

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

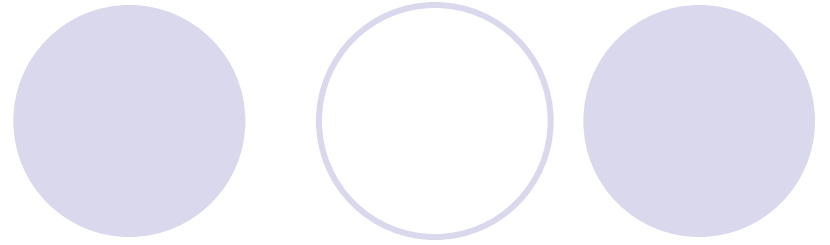
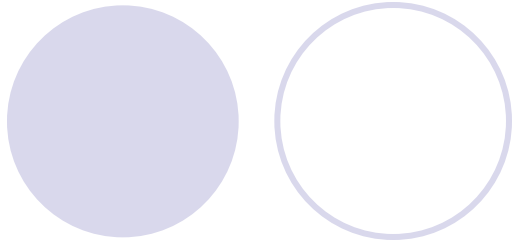
Debt

All three problems

Good
MH

Poor
MH





QUESTIONS?