

CONTEMPORARY CHARACTERISTICS OF THE DEVELOPMENTAL AGE PSYCHOPATHOLOGY

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SUMMARY

At present time, it may seem that the available therapeutic possibilities and methods have resulted in lower prevalence, and even disappearance, of certain psychopathological entities. The advancement of therapeutic methods has made possible to tackle new issues that are emerging in developmental psychopathology. These issues are directly related to the specifics of the current social sphere, reflecting the turbulent social changes as consequences of globalization and economic instability in the world. Humanitarian crises are ever more often accompanied by increased prevalence of mental disorders and psychological distress of the population in general.

Based on child psychiatrists' reports from all corners of the globe, it is evident that the features of developmental psychopathology are constantly changing. The research studies refer to social events and phenomena that in previous decades were not to be found at the fore of clinical entities distribution. Thus, there are research reports on personality disorders in developmental age. Some thirty years ago, opinions were still divided on whether or not there existed personality disorders in developmental age. Nowadays, however, it is an accepted fact among experts that these disorders in youth warrant attention. This prevailing view has instigated research in this domain and now projects are carried out in many countries, so it is safe to say that the research has become global.

Furthermore, the researchers' pay much attention to the problem of suicide both in youth and in children. Some special areas of research are being identified, such as the suicide risk assessment in adolescents undergoing short term antidepressant therapy.

Latest data show that researchers are more often engaged in parent education, teaching them behaviours they need to raise a child with hyperactivity syndrome. Also, research results on the quality of emotional relationship with adoptive parents have been published with increasing frequency, especially by American authors. The results show that social services are detecting more and more cases of abuse of adopted children.

Psychosomatic illnesses and liaison therapy at paediatric wards also feature prominently in current psychopathology. They are followed by issues of mental health of populations in humanitarian crises, including war, hard physical labour and abuse of child labour. The presentation includes a brief overview of psychopathology from the local perspective, with latest examples from clinical practice. The presentation concludes with the constation that peculiarities of child and adolescent psychopathology follow the dynamic corresponding to the global social changes and increasing economic problems.

Key words: psychotherapy – neuroscience - neuroimaging

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INTRODUCTION

Today, sometimes it seems that the achieved therapeutic possibilities and methods have resulted in a lowered prevalence or even disappearance of certain psychopathological entities. Improvement of therapeutic methods has enabled us to address the need for solving new problems arising with contemporary issues of the developmental age psychopathology characteristics. Those issues are directly connected to the features of social sphere, reflecting turbulent social changes arising from globalisation and economic instability in the world. Humanitarian crises are more and more followed by the amplification of the mental disorders prevalence, and, generally, psychological distress of the population.

CONTEMPORARY TRENDS

Contemporary trends in child psychiatry are more and more orienting towards prevention, and a current attitude of the child psychiatrists is that a prompt beginning of the recognition and treatment of a mentally

ill child is more valuable than any therapeutic method and technique. Exactly due to that reason, the quality of family life, i.e. emotional environment within a family, but also valuing conditions for a proper growing up offered by wider social community in which the child is growing up are in the centre of interest of child psychiatry. There are numerous reports in literature, with results of researching projects aiming to prevent psychopathological occurrences.

The origins of such discussions are multiple: incentive for changes in the attitude comes exactly from wider social community, paediatricians, school psychologists, social services, as that is the place where difficulties of children start. Then, there are children growing up in orphanages, i.e. outside the authentic family atmosphere. Moreover, child abuse is more frequently talked about, in various forms, starting from family terror to child trafficking, work exploitation, army mobilisation, and many other forms of abuse.

All of these have forced psychiatrists to physically step in wider society, in the environment in which children are growing up. It is implied that indication

area of child psychopathology has *sui generis* remained in a standard clinical framework.

ACTUAL PROBLEMS

Following the current reports of child psychologists worldwide, it is evident that characteristics of the developmental age psychopathology are, in a certain way, changing. Statistical data on the prevalence and specification of clinical diagnosis are pointing in the direction of significant changes. Current social happenings, i.e. aspects that were not in the focus of the distribution of clinical entities in the past few decades, point to such researches. Therefore, experts are currently mostly focused on:

- General estimate of the quality of mental health of children and adolescents at the global level;
- Early detection of personality disorders;
- Mental disorders resulting from educational neglect;
- Mental difficulties of children who are victims of a humanitarian crisis;
- Children with somatic disorders and their consequences on mental health;
- Education of parents of children with certain developmental mental disorders;
- Education of adoptive families.

STRATEGY OF RESEARCH

The key issue the researchers are trying to find an answer to is how to achieve the consensus in the intervention strategy at the global level of mental health protection. Political and economic milieus, as well as the characteristics of subcultures, are crucial in that regard. Those parameters presume adjustments and harmonisation in preparation of particular programs. The goal is to create universal model for the mental health assessment of population within certain area.

To that end, the research of the authors Tol et al. (2012) based on data thematic analysis suggest the following strategy:

1. Prevalence in mental health and in correlation with the situation in field – humanitarian potentials.
2. The question: How to organise psychological support for that?
3. Evaluation of specific psychological distress
4. Determine distress of mental health and psychological discourse.
5. Improve researching methods.

The authors stated that answers to these questions, which are still open, could be a path for future researches.

The researches of this kind could be an adoption foundation for the prevention program in the state level institutions, e.g. ministries of health. These needs have been covered so far by nongovernmental

sector for improvement of mental health. Although useful, their contribution is not continuous, as our experience shows that, when a project that is supposed to encourage further development by governmental institutions in economically weak and particularly politically instable countries is completed, that initiative mostly comes to an end. Humanitarian crises *per se* are very specific and diverse, and that requires thematic researches of abuse of children and adolescents in the form of unpaid or underpaid labour, forcing to prostitution, as well as the attitude of parents, which, in some sub-cultural conceptions, completely legally sell their children as slaves, and recruiting children in paramilitary formations.

RESULTS

Large researching team of child psychiatrists from the University of Eppendorf in Hamburg (Willw & Bettge 2008) unveiled the results of the research on risk and protective factors for mental health of population in developmental age, including children and their families. The researches included 2,863 families, through standardised questionnaire, and the results have shown absolutely negative contribution to the mental health of children. It has been pointed out that the situation in which certain risk factors are appearing simultaneously also adds to increased prevalence. The results are showing that favourable family conditions contribute to reduction of occurrence of mental problems of children. The above-mentioned authors concluded that differential strategy of prevention can significantly affect reduction of prevalence. This is particularly applicable to children with a limited number of risk factors.

Furthermore, child psychiatrists are paying a lot of attention to researches related to personality disorder in developmental age. During the last several decades many dilemmas within this field were solved. Mainly, it has been uncertain whether there are personality disorders among young population and children. The experts had split opinions about that, however. After the findings of new researches had been followed, those dilemmas apparently disappeared because deeper insight into this subject provides a comprehensive professional material discussing the researcher harmonisation on the subject of the developmental population disorder existence. German authors Schmeck and Schlueter-Mueller (2009) are providing comprehensive reports within their clinical practice on the personality disorder problem among young people in Germany.

These authors report on a comprehensive research project - AIDA that is on-going and includes several countries: Switzerland, Germany, Austria, Spain, Bulgaria, Kosovo, USA, and Canada. The project goals to discover potential peculiarities, which could result in a clinical disorder, through the universal psychological model within the young people population. Main motive for the actualisation of research within this field, and

involvement of child psychiatrists and psychologists from several countries, is the fact that there are an increasing number of juvenile asocial breakdowns, starting from crimes and murders in schools or other public places. Until the crime was committed, offenders had lived unobtrusively with their peers, and mostly they had not been recognised as psychopathological structures prior to committing the crime.

Educationally neglected children are also in the focus of the actual interest of researchers. Young, R. and associates (Young et al. 2011) report on the research findings on the correlation between child neglect in childhood and the occurrence of mental disorder in adolescence and adulthood. They interviewed 1,700 children between 11 and 15 years of age, in order to determine whether they are aware of child neglect. The results were split in four groups. The least percentage, only 3% of them were aware that behaviour of their parents affected their emotional condition. Those were 15-year-old children, while the 11-year-old children were not aware that behaviour of their parents affected them. Unlike child neglect, examinees have not stated in the current survey the neglect as a precondition for the later disorder occurrence.

Further, children with the ADHD diagnosis are also in focus presently. Although this clinical picture has been researched a lot previously, it is obvious that researchers are still intensively studying this problem (Zwi et al. 2011). In recent researches, the focus is on educational activities with parents aiming to reduce educational errors. Universal questionnaires for measuring the physical and psychosocial health were applied. The research results have shown that the educational problems of these children were directly connected to emotional/behavioural environment within a family, and that they interfere with family activity in educational attitude. Moreover, these educational problems also depend on family cohesion *per se*. The results have also shown that family milieu of these children significantly affects comorbidity, i.e. that influence of parent attitude to ADHD is not uniform but reflected in polymorphy of psychopathologic characteristics. Such symptoms are learning disorders and conduct disorders. Psychosocial domains of comorbidity has encompassed the following: limited social role as a result of emotional-behavioural problems (REB), self-esteem (SE), general behaviour (BE), emotional impact on parents (PTE) and time impact on parents (PTT).

American authors are researching the successful adaptation of adopted children (Lesens 2012). They are particularly interested in the adoption of children from different sub-cultural environments than those of the adoptive parents. These children are particularly emotionally and behaviourally sensitive, often mentally traumatised, and they are marked as children with a high risk of PTSP at any stage of their life. The most responsible task within this subject is that of people working in professional services for mental adaptation of both children and their adoptive parents. Moreover,

the report related to therapy of abused children through a so-called PCIT program - Parent-Children Interaction Training. This model of therapy includes social learning as a didactic intervention, which redesigns a specific model of interaction parent/child (Timmer et al. 2005)

In the field of psychosomatic diseases, most dominant are data on treatment of *anorexia nervosa* and children with congenital heart diseases and their emotional habitus. Researchers are also paying a lot of attention to reducing of obesity among children. Obesity is presently considered as a global health issue among population. According to Ben-Sefer et al. (2009), presently, on one side, there are problems with extensive eating and obesity, and on the other side, there are problems with malnutrition and famine. This topic is widely explored and there are numerous publications treating the issue of imbalance of nutrition possibilities. According to Moffat (2010), this disproportion could not have been mitigated by now, and it remains as one of the current universal health issues.

This is just a summary of data pertaining to current issues in psychopathology of developmental age, which are on the top of the featurelist related to this subject.

SITUATION IN LOCAL AREA

This national congress deserves also a short overview of the current situation here in Bosnia and Herzegovina. Monitoring the prevalence of psychopathological categories between the two congresses, at this point we can only report on several findings. There is no space here for statistics, as it requires a meticulous scientific analysis. We cannot question if the subject of the prevalence of mental disorders in Bosnia and Herzegovina deserves a special report. Therefore, the new occurrences detected in a daily clinical practice at the Department for Child Psychiatry of the Psychiatric Clinic in Sarajevo, will be reduced to the following list of summarised data:

- Since 2009, the number of visits to child psychiatrist has been reduced progressively;
- Child abuse by parents is frequent, i.e. they are trying to obtain a psychiatric diagnosis due to economic reasons because parents are entitled to a small material support for a mentally ill child;
- The number of child abuse cases is increasing.

These are just some parameters defining the condition of mental health of developmental population in Bosnia and Herzegovina. They certainly require a more detailed analysis, that being the next top priority task for child psychiatrists in this area.

CONCLUSIONS

In final conclusions, resuming the stated data, it could be concluded that, regarding the aetiology and clinical picture of psychopathology of development age globally, there are certain changes detected over the last

few decades. Those changes are reflected in the fact that the characteristics of psychopathology of children and adolescents have some kind of dynamics, which corresponds to global social changes and growing economic problems. Besides, the quality of life is still in focus and, speaking of mental disorders of children, it is absolutely a question of quality and positive connotation of emotional environment within family in which the child is growing up.

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