Indentify and intervene students with emotional disturbance

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11-12-15

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- 「心影薈」創會會長

全港精神健康指數調查2015
調查結果發佈會

2015年10月29日

香港精神科醫學院
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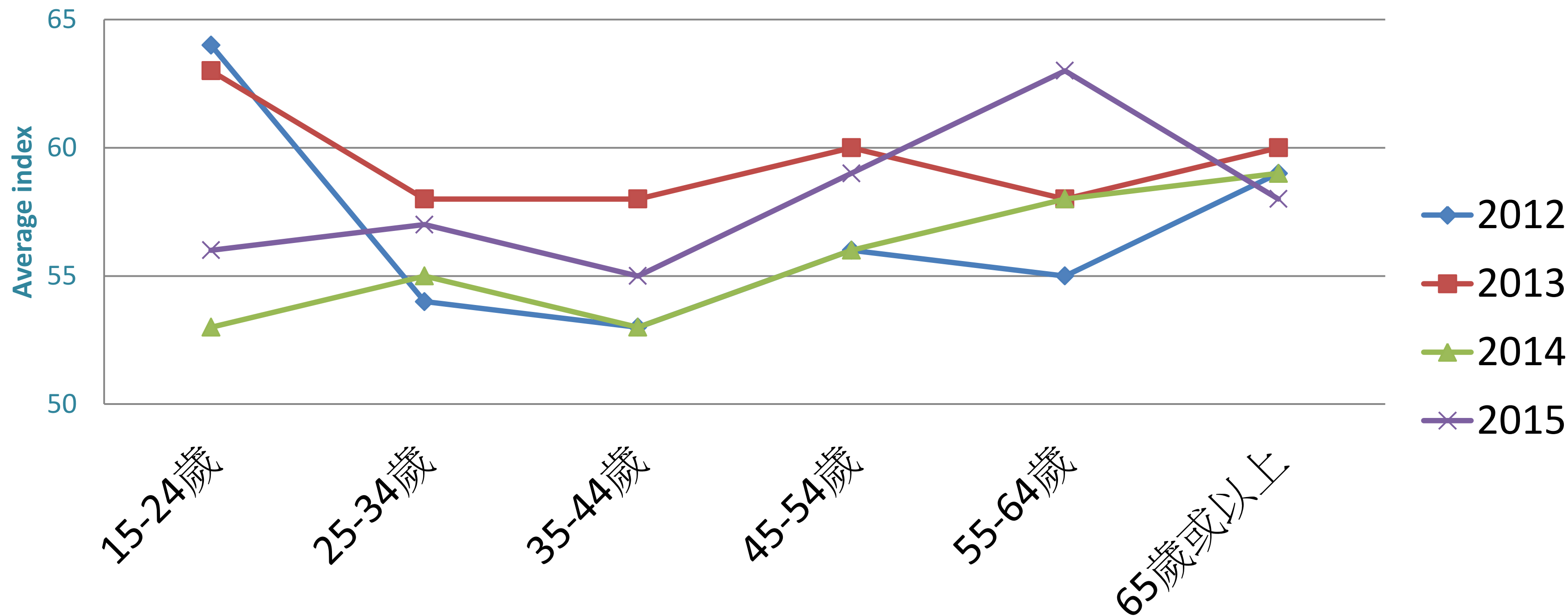
2012-2015不同年齡組別的精神健康指數



U-形分佈現象消失

?? M-形分佈

確認需要關注15-24歲人士精神健康

總結

- 青少年(15-24歲)的指數只有約56
- 約三成學生的精神健康不合格
- 前途、學業及經濟問題最影響受訪青少年的精神健康
- 近三成青少年會積極處理困難
- 選擇以運動、閒談及消閒娛樂幫助處理困難的青少年有接近四成
- 青少年最常使用網絡社交媒體，尤其是女性
- 如果未來24小時內不能使用網絡社交媒體，近四成受訪青少年的情緒會受到影響

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Indentify and intervene adolescent students with emotional disturbance

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11-12-15

outline

- Normal vs abnormal mood disturbance
- Self harm
- Ways to identify mood disorders
- Intervention
- School and family collaboration

WHAT IS ADOLESCENT?
WHO's Definition

- A period in human growth and development that occurs after childhood to adulthood
- From 10-19 yo
- One of the critical transitions in the life span
- Tremendous pace of growth

Challenge of being an adolescent

- Physical and sexual maturation (puberty; intimate relationship)
- Acquisition of skills for adult relationships and roles
- Renegotiation of family relationship (distancing from parents)
- Capacity of abstract reasoning and higher executive function (towards intellectual problems and social dilemmas)
- Development of identity (peer become a “invisible audience”)

Normal developmental problems causing mood disturbance

- Fear and confusion in change of role and relationship
- Self-esteem struggles
- Adjustment problems (school, parents, peer)

Emotional disturbance

- SA and organic
- Psychosis
- Depression, BAD
- Anxiety disorder including separation anxiety disorder
- OCD, tics disorder
- ODD/ Conduct disorder
- Neurodevelopmental : ADHD, ASD, LD
- Eating disorder
- Evolving PD

Presentations arousing concern

Self-Harm/Suicide

- Suicide is a result of complex social, cultural, religious and socio-economic factors, in addition to mental disorders
- Many reasons for self-harm behaviours besides suicide

Warning signs

- Someone threatening to hurt or kill himself or herself
- Someone looking for ways to kill himself or herself
- Someone talking or writing about death, dying, or suicide

Mental changes

- Hopelessness
- Rage/anger
- Acting reckless or engaging in risky activities
- Feeling trapped (like there is no way out)
- Increasing alcohol or drug use
- Withdrawing from family friends/family/society
- Agitation or intense anxiety
- Dramatic mood changes
- No reasons for living / no sense of purpose in life

Self Harming Behaviours

- Not all self-harm behaviours are attempts to die by suicide
- Can be a way to seek help/attention
- Or as a way to cope with emotional pain, intense anger and frustration
- Self-injury may bring a momentary sense of calm and a release of tension
- Often done impulsively, it can be considered an impulse-control behavior problem

- Many people self-injure only a few times and then stop. However, for others, self-injury can become a long-term, repetitive behavior
- The person has a hard time regulating, expressing or understanding emotions

Meaning of self-injury

- Manage or reduce severe distress, anxiety or anger and provide a sense of relief
- Provide a distraction from painful emotions through physical pain
- Feel a sense of control over his or her body, feelings or life situations
- Feel something, anything, even if it's physical pain, when feeling emotionally empty
- Express internal feelings in an external way
- Communicate depression or distressful feelings to the outside world
- Be punished for perceived faults

Approach

- Understand the reason and thinking behind the action
- Empathy
- Support and help as appropriate

Skill of gaining alliance

- Remove the white coat technique
- Empathic understanding of reason of referral
- Knowing agenda of the “HELP SEEKERs”
- Which side are you on?
- Are you a peer? Are you an authority figure?
- Are you the one to understand? Are you the one to condemn?
- Are the one to dispose? Are you the one to help?
- Empathic understanding of distress
- Same language (any language except foul)
- Appropriate image
- Expressive play or art
- Time, place and person

How to understand

Don’t just regard as

- “naughty”
- “spoiled by parents”
- “monster parents”
- “Sexual discrimination” boys is naughty
- Internet addiction
- “defective personality”

Understand

- ? Hidden psychiatric problem
- Bio-psycho-social formulation

Aetiological Forumlations

- multifactorial:
- stress vulnerability model:
- biological, genetic. Family hx
- psychological/ personality: attachment and sense of security, sensitive to comment, low self esteem
- Hx of being abused, bullied etc
- stress exceed

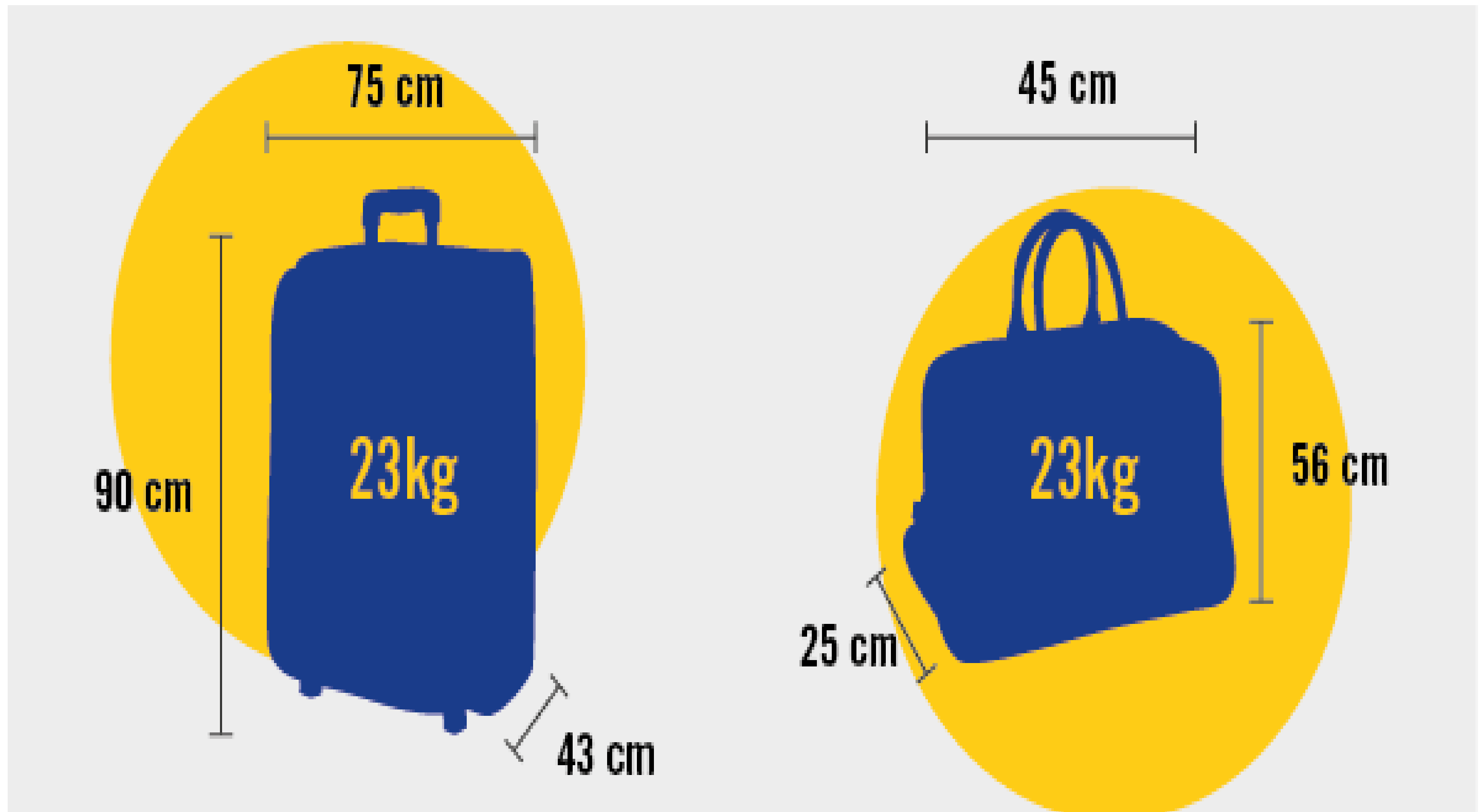
Etiological model – scientific view

- Stress
- → cortisol
- → immune changes (chronic stress cause neurodegeneration)
- → neurotransmitter imbalance
- But cause depression or anxiety or both ? genetics, epigenetics (genetic expression: interplay between genetics , early experience, premorbid personality etc)

How to identify

- Mood: Depressed mood/ Anxiety mood/ Irritable mood
- Behaviours: 隱蔽傾向
  School refusal– separation anxiety, anxiety disorder, depression
  Internet gaming disorder – may be secondary to depression
  Self harm / suicidal
- Physical complaints and sick leave (decrease appetite, weight loss, anxiety: ANS)
- Cognition/ thought/ speech : Direct or from other sources: facebook, email, whatapp
- Affect functioning (academic, relationship, conduct etc)

Difference from everyday "blues" or sadness 和一般不開心分別



Approach to the problems

Psychiatric management

- Biological: medication
- Psychological: psychoeducation, stress management, relaxation training, mindfulness , CBT, etc
- Social: intervention – consistent and supplementary

選擇性血清素再回收抑制劑 (Selective Serotonin Reuptake Inhibitor, SSRI)

- 如 **Fluoxetine **Sertraline
- Delayed onset of action (investment concept)
- Initial GI, headache, insomnia, increased anxiety
- Emergence of suicidal ideation (risk greater for < 30, those with co-morbid depression)
- discontinuation/withdrawal symptoms (anxiety spectrum disorders more prone to such problem)

Family and school collaboration : assessment

- Don’t be judgmental too early
- Timing and temporal relationship
- Academic performance
- Conduct
- Relationship
- School report
- standardized checklist e.g. teacher report form ; don’t place excessive judgment
- Video / audio recording if appropriate
- Mutual visit to facilitate understanding
- Referral to Educational psychologist assessment: SLD, IQ test etc

Family and school collaboration: Treatment and management

- Don’t be judgmental : avoid –ve labelling towards students, diseases and medications
- Parents and schools’ perspective in treatment options
- Consistent approach
- Supervision of medication treatment, consider confidentiality concern
- Psychosocial: counselor, social worker, educational psychologists
- Treatment planning – ongoing, with reevaluation
- Enhance understanding of mood problem

Classroom behavioral modification

- Class rules
- Positive Reinforcement
- Response Cost
- Proximity Control
- Attention to Compliance and positive behaviours
- Ignoring
- Group Consequences
- Self Management
- Contracts

Emotional disturbance

- SA
- Psychosis – fhx, bizarre experience
- Anxiety disorder, anxiety, somatic symptoms
- OCD – difficult to be described
- tics disorder – some involuntary movement, may be subtle
- Depression – anhedonia
- ODD/ Conduct disorder
- ADHD - impulsive
- ASD - rigidity
- LD

Depression
M vs F?

- Prepubertal depression
- Middle or late aldolescent
- Suicidal attempt
- Completed suicide

Aldolescent depression M vs F?

- Prepubertal depression M=F
- Middle or late aldolescent F>M
- Suicidal attempt F>M
- Completed suicide M>F

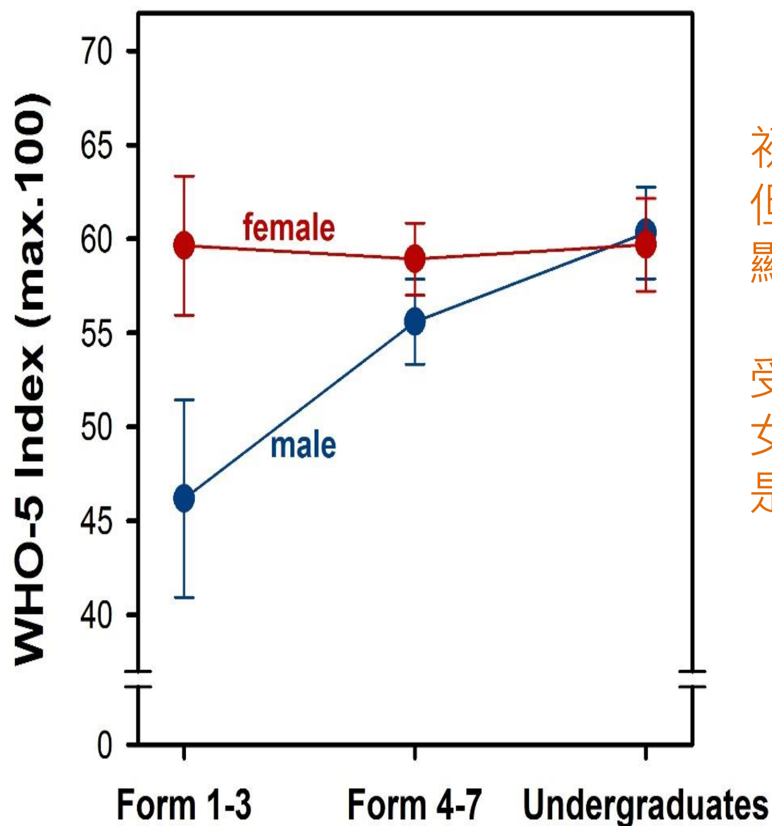
Depression

- Biological symptoms and Negative Cognition
- BUT may not mature enough to report cognitive change; biological S&S unreliable(appetite increase or decrease; weight loss masked by growth;)
- ** anhedonia and social withdrawal are powerful indicator
- deterioration of academic result or school refusal

Depression

- Psychological Treatment - Cognitive Behavior Therapy (CBT) and Interpersonal Therapy (IPT)
- Medication - SSRI
- Consider family component in treatment

比較男女初中學生、高中學生及大學生的平均指數



初中女生的指數高於男生，
但這距離因為男生的指數上升而收窄，
顯示學業狀況影響會指數

受訪者未有包括小學生，所以結果未能顯示男女小學生的指數，未知女學生的指數於初中前是否亦有上升趨勢

Risk Factors

- A family history of substance abuse
- A mental or behavioral health condition, such as depression, anxiety or attention-deficit/hyperactivity disorder (ADHD)
- Early aggressive or impulsive behavior
- A history of traumatic events, such as experiencing a car accident or being a victim of abuse
- Low self-esteem or poor social coping skills
- Feelings of social rejection
- Lack of nurturing by parents or caregivers
- Academic failure
- Relationships with peers who abuse drugs
- Drug availability or belief that drug abuse is OK

School refusal

Presentation

- May complain of physical symptoms shortly before it is time to leave for school or repeatedly ask to visit the school nurse
- The symptoms quickly disappear while at home
- Some cases a child may refuse to leave the house

- Common physical symptoms include
  - headaches
  - stomachaches
  - nausea
  - diarrhea
- But tantrums, stubborness, separation anxiety, avoidance, and defiance may show up

Reasons

- Stressful life events e.g. moving home/moving school
- Fear that something will happen to a parent
- Fear that she won’t do well in school
- Fear of another student

- Often a symptom of a deeper problem

Treatment

- Cognitive behavior therapy along with systematic desensitization, exposure therapy, and operant behavioral techniques
- Beware of family interaction issues
- Treat underlying possible psychiatric disorder accordingly

Obsessive Compulsive Disorder

- Unreasonable thoughts/images/fears (obsessions) & repetitive behaviors (compulsions)
- May try to ignore them or stop them but that only increases distress and anxiety
- Theme
  - Fear of contamination
  - Having things orderly and symmetrical
  - Aggressive or horrific thought
  - Unwanted thoughts/ Doubt

Treatment

- Medication - SSRI
- Cognitive Behavioral Therapy (Exposure/Response inhibition)

- Bizarre and atypical obsession/rumination in young age, consider differential diagnosis of Psychosis

EASY?

- May be the first episode of a lifelong disorder - Schizophrenia/Bipolar Affective Disorder
- May be secondary to substance abuse
- Onset may be acute or insidious
- Delusion/Hallucination/Social or intellectual deterioration
- Content of abnormal beliefs and perceptions are influenced by the individual's developmental stage

Prodromal schizophrenia??

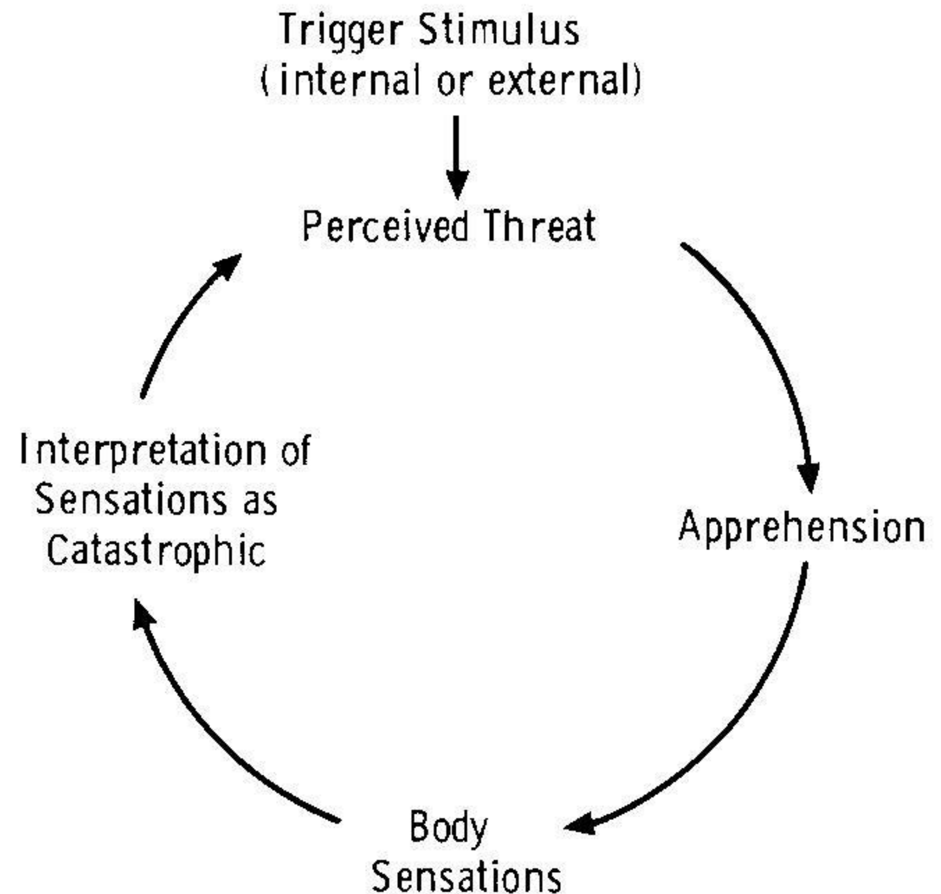
- History of social oddness coupled with excessive sensitivity and magical thinking
- Without core active symptoms of a psychosis
- Treat or not treat??

Multimodal Treatment Bio/Psycho/Social

- Medication
- Family-based interventions
- Educational or vocational strategies
- Take note of a young person's developmental stage
- Individual psychological therapies
  - social skill training
  - CBT
  - Support to bereavement-like issues

Anxiety Disorders

- General Anxiety Disorder
- Panic Disorder
- Social Anxiety Disorder



ADHD

- Neurodevelopmental Disorder
- Inattention features
- Hyperactive-Impulsive features
- Mood Dysregulation possible
- As age grows, relatively less overt hyperactivity
- Inattention and impulsivity may persist
- Mix with other adolescent issues and family issues

- Treatment -
  - medication
  - social skill training
  - learning modification and adaptation

- Need setting up realistic targets with the teens and parents

Oppositional Deviant Disorder

- A frequent and persistent pattern of anger, irritability (emotional), arguing, defiance (behavioral) vindictiveness toward you and other authority figures
- Temperament vs Envirnoment
- Treatment - Parent training/Parent-Child interaction therapy/ Family Therapy/Problem solving and social skill training
- Medication ??

Issues

- Empathy from perspective of transition
- Family dynamics affecting the teens presentation
- Previous relationship pattern between the teenage and various authority figures
- Current teens culture
- Understanding between order and disorder

challenge

- Normal vs abnormal
- Bio – psycho – social component – formulation and treatment

How to differentiate

- Simpler language
- Same language
- Drawing or symbolic play

How to get along with students with emotional disturbance

- Don’t discriminate, or stigmatize
- Show concern, show understanding
- Give time

Goal of treatment

- Reduce symptoms
- To improves emotional and behaviuoral functioning
- Remedy skill deficiits
- To remove obstacles to normal development

summary

- Normal adolescent challenge and mood disturbance
- Special techniques in engagement
- Sign for picking up mental illnesses
- Different pattern of psychiatric illnesses
- Bio-psycho-social etiological model and treatment

THANK YOU