



Child and Adolescent Mental health [+New Trends]

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Learning Objectives

- What is Depression?
- How common is depression?
- Who gets depression?
- What is Anxiety?
- What other diseases look like depression?
- How is depression/anxiety treated?
- Can depression/anxiety be prevented?
- What are other commonly seen disorders?

Definition

<https://www.youtube.com/watch?v=i8EPzkxAiVw>

How Common is Depression? (Epidemiology)

- According to the Substance Abuse and Mental Health Services Administration
 - In 2016, ~ >1 out of 10 of adolescents age 12 to 17 had at least one major depressive episode during the past year
 - That's 1/8 teens.
 - In 2011, the rate was <1 out of 10

Why this increase.

1. Cell phone usage
2. Decreased interpersonal communication
3. Greater isolation among teens
4. Five hours of phone use per day = 7 out of 10 individual have chance of being depressed and suicidal

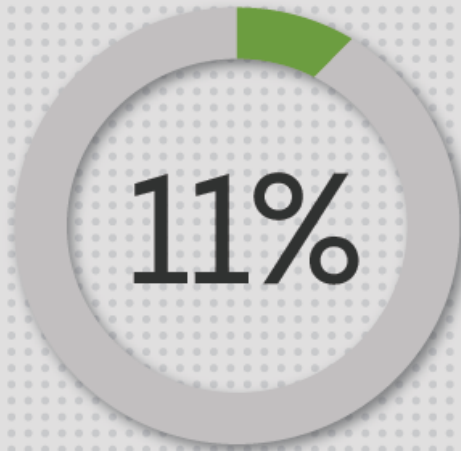
Teen Mental Health Statistics

- Ages 10–34, 2nd leading cause of death = suicide
- 2015 → 2 out of 5 girls and 1 out of 5 boys that's about ___ of you total in this room, showed symptoms of depression
- 2016 → 1 out of 10 of adolescents age 12–17 had at least one MDE in the past year
- 2017 → 2 out of 10 of high school students said they seriously considered attempting suicide in the past year and 1 out of 10 attempted suicide one or more times

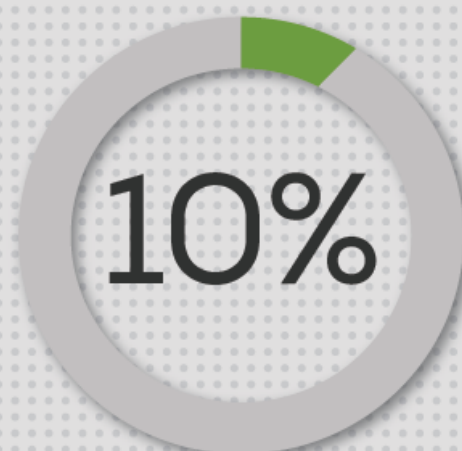
Fact: 1 in 5 children ages 13-18 have, or will have a serious mental illness.¹



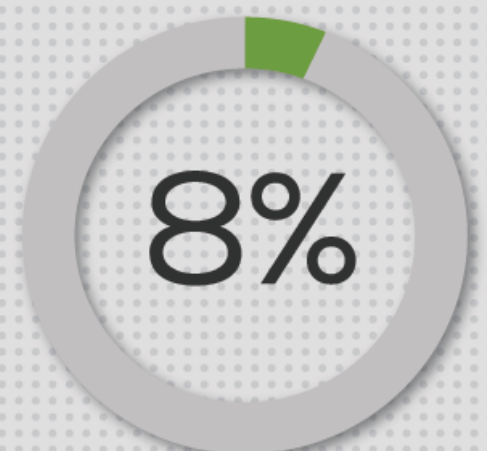
20% of youth ages 13-18 live with a mental health condition¹



11% of youth have a mood disorder¹



10% of youth have a behavior or conduct disorder¹



8% of youth have an anxiety disorder¹

Impact



50%

50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24.¹



10 yrs

The average delay between onset of symptoms and intervention is 8-10 years.¹

50%



Approximately 50% of students age 14 and older with a mental illness drop out of high school.¹

70%



70% of youth in state and local juvenile justice systems have a mental illness.¹

Suicide

3rd



Suicide is the 3rd leading cause of death in youth ages 10 - 24.¹



90%

90% of those who died by suicide had an underlying mental illness.¹

Depression?

- At least 2 weeks of having 5 symptoms
 - Down/depressed/sad
 - Little/No interest
 - Sleep trouble
 - Appetite trouble
 - Feeling tired/little energy
 - Feeling bad/failure
 - Concentration trouble
 - Moving/speaking slow OR restless/fidgety/moving more
 - Thoughts of dying or hurting self



PHQ-9: Modified for Teens

Name: _____ Clinician: _____ Date: _____

Instructions: How often have you been bothered by each of the following symptoms during the past **two weeks**? For each symptom put an "X" in the box beneath the answer that best describes how you have been feeling.

	(0) Not At All	(1) Several Days	(2) More Than Half the Days	(3) Nearly Every Day
1. Feeling down, depressed, irritable, or hopeless?				
2. Little interest or pleasure in doing things?				
3. Trouble falling asleep, staying asleep, or sleeping too much?				
4. Poor appetite, weight loss, or overeating?				
5. Feeling tired, or having little energy?				
6. Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down?				
7. Trouble concentrating on things like school work, reading, or watching TV?				
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?				
9. Thoughts that you would be better off dead, or of hurting yourself in some way?				

In the **past year** have you felt depressed or sad most days, even if you felt okay sometimes?

Yes No

If you are experiencing any of the problems on this form, how **difficult** have these problems made it for you to do your work, take care of things at home or get along with other people?

Not difficult at all Somewhat difficult Very difficult Extremely difficult

Has there been a time in the **past month** when you have had serious thoughts about ending your life?

Yes No

Have you **EVER**, in your **WHOLE LIFE**, tried to kill yourself or made a suicide attempt?

Yes No

Adult vs. Youth

1. Depressed mood most of the day
2. Decreased interest/enjoyment in once-favorite activities
3. Significant weight loss/gain
4. Insomnia or hypersomnia

1. Irritable or cranky mood
2. Boredom, loss of interest in sports, video games; giving up favorite activities
3. Failure to gain weight as normally expected; overeating and weight gain especially in teens
4. Changes in sleep patterns; delays in going to or falling asleep; refusal to wake for school; early morning awakening

Adult vs. Youth

5. Psychomotor agitation/retardation
6. Fatigue or loss of energy
7. Low self-esteem; feelings of guilt
8. Decreased ability to concentrate; indecisive
9. Recurrent suicidal ideation or behavior

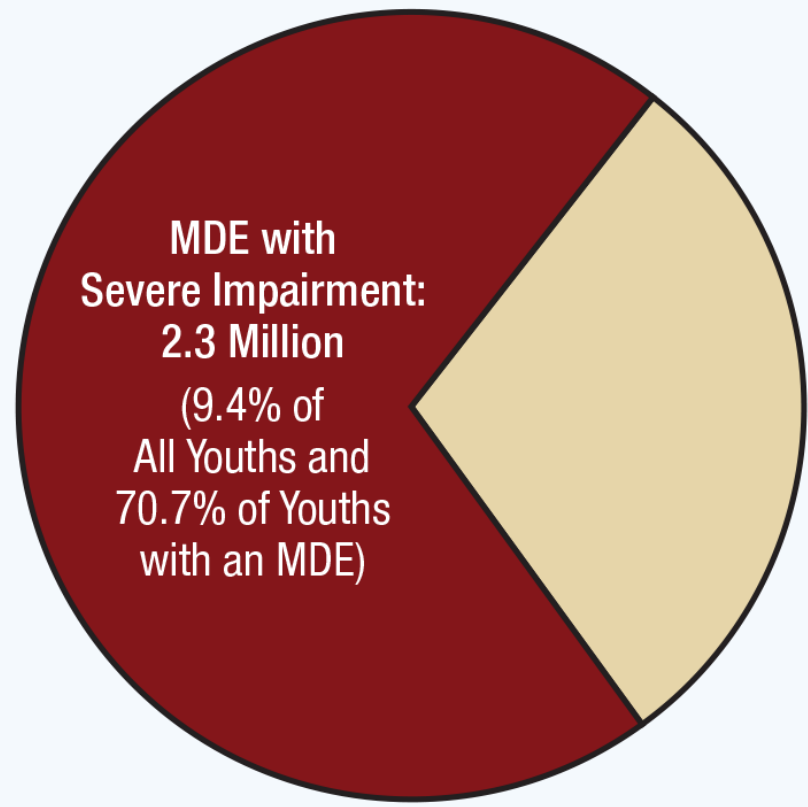
5. Difficulty sitting still, pacing, or very slowed down with little spontaneous movement
6. Persistently tired, feels lazy
7. Self-critical; blaming oneself for things beyond one's control; "no one likes me, everyone hates me"; feels stupid
8. Decline in performance in school due to decreased motivation and ability to concentrate; frequent absences
9. Frequent thinking and talking about death; writing about death; giving away favorite toys or belongings

Table E.1.1 Differences in the presentation of depression according to age. These symptoms can all be present at any age but are more common in the age group specified.

Pre-pubertal children	Adolescents	Adults
<ul style="list-style-type: none"> • Irritability (temper tantrums, non-compliance) • Affect is reactive* • Frequently comorbid with anxiety, behavior problems, and ADHD • Somatic complaints 	<ul style="list-style-type: none"> • Irritability (grumpy, hostile, easily frustrated, angry outbursts) • Affect is reactive* • Hypersomnia • Increased appetite and weight gain • Somatic complaints • Extreme sensitivity to rejection (e.g., falsely perceived putdown or criticism) resulting, for example, in difficulties maintaining relationships. 	<ul style="list-style-type: none"> • Anhedonia • Lack of affective reactivity • Psychomotor agitation or retardation • Diurnal variation of mood (worse in the morning) • Early morning waking

*Ability to be momentarily cheered up in response to positive events (e.g., visit by peers).

Major Depressive Episode (MDE) and MDE with Severe Impairment in the Past Year among Youths Aged 12 to 17: 2017

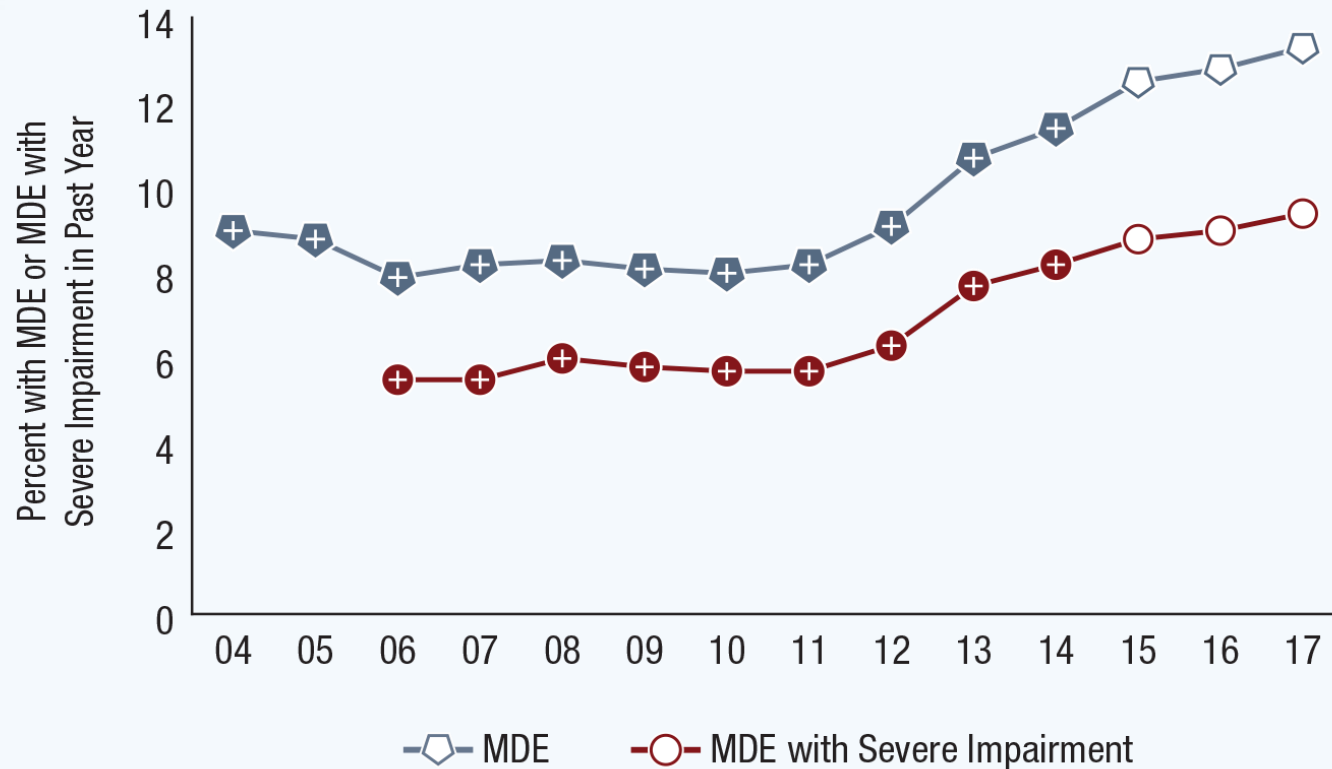


MDE without Severe Impairment: 0.9 Million
(3.9% of All Youths and 29.3% of Youths with an MDE)

3.2 Million Youths with a Past Year MDE (13.3% of All Youths)

Note: Youth respondents with unknown past year MDE data or unknown impairment data were excluded.

Major Depressive Episode (MDE) and MDE with Severe Impairment in the Past Year among Youths Aged 12 to 17: Percentages, 2004–2017

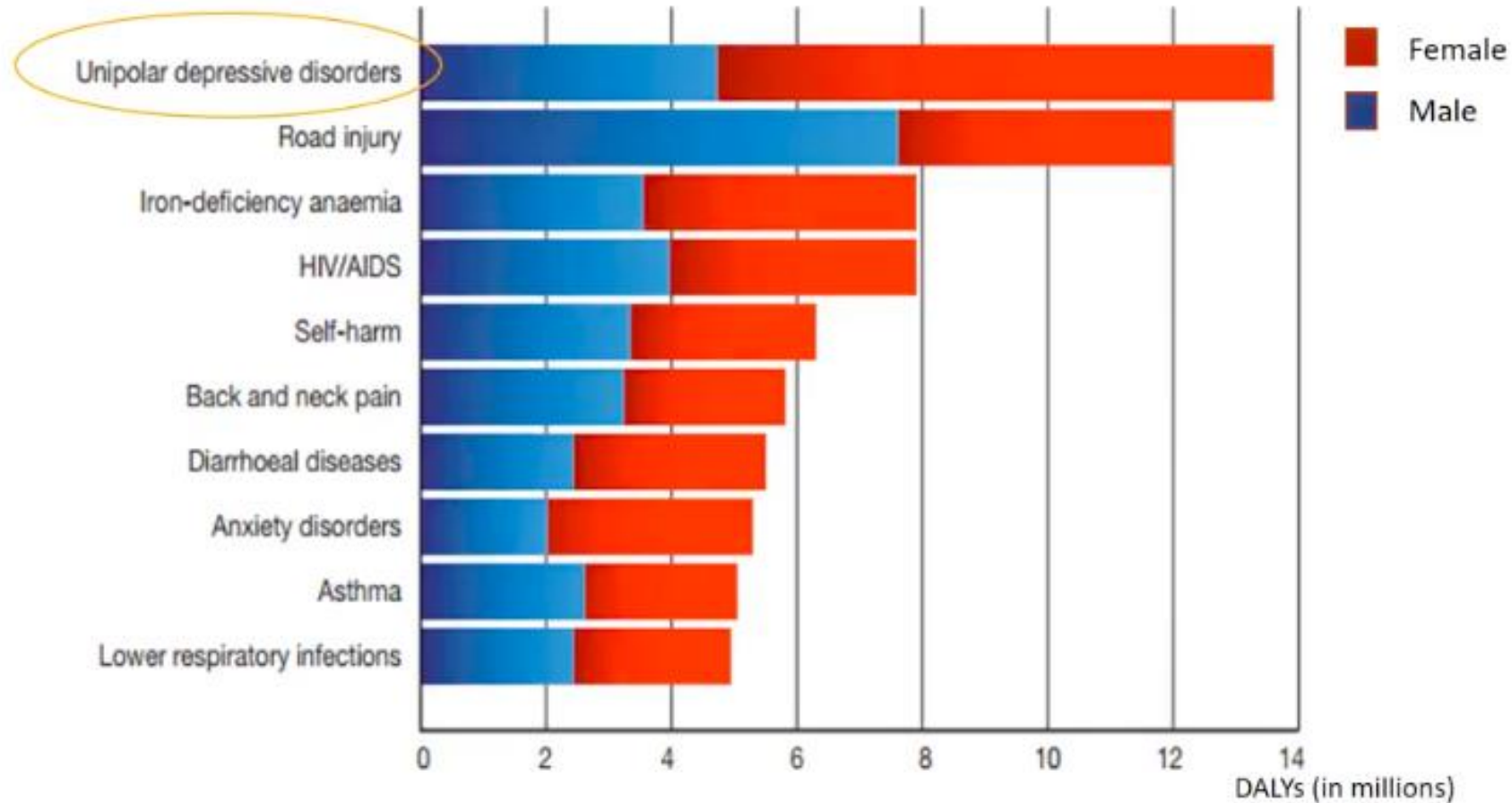


MDE Status	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
MDE	9.0*	8.8*	7.9*	8.2*	8.3*	8.1*	8.0*	8.2*	9.1*	10.7*	11.4*	12.5	12.8	13.3
MDE with Severe Impairment	N/A	N/A	5.5*	5.5*	6.0*	5.8*	5.7*	5.7*	6.3*	7.7*	8.2*	8.8	9.0	9.4

N/A = not available.

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Top 10 Causes of Disability-Adjusted Life Years (DALYs) Among Adolescents Worldwide



(Data from World Health Organization, 2014)



Anxiety

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What is Normal?

- Fears and worries in children can be common and developmentally appropriate. For Example:
 - Infants are easily startled and, later on, develop a transient fear of strangers.
 - Toddlers typically fear darkness, imaginary creatures, and being separated from their caretakers.
 - School-age children tend to worry about injury, death, and natural events such as storms.
 - Pre-adolescents and adolescents typically experience anxiety around school performance, social status, and health issues.

Generalized Anxiety Disorder

A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).

B. The individual finds it difficult to control the worry.

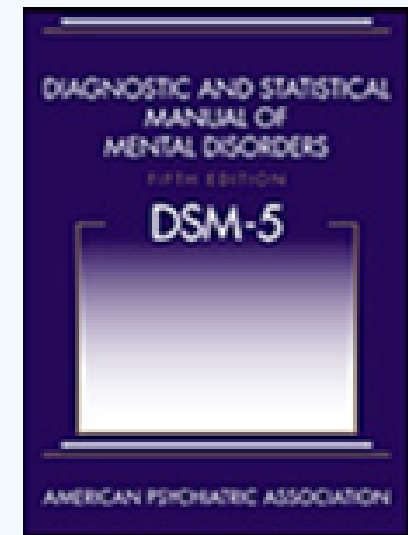
C. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms having been present for more days than not for the past 6 months): *Note:* Only one item required in children.

1. Restlessness, feeling keyed up or on edge.
2. Being easily fatigued.
3. Difficulty concentrating or mind going blank.
4. Irritability.
5. Muscle tension.
6. Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep).

D. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

E. The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., hyperthyroidism).

F. The disturbance is not better explained by another medical disorder



Types of Anxiety/Not Normal

- **Generalized Anxiety Disorder** → chronic, excessive anxiety about multiple areas of their lives (e.g., family, school, social situations, health, natural disasters)
- **Separation Anxiety** → excessive fear of being separated from their home or caretakers
- **Specific Phobia** → fear a specific object or situation (e.g., spiders, needles, riding in elevators)
- **Social Phobia** → anxiety in social settings or performance situations

Types of Anxiety/Not Normal

- **Panic Disorder** → unexpected, brief episodes of intense anxiety without an apparent trigger, characterized by multiple physical symptoms (e.g., shortness of breath, increased heart rate, sweating)
- **Obsessive-Compulsive Disorder** → perform repetitive mental acts or behaviors (“compulsions”) to alleviate anxiety caused by disturbing thoughts, impulses, or images (“obsessions”)
- **Post-Traumatic Stress Disorder** → experience anxiety symptoms (e.g. nightmares, feelings of detachment from others, increased startle) following exposure to a traumatic event.

Anxiety (SCARED, 5- item) in Children/ Youth

This survey is designed to provide a quick assessment of whether or not a child/youth might have signs and symptoms related to anxiety. However, no test is 100% accurate. No matter what your score is, you should seek help if you have any concerns about yourself or your loved ones.

This questionnaire is the SCARED (5- item), and is meant to be filled out by a child/ youth.

Please ask the child/ youth to fill out the following:

Below is a list of sentences that describe how people feel.

Read each phrase and decide if it is

- "Not True or Hardly Ever True" (0)
- "Somewhat True or Sometimes True" (1) or
- "Very True or Often True" for you (2)

Then, for each sentence, fill in one circle that corresponds to the response that seems to describe you for the last 3 months.

1. I get really frightened for no reason at all.

- Not true or hardly ever true (0.0) Somewhat true or sometimes true (1.0) Very true or often true (2.0)

2. I am afraid to be alone in the house.

- Not true or hardly ever true (0.0) Somewhat true or sometimes true (1.0) Very true or often true (2.0)

3. People tell me that I worry too much.

- Not true or hardly ever true (0.0) Somewhat true or sometimes true (1.0) Very true or often true (2.0)

4. I am scared to go to school.

- Not true or hardly ever true (0.0) Somewhat true or sometimes true (1.0) Very true or often true (2.0)

5. I am shy.

- Not true or hardly ever true (0.0) Somewhat true or sometimes true (1.0) Very true or often true (2.0)

What Other Diseases Can Co-occur with Depression/anxiety?

- Anxiety/Depressive disorders
- Post Traumatic Stress Disorder
- Conduct problems
- Attention Deficit Hyperactivity Disorder
- Obsessive Compulsive Disorder
- Learning difficulties

What Other Diseases Look Like Depression?

- Medications
- Substances of abuse
- Infections
- Neurological disorders
- Endocrine

How is Depression/Anxiety Treated?

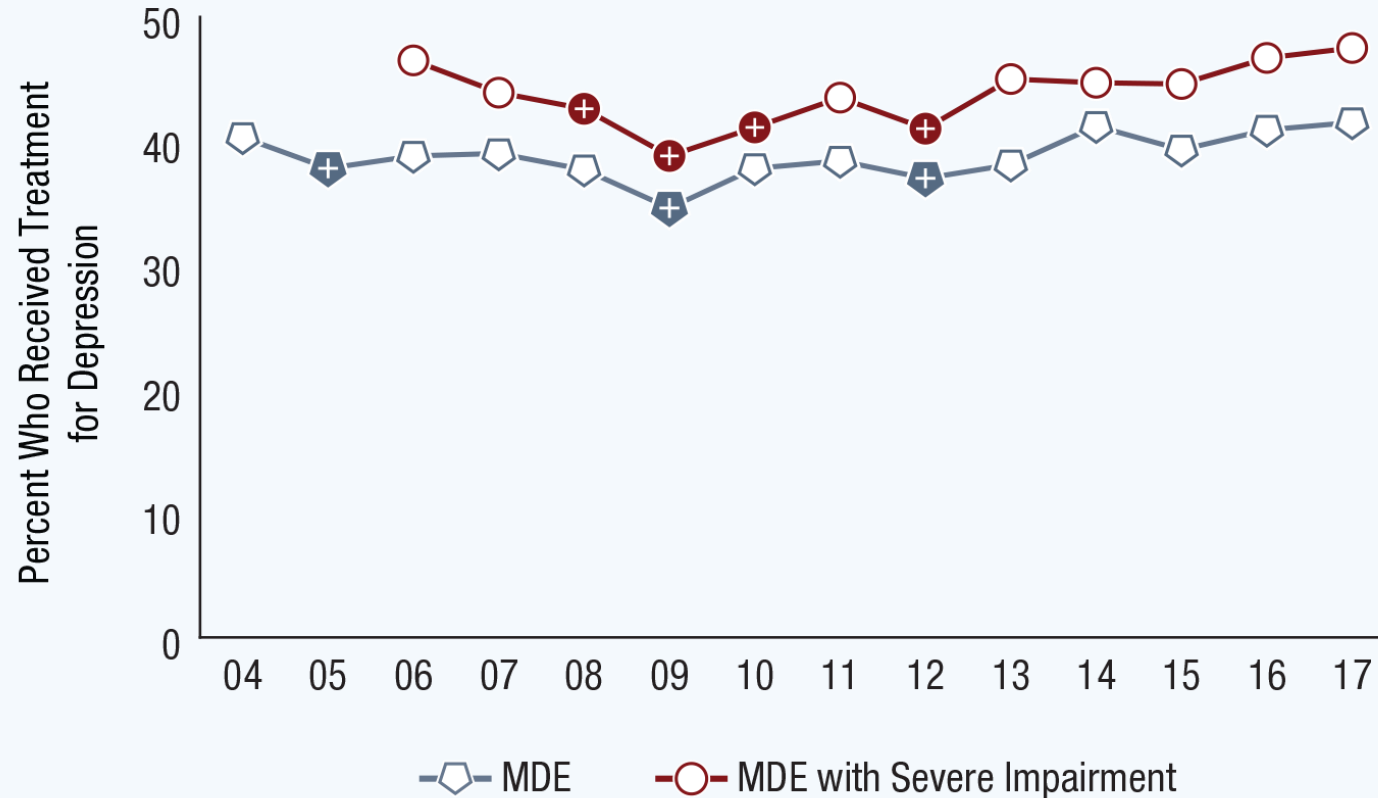
- **Medications**

- Multiple options are available
- Including but not limited to
 - Fluoxetine (Prozac)
 - Citalopram(Celexa)
 - Sertraline (Zoloft)
 - Paroxetine (Paxil)
 - Escitalopram (Lexapro)
 - Fluvoxamine (Luvox)
- Serotonin norepinephrine reuptake inhibitors (SNRIs)
- Atypical antidepressants
- Tricyclic antidepressants (TCAs)
- Monoamine oxidase inhibitors (MAOIs)

- **Therapy**

- Cognitive Behavioral Therapy
- Interpersonal Therapy
- Medication + therapy is excellent combination
<https://www.youtube.com/watch?v=DT6biKxqotw>
- **Electroconvulsive Therapy (ECT)**
- **Transcranial Magnetic Stimulation (TMS)**
- **Light Therapy**
- **Exercise**

Received Treatment in the Past Year for Depression among Youths Aged 12 to 17 with a Past Year Major Depressive Episode (MDE) or MDE with Severe Impairment: Percentages, 2004–2017

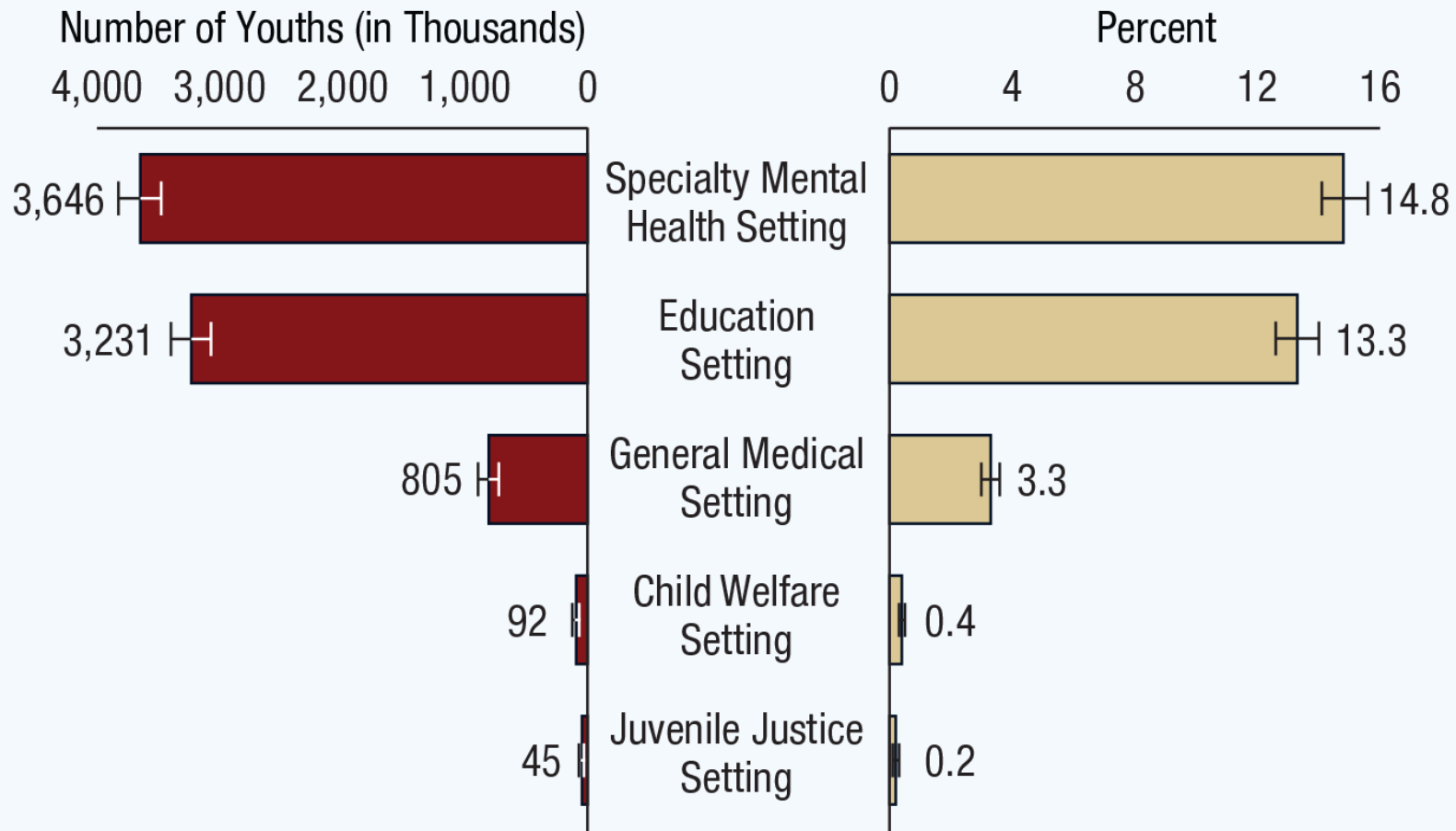


MDE Status	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
MDE	40.3	37.8+	38.8	39.0	37.7	34.6+	37.8	38.4	37.0+	38.1	41.2	39.3	40.9	41.5
MDE with Severe Impairment	N/A	N/A	46.5	43.9	42.6+	38.8+	41.1+	43.5	41.0+	45.0	44.7	44.6	46.7	47.5

N/A = not available.

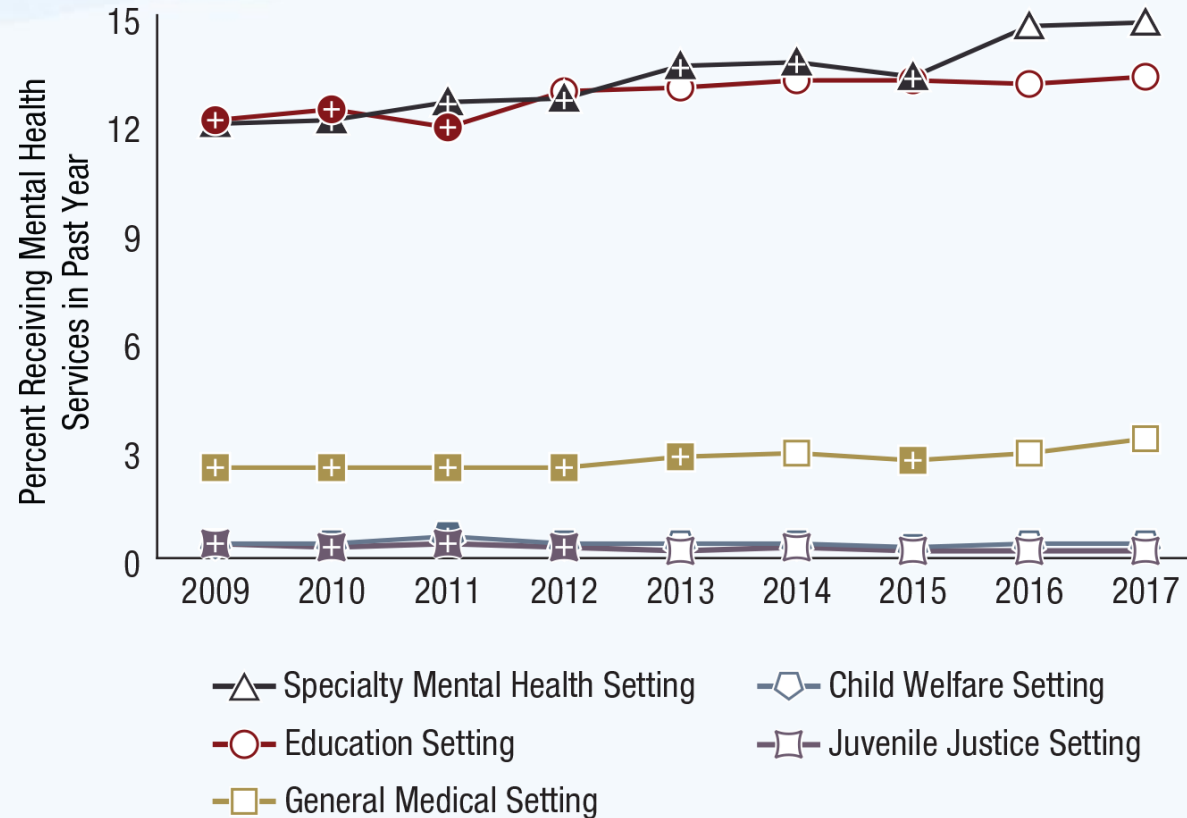
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Sources of Mental Health Services in the Past Year among Youths Aged 12 to 17: 2017



Note: Mental health service for youths aged 12 to 17 is defined as having received treatment/counseling for emotional or behavioral problems not caused by substance use.

Sources of Mental Health Services in the Past Year among Youths Aged 12 to 17: Percentages, 2009-2017



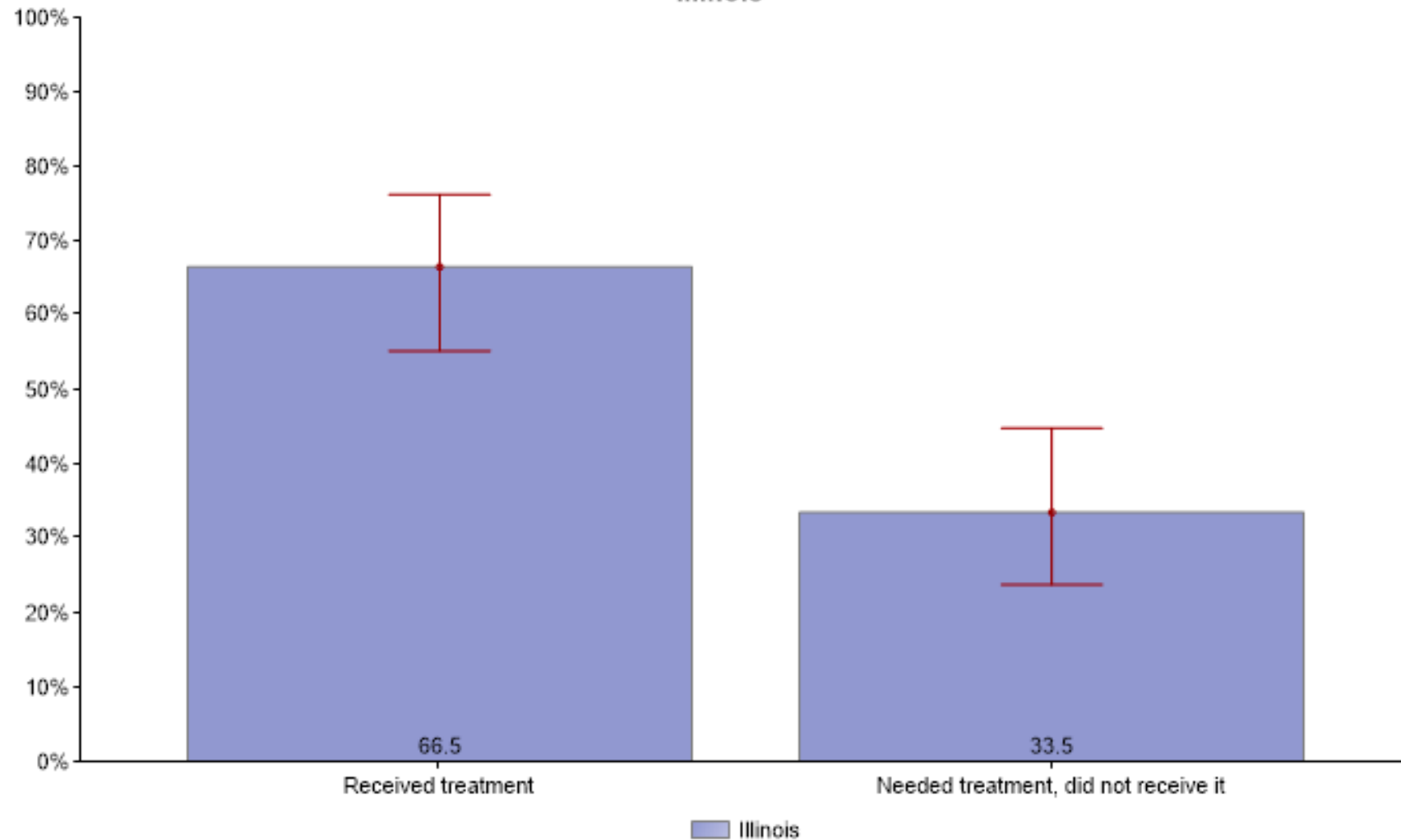
Note: Mental health service for youths aged 12 to 17 is defined as having received treatment/counseling for emotional or behavioral problems not caused by substance use.

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Source	2009	2010	2011	2012	2013	2014	2015	2016	2017
Specialty Mental Health Setting	12.0 ⁺	12.1 ⁺	12.6 ⁺	12.7 ⁺	13.6 ⁺	13.7 ⁺	13.3 ⁺	14.7	14.8
Education Settings	12.1 ⁺	12.4 ⁺	11.9 ⁺	12.9	13.0	13.2	13.2	13.1	13.3
General Medical Setting	2.5 ⁺	2.5 ⁺	2.5 ⁺	2.5 ⁺	2.8 ⁺	2.9	2.7 ⁺	2.9	3.3
Child Welfare Setting	0.4	0.4	0.6 ⁺	0.4	0.4	0.4	0.3	0.4	0.4
Juvenile Justice Setting	0.4 ⁺	0.3 ⁺	0.4 ⁺	0.3 ⁺	0.2	0.3	0.2	0.2	0.2

Received needed mental healthcare/counseling during the past 12 months
Children age 3-17 years, reported by their parents to have been diagnosed by a health care provider with a mental/behavioral condition (depression, anxiety problems, or behavioral or conduct problems)

Illinois



Can Depression/Anxiety be prevented?

- Find ways to handle your stress (mindfulness, yoga, improve self esteem, exercise)
- Take care of self (good sleep)
- Have good family and friend company
- Reach out for help if feeling down or anxious
- Talk to your counselor/doctor



RECOGNIZING ADHD IN THE CLASSROOM

ATTENTION	DISORGANIZED/ FORGETFUL	RESTLESS	IMPULSIVE	WORK HABITS
<ul style="list-style-type: none"> Easily distracted Tunes out of lessons Daydreams Trouble staying in seat 	<ul style="list-style-type: none"> Forgets to take books home Forgets assignments or forgets to turn them in Loses homework, pencils, etc. Messy desk, backpack, papers 	<ul style="list-style-type: none"> Fidgets Fiddles with nearby objects Trouble waiting, taking turns Trouble staying in seat 	<ul style="list-style-type: none"> Talks excessively, blurts out or interrupts May disrupt class Trouble following rules Careless errors 	<ul style="list-style-type: none"> Trouble starting/finishing work Incomplete, late or missing assignments Trouble following rules Doesn't follow instructions Easily frustrated

FOR STRATEGIES & TIPS TO HELP STUDENTS WITH ADHD SEE REVERSE SIDE

For more information on teaching students with ADHD, please contact:
Elkins Park CHADD
elkins-park@chadd.net
www.chadd.net/249



ADHD Treatments

For Preschoolers (ages 4-5)

Be sure they get what's best!



Where we have been:
(Treatment practices, 2009-2010)

Where we need to go:
(Treatment guidance, 2011)

Almost **1 in 2** preschool children with ADHD got **no behavioral therapy**.
About **1 in 4** were treated **only with medication**.

Provide **behavioral therapy first**, before medication.



What can you do?



Parents:

Talk to your doctor about behavioral therapy for your preschool child's treatment.

Healthcare professionals:

Be aware of the psychological resources in your community and be prepared to refer children, particularly preschoolers, for behavioral therapy as recommended by the American Academy of Pediatrics (AAP).



FOR MORE INFORMATION:

www.cdc.gov/adhd
Twitter: @CDC_NCBDDD



Centers for Disease Control and Prevention
National Center on Birth Defects and Developmental Disabilities

Autism Spectrum Disorder

Social Communication

1. Social emotional reciprocity
2. Nonverbal Communicative Behaviors
3. Relationship issues

Repetitive Behaviors

1. Stereotyped/repetitive motor movements
2. Sameness/inflexibility
3. Fixated interest
4. Sensory issues

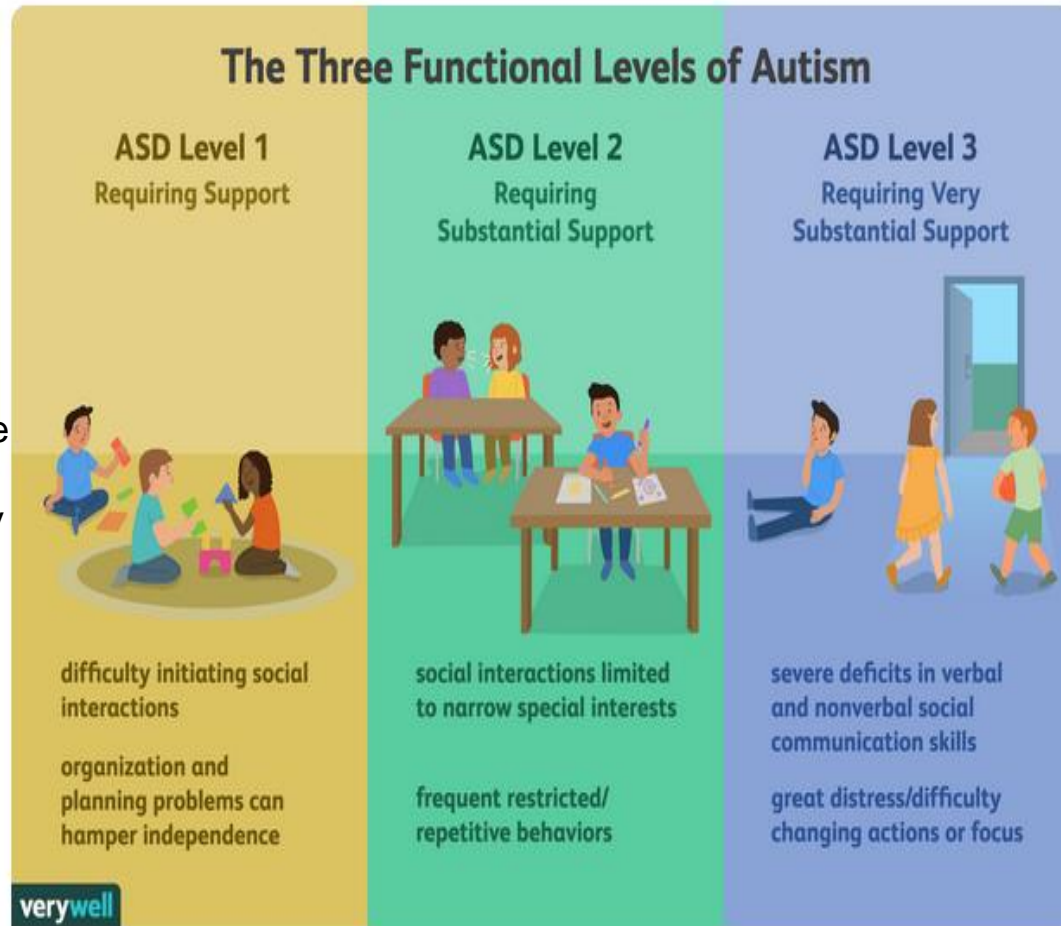


Illustration by Cindy Chung, Verywell

The signs of Autism..

- Inappropriate playing with toys
- Inability to relate to others
- Hyperactivity or Passiveness
- Inappropriate laughing or crying
- Oversensitive or undersensitive to sound
- Strange attachment to objects
- Poor speech or lack of speech
- Difficulty dealing with changes to routine
- Lack of awareness of danger

HALCYON
 Providing accredited training to people dealing with challenging behaviour
 www.halcyon-foundation.org.uk
 Tel: 02920 553919

Autism Puzzles
 Registered Charity No. 1148010
 Support when you need it the most.
 www.autispuzzles.co.uk
 Tel: 07871 045128

Barrier to Care

- Shortage of child psychiatrists/physician
- Stigma
- Few medications
- Minimal inpatient facilities

Resources

- <https://suicidepreventionlifeline.org/>
- We can all help prevent suicide. The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals.
- [1-800-273-8255](tel:1-800-273-8255)
- SIU Psychiatry
- Children's Center (Memorial Behavioral health)
- SIU Family health

Useful resources

- <https://sites.google.com/view/depressionscreeningtraining>
- https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Copy_of_FFF-Guide-View-by-Topic.aspx



Questions?