

בריאות הנפש בילדים- תפקידו של רופא הילדים

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Mental health ≠ 1- mental illness

Children's mental health

Mental health in childhood means reaching developmental and emotional milestones, and learning healthy social skills and how to cope when there are problems. Mentally healthy children have a positive quality of life and can function well at home, in school, and in their communities.

CDC



Children's mental health

"Child and adolescent mental health is the capacity to achieve and maintain optimal psychological functioning and well being. It is directly related to the level reached and competence achieved in psychological and social functioning."

WHO



Children's mental health

- Behavioural
- Neurodevelopmental
- Psychiatric
- Psychological
- Emotional
- Substance abuse

AAP – Committee on Psychosocial Aspects of
Child and Family Health and Task Force on Mental Health. Pediatrics
2009



Children's mental health

- Family context
- Community related concerns
 - Child abuse and neglect
 - Parental/family mental health issues
 - Natural disasters
 - School crises
 - Military deployment of children's loved ones
 - Grief and loss
- Somatic manifestations of mental health issues

AAP – Committee on Psychosocial Aspects of Child and Family Health and Task Force on Mental Health. Pediatrics 2009



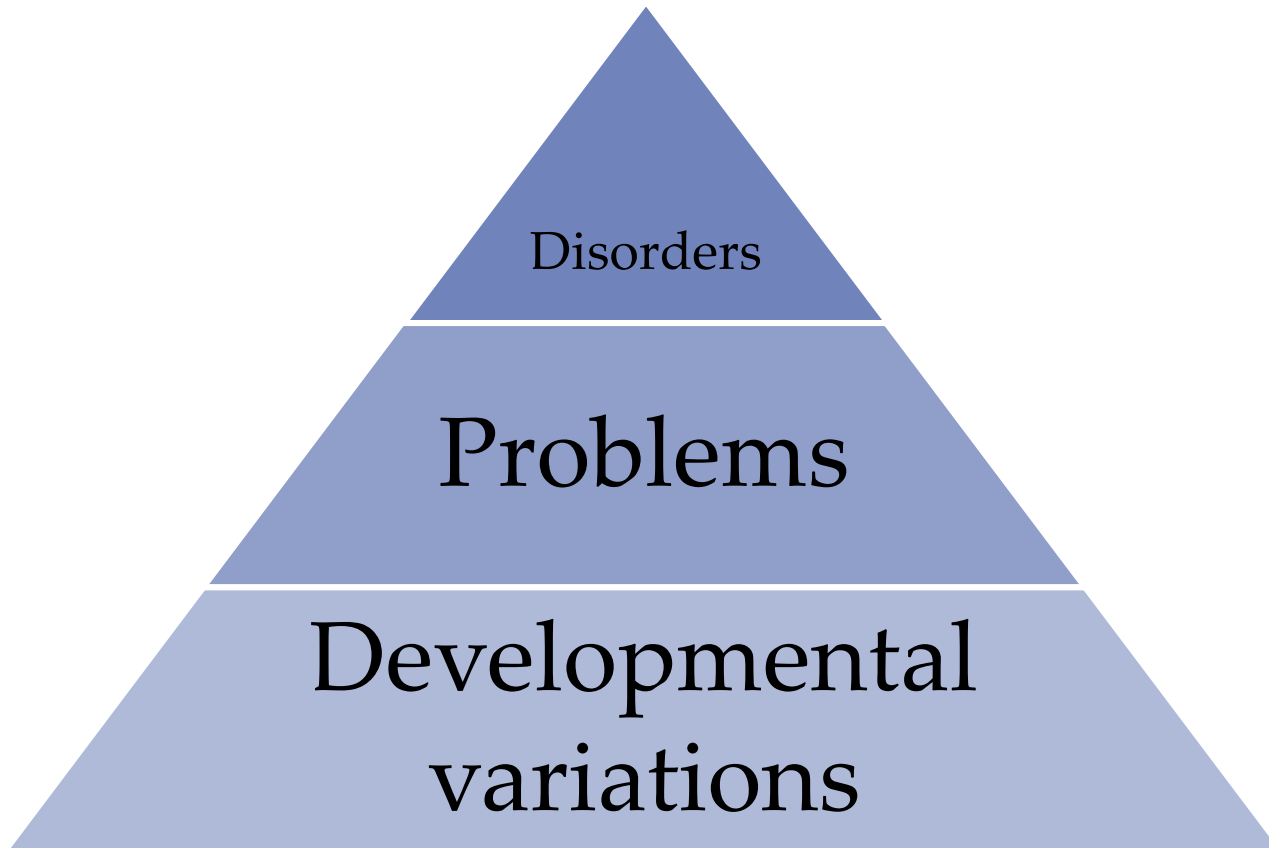


Figure 1. Typical age ranges for presentation of selected disorders*

Disorder	Age (years)																	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Attachment	■	■	■															
Pervasive developmental disorders	■	■	■	■	■	■												
Disruptive behaviour			■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Mood/ anxiety disorder						■	■	■	■	■	■	■	■	■	■	■	■	■
Substance abuse												■	■	■	■	■	■	■
Adult type psychosis															■	■	■	■

**Note that these ages of onset and termination have wide variations, and are significantly influenced by exposure to risk factors and difficult circumstances.*

Mental health disorder

Serious changes in the way children typically:

- Learn
- Behave
- Handle their emotions.

Pediatric Mental Health

- 9.5%-14.2% children 0-5y

Social emotional difficulties

- 10%-13% of parents of children in primary care setting have “concerns”.
- 16.1% impairment/problems
- 21% Mental Health disorder

PEDIATRICS (2010) :125, Supp3

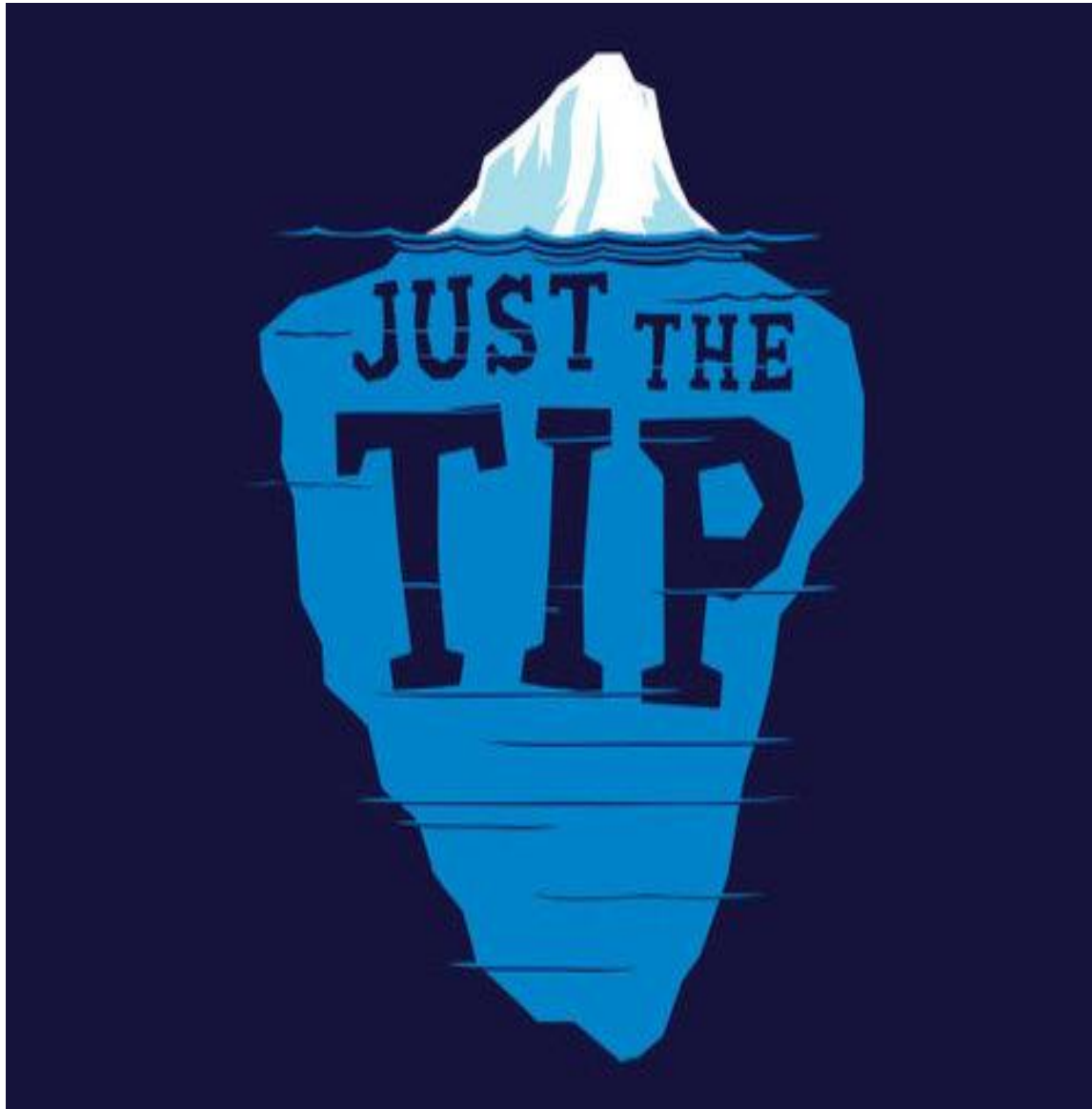
Unmet needs



- Shortage of services
- Inaccessibility to parenting programs
- Shortage of school-based mental health programs and services
- Shortage of specialty mental health
- Lack of awareness to services

PEDIATRICS (2010) :125, Supp3





By 2020 mental health care will
constitute a significant part of
general pediatric practice

CAP study 2013, Australia



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Top ten diagnosis:

- ADHD (10.7%)
- ASD (7%)
- LD (4.2%)
- Anxiety (3.5%)
- Behaviour (3.2%)
- Sleep disturbances (3.2%)
- Asthma (2.9%)
- ID (2.8%)
- Language delay (2.6%)
- Constipation (2.2%)



Risk and protective factors

Domain

Risk Factors

Protective factors

Biological

- Exposure to toxins (e.g. tobacco and alcohol) in pregnancy
- Genetic tendency to psychiatric disorder
- Head trauma
- Hypoxia at birth and other birth complications
- HIV infection
- Malnutrition
- Other illnesses

- Age-appropriate physical development
- Good physical health
- Good intellectual functioning

Risk and protective factors

Domain	Risk Factors	Protective factors
Psychological	<ul style="list-style-type: none">• Learning disorders• Maladaptive personality traits• Sexual, physical and emotional abuse and neglect (Maltreatment)• Difficult temperament	<ul style="list-style-type: none">• Ability to learn from experiences• Good self-esteem• High level of problem-solving ability• Social skills

Risk and protective factors



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Social

Risk factor

- Inconsistent care-giving
- Family conflict
- Poor family discipline
- Poor family management
- Death of a family member

a) Family

- Academic failure
- Failure of schools to provide an appropriate environment to support attendance and learning
- Inadequate/inappropriate provision of education

b) School

- Lack of *community* efficacy
- Community disorganization
- Discrimination and marginalization
- Exposure to violence
- Lack of sense of "place"

c) Community

Protective factors

- Family attachment
- Opportunities for positive involvement in family
- Rewards for involvement in family

- Opportunities for involvement in school life
- Positive reinforcement from academic achievement
- Identity with a school or need for education attainment

- Connectedness to community
- Opportunities for constructive use of leisure
- Positive cultural experiences
- Positive role models
- Rewards for community involvement
- Connection with community organizations including religious organizations

Effects of early life experience

Enduring effects of early social and emotional experiences on the brain architecture and development of infant and children:

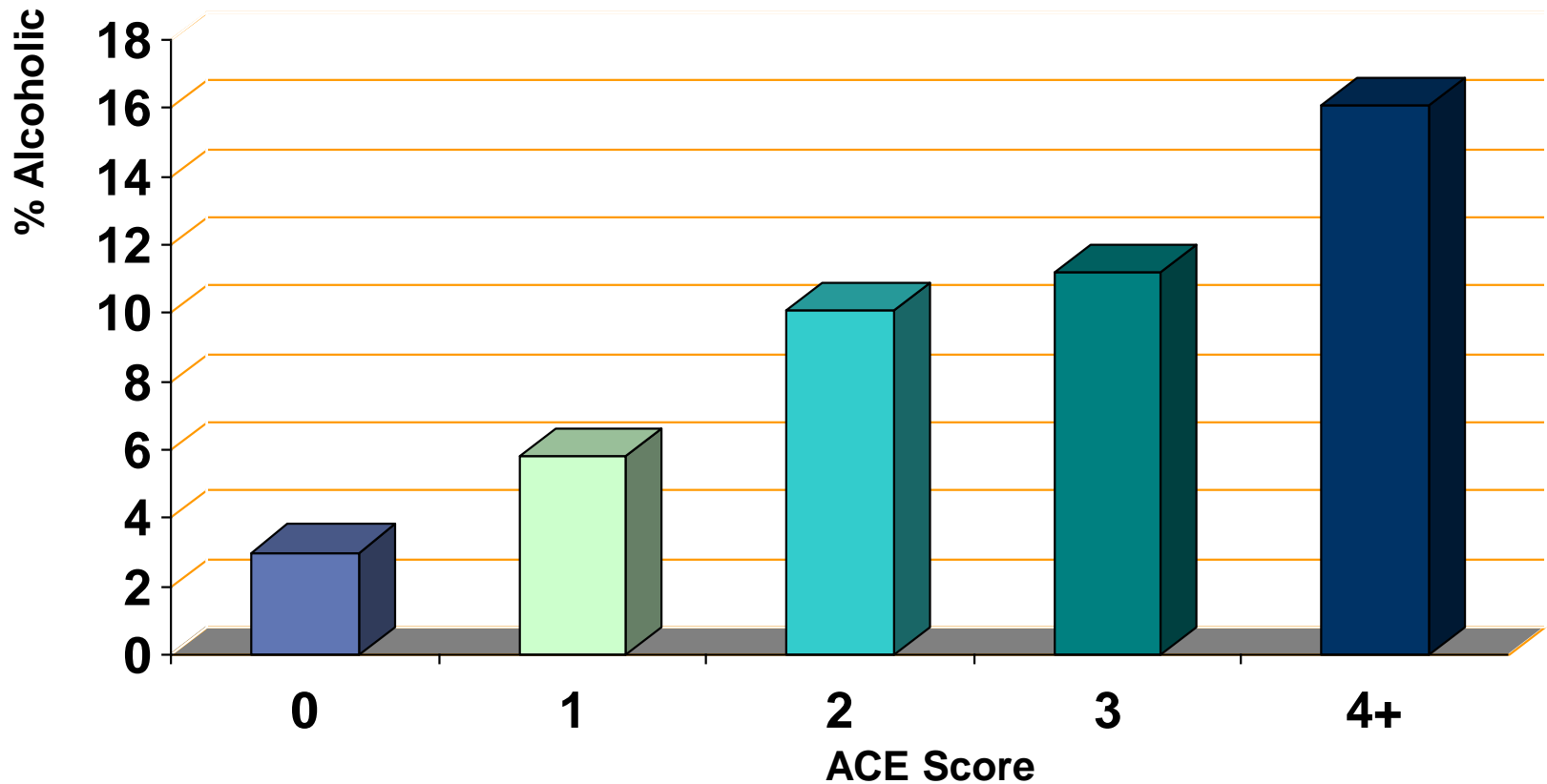
- Behavior
- Biological stress reactivity
- Psychological resilience
- Immunologic resistance.

PEDIATRICS (2010) :125, Supp3

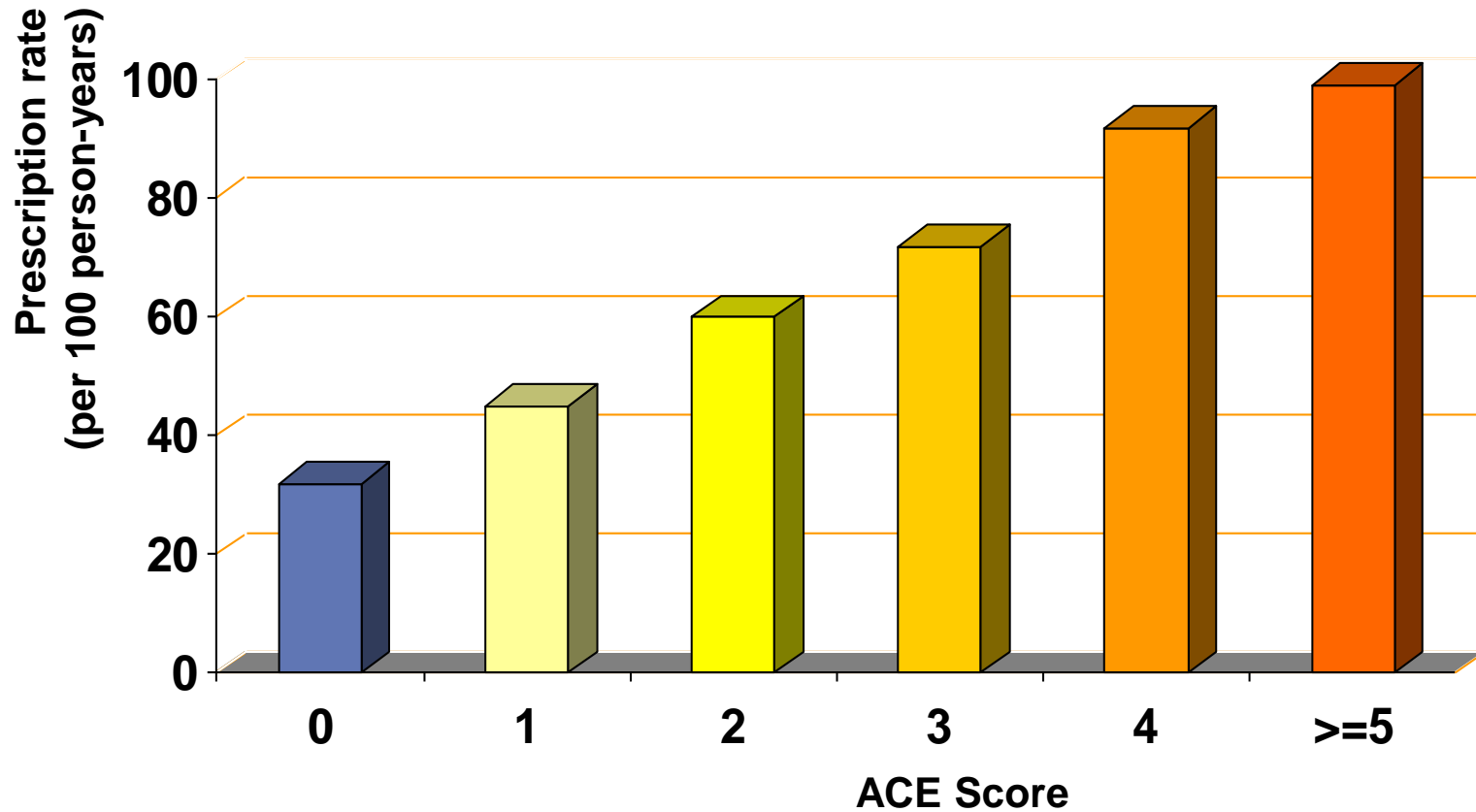
The Adverse Childhood Events (ACE) Study

- 1995 - San Diego Kaiser Health Plan
- Retrospective study of adult patients
- N=17,000
- Reviewed adverse events in early childhood
- Adverse events included
 - Parental divorce
 - Parental mental health problems
 - Parental alcohol or drug abuse
 - Physical/sexual abuse/neglect

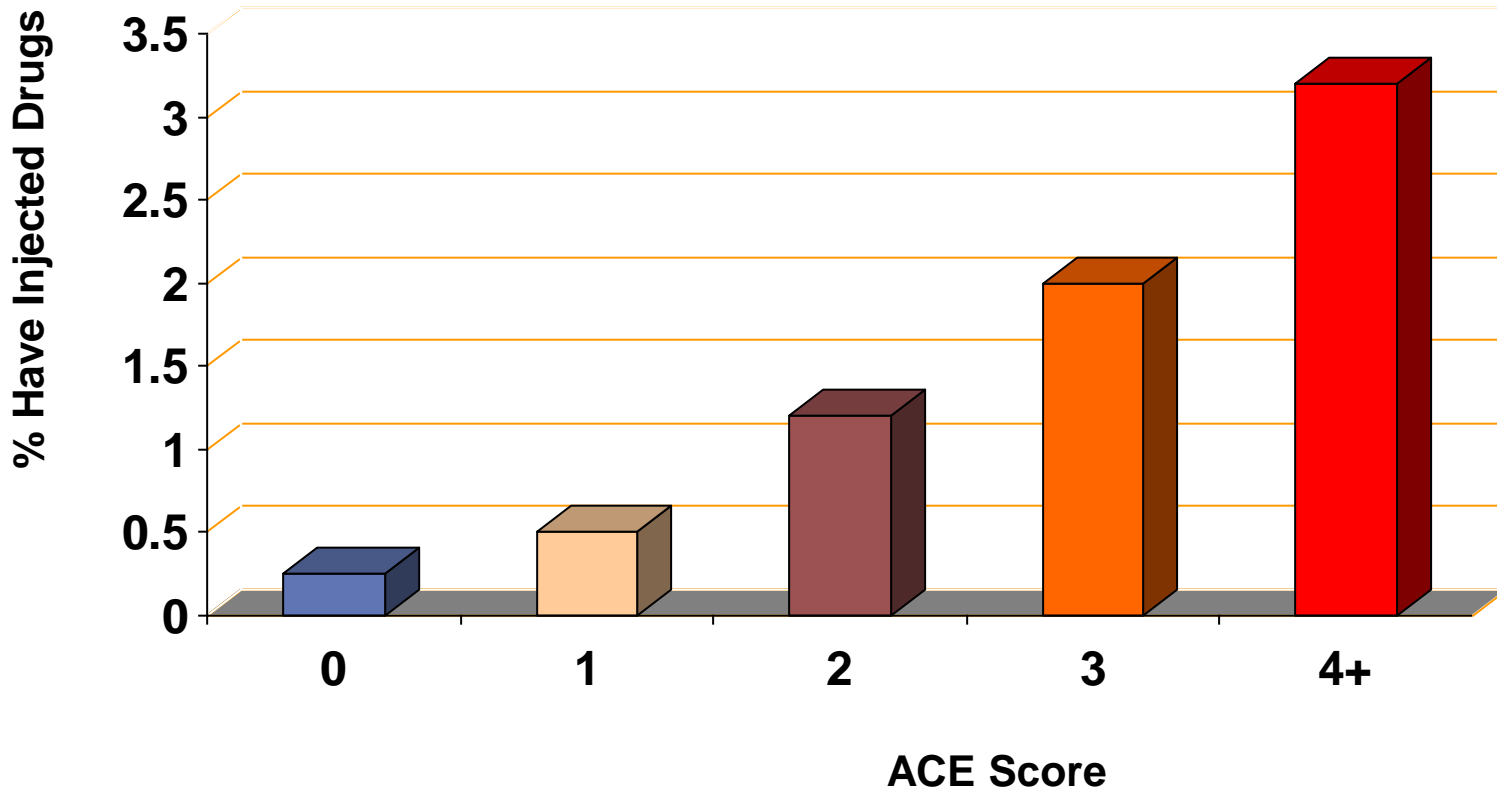
Adverse childhood events (ACE) and adult alcoholism



ACE score and rates of antidepressant prescriptions



ACE score and intravenous drug use



If ACE score more than 4, then...



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- Smoking: x 2
- Alcoholism: x 7
- Cancer: x 2
- Heart disease: x 2
- Ch. lung disease: x 4
- Attempted suicide: x12

* *Compared to ACE score of 0*



Pediatric primary care clinicians will play an increasingly important role in promoting the social-emotional health of children and providing treatment— or serving as an entry point to specialty treatment—for children and adolescents who have mental health and substance abuse problems

PEDIATRICS (2010) :125, Supp3

The growth in this role will involve transformational changes in:

- Primary care practice
- New knowledge and skills
- Collaborative relationships
- Resources.
- Payment structures

PEDIATRICS (2010) :125, Supp3

Why pediatrician?



Half Pediatrician...Half ... by Pediatrician_Shirts

Zazzle

Why pediatrician?

- Unique access to the families of young children
- Universal access
- Non stigmatizing service
- Highly respected
- Linking to services and resources

PEDIATRICS (2010) :125, Supp3

Why pediatrician?



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Foster effective nurturing by the caregivers and positive early experiences for the child

PEDIATRICS (2010) :125, Supp3



Strengths of pediatrician

- Therapeutic relationship
 - longitudinal
 - trusting
 - Empowering
- Family centered care
- Preventive care
 - Promoting healthy living
 - Reinforcing strengths in the child and family
 - Offering support at times of recognized adverse childhood experiences and stressors
 - Offering anticipatory guidance
 - Providing timely intervention for common problems

Strengths of pediatrician

- Understanding problems in the context of development and environment
- Working as coordinator and care manager
- familiarity with chronic care principles

Barriers

- Lack of knowledge and skills
- Time constraints
- Limited access to mental health consultation



Role of Pediatrician

...

Addressing children's Mental Health in Primary Care



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- Promotion of social-emotional health and resilience in children and families
- Recognition of adverse childhood experiences and environmental stressors
- Intervention to prevent mental health problems
- Address emerging mental health problems
- Care of children with mental health disorders in a non-stigmatizing and supportive medical home



Addressing children's Mental Health in Primary Care



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- Coordinating care with
 - mental health specialty services
 - school
 - child care
 - social services.

הרפורמה בבריאות הנפש

האחריות למתן טיפולים בתחום בריאות הנפש הועברה לידי קופות החולים

1.7.2015



- חוק ביטוח בריאות ממלכתי -1994:
- הסדרת זכותם של תושבי ואזרחי המדינה לקבל שירותי בריאות.
- הגדרת סל שירותי בריאות.
- העברת האחריות למרבית שירותי הבריאות לקופות החולים.
- ב-1994 נותרו שירותי בריאות הנפש, הגריאטריה והרפואה המונעת מחוץ לסל השירותים שבאחריות קופות החולים.

- שיפור שירותי הבריאות, גוף ונפש כאחד, לתושבי ישראל המבוטחים בביטוח בריאות ממלכתי
- ביטול ההבחנה הקיימת היום בין רפואת הגוף ורפואת הנפש
- הפחתת סטיגמות.

- שילוב הטיפול בגוף ובנפש ויצירת רצף טיפולי.
- שיפור איכות הטיפול על ידי צמצום האשפוז והרחבת חלופות טיפוליות בקהילה.
- הסרת הסטיגמה מהמטופלים על ידי שירותי בריאות הנפש
- הגדלת זמינות השירותים ונגישותם
- שיפור רמת השירות
- שימוש יעיל במקורות מימון וחיסכון תקציבי
- שיפור מעמד המקצוע והשירות.
- הוצאת אספקת השירותים מידי משרד הבריאות והתמקדותו בהתוויית מדיניות ובפיקוח.

Making the Change

- Normalize conversations about mental health and substance use
- Signal openness to mental health concerns
- Destigmatize mental health/substance use topics

- Mapping services and making connections
- Acquiring knowledge and skills
- Familiarize with screening tools



Symptoms of emotional disturbances

Infant and young children

- Excessive crying
- FTT/Feeding problems
- Dysregulation
- Irritability
- Excessive clinginess
- Excessive fearfulness
- Poor eye contact or engagement with caregiver

Symptoms of emotional disturbances

School aged Children

- Anger
- Bullying
- Fighting
- Irritability
- Fear of separation
- Fluctuating mood
- Sleep disturbances
- Academic decline
- Sadness
- Isolation

Symptoms of emotional disturbances

Adolescents

- Numbness or avoidance of feelings
- Anger
- Fearfulness
- Aggressive, fighting, rule or law breaking
- Self injury
- Poor school attendance
- Disciplines problems
- Suspension/expulsion from school
- Appetite change, weigh loss/gain
- Exaggerated mood swings
- Academic decline
- Isolation
- Withdrawal from friends
loss of interest in usual activities
- Substance use, sexual promiscuity, other risky behaviour

Symptoms of emotional disturbances

All ages

- Chronic recurrent or unexplained physical symptoms
- Very disruptive or persistent nightmares
- Regression to earlier behavior
- Change in sleep pattern
- Exacerbation of chronic medical condition



Screening tools

- HEADSS
 - Home & Environment
 - Education (Employment)
 - Activities
 - Drugs
 - Sexualitiy
 - Suicide/depression

- SDQ - sdqinfo.org

- CBCL



The challenge



HELP- Generic/Common Factor Interventions

- Hope
- Empathy
- Language
- Loyalty
- Permission
- Partnership
- Plan

Reflect confidence in the child's and family's capacity



”לא עליך המלאכה לגמור ולא אתה בן חורין
ליבטל ממנה”

פרקי אבות

