Mental Illness

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Advanced Behavioral Counseling

Adolescence

- Moodiness
- Changing Bodies
- Narcissism
- Self-Esteem
- Ignorant
- Naïve
- Insecure
- Self-Centered
- Independent

Disorders Affecting Adolescence

Attention Deficit/Hyperactivity Disorder:

Persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development

Disorders Affecting Adolescence, Continued:

Anxiety:

- Comes in many shapes and sizes…
- Separation Anxiety
- Phobias
- Social Anxiety
- Panic
- Generalized Anxiety Disorder
- Anxiety Disorder; related to a medical condition

Disorders Affecting Adolescence Continued:

Depression:

- Major Depressive Disorder
- Dysthymia
- Pre-Menstrual Dysphoric Disorder
- Depressive Disorder; related to a medical condition

Disorders Affecting Adolescence, Continued:

Adjustment Disorder:

Presence of an emotional or behavioral symptom in response to an identifiable stressor (or trauma); stressor can be a single event or can be multiple stressors.

Can often overlap with components of depression and/or anxiety

Disorders Affecting Adolescence, Continued

Post Traumatic Stress Disorder:

Development of characteristic symptoms following exposure to one or more traumatic events.

- Dissociation-characterized by disruption of or discontinuity of normal integration of consciousness, memory, identity, perception or behavior. (i.e. amnesia)
- Depersonalization-persistent or reccurent experiences of feeling detached from one's body, "feeling as though they are in a dream."
- Derealization-persistent or recurrent experiences of unreality of surroundings, "the world around us is dreamlike or distorted."

Disorders Affecting Adolescence, Continued:

Bipolar 2 (Mood Disorder):

Recurring mood episodes consisting of one or more major depressive episodes(2 weeks), and at least one hypomanic episode (4 days).

Disorders Affecting Adolescence, Continued:

Bipolar 1:

Opposed to Bipolar 2, manic phase is described as a distinct period during which there is an abnormally persistently elevated, expansive or irritable mood and persistently increased activity that is present nearly every day for a period of 1 week.

Schizoaffective Disorder:

Uninterrupted period of illness during which individual continue to display active or residual signs of psychotic illness-involves criteria for diagnosis of schizophrenia, as well meets criteria for mood disorder.

Mental Illness rarely travels alone….

For example:

Will often see a co-morbid diagnoses of anxiety and depression

Bipolar depression

Suicide

Third leading cause of death in the United States for adolescence; highest adolescence population are those with severe mood disorders

In 1999

0.5 per 100,000 in females age 10-14 and 3.0 per 100,000 in females age 15-24

In 2014

1.5 per 100,000 in females age 10-14 and 4.6 per 100,000 in females age 15-24

Although it is a small number, in the 10-14 age range, it has increased 3-fold and 1.5-fold in ages 15-24 ages

Medications:

How is it determined which medication is most appropriate

**Name of the family or class of medications, does NOT always indicate the diagnosis it is being utilized for.

Common Neurotransmitters

- Serotonin
- Norepinephrine
- Dopamine
- GABA
- Glutamate

Selective Serotonin Reuptake Inhibitors (SSRI)

Used to Treat: Depression, Anxiety (generalized, social, panic), OCD, Eating Disorders

Mechanism of Action: Inhibiting the reuptake of serotonin from one neuron to the next (leaving increased amounts of serotonin present and available within the brain)

Examples: Sertraline (Zoloft), Citalopram (Celexa), Escitalopram (Lexapro), Fluoxetine (Prozac), Paroxetine (Paxil), Fluvoxamine (Luvox)

Selective Serotonin-Norepinephrine Reuptake Inhibitors (SNRI)

Used to Treat: Depression, Anxiety (generalized, social, panic)

Mechanism of Action: Inhibiting the reuptake of serotonin AND norepinephrine from one neuron to the next (leaving increased amounts of serotonin and norepinephrine present and available within the brain.

Examples: Venlaxafine (Effexor), Duloxetine (Cymbalta), Desvenlaxafine (Pristiq)

Norepinephrine and Dopamine reuptake inhibitor

Wellbutrin (Bupropion):

Used to Treat: Depression, adjunct in Bipolar disorders, as well adjunct in ADHD

Mechanism of Action: Inhibits uptake of norepinephrine and dopamine from one neuron to the next (leaving increased amounts of norepinephrine and dopamine present and available within the brain)

Mood Stabilizers

Used to Treat: Bipolar disorders, also as an adjunct for depression, anxiety and schizophrenia/schizoaffective disorders, migraines, seizure disorders

Mechanism of Action: increases GABA effects, may inhibit glutamate mediated neuronal excitation

Examples: Divalproex Sodium (Depakote), Lamotrigine (Lamictal), Oxcarbazepine (Trileptal), Carbamazepine (Tegretol)

Stimulants:

Used to Treat: Attention Deficit Hyperactivity Disorder, Attention Deficit Disorder, Inattention

Mechanism of Action: stimulates the Central Nervous System, blocks the reuptake and increases release of Norepinephrine and Dopamine within the brain

Examples: Dextroamphetamine/amphetamine (Adderall), Methylphenidate (Concerta, Ritalin), Dextroamphetamine (Dexedrine), Dexmethylphenidate (Focalin), Lisdexamfetamine (Vyvanse), ***Atomoxetine (Strattera)***

Benzodiazepines

Used to Treat: Anxiety, Insomnia, Phobias, adjunct in variety of other disorders

Mechanism of Action: enhances GABA effects by binding to benzodiazepine receptors in the brain

Examples: Alprazolam (Xanax), Triazolam (Halcion), Diazepam (Valium), Lorazepam (Ativan), Clonazepam (Klonopin)

First & *Second* Generation Anti-Psychotics

Used to Treat: Bipolar Disorder, Schizophrenia/Schizoaffective Disorders, adjunct in Depression

Mechanism of Action: varies; acts as a blockade in the brain's dopamine pathways

Examples:

FGA-Haloperidol (Haldol), Chlorpromazine (Thorazine)

SGA-Aripiprazole (Abilify), Quetiapine (Seroquel), Olanzapine (Zyprexa), Risperidone (Risperdal)

Miscellaneous Medications You May See…

Clonidine (Catapres)/Guanfacine (Tenex): alpha agonist, originally marketed to treat high blood pressure.

Used to Treat: adjunct in treating ADHD, Anxiety, Tourette's disorder

Mechanism of Action: stimulation of the alpha adrenergic receptors=>reduces firing rates of noradrenergic neurons=>decreases arousal of neurons (essentially promotes nervous system relaxation)

Common Side Effects

SSRI: nausea/vomiting, diarrhea, loss of appetite, mild sedation

SNRI: nausea, dry mouth, sedation, dizziness, loss of appetite, sweating

Wellbutrin: headache, insomnia, dry mouth, nausea

Mood Stabilizers: headache, nausea/vomiting, sedation, dizziness, diarrhea, weight changes, emotional lability, insomnia, sore muscles, impaired concentration

Common Side Effects Continued:

Stimulants: loss of appetite, upset stomach, weight loss, insomnia, headache, emotional lability, nervousness, palpitations, sedation, abnormal menses

Benzodiazepines: sedation, fatigue, impaired coordination, change in appetite, confusion, dizziness, change in menses

First & Second Generation AntiPsychotics: sedation, nausea/vomiting, abnormal muscle movement/change in gait, abdominal pain, dizziness, headache, elevated cholesterol, weight gain, blurred vision, restlessness

Side Effects Contributing to Non-Compliance

Nausea/Stomach Discomfort/Change in Appetite:

- Often Transient, Somatic, Stimulants
- Assess were these symptoms present before treatment began?

Side Effects Contributing to Non-Compliance

Weight Gain/Weight Loss

- First & Second Generation Anti-Psychotics
- To lesser degree with mood stabilizer
- Majority of SSRI and SNRI are weight neutral, can promote weight loss (with exception of Paxil)
- Loss with stimulants

Side Effects Contributing to Non-Compliance

Feeling Clouded/Fuzzy

- SGA/FGA, Mood Stabilizers, Benzodiazepines
- SSRI/SNRI: often minor if any, improves with time

Why is compliance so difficult with children & adolescents?

Because they are children and adolescents…

- Acceptance into their diagnosis
- Insight into their illness
- Side Effects
- Having any sort of illness, makes you feel different….and the goal of adolescence is to often blend in

How to Battle Compliance Issues:

- Taking medications at bedtime (if possible)
- Promote exercise as a method to battle weight gain, BUT more importantly battle anxiety and the "brain train."
- Promote healthy food, snacks & supplements (ADD/ADHD)
- Keeping a journal on how you are feeling (discuss with your provider)
- Using a pillbox
- Encourage adequate hours of sleep

How to promote compliance

- Education
- Support (individually and in a group setting)
- Communication

Therapy and Counseling

Any and all mental health diagnoses will benefit from therapy or counseling!

Pharmacological management & Therapy/Counseling are both part of successfully treating mental health disorders

Thank You

QUESTIONS…..?