MENTAL HEALTH DISORDERS IN YOUTH

Topics – Conditions that may have crisis

- Overview
- Mental Health Disorders and Youth
- Brief De-escalation Tips

What is ‘mental health’ in youth?

- Mental health =
  - Reaching developmental and emotional milestones,
  - Learning healthy social skills and
  - Learning how to cope when there are problems. (CDC-NCHHD)
- Parents and others in their lives to help them develop and learn the skills needed especially around thoughts and emotions

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As a baby/infant/toddler – world revolves around ‘safety’ and getting needs met
- Limited responses: cry, anger, physical action - fight for it/take it
- “Fight, Flight, Freeze” response

As an adult:
- Interprets behavior
- Guesses at need
- Quiets the child

SENSATIONS

FEELINGS

EMOTIONS

BEHAVIOR - ACTION

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Mental Health Disorders in Youth

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CIP Training Portage-Wood Counties 2016

The Developing Brain

- Brain develops/rewires itself into the 20's
  - It's influenced by types of activities, experiences & medications
- Why is this important?
  - Emotions/behavior are changing as the brain develops
  - Makes 'diagnosis' a challenge
  - Response to medications can change as the brain changes
  - Prefrontal cortex is responsible for logical, thinking response
  - After an event, it 'learns' from the experience for the next time
  - In adolescents (into 20s) - this part of the brain is not yet developed!!!
  - It affects the individual's response in 'crisis' situation and 'learning from it' later
  - They depend on the adults - especially in crisis - to help with emotional regulation.

Stress

- Stress: a normal, healthy reaction to change or a challenge; neither good nor bad
- Negative Stress or 'distress'
  - When we feel mental or emotional strain or tension because of adverse or very demanding circumstances, often feel overwhelmed
- Whether something causes 'distress' depends on
  - How we look at the event/change - whether we see it as positive or negative
  - How many of these changes we have at once
  - How long the time the increased stress lasts
  - Whether we come back to 'normal' in between stressful events
  - How we 'cope' with it

"Toxic" Stress – Stress Overload

- Is prolonged stress without relief or protective response (coping skills, relationships)
- Physical Response - High levels of stress hormones
  - The heart has to work overtime to overcompensate for the high levels of epinephrine. This can weaken the immune system

STIGMA

Critical Differences

- The 'usual' approaches to emotions and thoughts and connection to action do not work
  - Following 'authority' /'disciplining' them is not the answer
- Parents/teachers need to learn new ways to help them
  - Learn to recognize/deal with emotions,
  - Connect thoughts with emotions and
  - Connect to behavior and ultimately to consequences
- Still set limits and understand connections
Mental Health Disorders in Youth

**Mental Health Disorders in Youth**

- Anxiety Disorders
  - Includes Separation anxiety, Selective mutism
- Depressive Disorders
  - Disruptive Mood Dysregulation Disorder
- Bipolar Disorder
- Trauma and Stressor-Related Disorders
  - Reactive Attachment Disorder (RAD)
  - PTSD
  - Acute Stress disorder and Adjustment disorders
- Disruptive, Impulse Control and Conduct Disorders
  - Oppositional defiant disorder
  - Intermittent explosive disorder
  - Conduct Disorder

Source: Diagnosis, symptoms, prevalence – DSM 5

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**Schizophrenia Spectrum and other psychotic disorders**

- Self-harm (Non-suicidal injury)*

**Obsessive-Compulsive and Related disorders**

- Obsessive-compulsive disorder
- Body Dysmorphic disorder
- Trichotillomania (Hair-pulling)

**Personality Disorders**

- Cluster B: Borderline, Narcissistic

**Elimination disorders**

- Enuresis, Encopresis

**Feeding and eating disorders**

- Pica, Rumination avoidance/Restrictive food intake disorder
- Anorexia Nervosa, Bulimia Nervosa, Binge-eating disorder

**Gender dysphoria**

*Not an official DSM V diagnosis at this time

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**MH In Special Juvenile Populations**

- **Juvenile Justice System**
  - 70-100% of youth have a diagnosable MH disorder
  - 20% have ‘serious mental illness’
  - LGBTIQ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning)
    - Significantly higher risk for suicide in 2013.
    - 23% attempted suicide (7X higher than heterosexual peers)[2011-2016]
- **Child Welfare**
  - 50% of children have mental health challenges
  - 15% receive treatment

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**Mental Health Disorders (MHD): Diagnosed and Undiagnosed**

“One in five children has a diagnosable mental health disorder”¹

“A estimated 1 in 10 children and adolescents in the United States suffers from mental illness severe enough to cause some level of impairment.”²

One in two (~50%) of the mental health conditions emerge by age 14. (75% by age 24)³

It can take up to 8 years to get appropriate diagnosis & treatment.

“Fewer than 1 in 3 with a mental health get the treatment needed.”¹

¹ Wisconsin Office of Children’s Mental Health 2014 Annual Report
² National Institute of Mental Health, 2008
³ American Psychological Association, Winter 2012

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**Signs a Youth MAY have a MH condition**

- Drastic changes in behavior or personality
- School refusal/avoidances/grades drop drastically
- Extreme difficulty concentrating or staying still
- Intent to harm themselves or others
- Severe out of control behavior
- Intensive worries or fears
- Social isolation
- Aggression
- Severe mood swings
- Impulsivity
- Appetite problems
- Restlessness – agitation
- Use of drugs /alcohol
- Overwhelming fear
- Sleep

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Mental Health Disorders in Youth

Common to have more than 1 condition

Anxiety in Youth
- Very common MHC in youth but often not recognized
- Its effect - paralyzing, isolation, feeling of failure
  - Youth shrinks from contact with outside world
- High rate in adolescence
  - Cannot calm self
  - Vulnerable to self-medication (illicit use of drugs, alcohol)

Video: https://www.youtube.com/watch?v=mvJFeI6zjH4&feature=youtube_gdata_player

Signs a Child MAY have Anxiety

- Infant - Toddler
  - Irritability, fussiness; Startles easily
  - Fearful of large, looming objects (puppets, large dolls)
  - Uncertain, fussy if routine is changed
- Young Children
  - Fear of the dark, monsters, ghosts
  - Fearful of large, looming objects (puppets, large dolls)
  - Easily frustrated, difficulty calming down
  - Overly shy, withdrawn
  - Overly dependent on parent/caregiver
- Video - Anxiety

Depression in Youth
- Unique expression in youth: NOT so much sadness
- More likely: Irritability & Aggressiveness
  - Physical complaints - often the only significant identifier
  - Anger,ullen
  - Overly sensitive, over-react
  - Lethargy - can't get up in the morning, sleepy
- Notice a 'change' - seems like a 'totally different kid'
- Youth puts on 'good face' in public, is worse at home
- 50% have anxiety - which often comes 1st
- Suicide
  - Real concern even as young as 4-5
  - 90% of adolescents who die by suicide have a mood disorder and alcohol/substance use

Disruptive Mood Dysregulation Disorder (DMDD) **
- What the youth experiences
  - Extreme out of control behavior
  - Intense outbursts of temper - often in response to frustrations-frequent (verbal/physical aggression)
  - Persistent irritability or anger most of the day in between temper outbursts
  - Poor frustration tolerance
- Their life is severely disrupted
  - School
  - Friendships
  - Family Life
- Other information
  - Onset is before 10 years
  - More frequent in boys
  - How common is it? 2-5% of children
  - Rarely the only disorder the child is experiencing

**New in DMS V – it describes what used to be reported as Bipolar NOS

Bipolar disorder
- In children - Not common
  - Diagnosis requires strong family history and unique early-onset symptom pattern ('pediatric mania')
- In late adolescence
  - May be severe and extremely difficult
  - Wipes away talents & strengths they had - youth feels lost and alone at critical stage in development
  - Can include psychosis, grandiose delusions
  - They feel very powerful & invincible
  - Disrupts social, family, school life
- At high risk for drug and alcohol abuse
Psychosis in Children

- Schizophrenia is rarely diagnosed before adolescence
- Symptoms usually thought to be schizophrenia (hallucinations, disorganized behavior, disorganized speech) are often due to other childhood disorders.
- Early onset schizophrenia
  - Usually develop symptoms over a long time (years)
  - Might have other developmental challenges first – motor/speech development; poor function in attention, memory, decision-making; grade failure
  - Symptoms during teen years before the first acute psychotic episode: high-functioning teenager ‘falls apart’, is unrecognizable, isolating, unpredictable, doing bizarre things

Behavioral Disorders in Youth

- Pattern of behavior that is persistent for months.
- Main disorders
  - Oppositional Defiance Disorder
    - Disobedient, angry, defiant to authority, easily annoyed
  - Intermittent Explosive Disorder
    - Impulsive outbursts of aggression – verbal (fights, tantrums), physical to people, things, animals
  - Conduct Disorder
    - Disregard for norms/rules (steal, lying, truancy), cruelty to people/animals
- Common features: anger, defiance, aggression

Self Harm Behavior (Nonsuicidal Self-Injury)*

- Common behaviors
  - Cutting
  - Scratching
  - Burning
- Starts in puberty; more often females
- It is a sign that the person has challenges in coping, dealing with emotions and needs to be addressed
- The behavior is NOT intended to lead to suicide
- Therefore, it is NOT considered “Dangerous behavior” within Chapter 51

*Possible future diagnosis – Proposed criteria in DSM 5

De-escalation with youth

"MELTDOWN"
RAGE, PANIC, FREEZE

YOU control your anxiety in order to diffuse theirs. Your instincts will be to engage in fight or flight. You can do neither. Use silence and your own calming sequence.
Mental Health Disorders in Youth

Helping to calm anxiety & mild agitation

- Deep breathing
  - Draw a figure 8, breathe in going to left, breathe out going right
  - Blow on fingers, pretend to blow out birthday candles, or blow bubbles
- Tense and Relax – Have the child form their hands into fists and bring their shoulders to their ears, count to five with them and then relax. Repeat five times. Try using props such as “squeeze balls” to help exaggerate the motion.
- Stretch - reach for the sky, touch their toes
- Other activities to focus on here & now and their body
  - Feel their toes, wiggle them, move their foot
  - Name 2 things they see in the room, touch 2 things on their body, name something they can smell, name a sound they hear, what they can taste
  - School examples – take kleenex box to the office, move the weight in the wagon
  - Sing a favorite song together
  - Listen to music (iPod, mp3)
  - Draw, doodle or color
  - Word games, Sudoku

Resources
Mental Health in Youth: Behavioral Disorders

- **Oppositional Defiant Disorder**
  - Actively does **not follow** adults’ requests or follow the rules
  - Angry & resentful
  - Often loses temper
  - Argues
  - Easily annoyed
  - Deliberately annoys others
  - Blames others for own mistakes or behavior
  - Is spiteful or seeks revenge
  - Has few or no friends or has lost friends

- **Intermittent Explosive Disorder**
  - Impulsive outbursts of aggression
  - Verbal: temper tantrums, arguments, fights
  - Physical: to people, property, animals
  - Impact on the individual
    - Cause marked distress in the individual or
    - Impairment in **ability to function** (School, social)
    - Have financial or legal consequences

- **Conduct Disorder**
  - Stealing
  - Constant lying
  - Deliberate fire setting
  - Truancy
  - Theft
  - Property destruction
  - Physical cruelty to animals or humans
  - Forcing others into sexual acts
  - Starting fights
## Community-Based Resources

<table>
<thead>
<tr>
<th>Good resource - Wood County Roadmap and Wood County ......Resources serve multiple counties</th>
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</thead>
<tbody>
<tr>
<td>MILC - Mid Independent Living Consultants</td>
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<tr>
<td>Wisconsin Family Ties - children’s mental health support/advocacy</td>
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<tr>
<td>CYSHCN – Children and Youth with Special Health Care Needs</td>
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<tr>
<td>Epilepsy Foundation - Heart of Wisconsin</td>
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<td>United Way’s 2-1-1</td>
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## County Programs

<table>
<thead>
<tr>
<th>Comprehensive Community Services (CCS)</th>
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<tr>
<td>Service coordination program for children with serious emotional disorders which inhibit their functioning in daily activities.</td>
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<tr>
<td><a href="https://www.dhs.wisconsin.gov/ccs/index.htm">https://www.dhs.wisconsin.gov/ccs/index.htm</a></td>
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<th>Children’s Long Term Support Waivers (CLTS)</th>
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<td>Makes Medicaid funding available to support children who are living at home or in the community and who have substantial limitations due to developmental, emotional, and/or physical disabilities.</td>
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<td><a href="https://www.dhs.wisconsin.gov/clts/index.htm">https://www.dhs.wisconsin.gov/clts/index.htm</a></td>
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<th>Coordinated Services Teams (CST)</th>
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<td>Team based service for children with serious emotional disorders.</td>
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<td><a href="https://www.dhs.wisconsin.gov/cst/index.htm">https://www.dhs.wisconsin.gov/cst/index.htm</a></td>
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<th>Children’s Community Options Program (CCOP)</th>
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<tr>
<td>A more flexible funding source to help a family purchase disability related goods and services not covered by private insurance or other publicly funded programs.</td>
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<th>Birth to Three Program</th>
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<td>Team based approach that serves children under three who have developmental delays or disabilities and their parents.</td>
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<th>Wood County Human Services</th>
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<tr>
<td><strong>Contact Information for Special Needs Programming</strong></td>
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<tr>
<td>o 817 Whiting Avenue Stevens Point, WI 54481</td>
<td></td>
</tr>
<tr>
<td>o To make a referral or get more information, call (715) 345-5350 and press 5</td>
<td></td>
</tr>
<tr>
<td>o 2611 12th Street South, Wisconsin Rapids, WI 54494</td>
<td></td>
</tr>
<tr>
<td>o To make a referral call 715-421-4244</td>
<td></td>
</tr>
<tr>
<td>o For more information on services and programs, call 715-421-8848</td>
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<tr>
<td><strong>ADRC (Adult Disability Resource Center)</strong></td>
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<tr>
<td>Lincoln Center</td>
<td></td>
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<tr>
<td>1519 Water Street</td>
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<tr>
<td>Stevens Point, Wisconsin 54481</td>
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<tr>
<td>Voice (715) 346-1401 or 1-866-920-2525</td>
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<tr>
<td>Erin Johnson – <strong>ADRC</strong> (over 18) 715-421-0014</td>
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<tr>
<td>Jill Jarabek – <strong>WCHS</strong> (under 18) 715-389-0241</td>
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