The background of the slide is white and features several overlapping, semi-transparent triangles in various colors including green, yellow, blue, pink, orange, and red. The triangles are scattered across the page, with a larger cluster in the center-left area.

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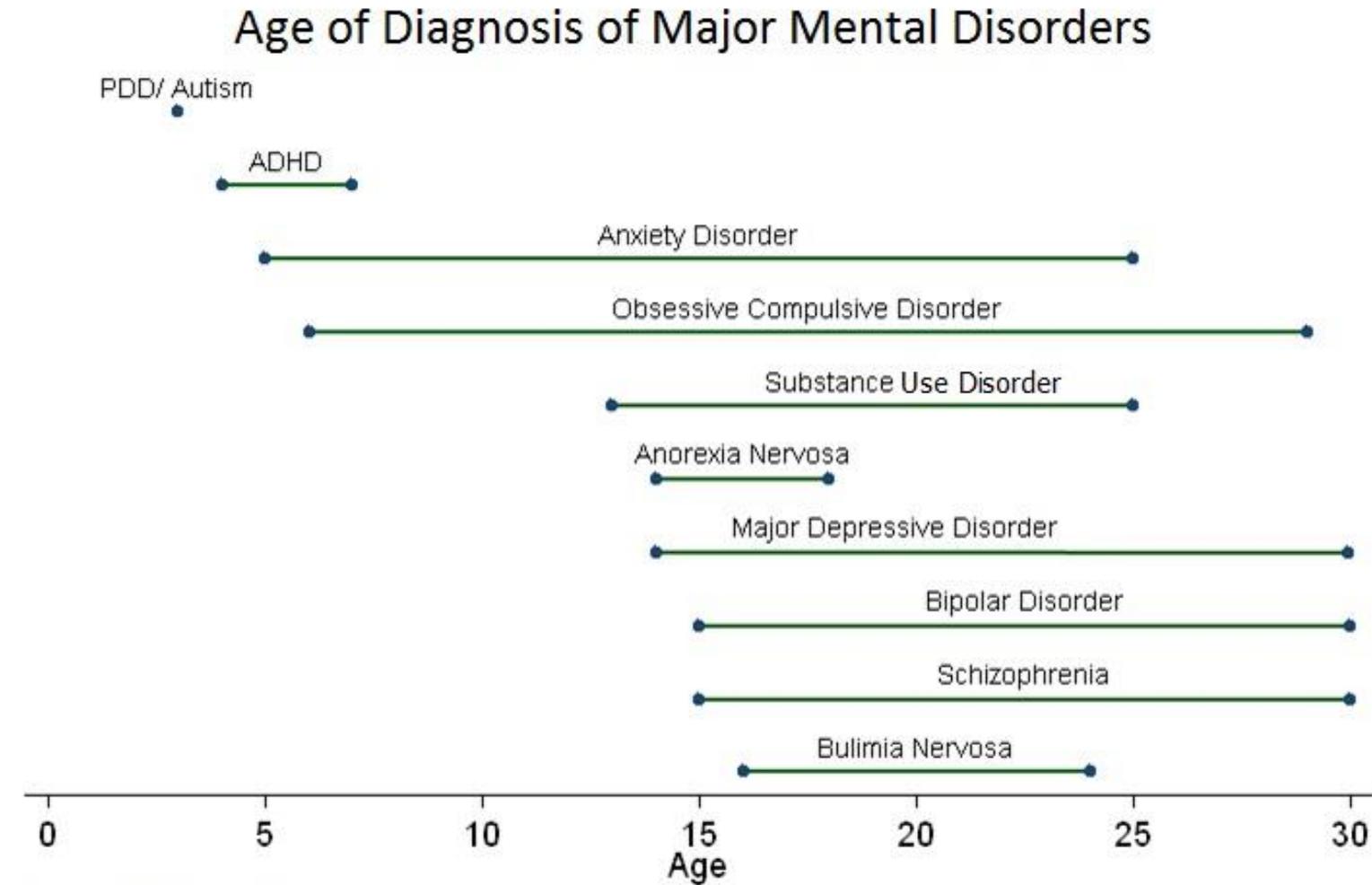
**Some Common Mental
Disorders in Young People
Module 3B**

MENTAL ILLNESS AND TEENS

- About 70% of all mental illnesses can be diagnosed before 25 years of age
- When they start, most mental illnesses are mild or moderate and respond well to proper treatments
- Knowing about mental illnesses is essential for getting help early
- Knowing about treatments for mental illnesses is important so you can be well informed if help is needed



MENTAL ILLNESS AND TEENS

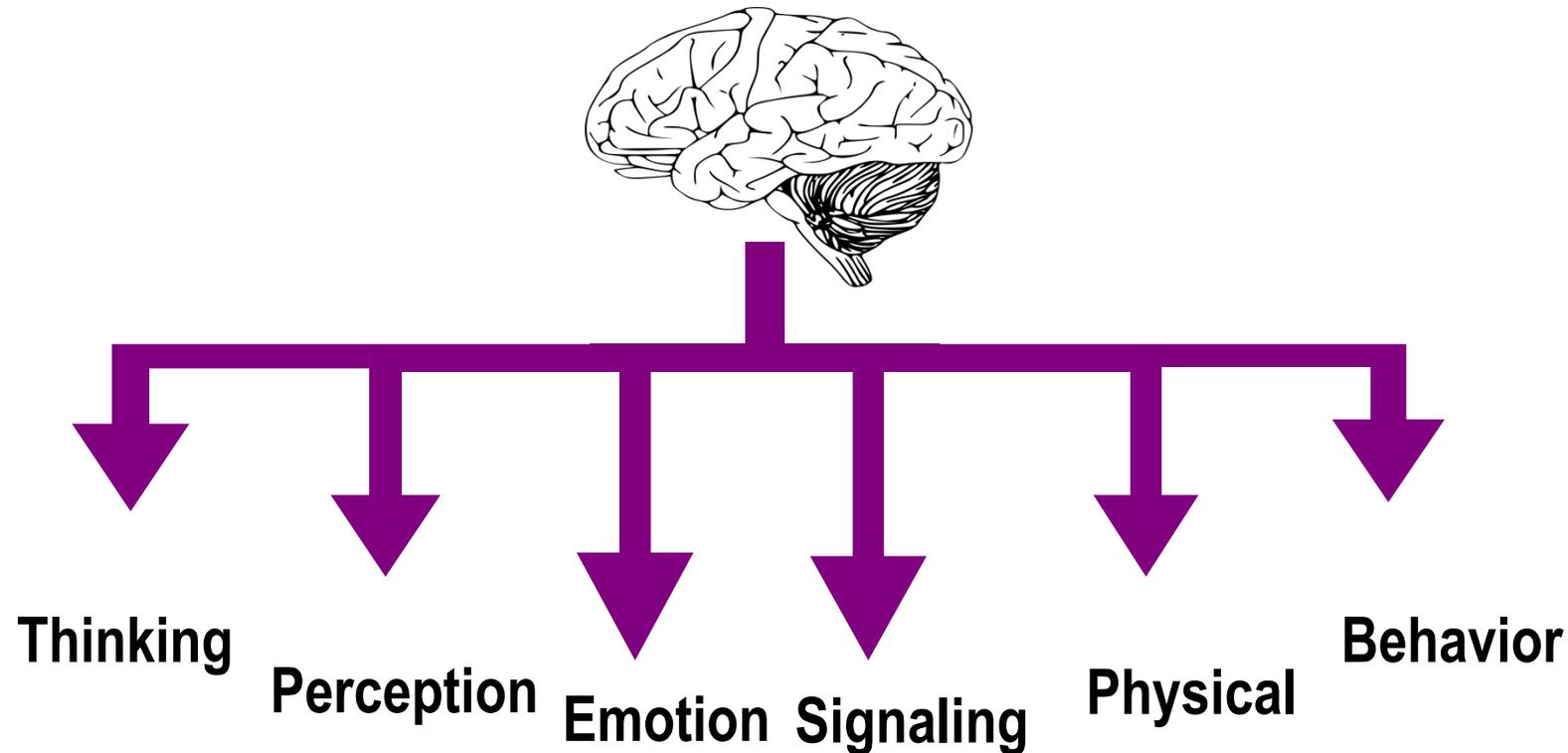


Source: DSM-5, 2014



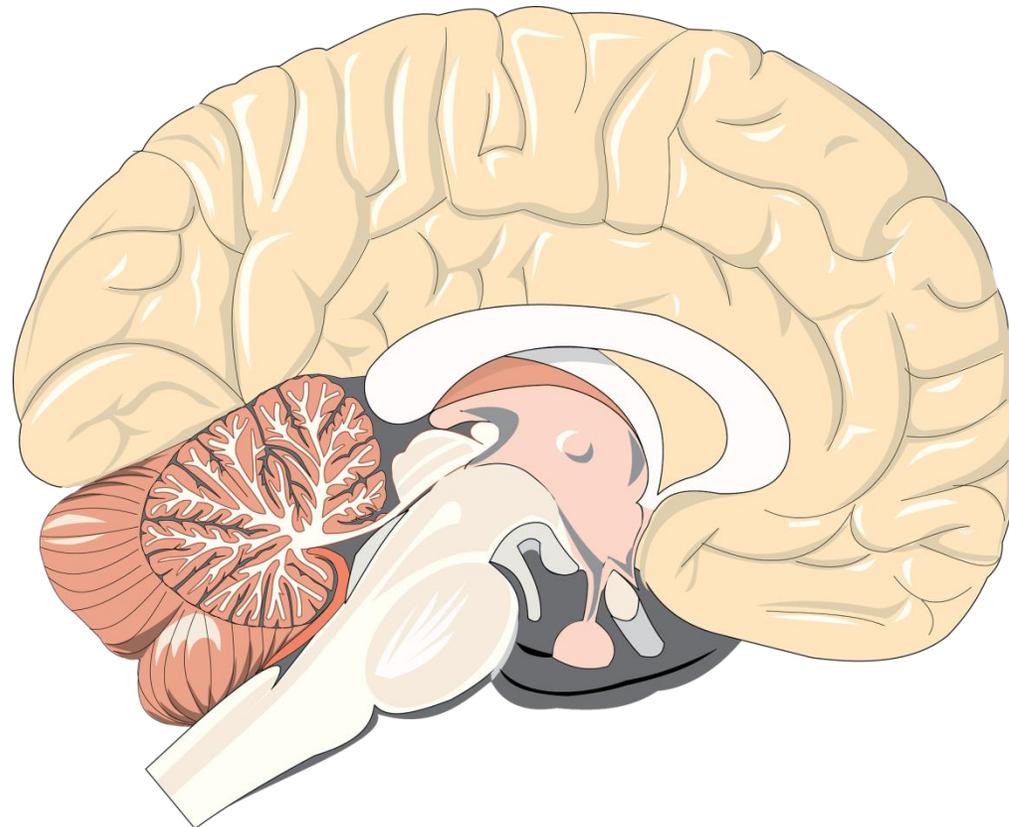
MENTAL DISORDERS – PART 1

- Mental Disorders demonstrate disturbances in one or more of the **six** domains of brain function



MENTAL DISORDERS – PART 2

- What mental disorders are considered to be primarily disturbances of Cognition and Perception?



PSYCHOSIS

- A psychosis is a disturbance of brain functioning involving cognition and perception. For example: delusions (fixed false beliefs, a cognition) and hallucinations (perceptions occur without a stimulus, such as hearing voices when nobody is speaking)
- A common psychosis beginning during adolescence is Schizophrenia



SCHIZOPHRENIA – PART 1

- Schizophrenia is characterized by
 - Delusions
 - Hallucinations
 - Disorganized thinking
 - Disorganized behavior
 - Disturbances in motivation
 - Difficulties in many parts of life



SCHIZOPHRENIA – PART 2

- Affects about 1% of the population
- Males and females equally
- Usually is diagnosed between 15 and 25 years of age
- With early diagnosis and use of effective treatments many people with Schizophrenia recover



TREATMENTS FOR SCHIZOPHRENIA

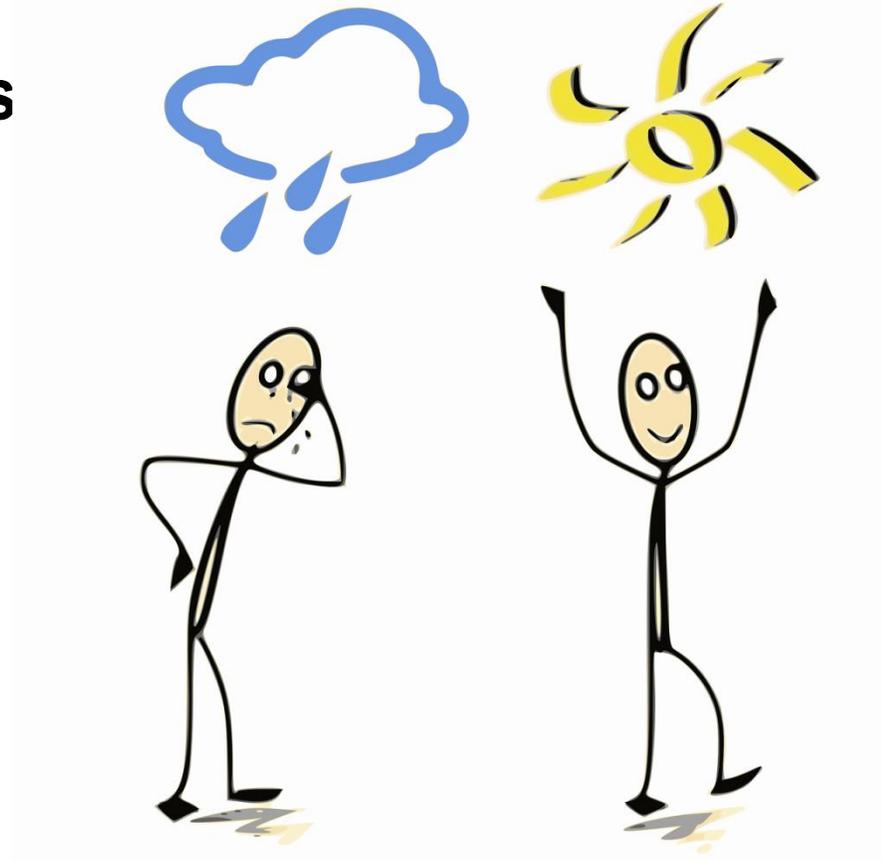
- People with Schizophrenia are treated with medications (called antipsychotics) and various psychological therapies
- Often additional kinds of treatments such as vocational therapy and social therapies are also used
- People with a severe form of Schizophrenia may also receive help with housing and community supports



MENTAL DISORDERS – PART 3

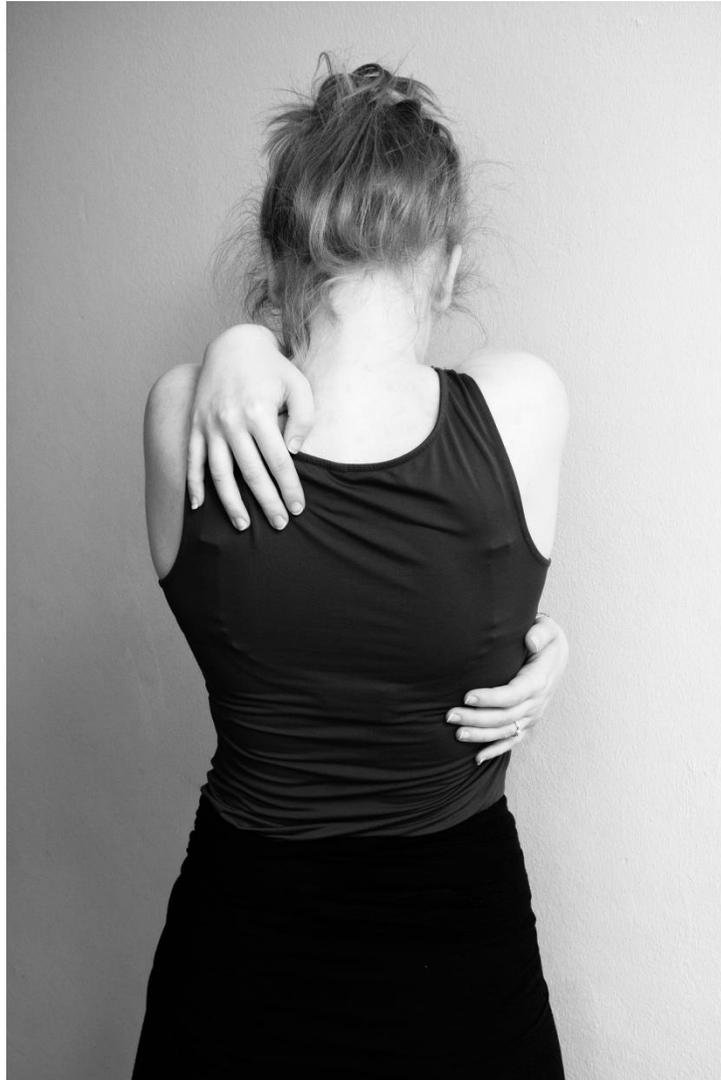
- What mental disorders are considered to be primarily disturbances of emotion?

- **The Mood Disorders**



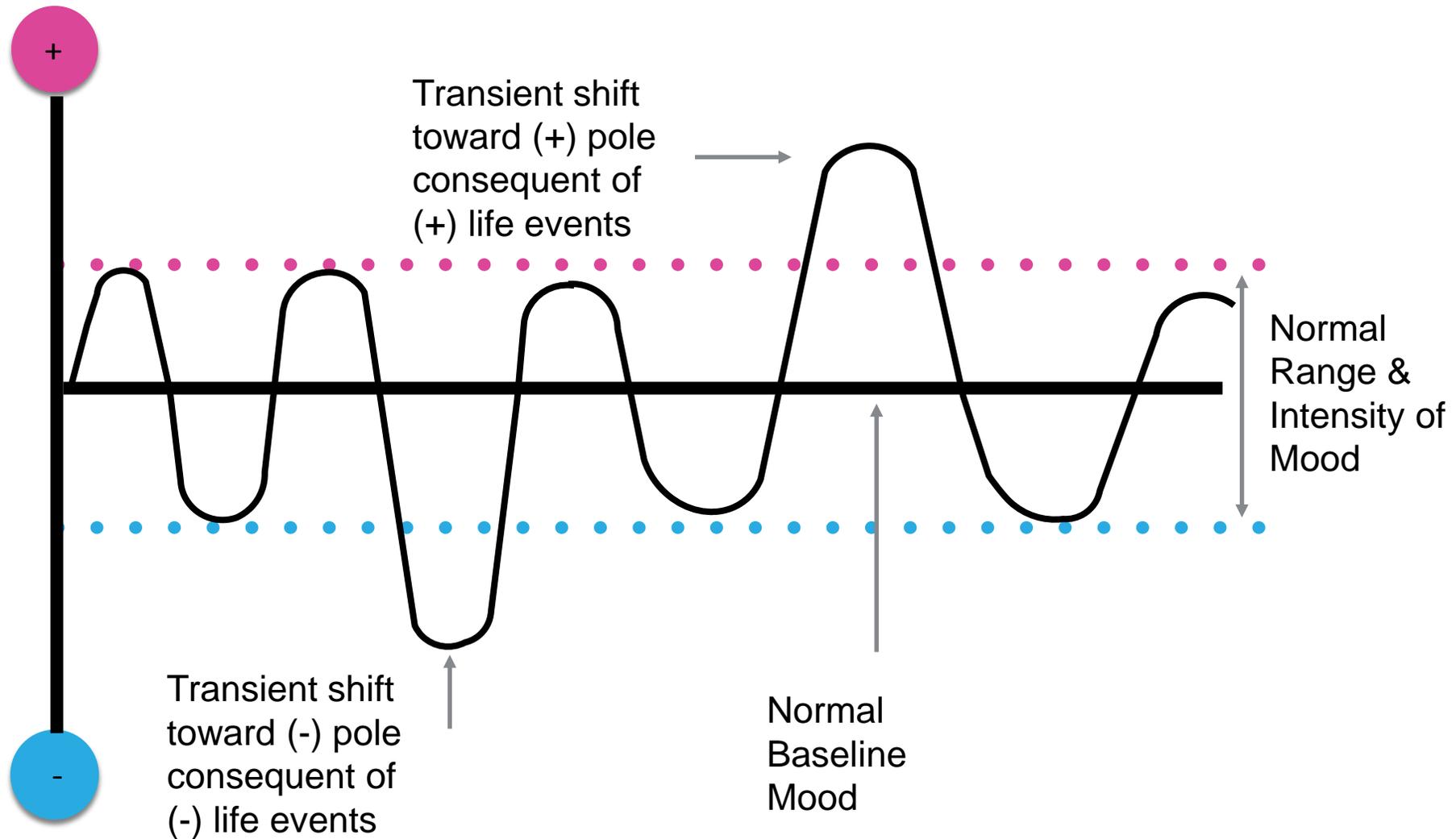
WHAT ARE THE COMMON MOOD DISORDERS?

- Depression

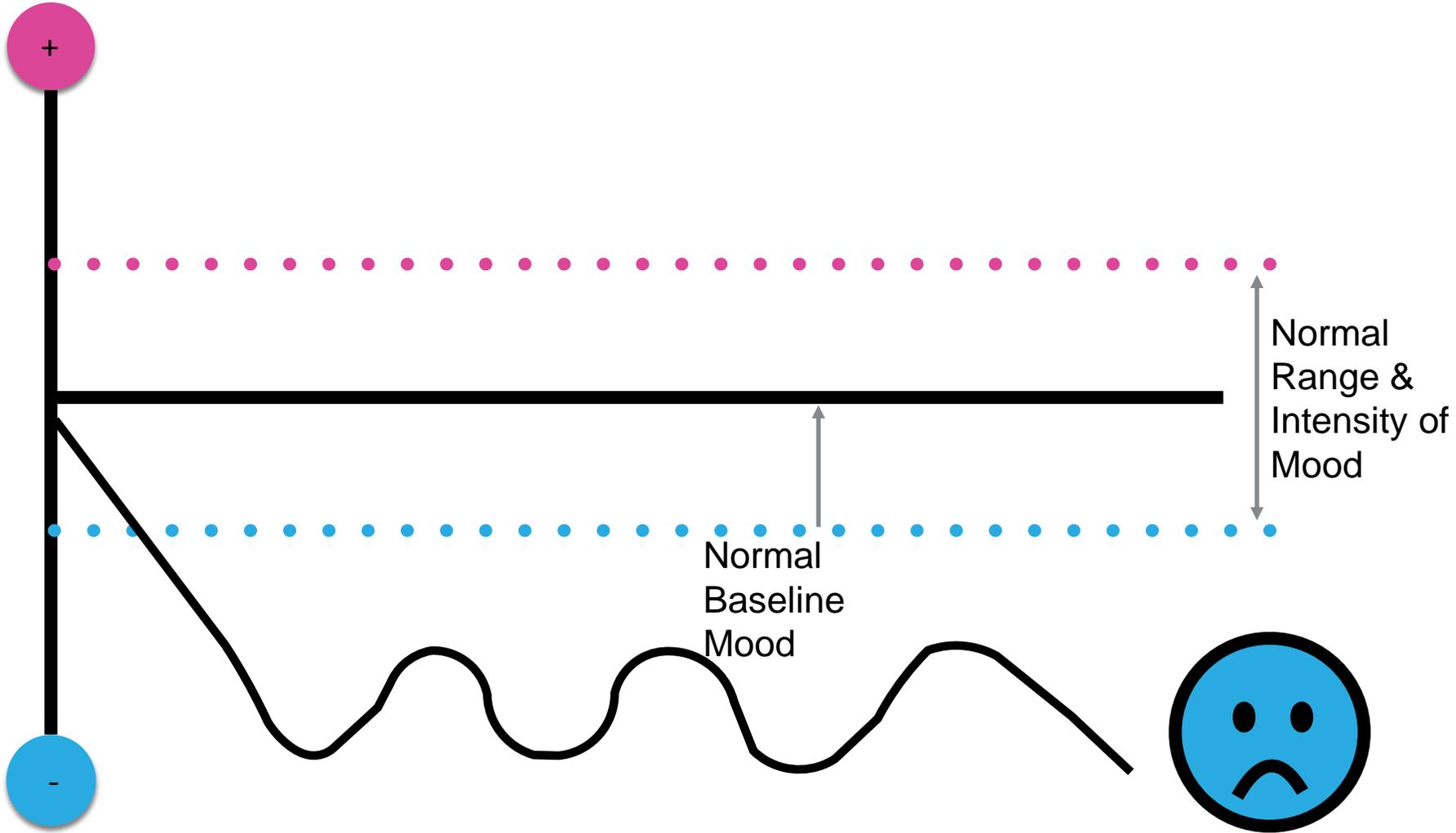


- Bipolar Disorder

NORMAL MOOD GRAPH



A BASELINE SHIFT TO THE NEGATIVE POLE: DEPRESSION

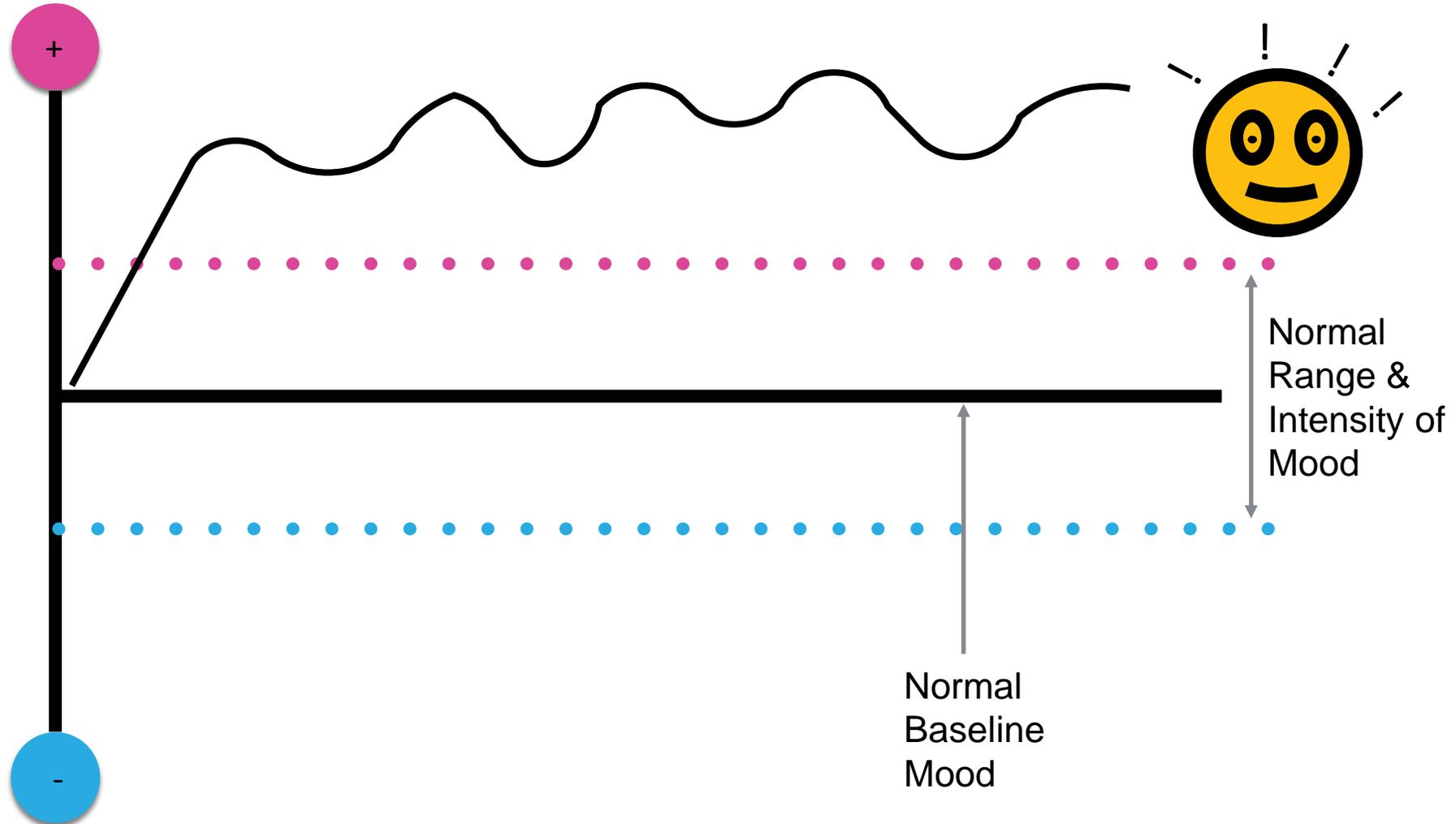


DEPRESSION

- Depression is not the same as feeling depressed
- Depression is characterized by **persistent and sustained**: depressed mood, loss of interest, guilty ruminations, feelings of hopelessness/worthlessness, fatigue, concentration problems, loss of appetite, loss of pleasure, suicidal thoughts/actions
- Depression leads to many problems in everyday life and affects about 4-6% of teens



A BASELINE SHIFT TO THE POSITIVE POLE: MANIA



BIPOLAR DISORDER

- Bipolar Disorder includes both Manic and Depressive episodes and affects about 1% of the population
- Depressive episodes are similar to Depression
- Manic episodes include: lack of sleep, excessive activity, rapid racing thoughts, poor judgement, frequent high risk behaviors, poor concentration, delusions
- People with Bipolar Disorder will swing from one type of episode to another – sometimes over the course of days or over periods of years: in between episodes moods can be relatively stable



TREATMENTS FOR MOOD DISORDERS

- Effective treatments for mood disorders are available
- For Depression, a combination of a psychotherapy (usually Cognitive Behavior Therapy: CBT) and an antidepressant medication (usually an SSRI) is used
- For Bipolar Disorder medications (such as lithium or other medications), psychotherapy and other treatments are used

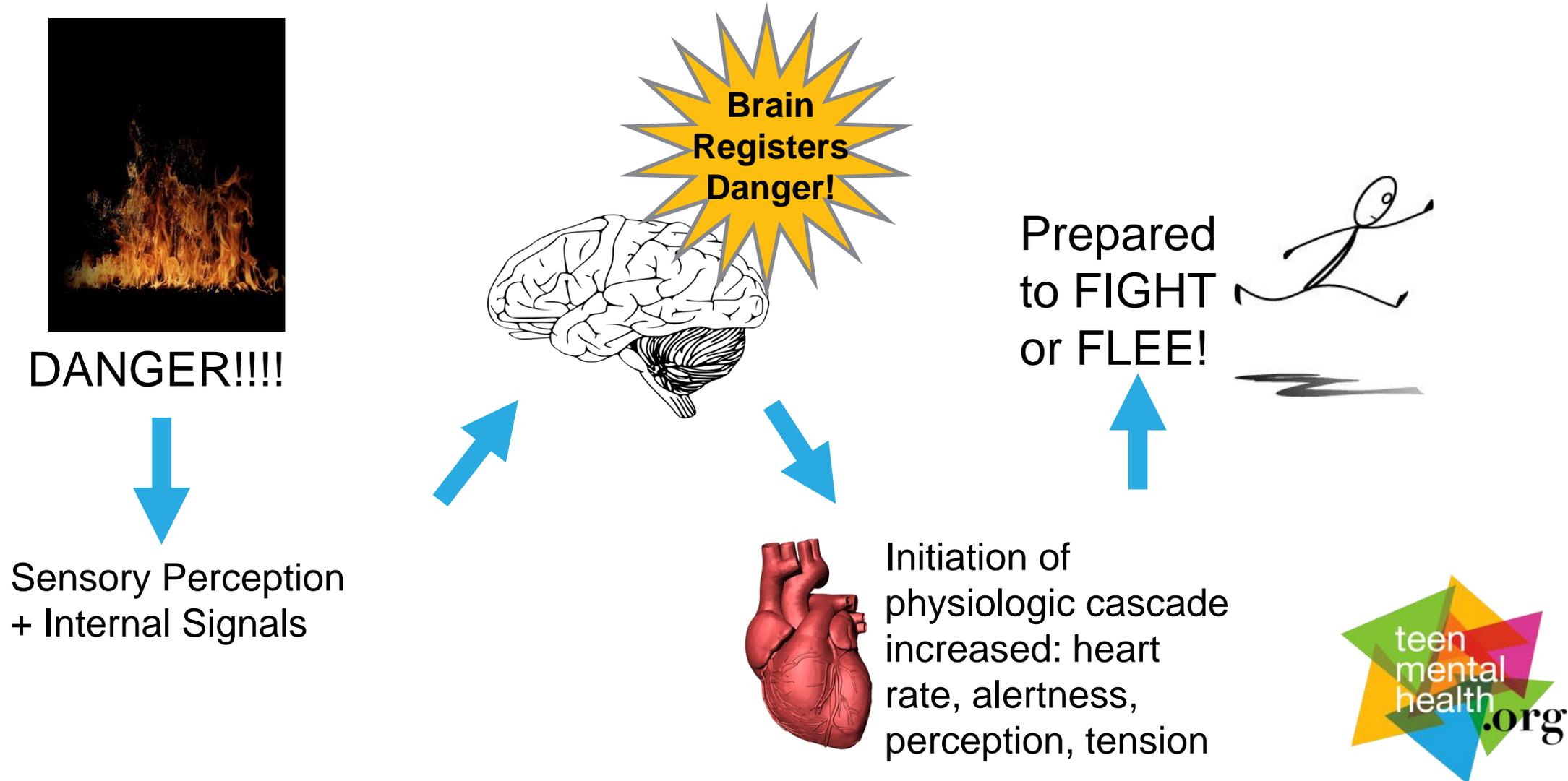


MENTAL DISORDERS – PART 4

- What mental disorders are considered to be primarily disturbances of Signaling?



WHAT IS SIGNALING?

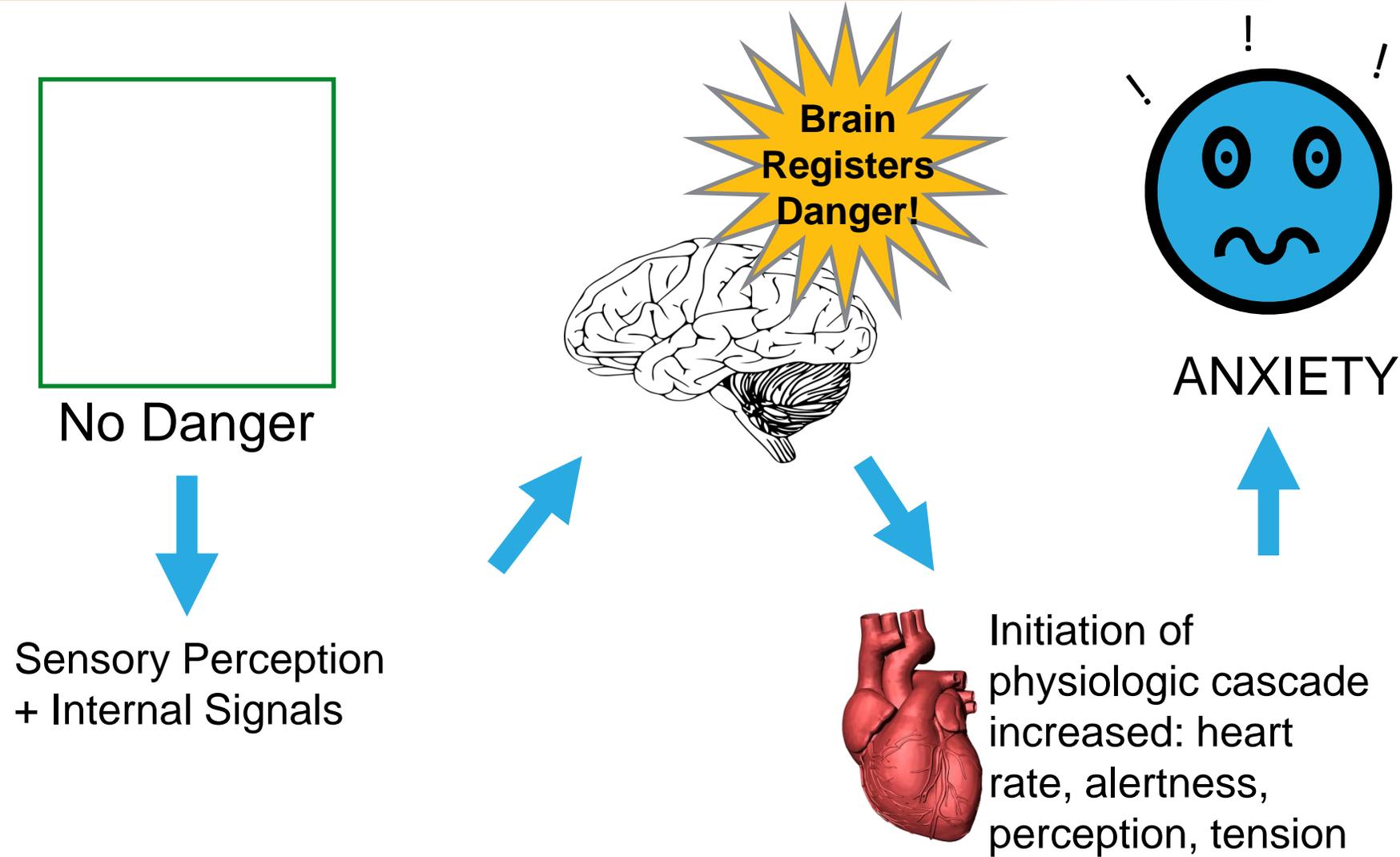


DISORDERS OF SIGNALING – PART 1

- These disorders all share problems in the way the brain signals danger
- They are called Anxiety Disorders
- The most common Anxiety Disorders in teens are:
 - Social Anxiety Disorder
 - Panic Disorder



WHAT IS ANXIETY?



SOCIAL ANXIETY DISORDER (SAD)

- People who have SAD experience severe fear/high anxiety in social situations
- They think that they are being closely watched, judged or criticized by others
- They think they will be embarrassed or humiliated
- As a result, they avoid social situations (speaking in class, going to a party, etc.)
- Sometimes they can experience a panic attack but only in a social situation



PANIC DISORDER (PD)

- People who have PD experience frequent panic attacks that just “come out of the blue”
- They also develop anxiety about having an attack
- And, they avoid going to places where they think they may experience an attack
- Sometimes the avoidance can become so strong the person mostly stays at home.

This is called Agoraphobia.



A TYPICAL PANIC ATTACK



Symptoms:

Heart pounding,
Sweating, Trembling,
Air hunger,
Smothering, Chest
pain, Stomach pain,
Nausea, Dizziness,
Tingling, Numbness
of feet & hands,
Feeling flushed,
Feeling chilled

TREATMENTS FOR ANXIETY DISORDERS

- Effective treatments for Anxiety Disorders are available
- Usually a psychological therapy called Cognitive Behavioral Therapy (CBT) is used
- Sometimes a medication is also used in addition to the CBT



OTHER MENTAL ILLNESS IN YOUTH

- There are many different kinds of mental illnesses
- Many are rare or do not occur in teenagers (such as Dementia)
- Two that may occur in teenagers are: Obsessive Compulsive Disorder and Post Traumatic Stress Disorder



OBSESSIVE COMPULSIVE DISORDER (OCD)

- OCD has two components: obsessions and compulsions
- Obsessions are severe, recurrent, persistent thoughts that a person knows are not true but cannot stop
- Common obsessions include: germs/dirt, thoughts that something terrible will happen, unwanted sexual or religious thoughts, etc.



MORE ON OCD

- Compulsions are repetitive actions that the person does to try and decrease their discomfort from having compulsions
- Common compulsions include: washing, brushing, counting, tapping, chanting, putting objects into specific order, etc.
- Obsessions and compulsions seem to run a person's life
- Effective treatments are available and include both an SSRI medication and CBT used together



POST TRAUMATIC STRESS DISORDER (PTSD)

- After a severe traumatic event (e.g. witness to murder, rape, automobile accident, etc.) everyone will experience significant distress and many symptoms (e.g. trouble sleeping, flashbacks about the event, feeling worried/restless, etc.)
- This is normal, it's called the Acute Stress Response, and will usually go away gradually over about 4-6 weeks



MORE ABOUT PTSD

- PTSD is the persistence of severe symptoms of: re-experiencing the event, hyper arousal (trouble sleeping, excessive worry/restlessness), avoidance of things that remind of the event, numerous negative emotions and thoughts
- These symptoms cause significant problems in daily living
- Effective treatments are available and include psychological therapies and medications



DISORDERS OF BEHAVIOURS

- Attention Deficit Hyperactivity Disorder
- Eating Disorders (Anorexia Nervosa and Bulimia Nervosa)
- Substance Use Disorder (Addiction)



ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

- People who have ADHD are usually diagnosed in primary school but the ADHD continues into secondary school and often beyond
- Symptoms fall into the categories of: Hyperactivity (constant movement), Impulsivity (doing things without thinking), and Attention (trouble keeping focused in a sustained way)
- These symptoms lead to problems at school, home and other parts of life
- Effective treatments are available and include medications and some behavior/self-monitoring therapies



SUBSTANCE USE DISORDER

- This diagnosis is commonly referred to as Addiction
- This means using a substance to the point that it causes harm to the person or those around him/her
- Craving for the substance (the inner drive to use the substance) drives the behaviors
- Effective treatments are available and include psychological as well as medications (for some kinds of addiction)



EATING DISORDERS

- Anorexia Nervosa (AN) is severe weight loss caused by a person self-starving because they incorrectly think and feel that they are too fat
- Bulimia Nervosa (BN) is the binge eating of large amounts of food in a very short period of time followed by self-induced vomiting
- Effective treatments for AN are available and include various psychotherapies and hospitalization if starvation is causing physical health concerns
- Effective treatments for BN are available and include various psychotherapies and medications



SUICIDE – PART 1

- Suicide is not a mental disorder
- Suicide attempts are not an expected response to life stresses
- Suicide is most often an unfortunate outcome of a mental disorder that is often not recognized or is not treated effectively
- Suicide that happens during the teenage years is often the result of Depression



SUICIDE – PART 2

- Most people who attempt suicide never die from suicide because effective treatments are available
- The presence of suicidal thoughts is a signal that a person needs help from a trained mental health provider
- If you or someone you know is having suicidal thoughts speak to a trusted adult and go to see a health professional who can help you get the care you need



SELF-HARMING

- Self-harming is a behavior that some people use to try and help them solve a problem
- It is not a useful method of problem solving and can itself become more of a problem than what it was supposed to help
- Some people experience social pressure to self-harm – this is also not helpful
- If you or a person you know is self-harming, this is a signal that better ways to solve problems are needed – speak to a trusted adult and find out where you can get help



WHAT CAN I DO?

- If I think I may have a mental illness, feel suicidal or am self-harming, I should talk to a trusted adult and get help from a health professional
- If I think that a friend or family member may have a mental illness, is suicidal or is self-harming, I should go with them to talk to a trusted adult and encourage them to get help from a health professional





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