

## Mental Illnesses



Mental illnesses are health conditions. People with mental illness may display symptoms involving abnormal cognition, thinking, emotion, perception, behaviour or physical functioning. It will affect a person's various aspects of life including learning/work and social performance. According to WHO (2005), around 20% of the children and adolescents in the world exhibit signs of mental illness. 4 to 6% among them are in need of a clinical treatment.

Mental illness is a health condition with manifold causes, including biological, psychological and social factors. Biological factors include heredity, chronic illness, brain infection or trauma, influence of alcohol or drugs and thyroid dysfunction. Psychological factors include a sensitive personality, biased ways of perceiving oneself and his world around, and poor problem-solving skills. Social factors include family conflict, poor parenting, bullying by peers and high self-expectation. Risk factors and protective factors vary in each person with mental illness, and therefore, the various factors aforementioned should be considered when devising treatment plan and supporting strategies for each of them.

There are different types of mental illness in children and adolescents including

- anxiety disorders;
- depressive disorders; and
- obsessive compulsive disorder.

Among them there are more severe types such as psychotic disorders and bipolar affective disorder. Their symptoms are more persistent and generate wider impact.

Students with mental illness need treatment by healthcare professionals. They are usually diagnosed by psychiatrists, and followed up by clinical psychologists, psychiatric nurses or medical social workers. Schools play a complementary role in coping with the advice on treatment and rehabilitation given by the healthcare professionals and assisting students with mental illness to adapt to school life according to their needs. Recovering from mental illness can be achieved through appropriate treatment.

## Early Identification of At-risk Students

Class teachers should observe the daily performance of students and pay attention to the following signs:

1. declining grades which are not commensurate with students' usual performance
2. frequent or prolonged absenteeism
3. lack of focus on school work and routine tasks
4. emotional and/or behavioural problems over a sustained period of time
5. fatigue and tiredness over a period of time
6. irritability, or emotional ups and downs
7. withdrawal from relationships
8. social isolation

Since each student may have individual differences in the presentations of their symptoms, teachers need to grasp the daily behaviours and characteristics of the student in order to be more aware of the student's change. If teachers suspect that any of their students have mental health problems and are in need of professional assessment or consultation services, they can refer those students to appropriate professional support services.

Common medicine for mental illness:

### (a) Hypnotics

Hypnotics initiate sleep, which are effective for patients who are unable to achieve or maintain sleep. However, this kind of drugs are reserved for short term use only due to the fact that long term use will develop physical and physiological dependence.

### (b) Anti-anxiety drugs

They act on the central nervous system to alleviate the symptoms of anxiety and nervousness, stabilize mood and improve sleep. Long term use may develop psychological and physiological dependence. Categories of anti-anxiety drugs include 1. Tranquilizers, 2. New Anti-depressants, 3.  $\beta$ -blockers.

### (c) Antidepressants

Antidepressants work by balancing brain neurotransmitters level to ease depression. Generally speaking, it takes about 2 weeks for the drugs to start working and about 6-9 months for the whole therapy, or depend on the severity of illness as some people will need to take them longer.

## Depression 抑鬱症

There are multiple reasons why a teenager might become depressed. For example, teens can develop feelings of worthlessness and inadequacy over their grades. School performance, social status with peers, sexual orientation, or family life can each have a major effect on how a teen feels.

Often, kids with teen depression will have a noticeable change in their thinking and behavior.

Symptoms include:

- lose motivation and even become withdrawn
- close their bedroom door after school and staying in their room for hours
- sleep excessively
- have a change in eating habits
- may even exhibit criminal behaviors such as DUI or shoplifting
- apathy
- complain about pains, including headaches, stomachaches, low back pain, or fatigue
- have difficulty concentrating
- have difficulty making decisions
- feel excessive or inappropriate guilt
- show irresponsible behavior -- for example, forgetting obligations, being late for classes, skipping school
- lose interest in food or compulsive overeating that results in rapid weight loss or gain
- show memory loss
- preoccupied with death and dying
- show rebellious behavior
- feel sadness, anxiety, or a feeling of hopelessness
- staying awake at night and sleeping during the day
- sudden drop in grades



### **How to identify a child suspected of depression?**

Everyone has sad moments, such as when one is being condemned, having quarrels with others or performing unsatisfactorily. It is adaptive and normal to have feelings of sadness in response to such situations. In particular, secondary students who are entering puberty are more prone to have mood fluctuations. Students exhibiting some of the signs may not necessarily be suffering from depression.

However, when students show an obvious decline of motivation and seem very agitated, irritable or sad for more than two weeks, teachers should initiate to talk to the students to understand more about their condition. By doing so, teachers can see whether the students have been in a low mood, losing interest in things for a long period of time that has affected his everyday life, social functioning or academic performance. These could be the early signs of depression. Timely referral for professional support services should be made as appropriate.

### **How to distinguish between “depressed mood” and different types of “depression”?**

There are moments when one feel sad. The unpleasant emotional responses enable us to reflect, and motivate us to find ways to solve problems or to improve interpersonal relationships.

“Depressed mood” is a negative yet normal emotional reaction that everyone would have experienced. No matter how painful it is to an individual, it will fade away over time or will be relieved upon finding effective means to alleviate or to solve the problems.

Major Depressive Disorder - People with major depressive disorder persistently have depressed mood (may present as agitation in children and adolescents) and a loss of interest in everything. It will affect one’s feelings, thoughts and behaviours, and lead to various emotional and physiological problems. People with major depressive disorder tend to have negative views about themselves, the world and the future. They also have difficulties participating in daily activities or even perceive life as meaningless and unworthy of living.

Persistent Depressive Disorder/Dysthymia - The symptoms of these disorders are fewer than those of major depressive disorder, but the duration of symptoms is longer, usually lasting for at least 2 years or more (at least 1 year or more for children and adolescents). It may affect one’s daily functioning, interpersonal relationship, school attainments and work performance.

## Anxiety Disorders 焦慮症

Anxiety is a normal reaction to challenges and dangers. It helps us become more alert and take appropriate actions accordingly. The primary characteristic of anxiety is worry – repeatedly thinking about the possibility of negative outcomes and potential threats. When we become excessively anxious, we may show physiological, cognitive and behavioural responses. Various signs of anxiety are stated below:

- Worry
- Nervousness
- Rapid heart rate
- Rapid and shallow breathing
- Muscle tension
- Headaches
- Stomachaches
- Sleep problems
- Concentration problems
- Memory problems
- Perfectionism
- Restlessness
- Irritability
- Task avoidance
- Fear for failure
- Withdrawal
- Overreaction to trivial matters



People with anxiety disorders are likely to overestimate the level of danger, and underestimate their own abilities to cope with those situations. Due to their cognitive distortions, they tend to have negative appraisal of the events, and thus are prone to anxiety and fear. They may exhibit irritability, oversensitivity and avoidance behaviours. They may also show physiological signs, such as rapid heart rate and perspiration. The interplay among cognitions, behaviours, and emotions may create a vicious cycle that perpetuates the anxious emotions.

## **How to identify a child suspected of anxiety disorders?**

Everyone experiences worry or anxiety from time to time. For example, anxiety is a normal emotional reaction when we give presentations, attend examinations and make new friends. Each person has different level of anxiety towards different people, incidents, objects and scenarios, but teachers should pay special attention to students with the following signs:

1. Persistent worries over a difficult or dangerous situation that has already ended. For example, a student persists to be extremely worried over a group presentation that he had already given a week ago.
2. Excessive worries that impair daily functioning, including academic and social aspects, for example, a student is anxious about a group presentation done a week ago but has continuous headaches and stomachaches, and his learning motivation and progress are affected.

Students exhibiting some of the above symptoms may not necessarily be suffering from anxiety disorder. However, anxiety that aggravates, persists for a period of time, and impairs the students' social functioning, health condition, or academic performance, can be a warning sign that the students may be suffering from anxiety disorders. These students need support from their families, friends, teachers and professionals.

## **Common Types of Anxiety Disorders in Childhood and Adolescence**

The following are the types of anxiety disorders generally found in childhood and adolescence:

### **1. Generalised Anxiety Disorder:**

People with generalised anxiety disorder have excessive and uncontrollable worries about daily situations and people. For instance, they might have excessive worries over academic results, relationships with peers and teachers, or family issues. They may even have high levels of worry about possible accidents and disasters. Usually, physiological symptoms like fatigue, headaches, stomachache come before other symptoms. They are like alarms going off in the body. Very often, one symptom appears after the others. People with generalized anxiety disorder sometimes overlook the root cause – emotional problems.

## 2. Social Anxiety Disorder/Social Phobia:

People with social anxiety disorder obviously and persistently feel anxious or frightened in one or many social situations (e.g. answering questions in class or giving presentations), they also have negative thoughts on themselves, others as well as social interactions. They always feel being under the spotlight in social situations. At the same time, they feel worried and are self-conscious whether their anxious symptoms would be noticed by the others, leading others to have a poor impression on them or even causing humiliation to themselves. In social situations, people with social anxiety disorder may remain silent to avoid attention. When facing others, they may easily blush or tremble. Gradually, they try to stay away from social situations.



## 3. Specific Phobias:

People with specific phobia have marked fear or anxiety that is out of proportion to the actual danger of specific objects or situations, such as animals, insects, height and darkness. They tend to avoid these objects and situations. The following are some of the common phobias:

- Animals (e.g. dogs, insects, snakes, rats)
- Natural environment (e.g. height, water, darkness)
- Situations (e.g. taking airplane, dental consultations, taking elevators)
- Blood-injection-injury (e.g. blood, vomit, injection)

## 4. Separation Anxiety Disorder:

Individuals with separation anxiety disorder show excessive fear or anxiety about separating from parents or caregivers, which is inappropriately excessive for their developmental stage. It is common to have separation anxiety among infants, but it warrants concern if a schoolaged child still has severe separation anxiety. They worry about losing their parents, or about possible harm to them. They may therefore frequently refuse to go to school or make phone calls to their parents in order to feel secured.

## **Obsessive-compulsive Disorder (OCD) 強迫症**

Obsessive-compulsive Disorder (OCD) is one of the anxiety disorders. One in fifty people would have the chance of suffering from OCD in their lifetime and the ratio of male to female patients is equal. Many children have mild 'obsessive' behaviours such as tidying up their toys very carefully or avoid stepping on the gaps on the streets, but usually these behaviours would disappear when they grow up. OCD in adulthood usually has onset in adolescence or early twenties, and usually male patients have earlier onset compared to female ones. The severity of symptoms may vary with time, but many patients only seek help after years of onset of symptoms.

### **OCD consists of three major symptoms: obsessions, compulsions and associated anxiety.**

Obsessions are those repetitive, excessive and irrational thoughts that the sufferers find distressing but unable to resist.



The common obsessions include obsessional ruminations, doubts and rituals.

Obsessional ruminations are internal debates in which arguments for and against even the simplest everyday actions are reviewed endlessly. Some obsessional doubts concern actions that may not have been completed adequately, such as securing a door; or concern actions that might have harmed other people, such as driving a car past a cyclist. Obsessional rituals include both mental activities, such as counting repeatedly in a special way or repeating certain form of words or behaviours, such as concern about symmetry and steps. Some OCD sufferers may have obsessional thoughts in the form of single words, phrases, or rhymes, which are usually unpleasant or shocking to the person, and may be obscene or blasphemous. Some may have obsessional impulses to perform violent or sexual acts which are out of their usual characters. Although the sufferers know their thoughts are irrational, they feel they cannot get rid of these thoughts. As the severity of obsessions may increase with time, the sufferers may become more distressed and have difficulty to cope with everyday life, or even cause misunderstandings of other people.

Some OCD sufferers may also have compulsions. Sometimes it may be just the pure repetitive impulses to perform a particular 'ritual', sometimes it may be a way to lessen anxiety followed by obsessions. The common compulsions include avoidance, checking, hoarding, stereotypic rituals (e.g. washing the hands 20 or more times a day), extreme slowness, repeated reassurance (i.e. requiring other people to reassure you that everything is done perfectly) or rituals to 'undo' obsessions, such as counting, repeating a particular phrase or touching things for a particular number of times before leaving rooms. These compulsions are time-consuming and cause the OCD sufferers spend long time before they can go out or do other productive activities. They may also cause some other physical problems such as dermatitis related to frequent hand-washing.

Associated with obsessions and compulsions, the OCD sufferers usually feel anxious, guilty, disgusting or depressed.

### **Causes of OCD**

The causes of OCD include psychological, biological and environmental factors.

Psychologically, some people are particularly perfectionistic, have exceptionally high moral standard or have particular concern about details. These characteristics are useful in general but would precipitate the onset of OCD if they become extreme.

Biologically, OCD may be caused by genetic mutation. Those with family history of OCD may have higher chance to suffer from OCD, particularly those have onset at childhood or adolescence. Research also showed that imbalance of serotonin in the brain, developmental delay and Streptococcal A infection may cause symptoms of OCD.

And about one-third of OCD cases are precipitated by stressful events.

### **How to treat OCD in children or adolescents?**

OCD in childhood or adolescence is usually precipitated by stressors such as bullying or change of family dynamics such as parental divorce or domestic violence. Therefore, in treatment of OCD in children or adolescents, we need to target at these environmental factors. As in the adult OCD, cognitive behaviour treatment can help to control the symptoms with the help and encouragement of parents and other family members. The treatment required may be as short as few sessions or up to one to two years. Medication use may be also necessary if the symptoms are severe.



## **Psychosis 思覺失調**

Psychosis is an abnormal mental condition. The thoughts, emotions and feelings of people suffering from early psychosis are frequently out of touch with reality. If early psychosis is identified in its initial stages and treated properly, it will be possible to minimise the disabilities that it causes and prevent serious complications from developing.



Positive Symptoms:

### **(1) Hallucinations**

Sensory perception experienced by the people with psychosis in absence of external stimuli.

These people may see, hear, smell, or feel some

non-existent sounds, objects or odours. To them, the hallucinations are real. Among different types of hallucinations, auditory hallucination is the most common form.

### **(2) Delusions**

False beliefs that are unbelievable and out of touch with reality. For example, a person with psychosis may firmly believe that he is being persecuted, monitored, followed and controlled. Some individuals with psychosis may feel that their thoughts and privacy are being made public. Others may believe that they have supernatural powers.

### **(3) Confused thinking**

Condition that the people with psychosis talk incoherently and illogically, and is incomprehensible to other people. They may have trouble putting their thoughts into words in a cohesive and organised manner.

Negative Symptoms:

### **(1) Lack of Motivation**

When comparing to the past, people with psychosis apparently lose interest in work, studies and pleasure-seeking activities.

### **(2) Deterioration of personal hygiene**

When comparing to the past, people with psychosis apparently neglect their personal hygiene.

### **(3) Deterioration of the ability to express emotions**

People with psychosis have a blank, vacant and emotionless facial expression.

### **(4) Poverty of speech**

People with psychosis lack content of speech and may become silent.

## How to identify a child suspected of psychosis?

Psychosis can be divided into three phases – prodromal, active and recovery/residual phases

Individuals with psychosis at different stages will exhibit the following of symptoms at various degrees.

- Anxiety
- Feeling of blah
- Sullen
- Agitation
- Apathetic
- Change in sleeping pattern
- Change in appetite
- Fatigue
- Sensitive to sound
- Poor memory
- Suspiciousness
- Confused mind
- Difficulties with concentration
- Difficulties with verbal expression
- Suicidal thoughts
- Inappropriate laughter or crying
- Deterioration of personal hygiene
- Self-isolation
- Loss of Motivation
- Social Withdrawal
- Talking to oneself
- Deteriorated school and work performance



Tailor-made therapeutic treatment including medication, psychological counselling and early rehabilitation plans is given.