

The Meaning of Mental Disorder and Impairment from a Young Person's Perspective

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Professor Peter Hill: Disclosures

Advisory

Lecturer

Medice	X	X
Flynn	X	X
Janssen-Cilag	X	X
Lilly	X	X
Neuropharm	X	
Novartis	X	X
Shire	X	X
Otsuka	X	
UCB	X	X

Disorder Concept

- Extreme emotion/behaviour/developmental distortion: beyond simple explanation
- Impaired functioning
- Distress or suffering

Disorder

Threshold issues

- Allows sickness role

- Involvement of healthcare

- Alters social rules of interaction

Administrative issues

- Quantifies morbidity

- Allows scientific enquiry through diagnostic language

- Enables funding of treatment

Meaning of disorder for young people?

- Experience of disorder
- Recognizing disorder for what it is
- Understanding of disorder
- Attributing cause

Crude classification of childhood mental disorders

- Internalizing
 - Depression, anxiety disorders, obsessive compulsive disorder
- Externalizing
 - Oppositional-defiant disorder, conduct disorder, ADHD
- Developmental
 - Autism, dyslexia, dyspraxia, sensory processing, intellectual disability
- Eating disorders
- Psychotic
 - Schizophrenia, bipolar, toxic
- Substance misuse and dependency
- Psychosomatic
 - Pain, dysfunction, refusal

Internalizing disorders

- Distress is central concept
 - Experience not unlike adults

Distress and suffering

How is it possible for a child or young adolescence to judge whether their distress is beyond explanation in terms of circumstances?

Brings in parents as agents of referral to healthcare services

Internalizing disorders

- Believed cause may be very private
 - Deserved punishment
 - Mission to save family
 - Challenge or test
- Seen in family context
 - Assumption that rescue should be by a parent
 - But cannot share in order to save parental distress

The problem of externalizing disorders

- Whose problem?
- Who's the patient?
- What is their experience

Who's the patient?

- Suffering at first sight is located in others around child
- Disruptive impact on family and school function produces vicious spiral: need for systemic perspective
- Huge social costs

Whose problem?

- Labelling issue, but.....
- High rates of emotional symptoms among conduct disordered children
- Overlap between antisocial behaviour and traits such as
 - egocentricity,
 - poor/immature social judgement,
 - weak empathy (callous-unemotional)

Young person's reaction

- It's someone else's fault, their problem
“I just....I only.....All I did was...He shouldn't have.....”
- Sullen or dismissive
“That's not my problem”

(Neuro)developmental disorders

- By definition, present throughout child's life to date

How am I different?

Sense of self over time

- To detect difference
- To detect onset

Sense of typical experiences

- Ability to know enough to compare
- Hinges upon social context
 - Peers
 - Siblings
 - Parents
 - Teachers
 - Grandparents
 - Social media

External attribution

From adult work, patients more likely to attribute emotional distress to external cause than doctors are

Parental and professional language

- “A bit missing”, “wrong in the head”
- Colloquial use of ‘depressed’ ‘schizophrenic’
- “Her overdose”
- “Your OCD”
- “I’m an Aspie” / “Neurotypical”
- Categorical versus spectrum concepts

Language used

In CBT terminology “externalizing”

‘that OCD is giving you a hard time’

‘depression is stopping you doing what you would normally want to do’

‘his ADHD is stopping you be the parent you want to be’

Misunderstanding

- General knowledge issues e.g. dyslexia = unintelligent
- Explanations or overhearings inaccurate, especially if short-term memory difficulties, language or accent problems
 - check “Do you know what I mean – tell me what you think I’ve said”

Shame

- OCD
- Depression

“not quite all there”

“mental”

What do you mean – disorder?

- Cyber addiction
- Alcohol dependency
- Substance misuse
- Clinical perfectionism
- Asperger's syndrome
- Tourette's

Reflected glory?

Bipolar

Deliberate Self Harm – cutting

Anorexia nervosa

Ambivalent websites and videos

- Pro-ana, Thinspiration etc

YouTube

- Rachel Ferguson: Never Good Enough
- Wanna be skinny
- Demi Lovato on bulimia and cutting

Fear

- Mental conditions irreversible
- Relentless progress towards madness “going mental”
- Self-blame

Understanding of the need to talk and disclose

Need to recognize doctor-patient contract

Expected compliance

Need to disclose

Accept physical and mental intrusion

Understand confidentiality

up Accept need for medical sanction to take
illness role

Adhere to recommendations

Experience of treatment

- Adverse effects
 - medication
 - psychotherapy
 - admission to hospital
- Imposition

Voices Project (Voices On Identity, Childhood, Ethics and Stimulants)

Singh, I (2012)

N=151 9-14 year olds children from US and UK clinics with diagnosis of ADHD

1 hour interviews about behaviour, brain, medication and identity

www.adhdvoices.com and YouTube

Poor adherence to recommended treatment

- Major problem especially with adolescents
- If we know how the child or young person sees their problem, more likely to form a therapeutic alliance
- Talking with them not only an issue of human respect but an aid to clinical effectiveness
- Which is in their interests

Thank You

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