




**Teens and Mental Illness:  
How can you tell?  
What can you do?**

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# Disease vs Illness

- Disease: a specific condition/ disorder
  - Genetics
  - Biological state
  - Environmental interface with genes
  - Ex- schizophrenia, bipolar disorder
- Illness: the experience of disease
  - How one copes with disease
  - How disease affects daily life
  - Symptoms of disease
  - Ex- fatigue, feeling depressed, lack of motivation

# Temperament and Development

- Temperament:
  - Aspects of the personality that are considered innate rather than learned
  - Helps to determine how an individual will cope with stress
  - Affects the interaction with infant/child and caregiver based upon temperament of child and of caregivers
- Development:
  - Cognitive
  - Social
  - Emotional
  - Moral
  - Language
  - Physical

# Interface

- How does development interface with disease?
- How does development interface with illness?
- How does development interface with environment?
- How is development affected by temperament?
- What does all of this have to do with identification of “mental illness” in teens?
  - Variable expression of disease through illness states
  - Variable communication of internal states dependent upon developmental skills
  - Variable ability to tolerate gene/environment interface depending upon temperament/ development

# DSM IV TR

- List of symptoms for disorders identified by task force comprised of 13 work groups.
  - Literature review of diagnoses
  - Integration of data from researchers
  - Multicenter field trials to ensure clinical research relevant to clinical practice
- Symptoms for disorders overlap complicating differential diagnosis
  - Requires understanding of adolescent development, temperament, interface with environment, genetics

# Symptom Assessment

- Description
- Longitudinal information
- Pattern recognition
- Associated symptoms
- Context
  - Developmental skills
  - Environmental context and response
  - External factors (ex- toxin exposure)
  - Illness behavior
  - Temperament

# Sleep disturbance

- Teen may describe insomnia
  - Initial, middle, terminal/ pattern of sleep (current and past)?
  - Distractions in room?
  - Activity level when unable to sleep?
  - Thought process when attempting to sleep?
  - Level of energy next day
  - Interruption of sleep by dreams/ nightmares?
  - External factors? Ex- substance use?
  - Environmental stressors?
  - Longitudinal information such as temperament/ coping skills?

# Sleep Disturbance

- Possible causes:
  - Normal teen
  - Anxiety
    - Separation anxiety
    - PTSD
    - Generalized anxiety
    - Adjustment disorder
    - Response to environmental stress
    - Medical cause of anxiety
  - Mood
    - MDD or dysthymia
    - Bipolar disorder
    - Medical causes of mood disorder
    - Adjustment disorder
    - Response to environmental stress
  - Medical (includes toxins, drugs of abuse, side effects of medications)
  - Developmental
  - Poor impulse control (includes ADHD and ODD)

# Stomach aches

- Possible causes:
  - Viral illness
  - Sore muscles from exercise
  - Food poisoning
  - Ulcers
  - IBS
  - Crohn's disease
  - Anxiety (generalized or related to trauma)
  - Mood disorder
  - Substance use causing constipation
  - Side effects of medications

# Appetite disturbance

- Possible causes:
  - Just not hungry or happen to be very hungry at the moment
  - Changes in activity level
  - Medication side effects
  - Medical cause
  - Mood disorder
  - Anxiety disorder
  - Distorted body image
  - Pica in younger children
  - Lack of appropriate recognition of hunger

# Changes in Motivation

- Possible causes:
  - Burnout in teen whose schedule is too busy
  - Increasing difficulty in work/ unrecognized academic difficulty
  - Substance use
  - Mood disorder
  - Anxiety disorder
  - Medical disorder
  - Environmental stress
  - Impulsivity with appearance of lack of motivation
  - Negative symptoms/ dysfunction of executive function
  - Side effects of medications

# Irritability

- Possible causes:
  - Lack of adequate sleep
  - “bad day”/ stressful day
  - Worry vs anxiety
  - Mood disorder
  - Substance use
  - Environmental changes/ ongoing stress
  - Medical causes
  - Poor impulse control
  - Distortion of reality
  - Poor communication skills

# Rage

- Possible causes:
  - Lack of sleep in context of poor impulse control
  - Environmental stress leaving individual feeling helpless
  - Loss complicated by lack of trust
  - Mood disorders (MDD and bipolar disorder)
  - Limited language skills
  - Developmental disorder with limited communication skills/rigidity
  - Anxiety
  - Medical disorders
  - Substance use
  - Distortion of reality

# Drop in Grades

- Possible causes:
  - Poor study skills
  - Increased difficulty of work
  - Learning disabilities
  - Side effect of medications
  - Medical disorder (includes malnutrition with eating disorder)
  - Mood disorder
  - Anxiety disorder (includes GAD, PTSD, OCD, other)
  - Thought disorder with positive or negative symptoms
  - Poor attention/ concentration
  - Social deficits with rigidity re: instructions

# How do we sort this out?

- Insomnia:
  - Pattern of sleep disturbance?
  - Onset and course?
  - Medical assessment
  - Associated symptoms
  - Family history of psychiatric and medical disorders
  - Environmental stress?
  - Time of year (ie, did school just start or end?)
  - Social history
  - Substance use?
  - Co-morbid disorders?

# History taking

- Dependent upon multiple factors:
  - Teen's ability to trust
  - Teen's ability to communicate
    - Concrete vs abstract thinking
    - Flexibility vs rigidity
  - Level of insight
  - Developmental level
  - Presence/ absence of caregivers
  - Ability of examiner to listen/ be patient/ context of interview
  - Teen's experience of illness
  - Teen's temperament

# Developmental expression of symptoms

- Lack of motivation:
  - “school is boring”
  - “I don’t care because I don’t need that”
  - “I’m fine”
  - “You don’t know what you’re talking about”
  - “my parents are making too big a deal”
  - Anger at questions about substance use
  - Denial of mood sx due to lack of insight/shame/fear/anger
- It is the rare teen that will come to a mental health professional and say “I’m depressed and need help” or “I’m not motivated because I am scared of my -----”
- Parents and professionals need to learn to recognize developmental deviations from normal

# Mental Illness: How can you tell?

- Observe patterns
- Consider context
- Develop trust
- Understand concept of macromanagement rather than micromanagement
  - Teens will make mistakes
  - Teens need to learn from mistakes
  - Adults can facilitate learning or inhibit learning
- Assess relationships in context of respect for self and others
  - Ex- cutting indicates lack of self respect

# How can you tell?

- Allow reciprocal communication
  - This means listening to your teen
  - This means capacity to admit to mistakes as an adult
- Assess response to limit setting
  - Ability to tolerate limit setting
- Assess affective pattern of stability
- Assess in context of environment
  - Are the changes in behavior only on weekends?
  - Is there a change in friends?
  - Is behavior more problematic on Monday mornings during the school year?
  - Has there been a traumatic experience?

# Case Example

- 16 year old male lives at home with mother, stepfather
  - 10<sup>th</sup> grade spring semester
  - Plays baseball for school
  - Increasingly irritable
  - Grades have declined from A/B to B/C
  - Tired in the mornings, difficult to get him moving in am
  - Appears healthy
  - Appetite has increased
  - Decreased communication with parents
- What questions do you need to ask to assess?

## Case example #2

- 15 year old female lives with mother and stepfather
  - 9<sup>th</sup> grade, fall semester
  - Increasingly irritable
  - Grades C's (used to be A/B student)
  - Difficulty getting up in the mornings for school
  - Reports decrease in appetite due to stomach aches
  - Decreased communication with parents
- What questions do you need to ask to assess?

## Case example #3

- 17 year old male lives with mother and stepfather
  - 11<sup>th</sup> grade end of fall semester
  - Struggling with school work
  - Increasingly irritable
  - Pulling away from friends and family
  - Behavior more unpredictable
  - Roams the house at night
  - Does not listen to parents or teachers, is viewed as disrespectful
  - Appears healthy
- What questions do you need to ask?

## Case example #4

- 13 year old female lives with mother and stepfather
  - 8<sup>th</sup> grade in spring semester
  - Parents note she will only wear long sleeve shirts
  - Resistant to bedtime schedule
  - Frightens easily/ reports seeing ghosts at night in her room
  - Grades are falling from B/C to C/D
  - Spends all free time talking to boyfriend/ parents do not like boyfriend
  - won't participate in family functions because wants to be with her boyfriend
- What questions do you need to ask?

# Mental Illness: What can we do?

- A major challenge in psychiatry is the lack of a “test” to confirm a diagnosis
  - Professionals MUST understand normal teenage development
  - MUST assess teens in context of their lives
  - MUST recognize that trust is not automatic and therefore information will not always be forthcoming
  - MUST be willing to listen and not take offense.
    - The adults must be willing to be the adult in any interaction with a teenager
  - Professionals MUST recognize the impact of parental illness behavior on their teens
  - Professionals must be willing to ask sensitive questions appropriately
- Professionals need to recognize their own issues as teenagers and avoid projecting their wishes onto the teens.
  - Ex- opinions about substance use, sexual behavior, moral values
  - Specifically, must avoid being judgemental

# What can we do?

- When concerned about behavior in a teen:
  - Consider the context, developmental level, communication skills, and family history
  - Consider the risk factors for psychiatric illness
  - Discuss concerns with the teen whenever possible
  - Discuss with PCP or school counselor
  - Consider assessment by mental health professional

# Risk Factors

- Family history of psychiatric illness
  - Psychiatric disorders are genetic
  - FH of suicide is a major risk factor for suicide
- Exposure to toxins in utero
  - Risk for cognitive deficits
  - Risk for poor impulse control/ deficits in neurodevelopment
- History of abuse/neglect/traumatic event(s)
  - Inadequate response of environment to abuse/neglect
- Difficult temperament
- Academic difficulties at baseline
- Prior episode of psychiatric disorder
- Substance use

# What can we do?

- Approach care for children in context
  - Address environmental stressors
  - Address parental illness/disease
  - Address school placement/ academic supports
  - Address social context
- Understand communication style of teen and family
- Address the misperceptions about psychiatric illness in eyes of the teen and the family
- Be aware of bias in society against recognition of disease vs behavior

# What can we do?

- Psychiatric disorders are poorly understood by society
  - Advocacy is needed for resources
  - Education of the public about illness vs behavior
- Research support for understanding of the neurobiology of psychiatric disorders
- Parity for care for the mentally ill
- Support for social services that can intervene appropriately to provide safe environment for children and adolescents
- Support for parents with mental illness but without insurance coverage/ resources (teen may have TNCare but parents may not)

# Treatments

- Starts with excellent assessment
- Environmental interventions
- School interventions (TN Voices for Children a resource)
- Medical assessment (hearing/ vision/other)
- Pharmacologic
- Psychotherapy
- Community resources such as AA/NA
- Collaboration among the community resources is critical for effective treatment.
  - This requires willingness to avoid a “silo” mentality in treatment of teens and families

# Psychotherapy

- Research demonstrates efficacy in evidence based practice for specific disorders
  - CBT
  - DBT
  - TF-CBT
  - IPT
  - TF-Family therapy
  - Supportive therapy in appropriate contexts
  - Behavioral therapy
  - More difficult to research insight oriented therapy
  - Concept of integrated psychotherapy

# Pharmacology

- Difficult to study due to age
- Evidence for efficacy of variety of medications for variety of disorders:
  - ADHD and ODD
  - Mood disorders
  - Anxiety disorders
  - Autism spectrum disorders
  - Psychotic disorders
  - Other developmental disorders/cognitive disorders
  - Tic disorders
  - Eating disorders

# What can we do?

- Treatment requires collaboration among professionals:
  - PCP
  - School
  - Therapist
  - Child psychiatrist
  - Behavior analyst
  - Case manager
  - Youth villages/ in home services
- Patient and (ideally) parents/ caregivers

# Mental Illness Summary

- How can you tell?
  - Requires curiosity, patience, pattern recognition, knowledge of normal development, enjoyment of teens
- What can you do?
  - Educate self about psychiatric disorders
  - Advocate for recognition of psychiatric disorders
  - Understand the implications of developmental insults on behavior and the gene/environment interaction
  - Understand the significant challenges that teens and their families have when dealing with psychiatric disorders
  - Recognize the lack of insight as often being a manifestation of the disease (ex- bipolar mania = poor insight)
  - Recognize co-morbidities and need to treat the person not the disease alone
  - Respect children, teenagers, and families struggling with psychiatric disease even when there is significant anger and non compliance.
  - Recognize normal development in context of behavior



**Questions?**

