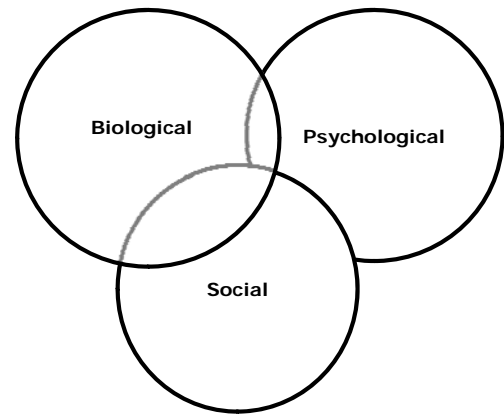


Mental Health Assessments and Case Planning

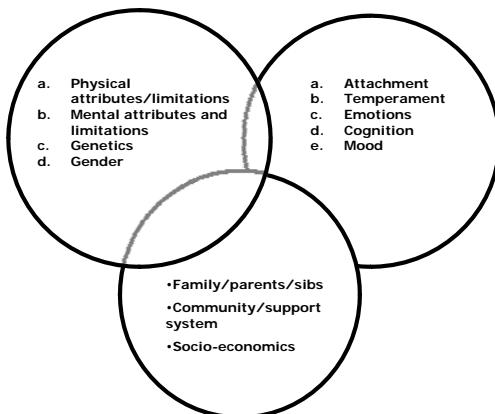
Integrating Biological, Psychological and Social(BPS) domains for optimal outcomes.

The Bio-Psycho-social model in mental health



1,2

The Bio-Psycho-social model in mental health



1,2

The Bio-Psycho-Social Model(BPS)

- Health and Mental is best understood as biological, psychological (which entails thoughts, emotions, and behaviors), and social factors, all play a significant role in human functioning in the context of health or illness(1)

The Bio-Psycho-Social Model

- This is in contrast to the traditional reductionist model of medicine that suggests every disease process can be explained in terms of an underlying deviation from normal function such as a pathogen, genetic or developmental abnormality, or injury

The Bio-Psycho-Social Model

- The concept is used in fields such as medicine, nursing, health psychology and sociology, and particularly in more specialist fields such as psychiatry, health psychology, chiropractic, clinical social work, and clinical psychology.

The Bio-Psycho-Social Model

- The biopsychosocial paradigm is also a technical term for the popular concept of the **mind–body connection**, which addresses more philosophical arguments between the **biopsychosocial and biomedical models**, rather than their empirical exploration and clinical application (3)

The Bio-Psycho-Social Model

- A growing body of empirical literature suggests that a persons perception of health and threat of disease, as well as barriers in a patient's social or cultural environment, appear to influence the likelihood that a patient will engage in health-promoting or treatment behaviors, such as medication taking, proper diet, and engaging in physical activity(7).

The Bio-Psycho-Social Model

- Let's break it down into a simple equation



The Bio-Psycho-Social Model

- While operating from a BPS framework requires that more information be gathered during a consultation, a growing trend in US healthcare includes the integration of professional services through integrated disciplinary teams, to provide better care and address the patient's needs at all three levels(8)

The Bio-Psycho-Social Model

- Comorbidity between medical and mental conditions is the rule rather than the exception.

Mental disorders and medical comorbidity | THE ROBERT WOOD JOHNSON FOUNDATION | RESEARCH SYNTHESIS REPORT NO. 21 | 3

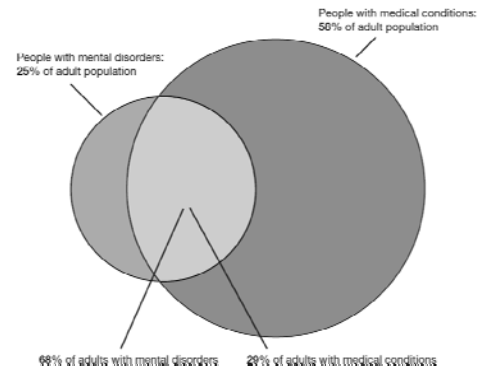
The Bio-Psycho-Social Model

- In the 2001–2003 National Comorbidity Survey Replication (NCS-R), a nationally representative epidemiological survey, more than **68 percent of adults with a mental disorder**(diagnosed with a structured clinical interview) reported having at least **one general medical disorder**

The Bio-Psycho-Social Model

- and **29 percent** of those with a medical disorder had a comorbid mental health condition

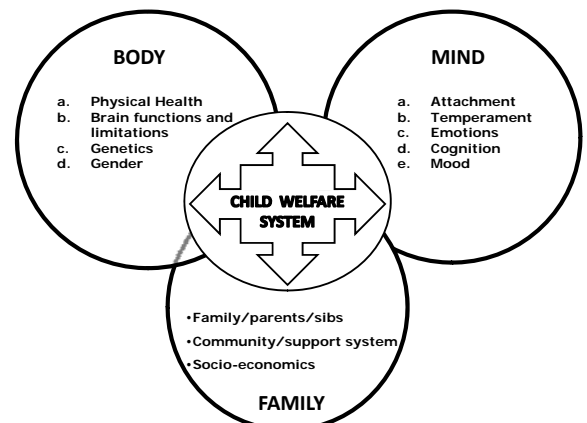
Figure 1: Percentages of people with mental disorders and/or medical conditions, 2001-2003



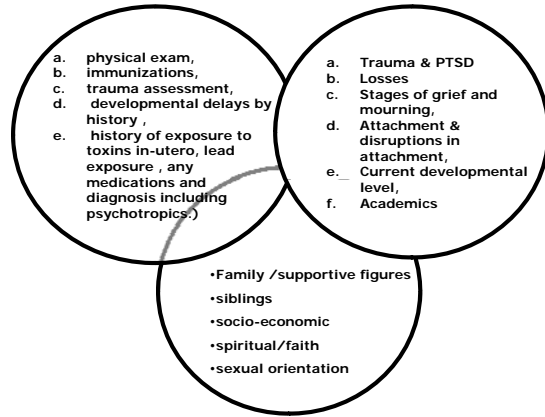
The Bio-Psycho-Social Model

- Child Welfare System stands out as a quintessential example of the challenges faced by social work and healthcare delivery systems.
- The point of entry for a child / family into the child welfare system is a result of many factors. Once the child/family is part of the system the task of assessing and providing services can be more easily viewed using the BPS model.

Child Welfare System and BPS model of Mental Health

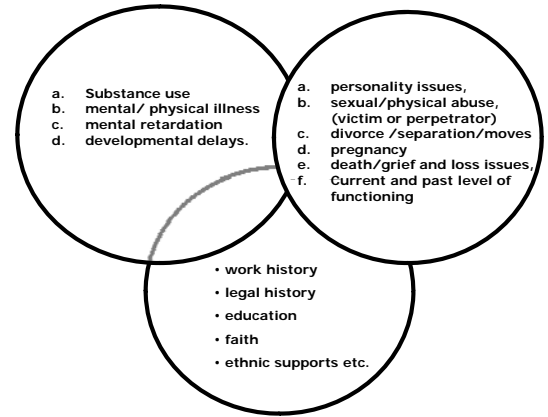


Assessment of a child using the Bio-Psycho-Social model



1,2

Assessment of a Family (biological or foster) using the Bio-Psycho-Social model



1,2

Disorders first diagnosed in infancy and childhood

- Disruptive Behavior Disorders
- Attachment Disorders
- Autism spectrum disorders
- Mental retardation

ADHD

ADHD & Harry Potter ???

ADHD

Epidemiology:

- ADHD is the **most common** childhood behavioral disorder diagnosed in outpatient settings in the United States.
- Prevalence in the general population is 5-12%.
- Male to female ratio can vary from 2:1 to 3-5:1.

ADHD

Assessment:

- Biological
- Psychological
- Social

ADHD

Treatment's

- Biological
- Psychological
- Social

Attachment Disorders

- **Epidemiology:**
- Evidence points to a cumulative, dose dependent effect of pathologic care on attachment behavior disturbance. In the US, rates of RAD parallel the environmental risk of poor care giving.
- Children in foster care had the highest rate of RAD, followed by homeless children and then children in Head start.

Attachment Disorders

Assessment:

- Biological
- Psychological
- Social

Attachment Disorders

Interventions:

- Biological
- Psychological
- Social

Autism Spectrum Disorders

Epidemiology:

PDD (broad) 1 in 150 or so

Autism (1 in 800 to 1000)

Parents of children with ASD

- Impact on the family
 - Social
 - Financial
 - Everyday routines
- Variable experiences based on an individual child and his/her strengths and weaknesses

Autism Spectrum Disorders

Assessment:

- Biological
- Psychological
- Social

Autism Spectrum Disorders

Interventions:

- Biological
- Psychological
- Social

Mood Disorders

DEPRESSIVE DISORDERS

- ***Epidemiology:***
- Major depressive disorder in children is approximately 2 percent.
- In adolescence; rates of 4 to 8 percent.
- In children, the gender ratio is 1:1.

Prevalence *Major depressive disorder*

- Whereas with **puberty**, adolescent girls are two to three times more likely to have an episode than boys.
- By age 18 years, the cumulative incidence of major depression is 20 percent.

Mood Disorders

DEPRESSIVE DISODERS

Assessment:

- Biological
- Psychological
- Social

Mood Disorders

DEPRESSIVE DISODERS

Interventions:

- Biological
- Psychological
- Social

Mood Disorders

BIPOLAR DISODERS

- **Epidemiology:**
- the number of children being diagnosed with Bipolar Disorder increased significantly .

(Harris, 2005; Moreno et al., 2007; National Institute of Mental Health, 2001).

- Bipolar Disorder was the least frequent diagnosis for in-patient children in 1996; it was the most frequent diagnosis in 2004

(Blader & Carlson, 2007).

Bipolar Disorders: Overview

Epidemiology;
Adults 0.8-1.6%(type I)
Adults 1-1% (type II)
Teens- 0.1% for mania
Teens- 0.85% for BPD II

Mood Disorders

BIPOLAR DISODERS

Assessment:

- Biological
- Psychological
- Social

Mood Disorders

BIPOLAR DISODERS

Interventions:

- Biological
- Psychological
- Social

Bipolar Disorders: Critical thinking

- **Why is Pediatric Bipolar Disorder an issue for Child Welfare?**
- A confluence of factors conspires to place children in the out-of-home care system at high risk for mental health disorders.

Bipolar Disorders: Overview

- First, parental mental health disorders may constitute the reason behind the parent's neglectful and/or abusive behavior.
- Children in turn may share the genetic risk of their parents for many of these disorders.

Bipolar Disorders: Overview

- Second, 70% of children enter foster care with a history of child abuse and/or neglect,
- more than 80% have a caretaker with significantly impaired parenting skills,
- and over 40% have been exposed to domestic violence at the time CPS investigation (Burns et al., 2004; Leslie, Kelleher, Burns, Landsverk, & Rolls, 2003; Stahmer et al., 2005)

Bipolar Disorders: Overview

- The extreme adverse experiences of children in the Child Welfare System, including physical and sexual abuse, neglect and psychological maltreatment, loss and trauma (Courtney, Piliavin, & Grogan-Kaylor, 1995; Fanshel, Finch, & Grundy, 1990; Hulse & White, 1989; Thompson & Fuhr, 1992), place children at risk for emotional difficulties.

Bipolar Disorders: Overview

- 63% of foster children are placed out-of-home for a duration of less than two years, and on average during the two-year period, experience three different placements (US DHHS, 2007).

Bipolar Disorders: Overview

- Information specific to the prevalence of Bipolar Spectrum diagnoses among children in foster care is lacking.
- In the Illinois foster care system, 10.8% of the children in foster care received a Bipolar Disorder diagnosis (Youngstrom, 2009).

Bipolar Disorders: The role of trauma

- By definition, all children in foster care have experienced trauma.
- Reports of soldiers returning from Iraq suggest that risk taking, acting out, and aggressive behavior are part of the constellation of symptoms of PTSD (Tyre, 2004).

Bipolar Disorders: The role of trauma

- How many of the children in the foster care system may receive diagnoses of Bipolar Disorder when in fact, their symptoms might reflect a response to prior trauma?

Anxiety Disorders

Epidemiology:

- 2.8-27% in children and adolescents.
- Females > males (emerges before puberty).

ANXIETY DISORDERS

- Prevalence:
 - 2.8-27% in children and adolescents.
- Females > males (emerges before puberty).

Anxiety Disorders

Assessment:

- Biological
- Psychological
- Social

ANXIETY DISORDERS

DSM-IV Disorders:

- Separation anxiety disorder (SAD).

Key Features:

- Excessive anxiety concerning separation from loved one.
- Possible risk factor for development of panic disorder or agoraphobia in adulthood.

ANXIETY DISORDERS

DSM-IV Disorders:

- Social phobia (social anxiety disorder).

Key Features:

- Persistent fear of social or evaluative situations.
- Behavioral inhibition may be a temperamental predictor of social phobia in childhood or adulthood.

ANXIETY DISORDERS

DSM-IV Disorders

- Generalized anxiety disorder (GAD).

Key Features

- Excessive and uncontrollable worry about multiple issues.
- At least one somatic complaint.
- Close genetic link with depression.

ANXIETY DISORDERS

DSM-IV Disorders:

- Panic disorder with or without agoraphobia.

Key Features:

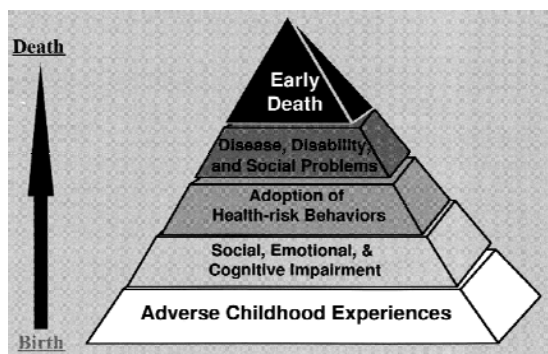
- Unexpected panic attacks accompanied by worry about future attacks.
- Agoraphobia is diagnosed if individual avoids places in which escape would be difficult or embarrassing.
- Panic attacks can be caused by medical conditions (hyperthyroidism, cardiac abnormalities).

Anxiety Disorders

Interventions:

- Biological
- Psychological
- Social

POST TRAUMATIC STRESS DISORDER



POST TRAUMATIC STRESS DISORDER

PTSD Complexity:

- Individual Diagnosis:
 - Almost 1,750 different symptom combinations.

POST TRAUMATIC STRESS DISORDER

TREATMENT

- Prevention-Intervention Model.
 - ✓ Triage for children exposed to stressors.
 - ✓ Support for anticipated grief and trauma responses.
 - ✓ Treatment of acute symptoms.
 - ✓ Treatment of other disorders that may exacerbate in the context of PTSD.

POST TRAUMATIC STRESS DISORDER

TREATMENT

- Prevention-Intervention Model.
 - ✓ "Cure" may not be the appropriate treatment goal.
 - ✓ Trauma victims can become well-functioning survivors if appropriate treatment is given and facilitation of healing takes place.

POST TRAUMATIC STRESS DISORDER

TREATMENT

- ✓ Early identification and treatment are important before sealing over of affect occurs.
- ✓ Psycho education to child and family is the first step in treatment.