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Overview of Mental Health Problems in Children and Adolescents

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Extent of the Mental Health Problems

Emotional and behavioural problems are relatively common in childhood. Between 5% and 25% of children may require help at some point in time. In America, it has been estimated that 4 million youths suffer from major mental illness that results in significant impairment at home, at school, and in peer relationships. One in ten children and adolescents has a mental illness severe enough to cause some level of impairment. Yet, only about one in five of them receives mental health service in any given year. Among children aged 9–17, there can be one or two with serious emotional problems in virtually every classroom in the country. Childhood mental disorders can continue into adulthood, where 74% of 21-year-olds with mental disorder had prior problems. In Singapore, this issue is only beginning to be understood. A large scale mental health survey led by Woo and Fung was completed in 2004, involving 2141 children aged 6–12. This study showed that about 12.5% of children have emotional and behavioural problems based on parent reports. Parents also reported higher rates of mental health problems than teachers, but parent–teacher agreement was higher for externalising (behavioural) problems than for internalising (emotional) problems. Interestingly, child reports of anxiety and depression were

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relatively high compared to what the teachers had noticed. The study also found that the mental health problems in children are associated with multiple risk factors, the most significant being lower intellectual ability and parents being single, divorced, separated, widowed or deceased. At the Child Guidance Clinic, Singapore's largest provider of mental health services for children and adolescents, we see about 2500 new children and adolescents annually. Suicide rates in adolescents are not high compared to other countries but the rising trend during the last decade warrants some attention.

How to Define the Problems

There are many ways to define a mental health problem. Two main classification systems are used in mental health. They are the Diagnostic Statistical Manual, Fourth Edition (DSM-IV), and the International Classification of Diseases, Tenth Edition (ICD-10). The DSM is used in America while the ICD was created for the World Health Organisation. The DSM is more research-based but also serves to guide payment by insurance companies for medical cost. Clinicians find such labels helpful in research and also in planning treatment. It is useful to understand that behaviour is not a black-and-white demarcation. Normal and abnormal behaviour are not separate but are often together on a spectrum of behaviours (Fig. 1.1).

Abnormality can be defined statistically as the behaviour that falls outside the norms (often defined by culture, as well as social and environmental conditions). One way of understanding this is to imagine how we define high blood pressure. Why is a diastolic pressure above 90 mm Hg taken to be high? It is because at blood pressures above this level, the risk of heart and cardiovascular disease rises significantly. Thus, to define a disorder, one should look at the following factors:

- Appropriateness of behaviour
- Severity, persistence and pervasiveness
- Impairment of function
- Distress to self
- Distress to others

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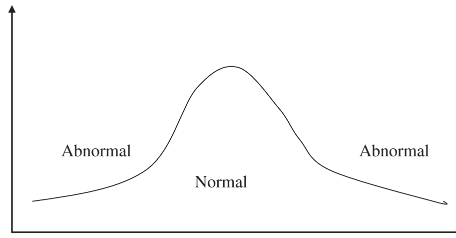

Fig. 1.1. The continuum of behaviours.

Many developmental, emotional and behavioural problems are short-lived; for instance, fears in small children. Temper tantrums in toddlers and periods of defying authority and rebelliousness in adolescents are common. They may cause worry for a period without ever needing any professional intervention.

However, if a child is doing something that is outside the range you would expect for his or her age and circumstance, and is either causing or experiencing distress, then there is a problem which merits attention. If what he or she is doing is getting in the way of living a reasonable life, there is similarly a problem. It is better to think in terms of problems, impaired functioning and suffering rather than engaging in a futile debate as to whether or not a disorder is present.

Many mental disorders are an exaggeration of normality (quantitatively different) in terms of severity and impairment in the psychosocial and educational spheres (for example, feeling sad or frightened). If the disorders include symptoms of delusions, hallucinations and thought disorders (qualitatively different) as in schizophrenic illness, the distinction from normality is not too difficult to assess.

Confusion of Terms Used

It is not necessary to get into an argument as to whether a child has an emotional or behavioural disorder, or whether he or she is psychiatrically disordered or psychologically disturbed. All such terms overlap and none of them is unique.

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Differences between child and adult psychiatry

Child psychiatry differs from adult psychiatry in four important ways.

1. *Children seldom initiate referrals*

   It is usually the parents, teachers or some other adults who want the child to be assessed. The views of the adults and caregivers, as well as their tolerance and perception of problems, are crucial and should be assessed. It is therefore important to engage them in the treatment process.

2. *Children are developing and this must be considered*

   A child, whether in infancy, pre-school, childhood or adolescence, can show vastly different behaviour. For example, it is normal for a 4-year-old child to bed-wet but not for an adolescent 14-years old. To understand the child, his or her stage of development, along with its expected behaviour and norms, have to be borne in mind.

3. *Children are less able to express themselves*

   As it takes years for children to develop language and communication, younger children are less able to express themselves. The use of play, puppets, toys, dolls and drawings are often helpful means of communicating their feelings and thoughts. In addition to parents, information from other sources, such as teachers, other significant caregivers and medical and social agencies, the child comes into contact with, also provides valuable input.

4. *Less use of medication in the treatment of children*

   Children usually do not suffer from the adult type of mental illness, and a reduced rate of medication use is the rule. Psychological and family therapies are often required and this calls for a multi-disciplinary approach to the management of their developmental, emotional, behavioural and relationship problems.

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Types of Mental Health Problems

The wide range of problems in childhood and adolescence that may come to the attention of doctors includes:

1. *Emotional problems*

   Persistent fear and anxiety, school refusal, depression, suicidal ideas and attempts, daydreaming and self-preoccupation, jealousy, anger, hostility, irritability and mood swings.

2. *Behavioural problems*

   Unusual shyness, inhibition, solitariness, withdrawn behaviour, anti-social behaviour, disobedience, violence, quarrelsome conduct, destructiveness, lying, stealing, shoplifting, truancy, running away from home, hyperactivity, sexual misdemeanours and deviations, disruptive behaviour, inattentiveness and poor concentration, distractibility, frequent temper tantrums, obsessive–compulsive acts, bizarre or irrational behaviour, etc.

3. *Developmental problems*

   Language and speech delay, stuttering, bed-wetting, reading and learning problems, and socialisation difficulties.

4. *Other problems*

   Parent–child relationship problems, marital problems that affect the children emotionally, bodily aches and pains, child abuse, eating problems, etc.

What could be the consequences if left untreated?

The treatment of emotional and behavioural disorders of children and adolescents is important because:

- Unrecognised and untreated emotional and behavioural disorders create distress not only in the children and adolescents but also in all those who care for them;

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- Unresolved disorders in children and adolescents may continue or worsen during adult life;
- Disorders unresolved in children and adolescents can lead to disrupted education and school failure;
- Emotional and behavioural disorders can retard physical, psychological, social and intellectual development;
- Unrecognised emotional and behavioural disorders presenting in the primary-health-care setting are likely to absorb increasing amounts of professional time until the underlying difficulties are tackled;
- Emotional and behavioural disorders in children and adolescents increase demands on the social, educational and juvenile systems.

Child Guidance Clinic

The Child Guidance Clinic, an outpatient centre located in the Health Promotion Board building, with a branch at the Institute of Mental Health, accepts referrals for children and adolescents up to the age of 18. Table 1.1 shows information on students seeking psychiatric help. A total of 2105 new cases were seen in 2006. A breakdown of the diagnosis for this group is as follows:

Table 1.1 Information on Students Seeking Psychiatric Help

A				
Year	**No. of New Children Seeking Psychiatric Help**	**Breakdown by Age Group**		
		<7	**7–12**	**>12**
2002	2024	287	1192	545
2003	2072	245	1150	677
2004	2106	236	1241	629
2005	2195	256	1166	773
2006	2105	217	1264	624
2007	2099	284	1236	579

(*Continued*)

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Table 1.1 (*Continued*)

B		
Year	**Total Attendances**	**New Cases**
2002	16487	2024
2003	16142	2072
2004	16856	2106
2005	16024	2195
2006	17144	2105
2007	17947	2099

C: Cases seen by Child Guidance Clinic						
Year	**Diagnosis**					
	ED (%)	**SD (%)**	**ADHD (%)**	**DD (%)**	**CD (%)**	**Others (%)**
2002	14.58	6.52	22.58	21.64	7.81	26.88
2003	6.76	12.79	23.36	16.17	7.72	33.20
2004	10.16	6.23	22.79	10.54	10.11	40.17
2005	9.98	6.06	23.51	13.35	8.47	38.63
2006	8.88	5.56	25.89	13.06	8.27	38.34
2007	8.29	4.76	21.87	13.38	7.19	44.51

ED = Emotional Disorder; SD = Stress-related Disorder; ADHD = Attention Deficit Hyperactivity Disorder; CD = Conduct Disorder; DD = Developmental Disorder. Others include stress-related disorders, normal variation.

It is worth pointing out that 10 to 15% fall into the category of normal variation and only 1 to 3% of the cases belong to “psychotic disorder”. Psychotic disorders, like schizophrenic illness and manic-depressive illness, are rare in childhood.

Developmental disorders include speech and language disorders, enuresis and autistic spectrum disorders.

Conduct disorders are characterised by persistent and repetitive anti-social, aggressive and defiant behaviours.

Emotional disorders include anxiety disorder, separation anxiety disorder, sibling rivalry disorder, phobic disorder, obsessive–compulsive disorder, depressive disorder and hysterical disorder.

Stress-related disorders include acute stress reaction, adjustment disorder and post-traumatic stress disorder.

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What Do You Do When a Parent Brings a Child to See You?

The first step of management is to obtain a good description of the symptoms in terms of multiplicity, frequency, duration, severity, and whether they are in keeping with the socio-cultural background of the family, as well as the effects on the child and the people around him (e.g. the parents and teachers).

This is followed by examination of the mental state and observation of the interaction between the child or adolescent and the parents. It is useful to obtain the child's point of view (once the child is over the age of about 4), and this may require a private interview. This can reveal secret sources of distress unknown to the accompanying parents, as well as the degree of inner emotional suffering.

Further investigations may be necessary, such as getting feedback from the school and psycho-educational testing. A decision can then be made as to whether the behaviour in question is normal or abnormal for the child's age. If the patient has a disorder, a formulation of the case should be drawn up with regard to the diagnosis, getiology and prognosis, and hence the management plan.

Good prognostic pointers include good peer relationship, stable and supportive family, good previous temperament, onset related to an identifiable and reversible stressor, and brief duration of the problem. The lack of a family history of mental disorder also augurs well for the child.

What are the Reasons for Referral if the Child is Normal?

If the behaviour of the child or adolescent is within the normal variation, there are several reasons for the parents to take him to see a doctor:

- The parents may be ignorant (first child), misinformed, or apprehensive because of similar symptoms in another child or the child of someone they know who became a problem later on.

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- The behaviour may remind them of part of their own experience or personality, which makes them feel uncomfortable or upset. For example, strict and bad-tempered parents may not tolerate children expressing anger with negative feelings, probably because they were not allowed to do so when growing up.
- They may be concerned about something else and are using the problem presented as an excuse for consultation; for example, they may complain about the child's disruptive behaviour as an admission ticket to see a doctor for their marital disharmony or their disagreement about parenting styles.
- They could be over-stressed or mentally unstable.

What Do You Do Then?

It is necessary to go beyond a simple reassuring statement that the emotional and behavioural state of the child/adolescent is normal, to ask what concerns the parents most about the problem: Does it remind them of anything? Is there anything else that they are worried about? How are they coping?

How to Manage a Child/Adolescent with Emotional and Behavioural Disorder?

A helpful mindset is to adopt the approach of ECT (Education, Care and control, and Training and Treatment).

Education

Children with extremely low intelligence will be more suited to study in a special school at a pace that they can cope with. Remedial teaching and tuition on a one-to-one basis, at least three times a week, is often necessary to help children who are weak in a particular subject. In addition, their motivation and confidence

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in their studies need to be boosted. Liaison with the school to help the teachers understand the child's mental condition and learning difficulties is helpful. The school should be kept informed of the psycho-educational test results as well. Suggestions for special classroom or educational arrangements to help the child should be provided to the principal and teachers. The child may be assigned a buddy to help with his homework or settling down in a new school. The child may also require extra time for written papers in examinations.

Care and control

The physical needs of children are generally well looked after by the parents. It is the psycho-social need of children that has to be emphasized, and that need is fourfold: the need for love and security, responsibility, new experiences, and praise and recognition. The disciplinary methods, control and guidance regarding the child's behaviour should be appropriate for his age and developmental level.

Training and treatment

Some children may require training in the skills and techniques of relaxation, coping with stress, social interaction, problem-solving, independent living and vocational competency. Parenting skills may be lacking and have to be drilled into some parents. Training sessions are usually conducted with groups of 6–8 persons.

Treatment takes the form of a multi-disciplinary approach. The doctors focus on the use of medication, and the psychologists on behavioural management and counselling. For family therapy and play therapy, the social workers may take the lead. Specialist teachers provide remedial tuition and other educational measures. Speech therapy and occupational therapy may also be deemed necessary for some patients. Patients may be treated individually, in groups or as a family unit. They may also be treated in different settings: outpatient,

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inpatient or day patient; in a mental hospital, a children's hospital or one of the children's homes.

In conclusion, child and adolescent psychiatry is concerned with the various issues of development, upbringing, discipline, mental health and mental disorders. This is the early and the most exciting stage in a lifespan where the person grows from infancy to childhood, and into adolescence. Drastic changes and transformation in the person's life are observed: a totally helpless and dependent newborn who eats and sleeps most of the day gradually becomes a physically and intellectually able adult.

The Child Psychiatry Team

The child psychiatry team consists principally of the psychiatrist, the psychiatric social worker and the clinical/educational psychologist. Other members include the nurse, the remedial teacher, the occupational therapist and the speech and language therapist. The team works through a system of referrals and case conferencing. Newly referred children and adolescents are usually seen by appointment only. The psychiatrist sees the patients first before other members of the team become involved, if necessary.

- Child psychiatrists are doctors who have received further training in the specialised area of child mental health. They would have at least six years of experience practising psychiatry and at least one year of general medical experience. They are thus experts on mental disorders and manage the child's problems using a biological, psychological and social approach. The child psychiatrist is able to perform physical examination and prescribe medications for children. This is a major advantage, in that the psychiatrist can prescribe treatment for physical problems that may be causing or aggravating a child's emotional problems.
- Child psychologists are trained in psychology, which is the science of understanding human behaviour. Psychology is a

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non-medical discipline that was first concerned with the normal functioning of the mind and has explored areas such as learning, memory and the normal psychological development of children. Clinical psychologists are trained to use psychological therapies to treat children with mental health problems. They have at least three years of undergraduate training and another three years of postgraduate training. One form of psychological treatment is psychotherapy, which involves exploring psychological issues. Psychologists are also trained to provide IQ and psychological testing. Those who work in schools are also called educational psychologists. These psychologists help at-risk students achieve their educational goals and work closely with mental health professionals with a focus on supporting social, mental health and human resources in schools. They also assist schools in developing programmes that address learning difficulties in students. They are usually teachers who have had postgraduate training in educational psychology. At the Child Guidance Clinic, psychologists have received supervised training in behavioural modification, cognitive-behavioural therapy and psychological assessments. As such, they can support doctors in cases requiring behavioural management, cognitive restructuring and behavioural therapy. They can also perform IQ, reading and developmental tests to exclude learning and/or developmental disorders and facilitate referrals to helping agencies.

- Social workers are concerned with the social aspects of the child, which include family, relationships and social skills. Although they may not have had the same clinical training as psychiatrists and clinical psychologists, they are usually much more familiar with the home, community and school environments. Many social workers in Singapore do have a psychology background, and the department of psychology has been co-located with the department of social work for many years. Psychiatric social workers help the child through providing financial and social support. They may employ family therapy, marital therapy and counselling for children and their families.

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- Teachers are trained in educating a child. Part of their training involves understanding child behaviour and problems. Specially trained teachers can help children with learning difficulties and mental retardation. They also provide valuable individualised advice for parents.

Other therapists include a number of different professionals:

- Occupational therapists (OTs) are trained in the therapeutic use of self-care, work, and play activities to increase independent function, enhance development and prevent disability. OTs have had specialised training and may have attended either a degree course overseas or a diploma course at a local polytechnic.
- Psychotherapists are trained in the art of psychotherapy. This is important for emotionally disturbed children. With young children, this may mean play therapy as the child may not have acquired adequate language abilities. Many professionals can be trained in psychotherapy, and the training includes formal teaching in the theories of psychological development and supervision in seeing patients. In Singapore, a number of courses are available for psychotherapy training.
- Counsellors are trained in listening to people and helping them seek appropriate assistance.

Recommended reading

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