

# **Mental health lecture I: children and adolescents**

**An introduction**

# INTRODUCTION

Introductory comments/self presentation to  
audience

Jean-Claude Dutès, Ph.D.

Licensed Psychologist

Jean Alce, MD

Board Certified Psychiatrist

# Scope

## Child and adolescent mental health

- According to the World Health Organization:
- “Worldwide 10-20% of children and adolescents experience mental disorders. Neuropsychiatric conditions are the leading cause of disability in young people in all regions. If untreated, these conditions severely influence children’s development, their educational attainments and their potential to live fulfilling and productive lives.”

# What is mental Health:

- The WHO defines mental health as  
“a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.”

# Characteristics of a healthy self

- have the capacity to love yourself
- be able to love and to embrace love
- have confidence in one's ability
- be able to experience a broad range of emotions
- have the capacity to integrate thoughts and emotions
- maintain a positive outlook towards the past and the future

# Characteristics of a healthy self

- be in touch with reality
- develop and maintain satisfying relationships with others
- have the capacity to work and to be productive
- have the ability to grow and to adapt as needed
- have the ability to resolve problem at a level appropriate to your age
- have the ability to play and to recreate and to use and appreciate humor

# Point to remember

- The capacity to develop those abilities starts at conception and are affected by biological predispositions and environmental factors.

# Basic ideas: hardware and software of mental health

- Brain
- is central to survival
- depends on behavior /experiences for its proper development
- has built in biological predispositions and limitations (temperament, innate aptitudes/limitations, potential for certain neurological diseases and disorders)
- develops different functions at different ages (motor, sensory, social cognitive abilities). Contrast a baby with a toddler or a school age child with an adolescent
- is plastic: changes in response to experiences (learning/socialization)



# Basic ideas: hardware and software of mental health

- develops different functions at different ages (motor, sensory, social cognitive abilities).  
Contrast a baby with a toddler or a school age child with an adolescent
- is plastic: changes in response to experiences (learning/socialization)
- a precursor to the mind (no brain no mind)

# Mind/psyche/personality

- personality is a combination of innate biological predispositions (brain/body) and effects of the following:
  - cultural environment
  - social class within a culture

# Mind/psyche/personality

- family characteristics (parents' education, circumstances of birth, birth order...)
- features of living environment (safe vs. unsafe; predictable vs. unpredictable; caring versus uncaring; loving vs. rejecting; stable vs. unstable)
- interactional patterns between individual child and individual parents and both parents

# Point to remember

- In summary we can say that in an adult the mind or personality is an established pattern of perceiving, feeling and acting resulting, over time, out of the integration of his/her innate predispositions and experiences that allows a person to evaluate internal and external events in order to make decisions efficiently . In a child, it needs to be thought of as an emerging pattern as opposed to an established one. This is because children are in a process of rapid growth and development as compared to adults.

# Point to remember

Children are not little adults who come into the world with knowledge of right and wrong. They learn to assign a value to events through learning directly and indirectly from others and their own experiences .

A little interaction

What is  
learning?

# Overview of children developmental stages

- Piaget's cognitive development

Sensorimotor

exploration/learning

Preoperations

manipulations of symbols

language/pretend play

# Developmental stages overview

Concrete operations

analysis/logical thinking (inductive)

Formal operations

abstract thinking/mental flexibility



# Developmental stages

- Erickson's social emotional stages

Trust vs. mistrust (hope)-0-18 months

Autonomy vs. shame (will)-18mths-4yrs

Initiative vs. guilt (purpose)-3.5-8yrs

Industry vs. inferiority (competence)

5-12yrs

Identity vs. identify diffusion-13-20yrs

# Normal vs. abnormal behavior

- Statistical/comparative approach: what is the behavior and how does it compare to those of other children of the same age?
- Things to look for:
  - Frequency
  - Duration
  - Intensity
  - Consequences to self/others

# Mental illness

- **Mental illness** is defined as “collectively all diagnosable mental disorders” or “health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning.”

(CDC)

# Case #4

- She gradually recovered over a year, and by age 15 she seemed like her old self again. Six months after coming to live with her parents, she started a relationship with a young man two years her seniors. Her father became aware of the relationship threatened to send her back to Haiti, if she did not stop the seeing the boy. At first, she tried but became very and lonely, pining for him, and resumed the relationship. The father around that time made several statements aloud in conversations with her mother about girls who had disgraced themselves and shamed their families by becoming pregnant. One time she heard him say; if that were to ever happen to a child of his he would her back to Haiti and killed the man. About six weeks later, her mother came home to find her unconscious. She had overdosed on over the counter sleeping medicine. What do you think?

# Risk factors

- Family disruption due to emigration
- Physical/sexual abuse
- Separation/divorce
- School bullying
- Having an undiagnosed learning disability
- Unstable family environment

# Risk factors

- Parent's psychological health
- Peer pressure
- Critical/unsupporting parents
- Academic failure
- Chronic health problems
- Head trauma

# Overview of selected disorders

- Learning disability

Attention deficit/Hyperactivity Disorder

- Depression

# Learning disorder

A 10-year old boy who is in the 5<sup>th</sup> grade has been observed to avoid his reading assignments lately. He only works at them when threatened by his parents and for a short time. He does very well in all of his other subjects, but is falling behind in reading. His teachers say that he is attentive in class and has good peer relationships. What do you think?



# Separation anxiety disorder

- An 8-year old girl has become whinny and clingy lately. She wants to sleep in her mother's bed at night, although she has been sleeping alone since age six. She seems to have regressed, wanting her mother to tie her shoe laces, select her clothing and not wanting to do her homework by herself like she used to. She is an only child of a divorced mother who just started dating. Sounds familiar? What do you think is going on?

# Attention Deficit/Hyperactivity disorder

- A 13 year old boy's teacher reports that he is disruptive in class and cannot be trusted. She says that if she lets her eyes off of him for a second, he is doing something he should not be doing, pulling the hair of the girl in front of him, throwing paper bullets at other students initiating conversations with them and interfering with their work. Very smart, he picks things up quickly but has a tendency of blurting out answers instead of raising his hand and waiting to be called on. At home, he is usually doing multiple things at a time, never seeming to finish any of them without his mother or father making him do it. His mother says he has so much energy that he wears her out but feels that the school does not understand him. The teacher thinks he needs a psychological evaluation, but the mother does not want him to be labeled.

# Depression

- A 16 young woman recently came from Haiti to live with her parents. Her father left Haiti when she was 11 and her mother followed him when she was 13. After her mother left, she lived with one of her aunts. She was described as an affectionate but shy and reserved child. After her mother left Haiti, she cried for days, lost her appetite, dropping 20lbs in 2 months. At the time, her aunt thought that it was a good thing because “she could stand to lose a few pounds.” She could not sleep in her bed at night and started wetting the bed again, something she had not done since she was 11 years old. At that point, the aunt started becoming concerned about her. Believing that some had cast a bad spirit on her, because of her parents’ relative good fortune, she took her to see their pastor who prayed for her and encouraged them to pray harder and more frequently.

# Depression

- She gradually recovered over a year, and by age 15 she seemed like her old self again. Six months after coming to live with her parents, she started a relationship with a young man two years her seniors. Her father became aware of the relationship and threatened to send her back to Haiti, if she did not stop seeing the young man. At first, she tried but became very and lonely, pining for him, and resumed the relationship. The father ,around that time ,made several statements aloud in conversations with her mother about girls who had disgraced themselves and shamed their families by becoming pregnant. One time she heard him say that if that were ever to happen to a child of his, he would send her back to Haiti and killed the man. About six weeks later, her mother came home to find her unconscious. She had overdosed on over the counter sleeping medicine. What do you think?

# Interventions

- A learning disability evaluation by school psychologist or a licensed psychologist
- Get a psychological consultation if you observed atypical or unusual behaviors.
- A psychiatric consultation

# WHAT TO DO

- (Adapted from Brazelton and Grenspan, 2000)
- Maintain ongoing nurturing relationships
- Provide physical protection, safety and regulation
- Facilitate experiences tailored to individual ability

# What to do

- Facilitate developmentally appropriate experiences
- Provide limit, structure and expectations
- Take steps to facilitate the development of stable, supportive communities and cultural continuity