

Anxiety & Depression (Internalising disorders)

ECAP4007

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Children's Mental Health in the UK

Developmental psychopathology:

DP is concerned with the study and mapping of how early childhood may act as risk factors for later mental health disorders, and attempts to investigate the ways by which early experiences may generate psychological problems later in life.



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Children's Mental Health in the UK

What are the most prevalent mental health disorders among young people in the UK?

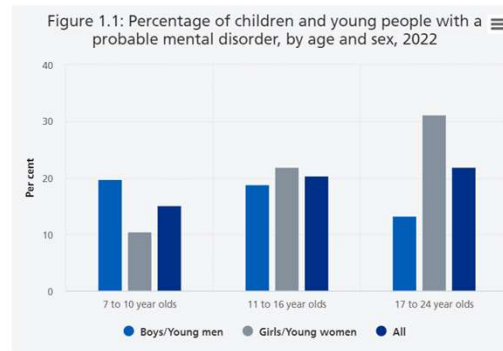
Anxiety disorders

ADHD

Conduct disorders

Eating disorders -
**Avoidant/Restrictive
Food Intake
Disorder (ARFID)**

Depression



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Anxiety

- Anxiety disorders – cluster of symptoms that includes worries & fears.
- Anxiety can be a normal emotional response which is purposeful in certain situations – e.g., preparing the body for a ‘fight or flight’ response.



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Symptoms (Internalising Disorders)

Physical: heart racing/pounding, sweating, shaking, dizziness, nausea, vomiting, dry mouth, headaches, hyperventilation, enuresis (bedwetting).

Emotional: worry, fear, confusion, feeling 'on edge' or under threat, irritability or anger.

Behaviour: avoidance, maladaptive ways of coping with the anxiety.

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Fear - The first time either the feelings /bad thoughts occur, you may feel scared or worried. If you then worry that you will have the bad thoughts or feelings again, it can lead to them re-occurring. Eventually, you feel fearful of the feelings or thoughts happening again. This is known as the "fear of the fear"

Feelings (Physical) E.g. fast heart beat, feeling shaky, feeling like you might faint

Thoughts (Negative Thinking) E.g. I might die, I might have something seriously wrong with me, I'm not normal, I can't cope, I can't manage this feeling, I will only get worse, other people think I'm strange

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Anxiety (Diagnosis)

Childhood disorders:

Separation anxiety

Specific phobias (10% in 8-9 yrs. old)

Obsessive compulsive disorder

Tic disorders (Tourette's syndrome)

Post-traumatic stress disorder (PTSD)

General anxiety disorder (5% in children 5-10 yrs. old)

Social anxiety

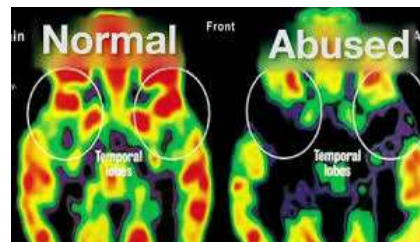
Agoraphobia

Panic disorder

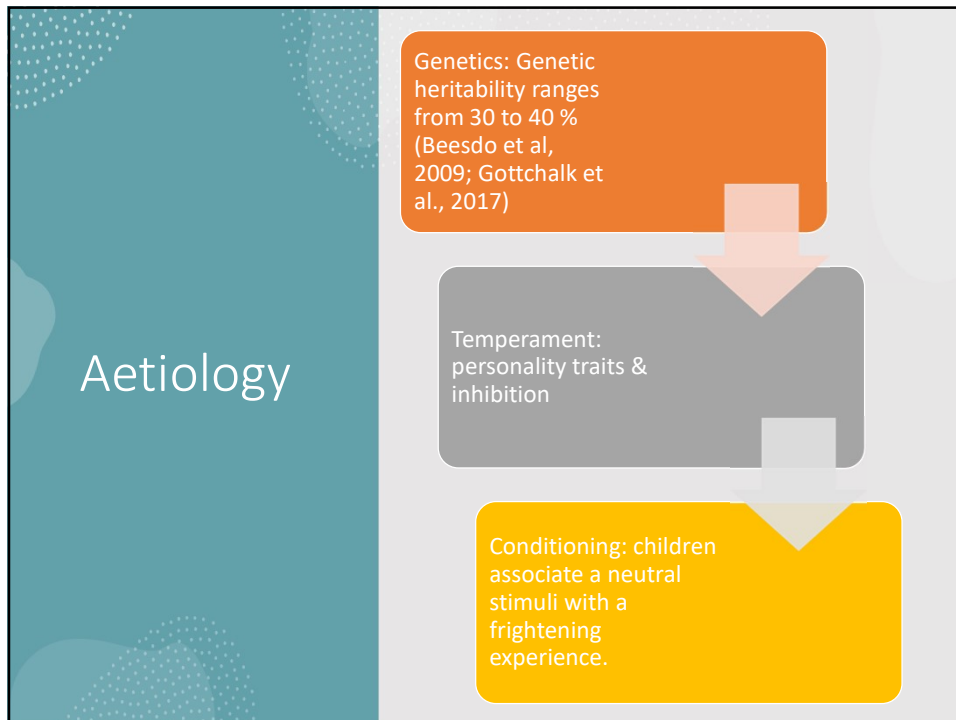


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PTSD



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Anxiety in Children - Separation Anxiety

Separation anxiety

- ◉ Developmentally inappropriate and excessive anxiety concerning separation from home or from those to whom the individual is attached
- ◉ Impacts on the child's functioning
- ◉ This affects 2-4% of children and is the most common anxiety disorder in pre-pubertal children.



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Anxiety in Children – Specific Phobias

- ◉ A fear associated with a specific object or event that does not have a reasonable basis and interferes with functioning - present for 6 months
- ◉ More common in girls
- ◉ Avoidance is frequent. The focus of the fear is anticipation of harm (e.g., dogs-bite)
- ◉ Beesdo et al (2009) - different fears peak at different ages:
 - fear of animals, thunder and lightning age 2-4
 - Fear of the dark and imaginary creatures age 4-5
 - Fear of illness and natural disasters age 5-7
 - Fear of war and negative social evaluation during adolescence

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Anxiety in Children – Selective Mutism

First recognised in people aged between 3 to 8 years

Symptoms - an inability to speak in certain places such as school or when children have to meet people they don't know because of feeling so anxious and stressed that they can't respond.

They are usually able to speak normally when they are at home or in other places where they feel comfortable and safe.

As well as finding it hard to talk, young people may also find it hard to make eye contact or feel frozen and unable to move when people are talking to them. They have a tendency to find certain situations extremely uncomfortable.



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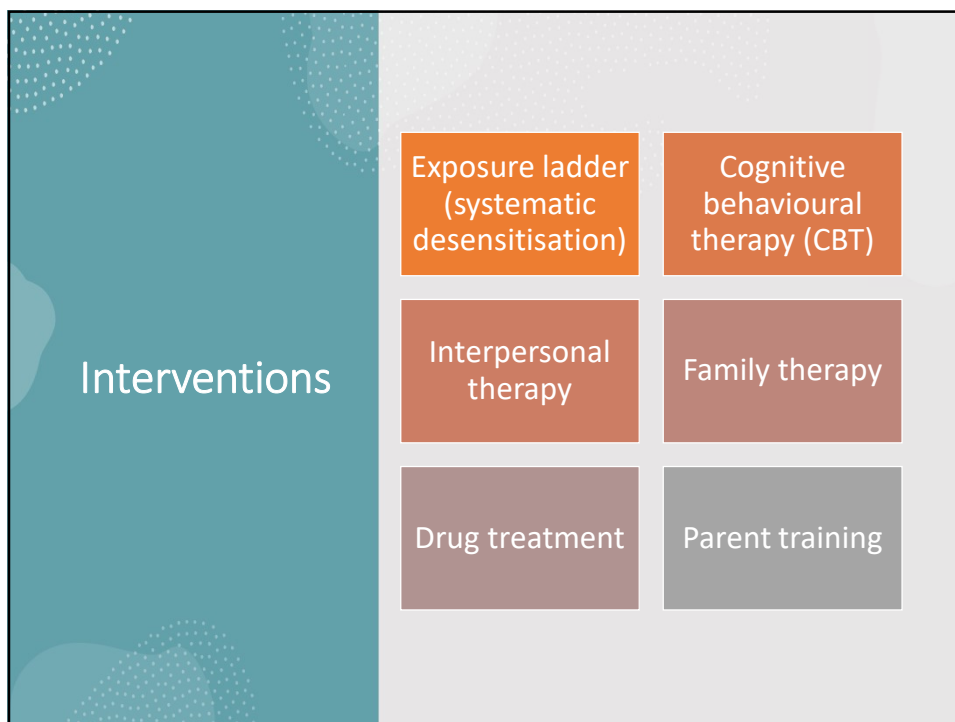
Anxiety in Children – Obsessive Compulsive Disorder

OCD is found in 1-2% of young people, and can be looked at in two parts:

- (1) obsessions - these are repetitive, obtrusive, unwanted thoughts that are experienced and result in unreasonable fears & worry.
- (1) compulsions - acts or rituals carried out in response to fears generated by obsessions.



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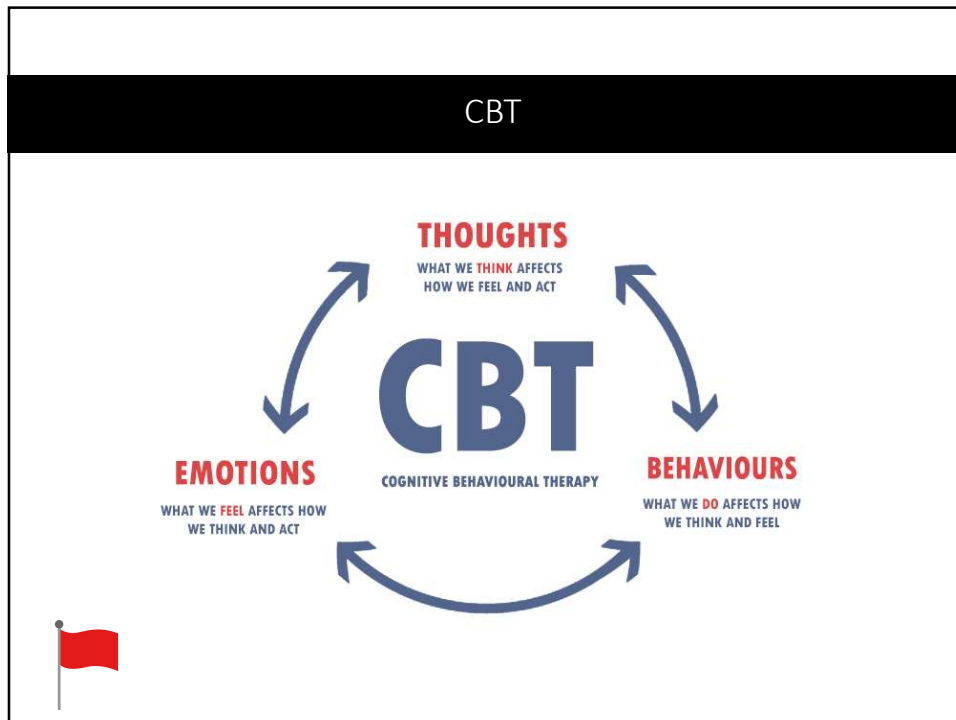


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Interventions – Exposure ladders

- Step 1 - look at a photo of a dog
- Step 2 - When the child is comfortable doing this, perhaps try looking at a toy dog
- Step 3 - Holding a toy dog
- Step 4 - Being in the same garden as a very small dog in a cage
- Step 5 - Moving closer to the cage
- Step 6 - Being in the same garden as a dog on a lead
- Step 7 - Moving closer to the dog
- Step 8 - Touching the dog for one second --- (systematic desensitisation)

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Drug Treatment – (Manassis et al., 2010)

Psychotherapy remains the first line treatment for mild to moderate symptoms, with pharmacotherapy being considered for severe or treatment-resistant anxiety disorders.

SSRIs and venlafaxine were more effective than placebo for anxiety disorders.

A combination of both CBT and medication showed significant reductions in anxiety symptoms.

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Depression

Mood changes

- Sadness, feeling miserable
- Irritability
- **Loss of interest in activities, hobbies**

Negative styles of thinking

- Low self-esteem
- Feelings of helplessness & hopelessness

Suicidal thinking

Difficulties with social relationships

- Social withdrawal
- Poor social skills & problem solving difficulties

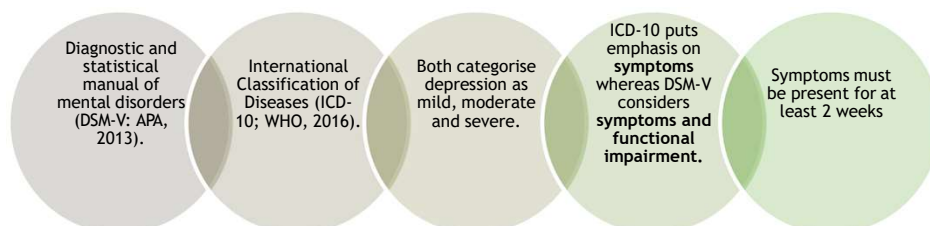
Physical symptoms

- Sleep disturbance
- Appetite disturbance
- Inactivity
- Loss of interest, apathy



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Diagnosis



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PROBLEMS IN REDUCING MDD IN CHILDREN AND ADOLESCENTS

Problems of diagnosis

Developmental variations

Co-morbidity

Complexity of factors associated with clinical course

Need specificity of treatments

Co-morbidity with other emotional and conduct disorders is common.

Behaviour problems or anxiety will be present in almost all cases and between 50% and 80% of depressed young people will also meet criteria for another disorder.

About 25% will have conduct or oppositional defiant disorder (Angold & Costello, 1995).

The presence of multiple problems challenges successful intervention.

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Prevalence (NICE)

- At any one time, the estimated number of children and young people suffering from depression:
 - 1 in 100 children
 - 1 in 33 young people
- Prevalence figures exceed treatment numbers:
 - about 25% of children and young people with depression detected and treated
 - 12-15% adolescents up to 19 years of age will have experienced a diagnosable episode of depression
- Suicide is the:
 - 3rd leading cause of death in 15– 24-year-olds
 - 6th leading cause of death in 5– 14-year-olds



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Aetiology

Biochemical: - monoamine hypothesis.

Genetics

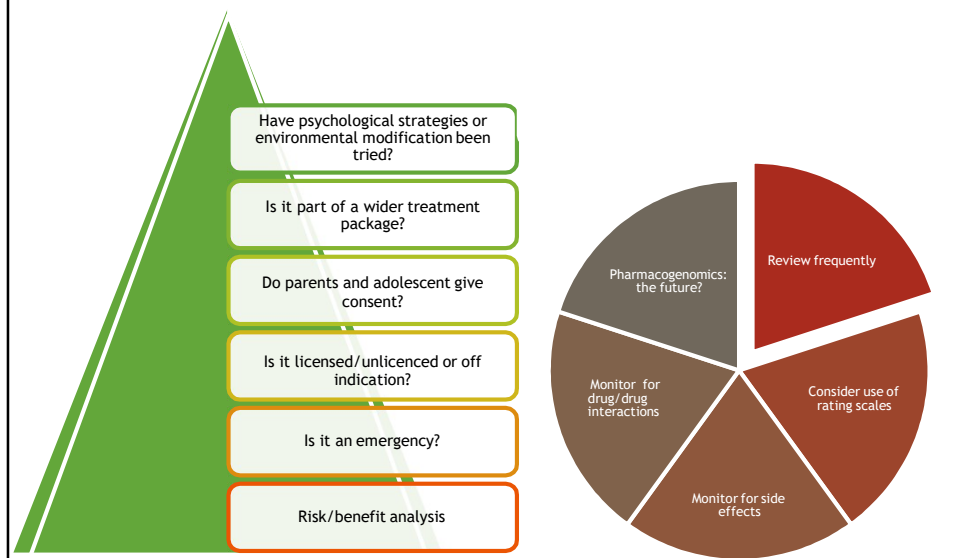
Children who develop major depression are more likely to have a family history of the disorder.

Psycho-social

Socio-economic

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WHEN TO USE MEDICATION



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Medication

Anxiolytics

Sedatives and Melatonin

Antipsychotics

Antidepressants: Fluoxetine

Mood stabilisers

*Mostly unlicensed for children

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Medication

- Depression in childhood & adolescence has similarities and differences to adulthood.
- Response to medication is different
- Tricyclics ineffective in childhood depression.
- SSRI controversy: suicidal ideation in early treatment
- NICE guidance:
 - Psychological therapies first
 - If medication indicated only, Fluoxetine first line

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