



# MENTAL DISORDERS IN CHILDREN AND ADULTS

A Chronological Approach.



Aims of the session.

- To provide information on the various mental disorders that arise in adolescence and may also occur in adult life.
- To encourage understanding of the various illnesses and the impact that they might have on the lives of children and their parents.
- To consider safeguarding issues in relation to mental illness.



# Older School Age - Adulthood

## ● F50 EATING DISORDERS

### ○ Anorexia nervosa

- Deliberate weight loss, induced and/or sustained by the patient
- Common in adolescent girls and young women
- Body weight maintained at least 15% below expected
- Weight loss is self induced
  - Avoiding fattening foods
  - Self-induced vomiting, purging
  - Excessive exercise
  - Appetite suppressants/laxatives
- Body image distortion – fear of fatness
- Widespread endocrine disorder – HPG axis – amenorrhoea
- If pre-pubertal then delayed development & growth retardation



# Older School Age - Adulthood

- **Bulimia Nervosa**
- Repeated bouts of overeating then vomiting
- Excessive preoccupation with control of body weight
- Same age distribution as anorexia
  - Persistent preoccupation with eating and craving for food
  - Self induced vomiting, purgative abuse, periods of starvation, appetite suppressants, diuretics & thyroid replacement
- Morbid dread of fatness
- Treatment: Psychotherapy, Medical



# Older School Age - Adulthood

- F32 MOOD DISORDER

- Depression

- Low mood &/or loss of interest in usual activities
- Biological symptoms
  - Sleep and appetite disturbance
  - Cognitive impairment – concentration & short term memory
  - Anergia & anhedonia
  - Decrease libido (sex drive)
  - Feelings of guilt or worthlessness
  - Suicidal ideation or suicidal intent
- Inter-relationship with drugs/alcohol
- Affects occupational & social functioning & close interpersonal relationships



## Older School Age - Adulthood

- Depression continued.....
- Mild to severe
- Self harm attempts
- Confusion with adolescent turmoil
- Treatment: Psychotherapy (with family) & possibly medication
- Suicide - masked/hidden



# Older School Age - Adulthood

## ● F31 BIPOLAR AFFECTIVE DISORDER

- Repeated episodes in which the patient's mood and activity levels are significantly disturbed consisting of some occasions of
  - ELEVATED mood with increased energy and activity  
MANIA or HYPOMANIA
  - LOWERED mood with decreased energy and activity  
DEPRESSION
  - Onset often in early adolescence
  - Depression lasts longer than elated mood
- Treatment: Medication, family involvement



# Older School Age - Adulthood

## ● F20 SCHIZOPHRENIA

- Distortions of thinking and perception
- Inappropriate or blunted affect
- The disturbance involves the most basic functions that give the normal person a feeling of individuality, uniqueness & self direction.
- Onset in late adolescence
- Inter-relationship with street drugs – cannabis
- Family history & high expressed emotion
  
- Treatment: Medication, psycho education, family Rx





# Older School Age - Adulthood

## ● Positive symptoms

### ○ Distortions of thinking:

- Thought insertion, withdrawal or broadcasting
- Thinking vague, obscure leading to incomprehensible speech
- Breaks in the train of thought and neologisms

### ○ Delusions

- Fixed unshakeable beliefs that are held despite clear evidence to the contrary
- Paranoid, persecutory, grandiose or religious
- Arise as a means to explain abnormal thoughts

### ○ Passivity phenomena

- Other people controlling actions



# Older School Age - Adulthood

- Disorders of perception

- Hallucinations

- Auditory – commenting on patient  
discussing in the third  
person

- running commentary

- command hallucinations

- Visual

- Other senses – organic cause

# Older School Age - Adulthood

## ● Negative symptoms

- Apathy
  - Lack of motivation
  - Loss of interest in previous activities
- Anergy
  - Tired, run down, listless
- Blunted affect
  - Lack of appropriate emotional responses
  - Apparent split between inner thoughts/feelings and external manifestation /expression of those thoughts/feelings
- Speech
  - Paucity of speech, lack of expressiveness
- Poor personal hygiene & lack of social awareness



# Older School Age - Adulthood

- F10-19 MENTAL & BEHAVIOURAL DISORDERS DUE TO PSYCHOACTIVE SUBSTANCE USE
  - ALCOHOL, OPIODS, CANNABIS, SEDATIVES, COCAINE, STIMULANTS, HAALUCINAGNES, TOBACCO & SOLVENTS
    - Acute intoxication
    - Dependence
    - Withdrawal state
    - Delirium
    - Psychosis
    - Amnesia

# Older School Age - Adulthood



## ● F60 PERSONALITY DISORDERS

- Markedly disharmonious attitudes and behaviour in several areas of functioning.
- Severe impairment in social and occupational functioning and close interpersonal relationships.
- The abnormal pattern is enduring, longstanding and not limited to periods of mental illness.
- The pattern is pervasive and maladaptive.
- Always appear during childhood and adolescence and persist into adulthood.
- Leads to considerable personal distress.



# Older School Age - Adulthood

- Types of personality (traits/characteristics)

- Paranoid
- Schizoid
- Anti-social
- Emotionally unstable
  - Impulsive
  - Borderline
- Histrionic
- Anankastic – Obsessive compulsive
- Avoidant
- Dependent
- Narcissistic
- Mixed type
- Treatment: ? psychology

# Older School Age - Adulthood

## ● F43.1 Post Traumatic Stress Disorder

- A delayed prolonged reaction to a stressful event or situation – exceptionally threatening or catastrophic in nature
- Intrusive Memories (flashbacks)
- Nightmares
- Feeling of numbness and emotional blunting
- Detachment from others
- Lacking energy
- Avoidance of activities or situations reminiscent of trauma
- Autonomic Hyper arousal
- Hyper vigilance
- Often co-morbid Anxiety and Depression

# Mental Distress and Pregnancy

## ❖ F53 Post Natal Depression

- As with depression -
- sadness, fatigue, changes in sleeping and eating patterns, reduced libido, crying episodes, anxiety, and irritability
- Can occur for up to a year postpartum
- Occurs in up to 25% of women
- Women who have given birth within the past month are three times more likely to suffer from depression than a woman who hasn't had a baby

## ❖ Puerperal Psychosis

- Psychotic Symptoms
- Occurs in anything between 1:500 – 1:1000 women who have given birth. Can occur very quickly after child birth – as quickly as one week from delivery.



# We all have Mental Health...

Relationship Problems

Physical Health Problems

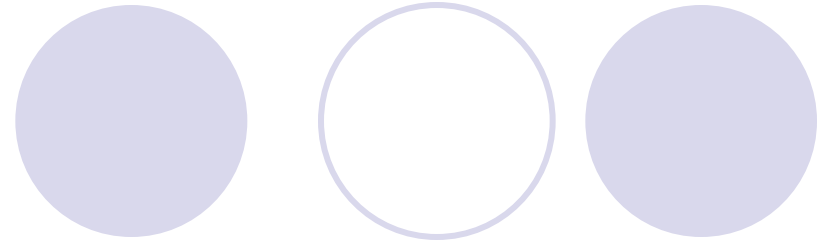
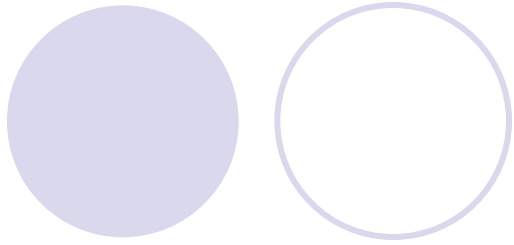
Debt

All three problems

Good  
MH

Poor  
MH





**QUESTIONS?**