Psychiatric Mental Health Assessment of Children: Anxiety and Depression
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Just the Facts

* Approximately 20% US youth estimated to have mental/behavioral disorder

* Approximately 70% do not receive any type of treatment

* Estimated cost of $247 billion

* The National Alliance on Mental Illness (NAMI, 2015) identified that over ½ all cases of mental illness began before age 14.

* Most childhood depression episodes are believed untreated and can last up to 3 months

* Approximately 50% of children and adolescents who experience episode relapse with 70% having a recurrence of symptoms within 5 years

* Upon puberty girls experience depression at a 2:1 ratio compared with boys

Cycle of Chronicity

Early intervention is our best defense to promote mental health throughout the entire lives of children and adolescents.

Psychiatric Assessment

- Chief complaint
- Review of symptoms
- Developmental history
- School history
- Mental status exam
- Physical exam

In-Depth Assessment

- Suicidal behavior and plan
- Risk for violence
- Mood lability
- Hallucinations
**Differential Diagnosis: Context**

What else might explain the behaviors and symptoms?

- Physical illness
- Family system problems
- School issues
- Temperament

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**Anxiety**

- Brain’s response to perceived or actual danger
- Defining characteristics of pediatric anxiety disorders:
  - Excessive and developmentally inappropriate worry
  - Significant impairment in functioning

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**Characteristics**

Anxiety is

- Among the most prevalent and functionally impairing mental health disorder to occur in childhood and adolescence (Rockhill et al., 2010).
- Ranges from mild to severe
Two Distinct Entities

- Worry – involves anxious apprehension and thoughts focused on the possibility of negative future events
- Fear – related to the response to a threat or danger that is perceived as actual or impending

What are developmentally normal worries about life and worries that inhibit accomplishment of normal developmental milestones?

Exposure to Trauma

Greater risk for developing psychopathology, including Anxiety Disorders

- Early loss of a parent
- Loss of sibling
- Living with a mentally ill parent
- Living with chronically ill family member
- Neglect and abuse

Somatic Complaints

- 90% or more of children and adolescents with symptoms of anxiety present with somatic complaints (Ramshaw et al., 2010).
- The ambiguous nature of somatic complaints associated with anxiety often results in extensive medical work-ups, including unnecessary and expensive medical visits and diagnostic tests;
- It is important that evaluation of anxiety disorders occur early in the assessment process, as it can help eliminate excessive medical evaluations and procedures (Andresen, et al., 2011).
Somatic Symptoms

- **Respiratory**: hyperventilation and sense of dyspnea
- **Cardiovascular**: palpitations, chest discomfort, awareness of missed beats
- **Gastrointestinal**: dry mouth, difficulty swallowing, epigastric discomfort, excessive flatulence, and frequent or loose stools.
- **Genitourinary**: frequency or urgent micturition, failure of erection, amenorrhea, and menstrual discomfort.
- **Neuromuscular**: tremors, aching muscles, prickling sensation, headache, dizziness and tinnitus

There’s MORE!

- Other medical conditions with symptomatology similar to anxiety disorders include:
  - Seizure disorders
  - Sleep disorders
  - Hyperthyroidism
  - Lead toxicity
  - Sleep-related problems often interfere with family function, as children may have trouble sleeping alone and experience nightmares with themes of separation.

Key Interview Data

- What are the symptoms?
- Are the symptoms stimulus specific, spontaneous, or anticipatory?
- Are symptoms out of the realm of normal functioning?
- When did the presenting symptoms begin to cause problems for the child/parents/family?
- How is this influencing daily functioning? (home, school, interpersonal, social)
- Who is expressing concerns about this child? (consider speaking with that person)
Pearls

- Pathological anxiety is more diffuse, lacks specificity, and occurs in the absence of a stimulus
- Exam and lab results are normal

Rapid Assessment Instruments

- Brief standardized questionnaires easily used within context of interview
- Quick to administer, score, and interpret
- May be completed by the child without assistance
- May be repeated throughout treatment to chart progress over time

Rapid Assessment Instruments for Anxiety

- SCARED
  - Screen for Child Anxiety Related Disorders
    - Parent and Child Version
SCARED Anxiety Assessment

• Child Version

• Parent Version

Mood Disorders

• Major depression
• Bipolar I (depression and mania)
• Bipolar II (depression and hypomania)
• Dysthymia
• Substance induced mood disorder
• Mood disorder due to general medical condition

For the pediatric population irritability is a key characteristic of mood disturbances
Child and Adolescent Symptoms

- Suicidal ideation/attempt
- Irritability, anger
- Insomnia/hypersomnia
- Poor concentration
- Appetite disturbance
- Fatigue/lethargy
- Sadness
- Impaired academic function
- Rumination
- Negative self-talk
- Verbal outbursts/tantrums
- Social isolation
- Helplessness/hopelessness

Differential Diagnosis

- Keep in mind the difference between a cluster of mood symptoms and the presence of enough symptoms to meet the diagnostic threshold
- The symptoms could be due to a medical condition/medication

Co-Morbidity

<table>
<thead>
<tr>
<th>Psychiatric</th>
<th>Medical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety (25%-50%)</td>
<td>Obesity</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>Heart disease</td>
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<tr>
<td>Conduct disorder</td>
<td>Cancer</td>
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<tr>
<td>Eating disorder</td>
<td>HIV/AIDS</td>
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<tr>
<td>ADHD</td>
<td></td>
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</table>
Co-Morbidity cont.

Psychosocial
- Trauma
- Loss
- Parent-child difficulties
- Poor academic achievement

Tripartite Model

Relationship between anxiety and depression

3 dimensions

1. Negative affect (anger, guilt, distress, irritability and insomnia)
2. Positive affect (absence of fatigue, anhedonia)
3. Physiological hyperarousal (muscle tension, tachycardia, shortness of breath, dry mouth)

Generally-
- Presence of negative affect and elevated physiological hyperarousal are characteristic of many anxiety disorders
- Negative affect and lack of positive affect are characteristic of depression (and social phobia)

Rapid Assessment Tools for Depression

- KADS
  - Kutcher Adolescent Depression Scale
- CES-DC
  - Center for Epidemiological Studies Depression Scale for Children

Prevention, early detection and evidence-based treatment can alter the course and severity of symptoms for children and adolescents at risk for or affected by anxiety and mood disorders.
References


