairment of social interaction**
 - Impairment of communication**
 - Restricted and repetitivebehaviour,activities
and interest**
 - Early onset**

Classification

Common Neurodevelopmental disorders

- **Intellectual Disabilities (ID)**

<u>Type</u>	<u>Low IQ</u>	<u>Impaired adaptive behaviour</u>
Mild	50-69	minor
Moderate	35-49	significant
Severe	26-34	supervised care
Profound	↓ 20	constant supervision

Classification

Common Neurodevelopmental disorders

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

Classification

Attention Deficit Hyperactivity Disorder (ADHD)

Marked inattentiveness

Marked overactivity

Marked impulsivity

Pervasiveness of symptoms

Chronicity—at least 6 months of symptoms

Early onset—before 12 years

Classification

Common Neurodevelopmental disorders

- Elimination disorders
 - Enuresis (Bed wetting)
 - Encopresis (Fecal soiling)

Classification

Common Neurodevelopmental disorders

- **Tic disorders**

 - Motor tic disorder**

 - Vocal tic disorder**

 - Combined motor and vocal tic disorder -**

 - Tourette's disorder**

Disruptive behavior disorders

Conduct disorder

Oppositional defiant disorder (ODD)

Classification

Disruptive behavior disorders

Classification

Disruptive behavior disorders

Oppositional defiant disorder (ODD)

Conduct disorder

Impulse Control Disorder

Classification

Disruptive behavior disorders

Oppositional defiant disorder (ODD)

- **Angry/Irritable Mood**
- **Argumentative/Defiant Behaviour**
- **Vindictiveness**

Classification

Disruptive behavior disorders

- **Conduct disorder**
 - Marked defiance
 - Aggressiveness
 - Antisocial behavior /Juvenile Delinquency
 - Impulsiveness
 - Persistency - at least 6 months
 - Impairment of functioning's or significant sufferings

Spectrum of conduct disorder

ODD \Rightarrow conduct disorder \Rightarrow Antisocial PD

Classification

Emotional disorders

Classification

Emotional disorders

- **Separation anxiety disorder (SAD)**
- **Selective Mutism**
- **Sibling Rivalry disorder**
- **Phobias - specific, social, agoraphobia**
- **OCD**
- **Panic Disorder**
- **Agoraphobia**
- **Separation Anxiety Disorder**
- **Other emotional disorders**

Classification

Emotional disorders

Somatic Symptoms and Related Disorder

- **Somatoform disorder**
- **Conversion disorder**
- **Illness Anxiety Disorder**

Classification

Separation anxiety disorder (SAD)

- Fear of separation from parents/attachment figures
- Unrealistic wordiness about themselves
- worry about themselves that unwanted events will lead to separation
- Exaggeration of attachment behavior
- Anxiety symptoms - mainly somatic
- Persistence of symptoms - at least 4 weeks
- Onset before 18 years
- Significant distress or impairment of functioning

Emotional disorders

Somatoform disorders

- Repeated presentation of physical symptoms
- Persistent and repetitive seeking of medical consultation and investigations
- No explainable organic pathology
- Evidence of relationship of symptoms with unpleasant life events or psychological factors
- Attention - seeking behavior
- Significant distress or impairment of functioning

Emotional disorders

Conversion (Dissociative) disorder

- One or more symptoms or deficits (motor, sensory, autonomic) that suggest a physical disorder
- Initiation or exacerbation of the symptoms or deficits by psychological factors (conflict, stressors)
- Symptoms or deficit is not intentionally produced
- Cannot be explained by a physical disorder or effect of substance
- Caused clinically significant distress or impairment of functioning

Classification

Emotional disorders

Stress-related disorders

- **Adjustment disorder**
- **Acute stress disorder**
- **Post - traumatic stress disorder (PTSD)**

Stress related disorders

Adjustment disorder

- Emotional or behavioral symptoms caused by identifiable stressor(s) - within 3 months
- Symptoms caused significant distress or impairment of functioning
- Symptoms does not meet the criteria of other psychiatric syndrome
- Once the strersor or its consequence has terminated the symptoms do not persist (for more than additional 6 months)

Stress related disorders

Post-traumatic stress disorder (PTSD)

- Exposed to an extraordinary traumatic events
- Persistent reexperiencing symptoms about the events
- Persistent avoidance of stimuli associated with the events or numbness
- Persistent symptoms of increased arousal
- Onset within 6 months of the events
- Duration - not less than 1 month

Eating disorders

- **Pica**
- **Anorexia Nervosa**
- **Bulimia Nervosa**

Sleep disorders

Dyssomnias

- **Primary insomnia**
- **primary hypersomnia**
- **Narcolepsy**
- **Breathing related sleep disorder**
- **Sleep - wake schedule disorder**

Sleep disorders

Parasomnias

- **Dream anxiety disorder (Nightmare)**
- **Sleep terror disorder (Night terror)**
- **Sleepwalking disorder (Somnambulism)**

Tic disorders

Motor tic disorder

Vocal tic disorder

**Combined motor and vocal tic disorder -
Tourette's disorder**

Adult type of psychiatric disorders

Other neurotic disorders

Depressive disorder

Bipolar Mood disorder

Schizophrenia

Substance related disorder

Other behavioral or emotional disorders

- **Stuttering (stammering)**
- **Stereotyped movement disorder**

Issues of clinical attention

- **School refusal**
- **Juvenile delinquency**
- **Child abuse and neglect**
- **Deliberate self Harm(DSH) or parasuicide**
- **Adolescent crisis**

Psychiatric problems associated with chronic physical disorders

- **Seizure disorder**
- **Asthma**
- **JCA**
- **Chronic renal disease**
- **juvenile diabetes mellitus**
- **Leukemia**
- **Congenital malformation**

Approach of Treatment

- **Liaison approach**
- **Individual approach**

Approach of Treatment

Liaison approach

- **Paediatric- psychiatric liaison**
- **Doctor- parents- teacher liaison**
- **Liaison among service providers**
- **Health - educational -social agencies**

Approach of Treatment

Individual approach

- **Biological**
- **Psychological**
- **Social**

Approach of Treatment

- **Biological**
Medication - Stimulants, anxiolytics,
antidepressants, antipsychotics
antiepileptics, mood stabilizers

Approach of Treatment

- **Psychological**

- Psychotherapy - individual, group
- Counselling and support -
- Behaviour therapy
- Play therapy
- Family therapy
- Speech therapy
- Parenting training
- Cognitive behavior therapy

Approach of Treatment

- **Social**

Daily life program

Social skill training

School programming

Vocational training

Family social work

Residential care

Special schooling