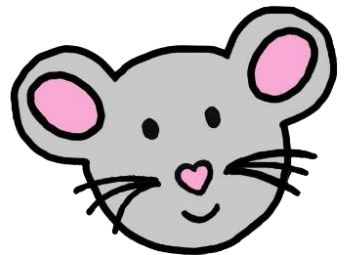


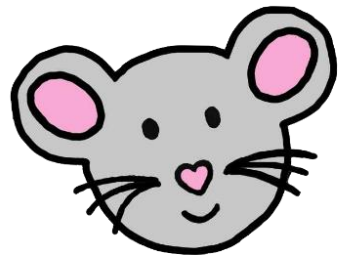
Assessment of Common mental health disorders in the context of chronic illness

Professor Isobel Heyman
Consultant Psychiatrist

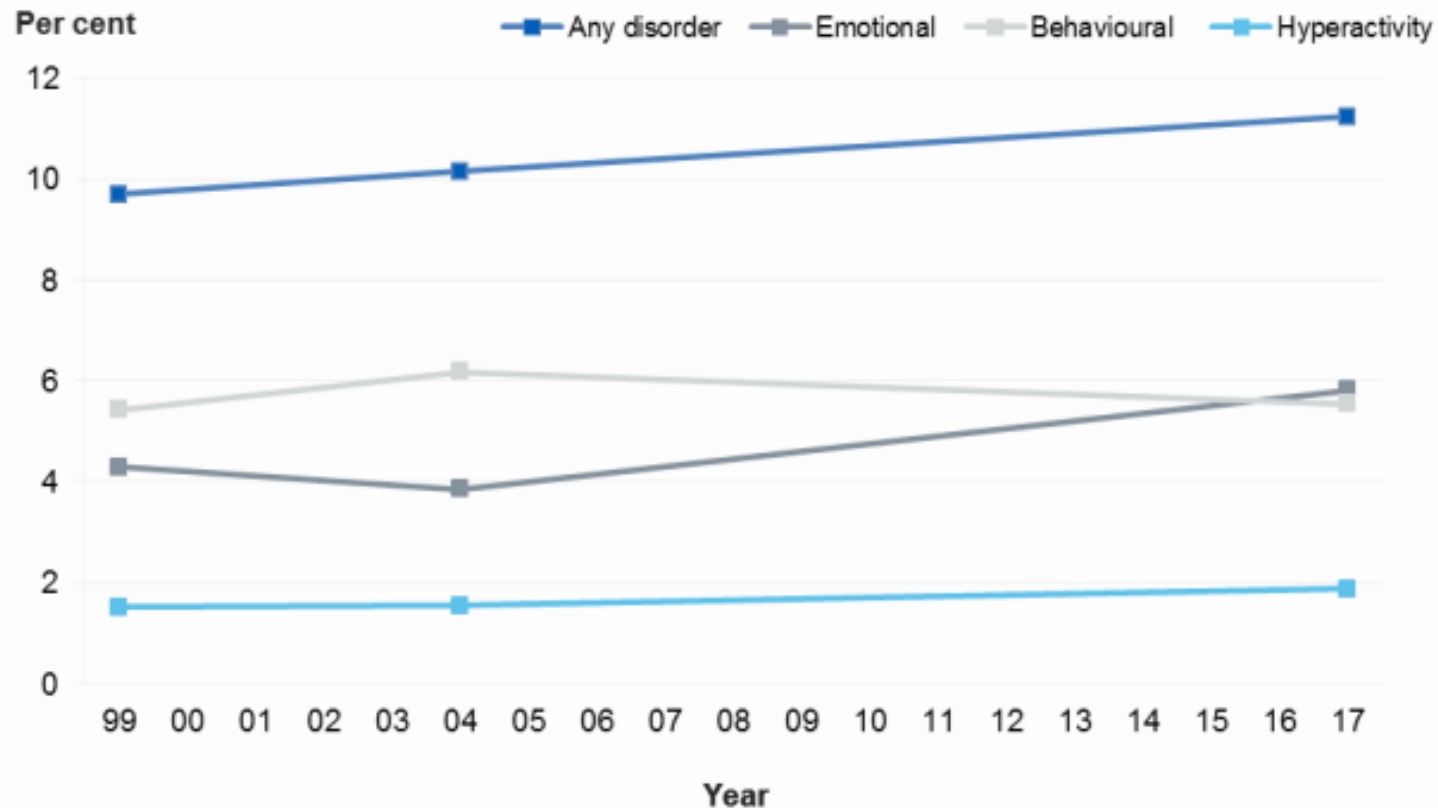


Basic point

- Same approach to assessment in children with and without a chronic illness
- Need to assess and understand the common mental health problems
- Assessment will guide intervention

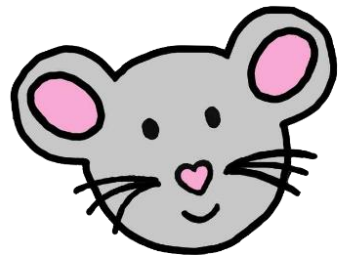


Prevalence of Mental Health Difficulties



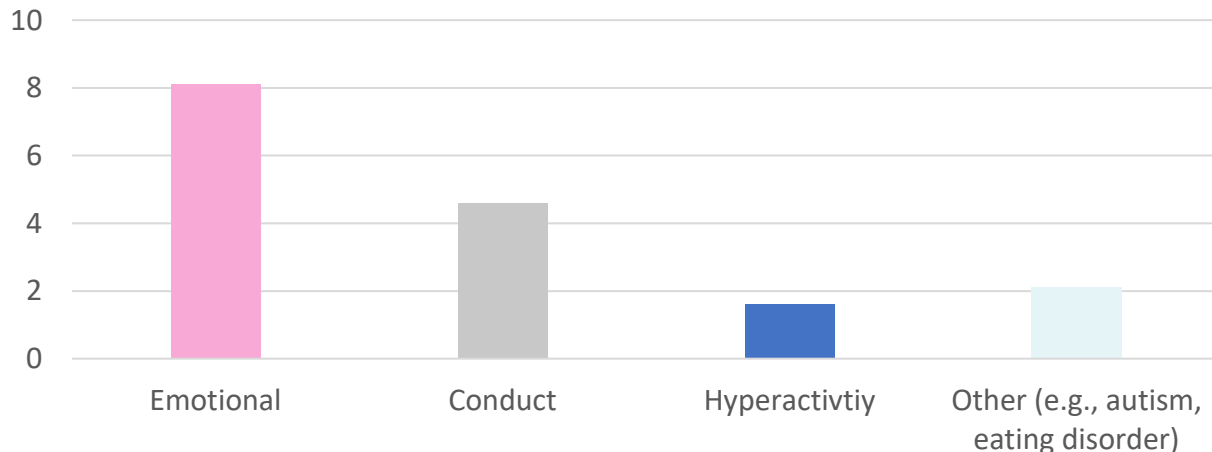
Source: NHS Digital

Prevalence of any disorder, emotional, behavioural and hyperactivity disorder in 1999, 2004 and 2017 in CYP

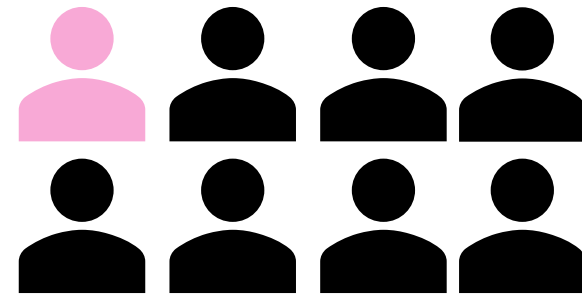


Prevalence of Mental Health Difficulties

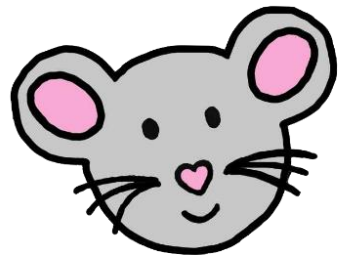
1 in 8 (12.8%) CYP had a mental health disorder in 2017



Source: Mental Health of Children and Young People in England Survey (2017)



Prevalence of any disorder, emotional, behavioural and hyperactivity disorder in 2017 in CYP



Co-morbidities

Depression

With concurrent
behavioural difficulties
20%

With concurrent
anxiety
32%

Anxiety

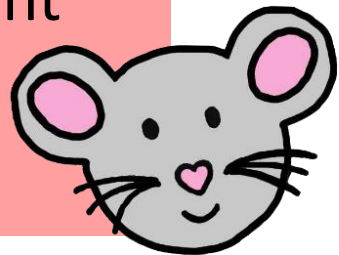
With concurrent
behavioural difficulties
37%

With concurrent
depression
74%

Behavioural

With concurrent
depression
47%

With concurrent
anxiety
38%



Mental health problems in CYP with chronic illness

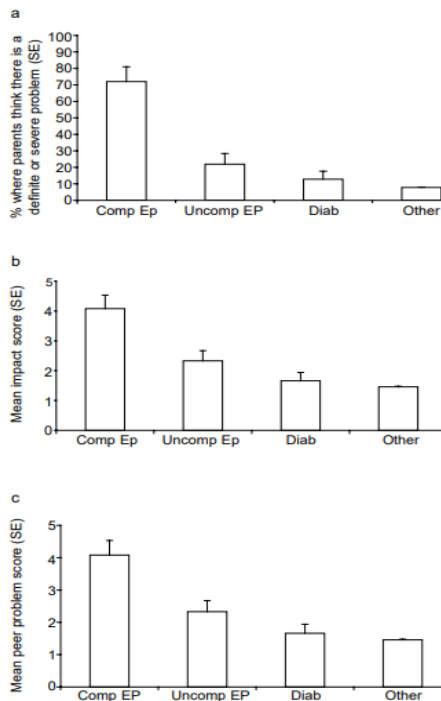


Figure 1: Parent reports on: (a) Is there an emotional or behavioural problem? (b) What impact does it have? (c) Are there peer problems? Comp EP, complicated epilepsy; Uncomp EP, uncomplicated epilepsy; Diab, diabetes.

Table I: Diagnosis by group

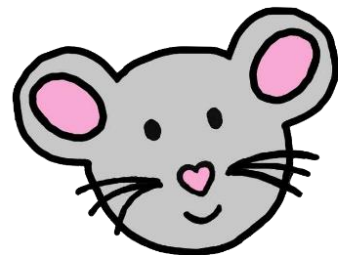
Group (n)	Percentage with psychiatric disorder (n)				
	Any	Emotional	Conduct	ADHD	PDD
Complicated epilepsy (25)	56.0 (14)	16.0 (4)	24.0 (6)	12.0 (3)	16.0 (4)
Uncomplicated epilepsy (42)	26.2 (11)	16.7 (7)	16.7 (7)	0	0
Diabetes (47)	10.6 (5)	6.4 (3)	8.5 (4)	2.1 (1)	0
All other (10 202)	9.3 (946)	4.2 (427)	4.7 (483)	2.2 (228)	0.2 (25)

Any, any psychiatric disorder; Emotional, any emotional disorder; Conduct, any conduct disorder, including oppositional defiant disorder; ADHD, any attention-deficit-hyperactivity disorder; PDD, any pervasive developmental disorder (autistic disorder).

A population survey of mental health problems in children with epilepsy

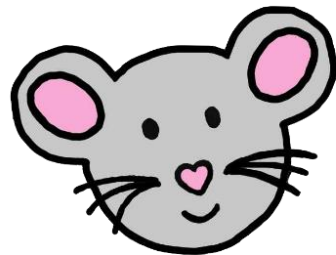
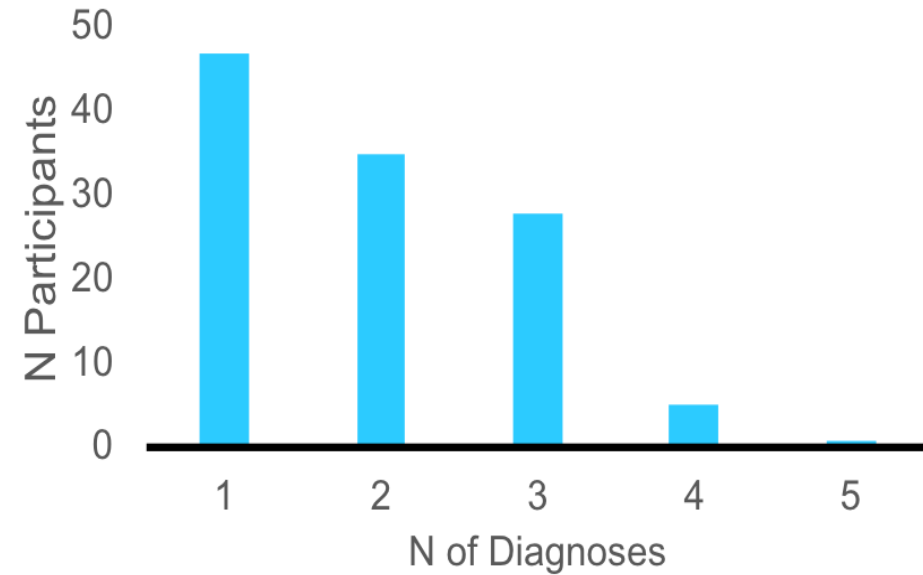
Sharon Davies MBBS MRCPsych, Specialist Registrar, Great Ormond Street Hospital;
Isobel Heyman* MBBS PhD MRCPsych, Consultant Child and Adolescent Psychiatrist;
Robert Goodman MBBS PhD FRCPsych, Professor of Brain and Behavioural Medicine, Department of Child and Adolescent Psychiatry, Institute of Psychiatry, King's College London and Maudsley Hospital, London, UK.

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E-mail: i.heyman@iop.kcl.ac.uk



Mental health problems in CYP with chronic illness

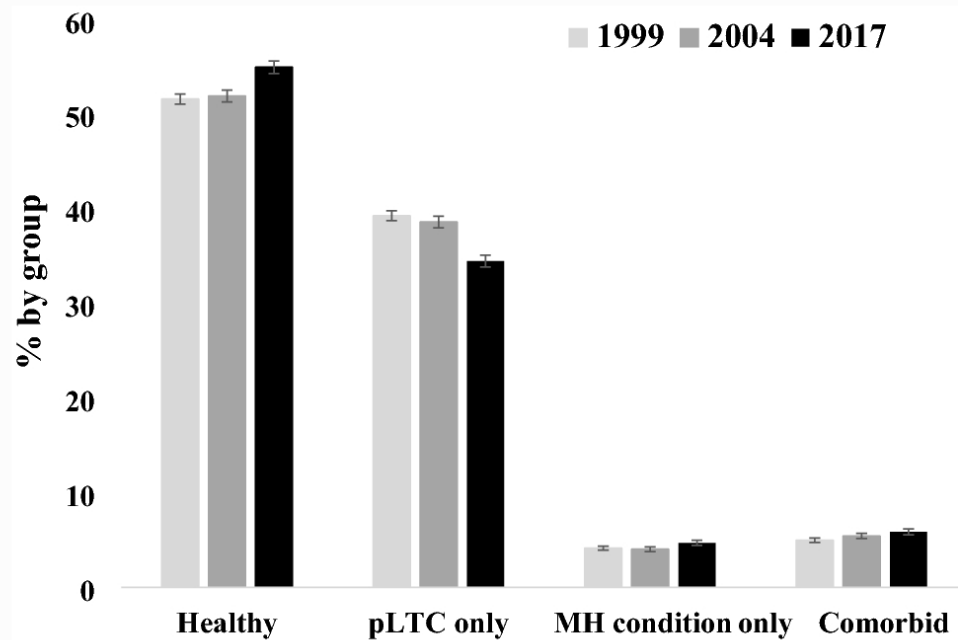
- High rates of mental health difficulties (353 of 639; 55% in 2 previous feasibility screening studies)
- High rates of co-occurring neurodevelopmental disorders and mental health disorders



Mental health problems in CYP with chronic illness

Fig. 1

From: [Trends in comorbid physical and mental health conditions in children from 1999 to 2017 in England](#)



Weighted prevalence estimates of long-term physical health conditions and mental health conditions in children and young people aged 5–15 years in England in 1999 ($N = 8662$), 2004 ($N = 6401$), and 2017 ($N = 6219$) by group. Error bars represent standard errors. MH = mental health; pLTC = long-term physical health condition

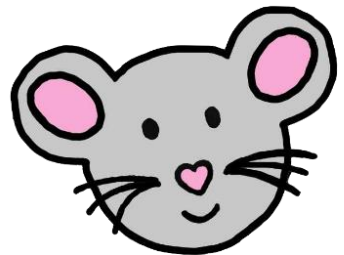
European Child & Adolescent Psychiatry
<https://doi.org/10.1007/s00787-022-02112-5>

ORIGINAL CONTRIBUTION



Trends in comorbid physical and mental health conditions in children from 1999 to 2017 in England

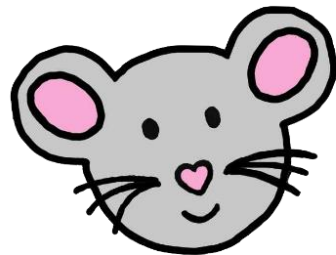
Laura Panagi¹ · Tamsin Newlove-Delgado² · Simon R. White¹ · Sophie Bennett³ · Isobel Heyman³ · Roz Shafran³ · Tamsin Ford¹



Purpose of assessment and diagnosis

Children and their families are coming to CAMHS with a problem, or an identified main problem, among several difficulties they are seeking help for. Following the assessment, the child may be given a diagnosis: but why do clinicians use diagnoses?

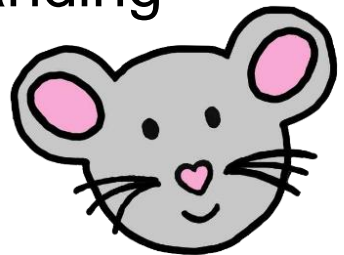
Click on the summaries in the image below to find out.



An evidence-informed assessment

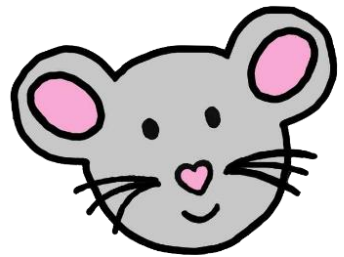
An evidence-informed assessment emphasises the use of research and theory to help us understand the severity and range of a young person's problems to:

- Identify possible causes of the problems and factors which keep problems going
- Identify the methods and measures we use to arrive at this understanding
- Draw our attention to the assessment process itself



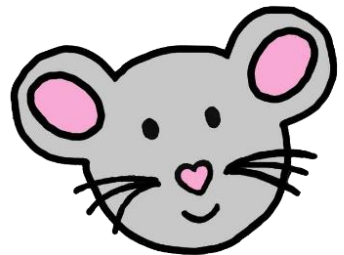
Components of an assessment

- Clinical interview
- Data



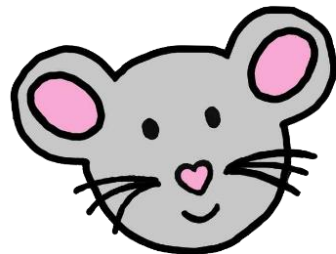
Components of an assessment

- Clinical interview
 - Who
 - To ask – parent, CYP alone, teacher
 - What
 - To ask
 - Specific mental health symptoms
 - Illness
 - Treatment so far
 - Settings/context include school, home, peer relationships
 - Why
 - Are you asking it?
 - How
 - Skills required
 - Developmental history



Components of an assessment

- Clinical interview
 - Who
 - To ask – parent, CYP alone, teacher
 - What
 - To ask
 - **Specific mental health symptoms**
 - Illness
 - Treatment so far
 - Settings/context include school, home, peer relationships
 - Why
 - Are you asking it?
 - How
 - Skills required
 - Developmental history



Examples of
the sort of
mental health
symptoms
you may be
asking about

TABLE 1.

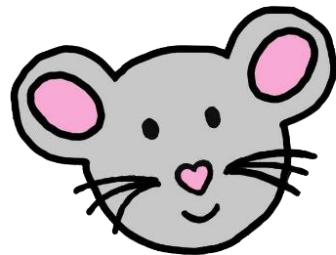
Criteria for Diagnosing Young People with Generalized Anxiety Disorder

- Excessive anxiety and worry about a variety of topics, events, or activities (in children, worry is more likely to be related to their performance in school or social activities)
- Children find it difficult to control the worry
- For children, the anxiety and worry are associated with one (or more) of the following six symptoms (with at least some having been present for more days than not for the past 6 months)
 - Restlessness or feeling keyed up or on edge
 - Being easily fatigued
 - Difficulty concentrating or mind going blank
 - Irritability
 - Muscle tension
 - Sleep disturbance (difficulty falling or staying asleep or restlessness, unsatisfying sleep)

Adapted from the Diagnostic and Statistical Manual of Mental Disorders, fifth edition.¹¹

Examples of the sort of mental health symptoms you may be asking about: anxiety

- Anxiety disorders
 - Generalised Anxiety Disorder
 - Social anxiety
 - Panic Disorder
 - Specific fears and phobias
 - Separation anxiety



Examples of
the sort of
mental health
symptoms
you may be
asking about

Symptoms of Depression in Children and Adolescents

Acting sad



Frequently crying



Changes in sleep
patterns



Changes in appetite



Lack of energy



Diminished
attention/concentration



Lack of interest in
events/hobbies

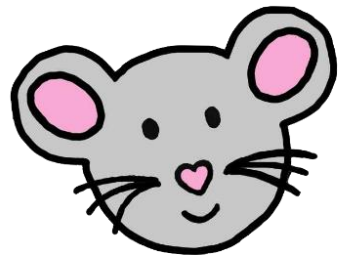


Sense of helplessness
or hopelessness



Examples of the sort of mental health symptoms you may be asking about: anxiety

- Conduct disorder (may be less common in epilepsy)
- Oppositional defiant disorder
 - Little or no evidence for drug treatments
 - most evidence for behavioural treatments
- Attention deficit hyperactivity disorder
 - Methylphenidate can be useful even with epilepsy



Examples of
the sort of
mental health
symptoms
you may be
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Table 2

Summary of DSM-5 Criteria for ODD^a

Definition:

Pattern of irritable/angry mood, argumentative/defiant behavior, or vindictiveness lasting ≥ 6 months, as indicated by the presence of ≥ 4 of the following criteria, with ≥ 1 interaction occurring with someone other than a sibling. For children aged ≥ 5 years, the behavior should occur most days for ≥ 6 months. The degree of severity may be classified as mild, moderate, or severe

Criteria:

Angry/irritable mood—easily annoyed, angry, resentful, loses temper, etc.

Argumentative and defiant—noncompliance with authority figures, blames others for own misbehavior, intentionally annoys others, actively defies rules (nonadherence to curfews, running away, school truancy at age < 13 years)

Vindictiveness—spitefulness, etc.

The behavior disturbance is associated with distress in the individual or others

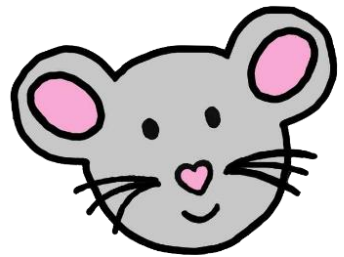
Behaviors do not occur only during a substance-use, depressive, bipolar, or psychotic disorder

^a See the DSM-5 criteria in reference 17 for full details.

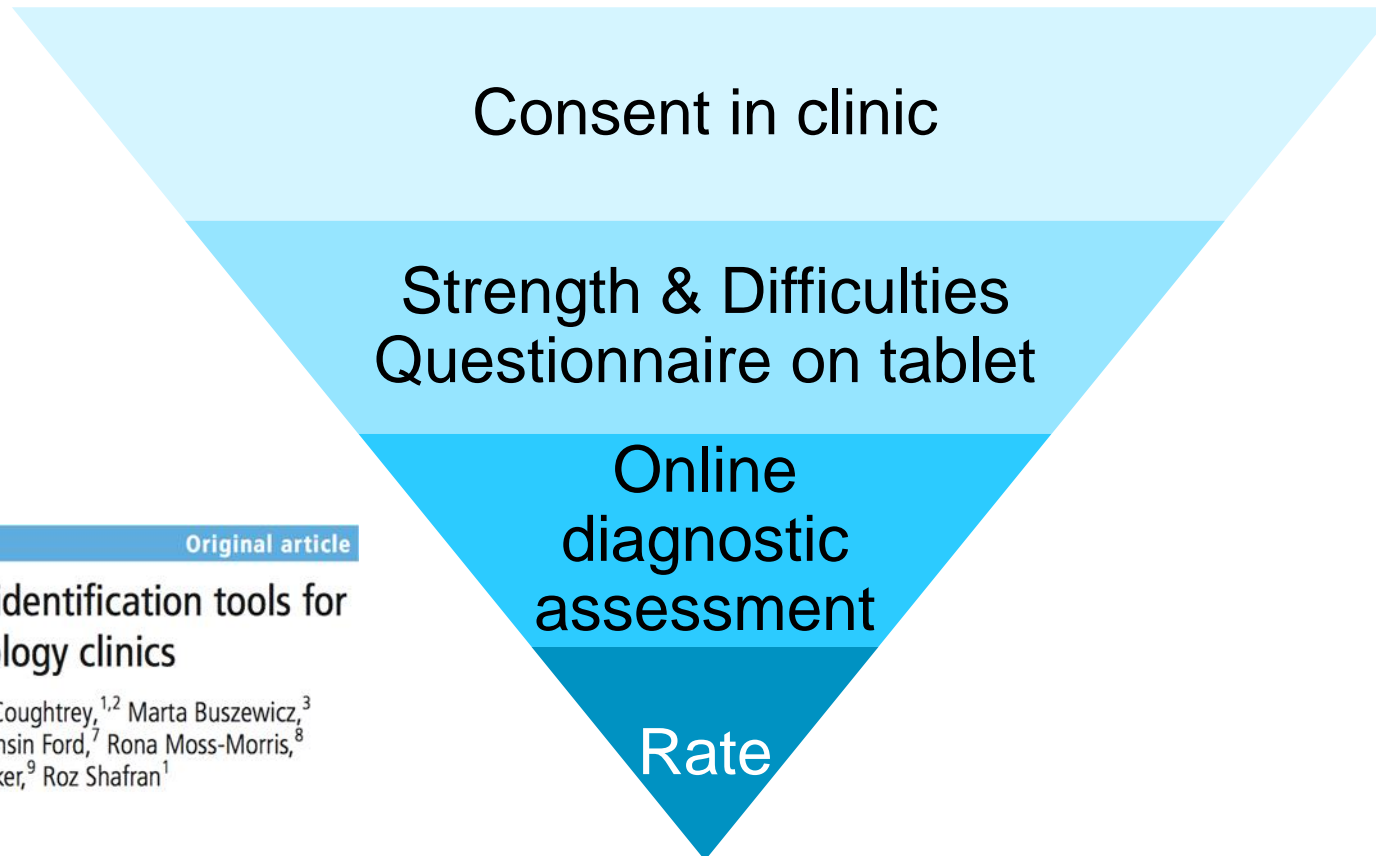
DSM-5: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition; ODD: *oppositional defiant disorder*.

Source: Reference 17.

Data



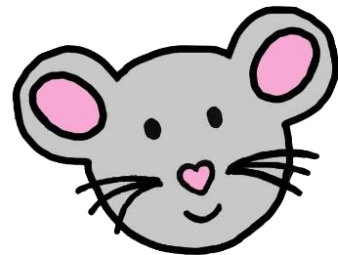
Integrated identification



Original article

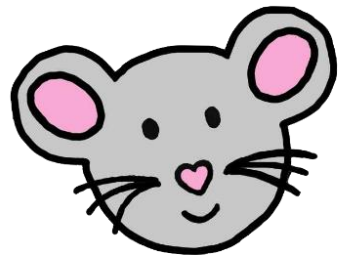
Assessing feasibility of routine identification tools for mental health disorder in neurology clinics

Sophie D Bennett ¹, Isobel Heyman,^{1,2} Anna E Coughtrey,^{1,2} Marta Buszewicz,³ Sarah Byford,⁴ Caroline J Dore,⁵ Peter Fonagy,⁶ Tamsin Ford,⁷ Rona Moss-Morris,⁸ Terence Stephenson,¹ Sophia Varadkar,^{1,2} Erin Walker,⁹ Roz Shafran¹

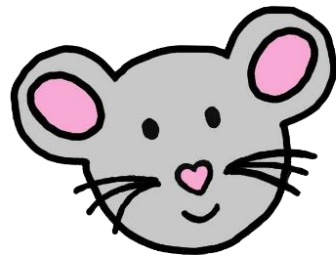


The Strengths and Difficulties Questionnaire (SDQ) *(Goodman et al., 1997)*

- A self-complete 25 item measure psychopathology (emotional and behavioural difficulties)
- 5 sub-scales including; emotional, conduct, hyperactive/inattention/peer relationships/ prosocial behaviour
- Used in school-aged children and young people
- Used for children with autism spectrum disorder, attention-deficit hyperactivity disorder and intellectual disabilities
- All common comorbidities of epilepsy

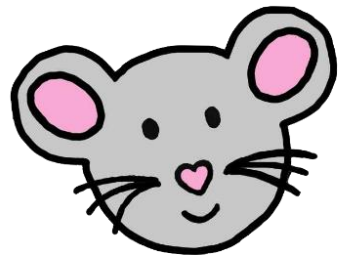


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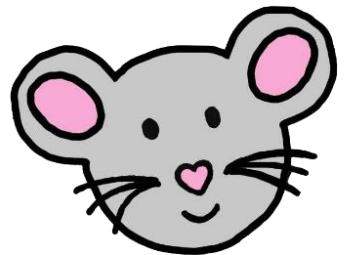
Developmental and Well-being Assessment *(Goodman et al., 2000)*

- A package of interviews, questionnaires and rating techniques designed to generate ICD-10 and DSM-IV or DSM-5 psychiatric diagnoses
- The DAWBA covers the common emotional, behavioural and hyperactivity disorders
- **Rated by clinical psychologist**
- **Used within paediatric clinic sample (Hanssen-Bauer et al., 2007)**



Developmental and Well-being Assessment *(Goodman et al., 2000)*

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- The DAWBA covers the common emotional, behavioural and hyperactivity disorders
- **Rated by clinical psychologist**
- **Used within paediatric clinic sample (Hanssen-Bauer et al., 2007)**
- **An intervention in its own right**
- **Produces a report**



Developmental and Well-being Assessment *(Goodman et al., 2000)*

DAWBA Report

The DAWBA collects information about a range of common emotional and behavioural difficulties, and uses this information to produce a report to highlight the level of difficulties.

How to understand the ratings

These ratings compare your responses with the responses from large numbers of other parents and young people across the UK. Many parents and young people find this sort of comparison helpful, but it is just a guide and not the same as a face-to-face assessment with a specialist.

To make it easier to read, we have grouped the ratings into four categories. Each category is different. This shows how your [child's] *(delete as appropriate)* difficulties compare with other children / young people:



Close to average

In the general population most children / young people (roughly 80 out of 100) are in the "close to average" category.



Slightly raised

If the ratings are in the "slightly raised" category this means the difficulties are slightly higher than average. Roughly 10 out of 100 children / young people are in this category.



High

Around 5 in 100 children / young people score in the "high" category. This means that the difficulties are more severe than average.



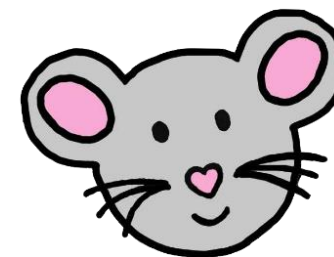
Very high

Around 5 in 100 children score in the "very high" category. This means that the difficulties appear to be more severe than we find in 95 out of every 100 children / young people.



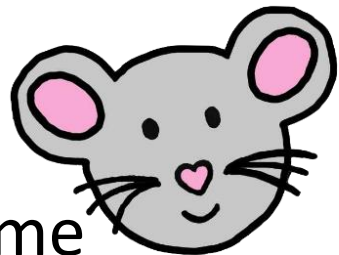
Your [child's] *(delete as appropriate)* ratings:

- **Close to average / Slightly raised / High / Very high** for worrying a lot about different things (general fears and worries)
- **Close to average / Slightly raised / High / Very high** for worries about separation from key "attachment figures" such as parents (separation anxiety)
- **Close to average / Slightly raised / High / Very high** for specific fears (specific phobia)
- **Close to average / Slightly raised / High / Very high** for social fears (social anxiety)
- **Close to average / Slightly raised / High / Very high** for panic attacks
- **Close to average / Slightly raised / High / Very high** for fears of crowds, public places, open spaces etc (agoraphobia)
- **Close to average / Slightly raised / High / Very high** for stress linked to particularly frightening events (post-traumatic stress)
- **Close to average / Slightly raised / High / Very high** for obsessions or compulsions
- **Close to average / Slightly raised / High / Very high** for depression or loss of interest
- **Close to average / Slightly raised / High / Very high** for disruptive and uncooperative behaviours (troublesome behaviour)
- **Close to average / Slightly raised / High / Very high** for antisocial or aggressive behaviours that can get people into serious trouble (troublesome behaviour)

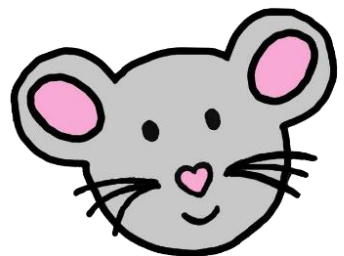


Real Life Practice

- Working in groups of 3
- One person is the therapist, one is the patient and one is helping!
- Patient – role-play a CYP with anxiety in the context of epilepsy
- Therapist – try to conduct a clinical interview about their anxiety (with help from the helper)
- Swap roles: this time the patient will have a CYP with depression in the context of diabetes
- Swap again so everyone has had a turn at one of the roles; role-play a CYP with a behavioural problem in the context of Tourettes Syndrome



Feedback



Exercise Exercise

- Exercise beneficial for mood and that motivation comes from action not versa versa
- What is your mood right now? Record it.
- How much do you feel like going for a walk right now?
- Walk
- Re-rate mood and discuss experience

