

## Chapter 27

# Chronic Mental Illness and the Changing Scope of Intervention Strategies, Diagnosis, and Treatment in Child and Adolescent Population

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### ABSTRACT

*A significant proportion of the Child and Adolescent population suffer from a psychological or psychiatric disorder. It is estimated that at least 20% of the child and adolescent population is affected mental health problems and largely this is undetected. Some of the mental health problems are severe and disabling and tend to be chronic in nature. Childhood forms an important phase in the development period of life during which one develops physically, emotionally, socially, intellectually and morally. Chronic and severe mental health problems in children impact the overall development of the child thereby leading to significant and lifelong disability. The scope of this chapter has been narrowed to include two important chronic mental illness in children mainly Schizophrenia and Bipolar Mood Disorder. The Authors will discuss the clinical features, course, outcome and treatment strategies. Special issues in children are also discussed in terms of diagnosis and treatment.*

DOI: 10.4018/978-1-5225-7122-3.ch027

## **INTRODUCTION**

Although it is sometimes assumed that childhood and adolescence are times of carefree bliss, as many as 20% of children and adolescents have one or more diagnosable mental disorders. Most of these disorders may be viewed as exaggerations or distortions of normal behaviour and emotions. Like adults, children and adolescents vary in temperament. Some are shy and reticent; others are socially exuberant. Some are methodical and cautious; others are impulsive and careless. Whether a child is behaving like a typical child or has a disorder is determined by the presence of impairment and the degree of distress related to the symptoms. For example, a 12-yr-old girl may be frightened by the prospect of delivering a book report in front of her class. This fear would be viewed as social anxiety disorder only if her fears were severe enough to cause significant distress and avoidance. There is much overlap between the symptoms of many disorders and the challenging behaviours and emotions of normal children. Thus, many strategies useful for managing behavioural problems in children can also be used in children who have mental disorders. Furthermore, appropriate management of childhood behavioural problems may decrease the risk of temperamentally vulnerable children developing a full-blown disorder. Also, effective treatment of some disorders (eg, anxiety) during childhood may decrease the risk of mood disorders later in life. The most common mental disorders of childhood and adolescence fall into the following categories:

- Anxiety disorders,
- Mood disorders,
- Disruptive behavioural disorders (e.g., attention-deficit/hyperactivity disorder [ADHD]).

Schizophrenia and related disorders are much less common.

However, more often than not, children and adolescents have symptoms and problems that cut across diagnostic boundaries. For example, > 25% of children with ADHD also has an anxiety disorder, and 25% meet the criteria for a mood disorder.

In this chapter were covered two important chronic mental illnesses in children- Schizophrenia and Bipolar Mood Disorder. This chapter discusses the clinical features, course, outcome and treatment strategies. Special issues in children are also discussed in terms of diagnosis and treatment.

## **Early Onset of Schizophrenia**

Schizophrenia is a chronic, disabling severe mental illness. The incidence of schizophrenia during childhood is rare. The peak age of onset is in early adult life. Most of the cases of childhood schizophrenia diagnosed earlier were actually cases of autism. Currently the same diagnostic criteria are applied for children and adults although as described below there are significant differences between the two.

## **Classification of Early Onset Schizophrenia**

In terms of age of onset,

- Early onset Schizophrenia- onset prior to age 18 years,
- Very early onset schizophrenia- onset prior to age 13.

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