

# Adolescents & Mental Illness

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## Alcohol and drug abuse

Use and abuse of drugs and alcohol by teens is very common and can give serious consequences- 50% of deaths from accidents, homicides and suicides involve alcohol or drug abuse. Warning signs of teenage drug or alcohol abuse may include: A drop in school performance;

- Withdrawal from family;
- A change in group of friends;
- Low self esteem, depression, poor judgment, irresponsible behaviour;
- Delinquent behaviour, and
- Deterioration in family relationships.
- There may also be physical signs such as red eyes, a persistent cough and change in eating habit. Drug dependency may include blackouts, withdrawal symptoms and further problems in work. Adolescence is the time for trying new things. Teenagers at risk for alcohol and drug problems include those:
  - With a family history of substance abuse
  - Who are depressed
  - Who have low esteem, and
  - Who feel like they don't fit in or are out of the mainstream. Teenagers abuse a variety of drugs, both legal and illegal. The most commonly used illegal drugs are marijuana (pot), stimulants (cocaine), LSD, PCP, opiates, heroin and designer drugs (Ecstasy). The use of illegal drugs is increasing in young teens. Parents can help through early education about drugs, open communication.

## Anorexia Nervosa

It occurs when an adolescent refuses to maintain body weight at or above a minimal normal weight for age and height. The weight loss is usually self-imposed and is usually less than 85% of expected weight. The condition occurs more frequently in females; however it can occur in males too. Physical symptoms may include:

- Absence of regular menstrual cycles
- Dry skin
- Low pulse rate, and
- Low Blood pressure
- Behavioral changes commonly occur such as
  - Social withdrawal
  - Irritability
  - Moodiness, and
  - Depression

Without treatment, this disorder can become chronic and with severe starvation, some teenagers may die.

## **Anxiety**

Anxiety is the fearful anticipation of further danger or problems accompanied by an intense unpleasant feeling (dysphoria) or physical symptoms. Anxiety is not uncommon in children and adolescents. Anxiety in children may present as:

- Separation Anxiety disorder- Excessive anxiety concerning separation from home or from those to whom the child is attached. The symptoms may be in form of – repeated nightmares and headaches, stomach aches, nausea or vomiting.
- Generalised anxiety disorder- Excessive anxiety or worry about events or activities such as schools. It may result in restlessness, fatigue, difficulty concentrating, irritability, muscle tension and sleeping difficulty.
- Panic disorder- The presence of recurrent, unexpected panic attacks and persistent worries about having attacks. It refers to the sudden onset of intense apprehension, fearfulness, or terror often associated with feelings of impending doom. It may result in shortness of breath, palpitations, chest pain or discomfort, choking or smothering sensation and fear of going crazy or losing control.
- Phobias- Persistent irrational fears of a specific object, activity, or situation (such as flying, heights, animals, seeing blood). These fear cause child or adolescent to avoid the object, activity, or situation.

## **Depression**

In addition to feelings of sadness and/or irritability, a depressive illness includes:

- Change of appetite with either significant weight loss (when not dieting) or weight gain
- Change in sleeping patterns (trouble falling asleep, waking up in the middle of night, early morning awakening, or sleeping too much)
- Loss of interest in activities
- Loss of energy, feeling low for no reason
- Inability to concentrate
- Feeling of indecisiveness
- Feeling of helplessness
- Recurring thought of death and suicide, death wish or attempting suicide
- Irritability
- Boredom.

## **Learning disorders**

It occurs when the child or adolescent's reading, maths, or writing skills are substantially below that expected for age, schooling, and level of intelligence. Students with learning disorder may become so frustrated with their performance in school that by adolescence they may feel like failures and want to drop out of school or may develop behavioral problems. Special testing is always required to make diagnosis of a learning disorder in order to make remedial interventions. It should be identified as early as possible during school years.

## **Physical Abuse**

It occurs when a person is responsible for a child or adolescent's welfare causes physical injury or harm to the child. They may suffer from depression, anxiety, and low self esteem, inability to build trusting relationships, alcohol and drug abuse, learning impairments and conduct disorder.

## **Sexual Abuse**

It occurs when an adolescent is used for gratification of an adult's sexual needs or desires. Severity of sexual abuse can range from fondling to forcible rape. The most common form of sexual abuse encountered by girls includes:

- Exhibitionism
- Fondling
- Genital contact
- Masturbation, and
- Vaginal, oral, or anal intercourse.
- Boys may be sexually abused through:
  - Fondling
  - Mutual masturbation
  - Fellatio, and
  - Anal intercourse.

Adolescents who have been abused may also suffer from depression, anxiety, PTSD (post traumatic stress disorder), feelings of worthlessness and helplessness, learning impairments and destructive behaviors.

## **Children of Alcoholics**

One in five adult Americans lives with an alcoholic while growing up. Child and adolescent psychiatrists know these children are at greater risk for having emotional problems than children whose parents are not alcoholics. Alcoholism runs in families, and children of alcoholics are four times more likely than other children to become alcoholics. Most children of alcoholics have experienced some form of neglect or abuse. A child in such a family may have a variety of problems:

### **Guilt**

The child may see himself or herself as the main cause of the mother's or father's drinking.

### **Anxiety**

The child may worry constantly about the situation at home. He or she may fear the alcoholic parent will become sick or injured, and may also fear fights and violence between the parents.

### **Embarrassment**

Parents may give the child the message that there is a terrible secret at home. The ashamed child does not invite friends home and is afraid to ask anyone for help.

Inability to have close relationships: Because the child has been disappointed by the drinking parent many times, he or she often does not trust others.

### **Confusion**

The alcoholic parent will change suddenly from being loving to angry, regardless of the child's behavior. A regular daily schedule, which is very important for a child, does not exist because bedtimes and mealtimes are constantly changing.

Anger The child feels anger at the alcoholic parent for drinking, and may be angry at the non-alcoholic parent for lack of support and protection.

### **Depression**

The child feels lonely and helpless to change the situation.

Although the child tries to keep the alcoholism a secret, teachers, relatives, other adults, or friends may sense that something is wrong. Child and adolescent psychiatrists advise that the following behaviors may signal a drinking or other problem at home:

- Failure in school; truancy
- Lack of friends; withdrawal from classmates
- Delinquent behavior, such as stealing or violence
- Frequent physical complaints, such as headaches or stomachaches
- Abuse of drugs or alcohol; or
- Aggression towards other children
- Risk taking behaviors
- Depression or suicidal thoughts or behavior

Some children of alcoholics may act like responsible "parents" within the family and among friends. They may cope with the alcoholism by becoming controlled, successful "overachievers" throughout school, and at the same time be emotionally isolated from other children and teachers. Their emotional problems may show only when they become adults. Whether or not their parents are receiving treatment for alcoholism, these children and adolescents can benefit from educational programs and mutual-help groups such as programs for children of alcoholics. Early professional help is also important in preventing more serious problems for the child, including alcoholism. Child and adolescent psychiatrists help these children with the child's own problems, and also help the child to understand they are not responsible for the drinking problems of their parents. The treatment program may include group therapy with other youngsters, which reduces the isolation of being a child of an alcoholic. The child and adolescent psychiatrist will often work with the entire family, particularly when the alcoholic parent has stopped drinking, to help them develop healthier ways of relating to one another.

## **CHILDREN AND DIVORCE**

One out of every two marriages today ends in divorce and many divorcing families include children. Parents who are getting a divorce are frequently worried about the effect the divorce will have on their children. During this difficult period, parents may be preoccupied with their own problems, but continue to be the most important people in their children's lives.

While parents may be devastated or relieved by the divorce, children are invariably frightened and confused by the threat to their security. Some parents feel so hurt or overwhelmed by the divorce that they may turn to the child for comfort or direction. Divorce can be misinterpreted by children unless parents tell them what is happening, how they are involved and not involved and what will happen to them.

Children often believe they have caused the conflict between their mother and father. Many children assume the responsibility for bringing their parents back together, sometimes by sacrificing themselves. Vulnerability to both physical and mental illnesses can originate in the traumatic loss of one or both parents through divorce. With care and attention, however, a family's strengths can be mobilized during a divorce, and children can be helped to deal constructively with the resolution of parental conflict.

Parents should be alert to signs of distress in their child or children. Young children may react to divorce by becoming more aggressive and uncooperative or withdrawing. Older children may feel deep sadness and loss. Their schoolwork may suffer and behavior problems are common. As teenagers and adults, children of divorce often have trouble with their own relationships and experience problems with self-esteem.

Children will do best if they know that their mother and father will still be their parents and remain involved with them even though the marriage is ending and the parents won't live together. Long custody disputes or pressure on a child to "choose sides" can be particularly harmful for the youngster and can add to the damage of the divorce. Research shows that children do best when parents can cooperate on behalf of the child.

Parents' ongoing commitment to the child's well-being is vital. If a child shows signs of distress, the family doctor or pediatrician can refer the parents to a child and adolescent psychiatrist for evaluation and treatment. In addition, the child and adolescent psychiatrist can meet with the parents to help them learn how to make the strain of the divorce easier on the entire family. Psychotherapy for the children of a divorce, and the divorcing parents, can be helpful.

## **STEP FAMILY PROBLEMS**

- With the high incidence of divorce and changing patterns of families, there are increasing numbers of stepfamilies. New stepfamilies face many challenges. Stepfamily members have each experienced losses and face complicated adjustments to the new family situation.
- When a stepfamily is formed, the members have no shared family histories or shared ways of doing things, and they may have very different beliefs. In addition, a child may feel torn between the parent they live with most (more) of the time and their other parent who they visit (e.g. lives somewhere else). Also, newly married couples may not have had much time together to adjust to their new relationship. The members of the new blended family need to build strong bonds among themselves through:

- acknowledging and mourning their losses
- developing new skills in making decisions as a family
- fostering and strengthening new relationships between: parents, stepparent and stepchild, and stepsiblings
- supporting one another; and
- Maintaining and nurturing original parent-child relationships while facing these issues may be difficult, most stepfamilies do work out their problems. Stepfamilies often use grandparents (or other family), clergy, support groups, and other community-based programs to help with the adjustments. Parents should consider a psychiatric evaluation for their child when they exhibit strong feelings of being:
  - Alone dealing with the losses
  - torn between two parents or two households
  - excluded
  - isolated by feelings of guilt and anger
  - Unsure about what is right
  - Very uncomfortable with any member of the original family or stepfamily

In addition, if parents observe that the following signs are lasting or persistent, then they should consider a psychiatric evaluation for the child/family:

- Child vents/directs anger upon a particular family member or openly resents Stepparent or parent
- One of the parents suffers from great stress and is unable to help with the child's increased need
- A stepparent or parent openly favors one of the children
- Discipline of a child is only left to the parent rather than involving both the stepparent and parent; or
- Members of the family derive no enjoyment from usual pleasurable activities (i.e. learning, going to school, working, playing or being with friends and family)
- Child and adolescent psychiatrists are trained and skilled at providing comprehensive psychiatric evaluations of both the child and family. Most stepfamilies, when given the necessary time to work on developing their own traditions and to form new relationships, can provide emotionally rich and lasting relationships for the adults, and help the children develop the self-esteem and strength to enjoy the challenges of life.
- Understanding Violent Behavior in Children and Adolescents
- Range of Violent Behavior
- Violent behavior in children and adolescents can include a wide range of behaviors: explosive temper tantrums, physical aggression, fighting, threats or attempts to hurt others (including homicidal thoughts), use of weapons, cruelty toward animals, fire setting, intentional destruction of property and vandalism.

#### Factors Which Increase Risk of Violent Behavior

- Numerous research studies have concluded that a complex interaction or combination of factors leads to an increased risk of violent behavior in children and adolescents. These factors include:
  - Previous aggressive or violent behavior

- Being the victim of physical abuse and/or sexual abuse
- Exposure to violence in the home and/or community
- Genetic (family heredity) factors
- Exposure to violence in media (TV, movies, etc.)
- Use of drugs and/or alcohol
- Presence of firearms in home
- Combination of stressful family socioeconomic factors (poverty, severe deprivation, marital breakup, single parenting, unemployment, loss of support from extended family)
- Brain damage from head injury

### **What are the "warning signs" for violent behavior in children?**

Children who have several risk factors and show the following behaviors should be carefully evaluated:

- Intense anger
- Frequent loss of temper or blow-ups
- Extreme irritability
- Extreme impulsiveness
- Becoming easily frustrated
- Parents and teachers should be careful not to minimize these behaviors in children.

What can be done if a child shows violent behavior?

- Whenever a parent or other adult is concerned, they should immediately arrange for a comprehensive evaluation by a qualified mental health professional. Early treatment by a professional can often help. The goals of treatment typically focus on helping the child to: learn how to control his/her anger; express anger and frustrations in appropriate ways; be responsible for his/her actions; and accept consequences. In addition, family conflicts, school problems, and community issues must be addressed.

### **Children & TV Violence**

Children watch an average of three to four hours of television daily. Television can be a powerful influence in developing value systems and shaping behavior. Unfortunately, much of today's television programming is violent. Hundreds of studies of the effects of TV violence on children and teenagers have found that children may:

- Become "immune" to the horror of violence
- Gradually accept violence as a way to solve problems
- Imitate the violence they observe on television; and
- Identify with certain characters, victims and/or victimizers

Extensive viewing of television violence by children causes greater aggressiveness. Sometimes, watching a single violent program can increase aggressiveness. Children who view shows in which violence is very realistic, frequently repeated or unpunished, are more likely to imitate what they see. Children with emotional, behavioral, learning or impulse control problems may be more easily influenced by TV violence. The impact of TV violence may be immediately evident in the child's behavior or may surface

years later, and young people can even be affected when the family atmosphere shows no tendency toward violence.

While TV violence is not the only cause of aggressive or violent behavior, it is clearly a significant factor: Parents can protect children from excessive TV violence in the following ways:

- pay attention to the programs their children are watching and watch some with them
- set limits on the amount of time they spend with the television; consider removing the TV set from the child's bedroom
- point out that although the actor has not actually been hurt or killed such violence in real life results in pain or death
- refuse to let the children see shows known to be violent, and change the channel or turn off the TV set when offensive material comes on, with an explanation of what is wrong with the program
- disapprove of the violent episodes in front of the children, stressing the belief that such behavior is not the best way to resolve a problem
- to offset peer pressure among friends and classmates, contact other parents and agree to enforce similar rules about the length of time and type of program the children may watch

Parents can also use these measures to prevent harmful effects from television in other areas such as racial or sexual stereotyping. The amount of time children watch TV, regardless of content, should be moderated because it decreases time spent on more beneficial activities such as reading, playing with friends, and developing hobbies. If parents have serious difficulties setting limits, or have ongoing concerns about how their child is reacting to television, they should contact a child and adolescent psychiatrist for consultation and assistance.

### **Teen age Pregnancy**

Babies born to teenage mothers are at risk for long-term problems in many major areas of life, including school failure, poverty, and physical or mental illness. The teenage mothers themselves are also at risk for these problems. Teenage pregnancy is usually a crisis for the pregnant girl and her family. Common reactions include anger, guilt, and denial. If the father is young and involved, similar reactions can occur in his family. Adolescents who become pregnant may not seek proper medical care during their pregnancy, leading to an increased risk for medical complications. Pregnant teenagers require special understanding, medical care, and education--particularly about nutrition, infections, substance abuse, and complications of pregnancy. They also need to learn that using tobacco, alcohol, and other drugs, can damage the developing fetus. All pregnant teenagers should have medical care beginning early in their pregnancy.

- Pregnant teens can have many different emotional reactions:
- Some may not want their babies
- Some may want them for idealized and unrealistic ways
- Others may view the creation of a child as an achievement and not recognize the serious responsibilities
- Some may keep a child to please another family member
- Some may want a baby to have someone to love, but not recognize the amount of care the baby needs
- Depression is also common among pregnant teens



- Many do not anticipate that their adorable baby can also be demanding and sometimes irritating
- Some become overwhelmed by guilt, anxiety, and fears about the future
- Depression is also common among pregnant teens

Adult parents can help prevent teenage pregnancy through open communication and by providing guidance to their children about sexuality, contraception, and the risks and responsibilities of intimate relationships and pregnancy. School classes in family life and sexual education, as well as clinics providing reproductive information and birth control to young people, can also help to prevent an unwanted pregnancy.