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Toward Integrated and Global Model for the Etiology of Mental Disorders in Childhood

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Abstract

Mental disorders that occur in children can be seen as simple, or acute and severe. These disorders divided into the main categories: emotional disorders, conduct disorders, hyperkinetic disorders, less common disorders, learning disorders, abuse disorders and behavioral problems. The etiologies of these disorders are multidimensional according to the "Biopsychsocial" model. I suppose the new global/integrated model: Two Big "PP" refers to Predisposing and Precipitating factors. According to this model, clinicians for treating children should implement the multidimensional approach of psychotherapy.

Keywords: *Mental disorders; Etiology; Integrated/global model; Children*

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Introduction

Mental illnesses in children and adolescents can be successfully treated, but the key is early detection and access to adequate mental health services. Unfortunately, only one in five children with a mental illness actually receives needed services. Children and adolescents are susceptible to the same mental illnesses that afflict adults. In fact, many of the symptoms of adult mental illness appear before age 20. (Meltzer & Goodman, 1999, Abdullah, 2017). Young people are especially at risk of depression, obsessive-compulsive behaviors, phobias, and substance abuse. Some mental disorders, such as depression, can occur in young children too young to effectively communicate their pain (Meltzer and Gatwald, 2000).

From a typical classroom of 25 children, elementary school teacher will usually be able to point to five children who are different from the rest. They may be overly sad, anxious, distractible, antsy, impulsive, defiant, withdrawn, combative, or some mix thereof. Two of the five may be close enough to the norm to go undetected as "troubled," but they may struggle, to some degree, or underachieve. Another two may be more clearly troubled and performing more marginally (WHO, 2005). The last of the five is virtually unreachable by the teacher, who may lack the skills and/or time to deal with that level of disruption or withdrawal. About one in five children suffers from an emotional or behavioral problem in which their symptoms meet the psychiatric community's criteria for a diagnosable disorder. Half of this group lives with a disorder that insignificantly impairing. One in 20, or about 5 percent of all children, have serious dysfunction (U.S., 2004, Koppelman, 2004).

Definition of mental health problems in childhood

We believe that children who are mentally healthy will have the ability to:

1. Develop psychologically, emotionally, creatively, intellectually and spiritually
2. Initiate, develop and sustain mutually satisfying personal relationships
3. Use and enjoy solitude
4. Become aware of others and empathize with them
5. Play and learn
6. Develop a sense of right and wrong
7. Resolve (face) problems and setbacks and learn from them, (MHF, 2005).

Mental disorder is brain dysfunction, affecting:

- Perception People may experience the world with their senses (vision, smell, taste, touch, hearing) in unusual and/or strange ways (e.g., hearing voices, seeing things that others do not see)
- Thinking Thoughts may occur very quickly/slowly may be poorly organized, confusing, illogical, irrational, etc.
- Mood All human beings experience a variety of moods (e.g., depression, anxiety, mania) and mood changes.
- Behavior People's behavior may be quite bizarre and confusing for those who do not understand mental illness (e.g., someone with PTSD hiding in the closet hence/she hears helicopters; an individual with obsessive-compulsive disorder checking the stove 20 times before leaving the house; a depressed individual lying in bed for days at a time), (APS, 013, Meltzer and Goodman, 1999).

Warning signs: Parents and educators are the most likely to detect a mental illness or emotional disorder because of their constant contact with a child.

Some of the warning signs are:

1. A drop in school performance,
2. Unwarranted worry or anxiety
3. An inability to cope with day-to-day problems
4. Changes in sleeping or eating habits
5. Aggression toward others
6. An excessive fear of getting fat, of not being liked, etc., beyond the normal adolescent anxieties, in other words, a fear that causes them to act irrational or in a dangerous manner (Rogers, and Pilgrim, 2003, Abdullah, 2016).

DSM-5 and Diagnoses for Children

DSM-4 has been included the following diagnosing child disorders: Hyperactive and Attention Deficit Disorders, Conduct Disorders, Anxiety and Depressions Disorders, Learning Disability, Mental Retardation, and Autism (Abdullah, 2014).

The fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) updates disorder criteria to more precisely capture the experiences and symptoms of children. The book also features a new lifespan approach to mental health. Rather than isolating childhood conditions, DSM-5's organiza¬tion underscores how they can continue to manifest at different stages of life and may be impacted by the developmental continuum that influences many disorders (BMF). In revising DSM-5, several factors motivated the Work Groups, including 1- Working with parents, 2 defining a diagnostic home, 3- Developing more precise criteria (NAMI).

Diagnostic categories (DSM-V):

1. Social communication disorder (SCD) is characterized by a persistent difficulty with verbal and nonver¬bal communication that cannot be explained by low cognitive ability. The child's acquisition and use of spoken and written language is problematic, and responses in conversation are often difficult. (www.thebalancedmind.org).

2. Also added to DSM-5 is disruptive mood dysregulation disorder (DMDD). It is characterized by severe and recurrent temper outbursts that are grossly out of proportion to the situation in intensity or dura¬tion. The outbursts occur, on average, three or more times each week for a year or more. The unique features of DMDD necessitated a new diagnosis to ensure that children affected by this disorder get appropriate clinical help.
3. Autism spectrum disorder (ASD) incorporates four disorders from the previous manual: autistic dis¬order, Asperger's disorder, childhood disintegrative disorder, and the catch-all diagnosis of pervasive developmental disorder not otherwise specified. Researchers found that those four diagnoses were inconsistently applied across clinics and treatment centers and, rather than distinct disorders, actually represented symptoms and behaviors along a severity continuum.
4. Attention deficit/hyperactivity disorder (ADHD) now requires an individual's symptoms to be present prior to age 12, compared to seven as the age of onset in DSM-IV. Substantial research published since 1994 found no clinical differences between children with earlier versus later symptom onset in terms of their disorder course, severity, outcome, or treatment response. Other criteria for diagnosing children with ADHD remain unchanged.
5. Posttraumatic Stress Disorder (PTSD) includes a new subtype for children younger than six do. This change is based on recent research detailing what PTSD looks like in young children. Adding the developmental subtype should help clinicians tailor treatment in a more age-appropriate and age-effective way.
6. Specific Learning Disorder no longer limits learning disorders to reading, mathematics and written expression. Rather, the DSM-5 criteria describe shortcomings in general academic skills and provide detailed specifies. Just as in DSM-IV, dyslexia is included in the descriptive text.
7. Eating disorders, previously listed among Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence are now listed in the Feeding and Eating Disorders chapter. They include pica, rumination and avoidant/restrictive food intake disorder. On the other hand. Nonsuicidal self-injury defines self-harm without the intention of suicide. Internet gaming disorder deals with the compulsive preoccupation some people develop in playing online games, often to the exclusion of other needs and interests, www.mentalhealthamerica.net.

A mental health problem can be seen as a 'disturbance in functioning' in an area such as cognitions, relationships, mood, behavior or development. When a problem is particularly severe or persistent over time, or when a number of these difficulties are experienced at the same time, children are often described as having mental health disorders. Disorders in children and adolescents can be divided into the following-main categories:

Emotional disorders	• Depression • Anxiety disorders (Phobias, Obsessive-compulsive, separation anxiety, Post-traumatic stress disorder-PTSD,)
Conduct disorders	• Oppositional Defiant Disorder • Conduct Disorder
Hyperkinetic disorders	• Attention Deficit Hyperactivity Disorder (ADHD)
Less common disorders	• Pervasive developmental disorder (Autism, mental retardation) • Psychotic disorders (Schizophrenia, Paranoia). • Eating disorders • Sleep disorders
Learning disorders	• Learning disabilities
Abuse disorders	• Substance addiction • Internet addiction • Mobile abuse
Behavioral problems	Shy, underachievement, aggression, smoking, mood problems, enuresis, speech problems.

(MHF, 2005), (APA, 2014), (Abdullah, 2016, 2017)

Mental health and inequalities

Mental health, like physical health, is strongly associated with material deprivation. Findings from nine large-scale14 population based studies show that the following factors consistently predict high prevalence of common mental disorders:

1. Low income or standard of living
2. Low levels of education
3. Unemployment
4. Adverse life events (NAMI at www.nami.org.).

A greater focus on mental health highlights the relationship between inequalities and the erosion of emotional, spiritual and intellectual resources essential to psychological well-being: agency, trust, autonomy, self-acceptance, respect for others, hopefulness and resilience. Deprivation is a catalyst for a range of feelings: hopelessness, despair, frustration, anger and low self-worth which impact on intimate relationships, the care of children and care of the self, (Barlow, and Coren, 2002).

In their recent analysis of variations in health status within socio economic groups, Ferrer and Palmer found that a resilient subgroup of lower socio-economic status people seems to maintain excellent self-rated health throughout life, while a more vulnerable lower socio-economic status group experiences rapid deterioration in health status as people reach middle age. There is an urgent need for a greater focus on the factors, which predict resilience in the face of adversity: the quality of relationships in childhood may be one such factor (Rogers, and Pilgrim, 2003).

Toward integrated model of mental disorder's etiology

Psychological protective factors: While there is considerable debate about the relative influence of genetic inheritance, family relationships and the broader socio-economic environment, both parenting style and the school environment have an important impact on children's emotional and cognitive development. Key protective factors include:

1. Feeling loved, trusted, understood and valued
2. Interest in life
3. Hopefulness, optimism
4. Capacity to learn
5. Self-acceptance
6. Agency/locus of control
7. Autonomy
8. Problem solving/resilience, (Koppelman, 2004).

Biopsychsocial approach: The recent and current trend that many factors interact to produce disorders as "Biopsychsocial model". This model is framework, rather a set of detailed hypnosis, for understanding health and disorder.

According to biopsychosocial model, Mental illnesses have several dimensions that are helpful to review. Write on board Bio, Psych, and Social explain that each area can contribute to an individual's level of risk for developing a mental illness.

- Bio: biology. Refers to the structure of the brain, chemicals in the brain, genes inherited from parents, etc. Science is gaining more knowledge about the large influence of biology on the risk for acquiring a mental illness.
- Psycho: psychology Refers to personality, cognitions, thoughts, emotional experiences,
- Social: Sociology Refers to environmental stress (e.g., trauma of war, assault), cultural factors and socialization.

This model, and scientist working through the investigation to find out what specifically if the contribution of the different factors (e.g., genes, parenting, culture, stressful events) and how they operate. The purpose of the biopsychosocial model is to take a broad

view, to assert that simply looking at biological factors alone-which had been the prevailing view of disease-, is not sufficient to explain health and illness. According to the biopsychosocial model these factors are involved in the cause, manifestation, maintain, course and outcome of the psychological health and illness.

New viewpoint: I can explain the new "scientific model" of the factors that causing, and maintaining, psychological disorders into the model of "two big: PP" categories:

1. Predisposing factors.
2. Precipitating factors.

First Predisposing factors include the following causes: gynogenic, chemogenic, histogenic, somatogenic, psychogenic, socio-cultural factors.

Second, precipitating factors include the stressful events.

Stress and mental disorders: Stress may be seem as stimulus or response. According to this trend, it can be linked to disorders as stressful events, and it cause the illness in five way:

1. Acute stress, as in sudden fright, may have short-term but sometimes fatal consequences, for example, by inducing cardiac arrhythmias.
2. Chronic stress may be accompanied by autonomic and endocrine changes that lead directly to tissue damage in vulnerable organs, as in the case of ulcers.
3. Some of the physiological changes accompanying stress (particularly but not only, secretion adrenocortical steroids) may have a secondary effects of inhibiting the immune system, thus increasing susceptibility to a wide range of disease, from the common cold to cancer.
4. Stress may also lead to coping behaviors (e.g., drug abuse, improper diet,) that increase the risk of contracting a disorders or sustaining injury.
5. Stress may influence the way a child/adolescent respond to a discrete already contracted (e.g., symptom recognition, the utilization of health service), thus altering the course of the disorders (Meltzer & Goodman, 1999, Abdullah, 2017).

According to this viewpoint, stresses can be causing or maintaining the disorders, somatically and psychologically. Mental illness can emerge when symptoms cause significant distress over time and impair one's ability to function in daily life. (Abdullah, 2014).

Psychotherapy of child's mental disorders

Treatment needs to be aimed at all thereof these areas:

1. Bio: medication, nutrition, general physical health
2. Psych: Prevention and education, psychotherapy, coping skills.
3. Social: environmental management, stigma of mental illness, advocacy.
4. The five principles of effective intervention to promote mental health can be summarized as follows: reduce anxiety, enhance control, facilitate participation, promote social inclusion, and strengthen known protective factors.

Evidence for the substantial rise in adolescent conduct and emotional problems suggests that the costs currently associated with the treatment of child and adolescent mental health problems can only increase. The case for a public mental health approach to the emotional needs of children is as compelling as the case for universal immunization, (Barlow and Coren, 2002, Abdullah, 2014).

Throughout the development process for DSM-5, family and consumer advocacy organizations served an important function in giving feedback on proposed changes and, in some cases, meeting with members of the DSM-5 Work Groups. All revisions to the manual were made to more precisely describe and diagnose the symptoms and behaviors of those seeking clinical help.

Parents provided a particularly valuable perspective on the framing around changes. DSM-5 is a clinical guidebook for assessment and diagnosis of mental disorders and does not include treatment guidelines or recommendations on services. That said, determining an accurate diagnosis is the first step toward appropriate care. It is both appropriate and essential for parents to ask questions and provide information to clinicians during a child's assessment. Parents' specific questions about their child's care should always be dis¬cussed with the child's mental health clinician or pediatrician (AACAP, Koppelman, 2004).

In sum, Mental health is multidimensional construct made up of child's intellectual well-being; their capacity to think, perceive and interpret adequately; their psychological well-being, their belief in their own self-worth and abilities; their emotional well-being, their affective state or mood; social well-being, their ability to interact effectively in social relationships with other people. Behavioral or psychological health is often linked to mental health and refers to behavior that influence on people's health and functioning (Abdullah, 2017). It is very significant to assess and understand the multiple factors of the specific mental disorder according to the (BioPsycho-Social or Two big: PP) model, on one hand, and to go on through the treatment plan with regard to multidimensional approach.

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