

**Zaporozhye State Medical University**

Department of Psychiatry, psychotherapy, general and medical psychology,  
addiction and sexology

Approved on the methodical conference of department  
psychiatry, psychotherapy, general and medical psychology,  
addiction and sexology

Head of the Chair MD, professor V.V.Chuhunov

---

" \_\_\_\_\_ " \_\_\_\_\_ 2015 year

**Methodological developments**

independent studies on the theme "Child and adolescent psychiatry» for students 4  
courses of medical faculty (specialty "medicine")

## **I. Objectives classes:**

1.1. The student should know:

- Major mental disorders that manifest themselves in childhood.
- Differences clinical presentation of mental illness in children and adults.
- Features diagnosis and treatment of mental illness in children

1.2 The student should be able to:

- Perform a conversation with the child and its parents.
- Evaluate existing clinical manifestations of mental disease or diagnose its absence.
- Assess the possible dynamics of psychopathological disorders.
- Prescribe therapeutic and supportive treatment.

## **II. The content and structure of the lesson topics:**

"Difficult behavior" inappropriate "normative" expected from a child in learning can occur for various reasons. In some cases, such treatment is based on disharmonious personality development, education and due to the conditions prevailing in the child's maladaptive behavior patterns (eg protest reaction refusal to follow instructions of the teacher, defiance, or vice versa, passive indifference and subordination).

However, the formal requirements of discrepancy behavior during training sessions may also be an indicator of painful disorders of origin. The most common manifestations of deficiency of organic nervous system (impulsivity, disinhibition, "incontinence passion" weakness arbitrary control over their activities). But there are cases where inadequate handling of the child, "prychudy" character, breach of training activities caused by mental illness, especially schizophrenia.

Often it change the child's behavior, the growing inadequacy of reactions can alert adults. The teacher, who sees the child every day may notice the first signs of change in his mental state, tactfully draw attention to it parents advised to consult a doctor. It is therefore advisable to introduce teachers working with children, with the first signs of mental illness. In addition, understanding the peculiarities of the child after the treatment, he can pick up his correct approach in further education.

In the popular mind some mental illness surrounded by an aura of mystery, notions of fatality, hopelessness, which may have been appropriate at the beginning of the last century. But today, when the possibility of psychopharmacology large and continues to grow, increased opportunities to assist a patient.

For specialist mental illness - is primarily a disease is a condition that is based on certain changes in metabolism, the nervous system of the child. In the absence of adequate treatment, these changes can be amplified and lead to irreversible changes of the psyche. Oh, and at any other disease (kidney, heart, etc.) started on time and correctly adjusted treatment can stop the disease, to minimize the damage done to the psyche of the child's illness. It is therefore important to see a doctor at the first sign of mental disorder, this often depends on the success of treatment and prognosis of further development.

So, like other diseases, mental and can start at school and school age, and can occur in the background, burdened by other disorders (mental retardation, slabozoristy, deafness, and so on. Al.). The younger the child, the more complex picture of the overall status and development background, the harder highlight signs of mental illness. In addition, it is important to take into account the child through mental immaturity, lack of critical reflection and makes no claims as to change their state of mind.

The younger the child, the less the likelihood of identifying her "adult" signs of mental illness: depression complaints, changes in state, hallucinatory-delusional constructions. The more important to identify the disease are indirect signs: sudden or gradual change in general condition, the mental tone treatment, to the exclusion of the usual conditions (eg, school). Only older children with intact intellect in purposeful questioning able to give more or less comprehensive report on their experiences. Until the middle school age (and children with low intelligence - and later) diagnosis of the disease based on the change in behavior of the child, her instinctive-emotional sphere, needs, reactions in individual expression.

The main sign that should alert adults - a marked increase in negative trends and / or the emergence of new, unusual child with this mental condition. In this case it is necessary to consult a psychiatrist or his neuropsychiatrist. Only a specialist can assess the situation and decide on the need for medical intervention.

The most common mental illness - schizophrenia. This is a serious painful process that can lead to irreversible changes of mind, especially in emotional and volitional. The direct cause of the beginning of the disease process, not yet installed, do not fully known mechanisms of disorders. But we know that hereditary burdened (mental illness in someone of close relatives of the child, pronounced nature wonders of one or both parents) increases the possibility of disease.

Often the disease process of a child may be a peculiarity of emotional and volitional, reduced rapport with peers, unusual interests, isolation, introvertovanist (as a child facing a more than the physical world). If these characteristics become dynamic development - strengthening unusual features, increase vidhorodzhenosti from the outside world - and if they are joined by new "wonders" - as nonsense, unmotivated or unexplained psychological fear, anxiety, delusional statements - should advise him to a psychiatrist.

Changes in behavior can be characterized mannered, affectation, stupidity and actions, at first glance impression indiscipline, rather than a disease state. Overall condition can be as depressed, apathetic (lack of interest in the environment, reduce volitional impulses) and excited. However, the efficiency and performance of the child in the classroom is usually dramatically reduced. Sometimes it looks like a paradoxical combination "obsession" in any kind of activity (eg, charting nonexistent bridge) and indifferent to everything else. Changing the background of the emotional nature may be depressed, the child is closed and depressed. But sometimes there is excitement, which is perceived by others as recovery, increase emotional tone.

You can often noted rozscheplenist emotions sick child: high (to pain) sensitivity to the feelings concerning him personally or unusual objects, and indifference to the feelings of loved ones. For example, the child may perceive painfully broken tree branch and remain indifferent to the illness or death of a close relative. A child can detect the double, "ambivalent" feelings for the mother, painfully react to her absence and at the same time seemed not to notice her presence, do not come in contact with it. Sometimes thus combined commitment (up to dependence) regarding aggression mother, desire to bite, pinch, kick it.

The child may painfully react to attempts to join with her in emotional contact tactile (pat, kiss him, embrace self), resist, escape. Communication with adults fail to meet it, especially his mother, because no heat in the relationship and mutual understanding, the child becomes someone else. Older children often link their delusional statements of those to whom in the past have been particularly attached, for example, say "mother - a stranger, she has adopted me", or suspect ones that they want to harm them. Sometimes complaints sick child or her statements are so cheerful and are perceived by others as a joke. However, the fact that the child continues to insist on them, should alert adults.

Of particular concern should cause a change child's behavior when it becomes distrustful, suspicious, wary looks or listens, sniffs. When confidential conversation can not figure out what, in his opinion, it persecuted want to kill or poison him. In this state, the child may be dangerous to himself (suicide attempt) and to others (turning the "pursuer pursuers").

The feature of the disease is that because of the rapport impaired child is unlikely to appeal for help from adults - their task to notice these changes in behavior and decide on the need for medical care. The disease can be very varied - nodules, continuous, with increasing or stable symptoms. Therapeutic measures tend to eliminate such disorders as perception error, inadequate treatment instituted emotional background. If disease light, the intellectual abilities of the child remains unchanged and it can study in ordinary schools.

If the disease is malignant, it develops secondary dementia, and the child will need for learning auxiliary program. However, school problems of the child will be determined not only his intellectual abilities after the disease, but also the ability to adapt to the school environment, children's team.

After suffering an attack of illness often there are very significant changes in efficiency (astenezatsiya, increased vysnazhlyvist), hypersensitivity child, lack of flexibility emotions, difficulty in establishing contacts with peers. These changes, more or less pronounced, can be recorded in a child who suffered an attack of the disease and returned to class after treatment in hospital.

At the forefront, of course, change advocates emotional child, complications contact

with other children. Closed, hypersensitivity is often combined with inadequate perception of other senses, the child may "not fit" to communicate with them, to feel uncomfortable in the team, to create the impression of "character." It can decrease mental tone, she quickly tired of the workload, experience difficulty in having to quickly switch from one activity to another, reveal flexibility in activities in contact with children in the games.

From the teacher determines what the atmosphere is formed around a sick child - friendly understanding its features and the adoption of its peers as it is, or mocking rejection due to its "strangeness". In the event that the relationship with the other children will develop favorably, the child will not injure stay among the children of communication, despite the originality, the decline will be, the chances of high-quality relationships with others, the possibility of professional and generally social adaptation in the future to increase significantly .

In addition, you must consider the increased and sometimes inadequate sensitivity of the child to negative emotions: dramatic remarks teacher cry, ridicule can bring it out of balance for a few days, significantly impair the mental state for a long time to break contact teacher. In this case would require a very great effort to renew contacts with her, "pull" it from his world.

Difficulties in relationships with children often put teachers in a deadlock, as the reaction of the child may be inadequate. When this happens, it is advisable to consult a specialist - a psychologist or psychiatrist who can understand and explain the features of the reaction of a sick child to a specific situation. If the distortion response after mental illness held such an extent that his stay in the children's team determined impractical, it is necessary to decide on the transfer of the child to the individual (home) study. Such measures should be used only as a last resort because of the children is important for the patient.

It should be noted that the ratio of fatal diseases like schizophrenia illegal. Modern medicine has a very wide arsenal of drugs that are interfering with metabolic processes, are able to stop the growth of pathological changes, and sometimes partially offset existing distortions of mental activity.

Therefore, early detection of the disease and its treatment is fundamentally important for the future of the child.

It must be emphasized that early mental illness is important - time to pay attention to deviations in the child and seek medical attention. Questions diagnosis and treatment will solve it, but it is important not to lose time, because in the course of the disease can grow irreversible changes in the psyche.

Emotional disorders also account for a significant portion of mental illness in children and in adults. Emotions - the most important part of her psyche. Accompanying almost every manifestation of activity, emotions are one of the main regulators of mental activity and behavior. They develop in the evolution of the simplest elemental beings respond to stimuli to so-called higher human emotions, empathy, sense of duty, responsibility, altruism. Emotions help the most subtle adaptation of man to the world, to live in a society in contacts with others, that they serve the adaptation and survival of not just one individual, but also the preservation of the human race as a whole.

Changing the emotional background - thin LED general state of mind. Professionals know that it may be the first "bell" of mental illness. In the implementation of emotion involved and subcortical structures of the brain and autonomic and motor mechanisms and, of course, the cerebral cortex. And the younger the child, the less differentiated it these structures, the more "bottled" expression of feelings, the more involved the areas that we normally do not pozv'yazuyemo of emotional experiences, physical activity, sleep, appetite, bowel, regulation temperature and so on.

All this leads to the fact that children more often than adults, there are atypical manifestations of emotional disorders that hinder their proper recognition and treatment. Changing the emotional background can be almost invisible for the various "fronts": violation autonomic functions that mimic a particular disease, disorder behavior, lower school success. However identify emotional disturbance necessary for proper treatment. Feeling Sad, melancholy, easing interest, reducing the overall tone, withdrawal from contact, sometimes self changes, lethargy - typical symptoms of "adult" depression. Children under the age of adolescence, difficult to distinguish similar signs - not only because of their ambiguity, but because the child usually can not give a detailed account

of their emotional experiences.

Emotional swings in children, both the very young and in older, often caused by unfavorable situation, but occasionally can occur spontaneously (at least, we see no particular reasons for changing the state). Apparently, the predisposition to such disorders has important genetic predisposition to fluctuations emotional background.

If the depression develops into a young child's parents first of all pay attention to the loss of appetite, stop weight, decreased immunity (susceptibility to diseases) and usually barely notice for unreasonable changes in the overall condition of the child, moodiness, refusal to communicate, suspension development.

After three years of "mood" is starting to sound more clearly. But for a long time, until adolescence, when emotions "welling" lead become conscious, rich, not real for the child, she had no complaints about the typical depressive sadness and melancholy. At preschool age the fore usually advocate changes in health: sleep disturbance, appetite, sweating, trembling, redness, pale skin, may suddenly appear enuresis (bedwetting) or encopresis (child, long accustomed to the toilet begins suddenly dirty pants). Her general condition can be lethargic, inhibited, or restless, anxious, tearful. However, the movements, manner of speaking and keep yourself may experience typical depressive symptoms: a quiet voice, sad facial expression, posture senile (child walks with his head, pulling his legs and keeping your hands). Even at this age she can feel and describe changes in their status ("all in a fog, as in a dream tu").

In primary school children to the fore often advocate behavior change - passivity, apathy, isolation, indifference, loss of interest in games, violation active attention, which leads to a slow learning and, according to school difficulties. By 12-13 years of the child's rare to hear a complaint against "sadness" and "depression" despite the depth of the depression. Most children complain that they are "bored" does not want to do, "nothing interesting". In some, especially boys, may be irritable and vulnerability that lead to runaways from home and school absenteeism.



### **. III. Recommended Books.:**

Basic:

1. Psychiatry / Ed. O.K.Napriyenka.- K., 2003
  2. Psychiatry (clinical and diagnostic algorithms): Training manual / Ed. prof. LM Yur'yevoyi.-D.: ART PRESS, 2002.-168s.
  3. VD Mendelevich Psyhyatrycheskaya propedeutics: Practical guidance for doctors and students. - Moscow: TOO "Tehlyt", 1997.-496p.
  4. Burlachuk LF, Morozov SM Dictionary-Directory on psyhodyahnostyke.-SPb., 1999.-518s.
  5. Clinical psyhyatryya / Ed. N.E.Bacherykova.-K .: Health 1989-512s.
  6. Guide to psyhyatryy / Ed A.V.Snezhnevskoho.-In 2 tomah.- Moscow: Medicine, 1983.
  7. Guide to psyhyatryy / Ed. A.S.Tyhanova.- In 2 tomah- M .: Medicine, 1999..
  8. Guide to psyhyatryy / Ed. H.V.Morozova.- In 2 tomah.\_M .: Medicine, 1988
- Works on psyhyatryy St. Petersburg Publishing House "Academic Project" in 2000
- "Disorders of thinking" in 1983
- "Oh psevdohallyutsynatsyyah"
- "The course of general Scientists at dushevnyh disease, Gosudarstvennoye RSFSR Publishing House, Berlin, 1923