



How psychiatric is the psychosomatics of children and adolescents?

Current developments and their implications for the hospital school

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Abstract:

School oriented psychological problems, particularly school phobias, truancy and social problems encountered at school, are the most frequent reasons for the residential or partially residential treatment of psychosomatic disorders in children and adolescents. The root causes of these problems originate from a wide spectrum but are frequently accompanied by further co-morbid psychiatric disorders observed in children and adolescents. Treatment is complicated and must be based on a closely interlinked educational cooperation between the internal clinic school for sick children and the educational-therapeutic work undertaken on the ward. This paper will focus on the root causes of schoolrelated psychological problems, the interface between schools for sick children and the ward and the significance of adequate educational provision for the success of curing and reintegration processes in affected children and adolescents.

School-related psychological problems – how close to psychiatry is the field of psychosomatics for children and adolescents?

Relevant psychological problems at school

- Refusal to attend school (truancy)
- Chronic headaches and stomach pains
- Depression
- Eating disorders
- Attention deficiency and hyperactivity disorders
- Social behavioural disorders
- Mobbing/bullying/cyber-bullying

Epidemiology

- One in every 5-6 pupils suffers from relevant psychological problems and more than one in two adolescents experience school as a “frequent stressor”; the subjective burden is substantially more pronounced in clinically conspicuous adolescents than in inconspicuous young persons
- 10% suffer from anxiety disorders and 20% are afraid of teachers or fellow pupils
- Approx. 9% of each school year leave secondary modern school without a final certificate
- Ca. 10-12% of all secondary modern pupils are absent for longer than 20 days per year, 5-6% for more than 40 days and 5% are regularly absent The number of school truants increases parallel to size of the population
- 2/3 of all children with a psychiatric-psychosomatic diagnosis have school-relevant problems (own data from 2009)



School-relevant psychological problems: development & trends

- Pressure at school on the increase
- Increasing dominance of performance-related orientation demanded by society
- Higher status of performance evaluation in examination situations
- Success and failure have a substantial influence on subsequent professional career

Increase in

- Family psycho-social burdens
- Parents with psychological disorders
- Media consumption
- School stress with signs of psychosomatic stress displayed through headaches, stomach pains, nausea, and sleep problems
- One in four primary school pupils in year 4 complain of frequent headaches compared with 8% in year one! (Resch 2002)
- Psychological stress also suffered by teachers!

Truancy

- School-related anxiety (fear of school)
- Anxiety related to performance or failure
- Social anxiety at school
- School anxiety
- Absent with knowledge of parents
- School phobia (separation anxiety)
- Separation anxiety, frequently already experienced in nursery school
- Social withdrawal also at home
- Absent with knowledge of parents
- Truancy (disinclination to attend school)
- Social neglect
- Absenteeism from school mostly without knowledge of parents

Close association with psychiatric disorders in children and adolescents (Knollmann et al. 2009, 2010, Petermann & Petermann 2010, Lehmkuhl & Lehmkuhl 2004)

- School refusal (54%)
- Emotional disorders as a young child
- Separation anxiety, social anxiety and other anxiety disorders
- Depression and affective disorders



Adjustment disorders

- Particularly internalised disorders
- Truancy (29%)
- Social behavioural disorders
- Hyperkinetic disorders in social behaviour
- Particularly externalising disorders
- Mixed disorders accompanied by school absenteeism (17%)
- Mixed disorders in social behaviour and emotions, etc.
- Internalising and externalising disorders

Characteristics of children and adolescents who do not attend school (Knollmann et al., 2010)

- Increased separation rate of parents (60% vs. 19%)
- Accumulation of serious physical (29%) and mental (15%) illnesses in parents
- Accumulation of risk factors within family such as unemployment, low level of parental control, social isolation of family and family conflicts, etc.
- Below-average IQ in 39% vs. 14% in normal population
- 52% repeat a school year at least once in their career (vs. 31%)
- Children displaying school avoidance behaviour and their families frequently have multiple psychosocial problems!

School avoidance behaviour endangers long-term development of children and adolescents

- More frequent psychiatric treatment necessary during further development stages
- Adolescents remain for longer periods in family of origin and undertake detachment process significantly later
- Increased insecurity and lack of autonomy
- Significantly increased somatisation tendencies also in subsequent development
- Increased drop-out rate at school

School-relevant psychological problems

Internal schooling in the clinic and cooperation with home schools play a central role as:

- Psychological problems primarily manifested at school
- The structuring of the school day, behaviour of teachers and classmates regarding problems and cooperation between school, clinic, youth welfare, parents and therapists providing further treatment have a decisive influence on development
- PROJECT SECOND CHANCE!



Dealing with psychological problems during everyday school life

Reduction and overcoming of anxiety in lessons through educational methods

- Recognition of and allowance made for emotions, emotional moods and signs of anxiety and stress in individuals and the group as a whole
- Reform of performance evaluation
- Structuring of lesson organisation
- Individualisation of lessons through internal differentiation in performance-heterogenic learning groups
- Extension of competence as anxiety-reduction measure
- Preparation for exams
- Efficient learning and work behaviour strategies
- Encouragement of techniques for overcoming anxiety and stress
- U-form relationship between physiological level of agitation and achieved performance
- Support and encouragement of pupils' self-efficacy and self-control
- Trust and estimation in teacher-pupil relationship instead of fear as motivating and disciplinary instrument

Fundamental principals of (school-psychological) advisory services

- Advice for parents
- Elucidation of background information
- Clear formulation of necessity for swift action and need for treatment
- Outpatient psychotherapy only appropriate if this leads to regular school attendance within the foreseeable future
- Zero tolerance for pupil truancy
- Telephone call to home
- No absence without doctor's certificate
- Parents as models: do parents support independence and do they communicate security and competence in dealing with anxiety and stress?
- Motivation of assumption of responsibility of parents for themselves
- Minimisation of secondary gain
- No spotlight on symptoms: no repeated summoning of ambulance (e.g. in the case of hyperventilation and collapse)!

Truancy

- Inform parents immediately and on regular basis
- Provision of information for parents: summon both parents for consultation!
- Provision of information on family structures, borders, supervision and control



- Provision of family relationships and not media
- Initiation of youth welfare measures at early stage

School-relevant psychological problems

Conclusion

- An ever-increasing number of school children encounter significant and school-relevant psychological-psychosomatic problems
- These problems are frequently child and adolescent psychiatric disturbance pictures
- These are in the majority of cases accompanied by complex psychological-social family risk constellations
- The only chance for long-term success is a close network between clinic, hospital school, home school, parents/family, youth welfare services and therapists providing further treatment
- The symptoms are psychosomatic but the background is psychiatric! Child psychosomatics is not “slim-line child psychiatry”!
- The long-term economic costs of psychosomatic problems within the framework of everyday school life amount to a multiple of the costs of early and efficient intervention.
- Efficient treatment requires the foundation of adequate school attendance, as a rule within the framework of day-patient or inpatient therapy programmes.