

Mental health and ADHD

Dr Alex Doig, Richmond CAMHS

What we will cover

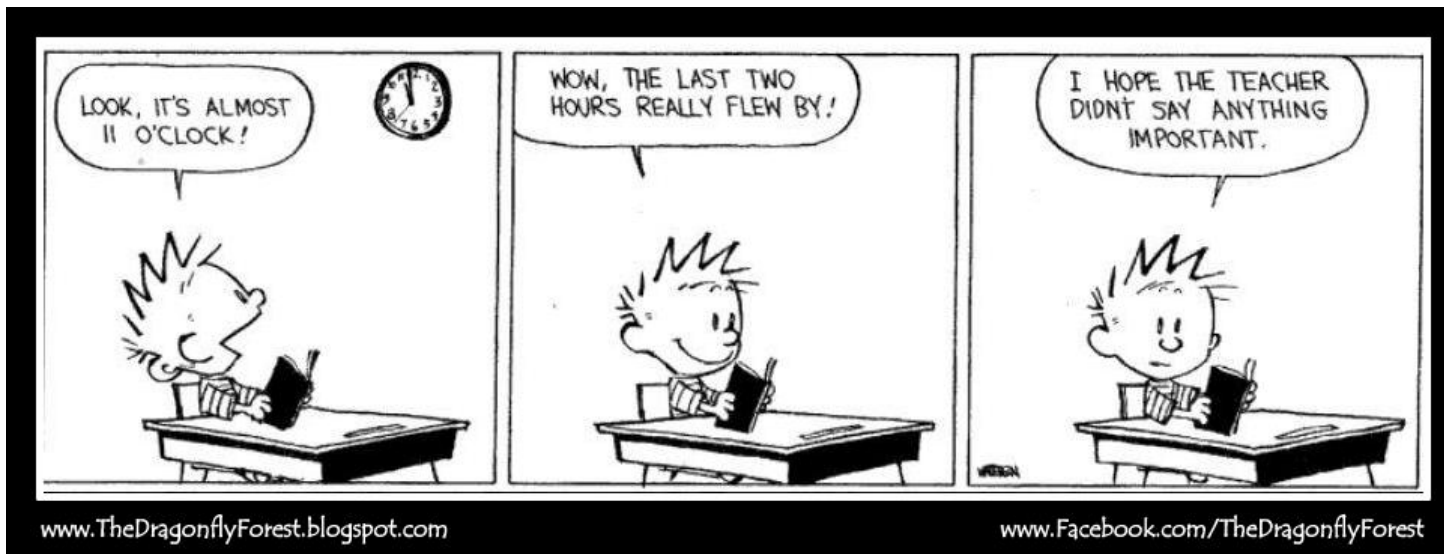
- ▶ Anxiety
 - ▶ Depression
 - ▶ Eating Disorders
 - ▶ Psychosis / Bipolar
 - ▶ Substance Misuse
-
- ▶ However, there is a lot to say on each area, so this will have to be a brief overview
 - ▶ I'll try to mention the impact of Covid - remind me

What I will not be covering

- ▶ Other Neurodiversity
 - ▶ ASD, Tics / Tourette's, Sensory integration difficulties
- ▶ Brain wiring
 - ▶ Learning Disability (including dyslexia / dyscalculia)
 - ▶ Speech and Language Difficulties
 - ▶ Fine and gross motor difficulties (dyspraxia)
- ▶ Sleep Disorders
- ▶ Conduct Disorder / Oppositional Defiant Disorder
- ▶ Attachment disorders / personality disorders

ADHD, the Brain and Medication

- ▶ Assumptions:
 - ▶ All believe ADHD is a real thing.
 - ▶ All understand ADHD is a neurodevelopmental disorder (mostly born with it).



What is a co-morbidity?

- ▶ A medical condition that is present at the same time as one or more other medical conditions in the same patient
- ▶ In ADHD
 - ▶ Just under 90% of children have at least one co-morbidity (which includes the ones I am not talking about today)
 - ▶ Just under 70% have two or more co-morbidities
 - ▶ Unusual to see only ADHD in a young person, but of course it does happen

Why do people with ADHD have other things?

- ▶ Children with ADHD get colds just like anyone else
 - ▶ Doesn't have to be related to ADHD, can just happen
- ▶ Having ADHD is stressful
 - ▶ Lowers self esteem
 - ▶ Get into trouble in and out of school, with friends and family
 - ▶ More likely to impulsively make poor decisions (social difficulties / accidents)
- ▶ Genetic influences
 - ▶ Genetic links with multiple conditions (especially in neurodiversity)

Prevention - focus on self esteem

- ▶ Emotional Wellbeing
 - ▶ Good Self Esteem, Confidence, Positive and Secure relationships
 - ▶ Resilience at times of stress
 - ▶ Feeling good about yourself
- ▶ ADHD - positives
 - ▶ Creative, funny, energetic, sporty
- ▶ ADHD - negatives
 - ▶ Poor concentration, hyperactive, poor impulse control, mood changes

Prevention - focus on self esteem

- ▶ Focus on strengths, build self esteem with things they are good at
 - ▶ Good at sports, find a sports club, use school clubs, set up a local game
 - ▶ Good with art, find a creative outlet, use school clubs, set up a local group
- ▶ Support areas they struggle with:
- ▶ Social
 - ▶ Small social events that are well structured or supervised - activity based play dates
 - ▶ Find a structured activity group (scouts / cadets)

Prevention - focus on self esteem

- ▶ Sleep
 - ▶ A better sleep builds emotional resilience
 - ▶ Set bedtime routine - hand in phones before bedtime (model this as a family, start early with “phone contract”)
- ▶ School
 - ▶ Work with school to make school as successful as possible
- ▶ Understand all you can about ADHD
 - ▶ 123 magic
 - ▶ Richmond ADHD sessions

Anxiety

- ▶ 1 in 5 young people with ADHD
- ▶ Main Symptoms
 - ▶ Worrying - fear, dread
 - ▶ Fast heart beat, fast breathing, shaky, dizzy, sweaty
 - ▶ Anxious thoughts “something bad will happen if....” “I’m not good at...so it will go wrong”, “everyone will judge me...”
- ▶ Can be difficult to separate out from ADHD
 - ▶ Fidgety, distractible, irritable, not sleeping well
 - ▶ Sometimes the other is seen once one is treated
 - ▶ Treat anxiety and the ADHD is more apparent

Anxiety

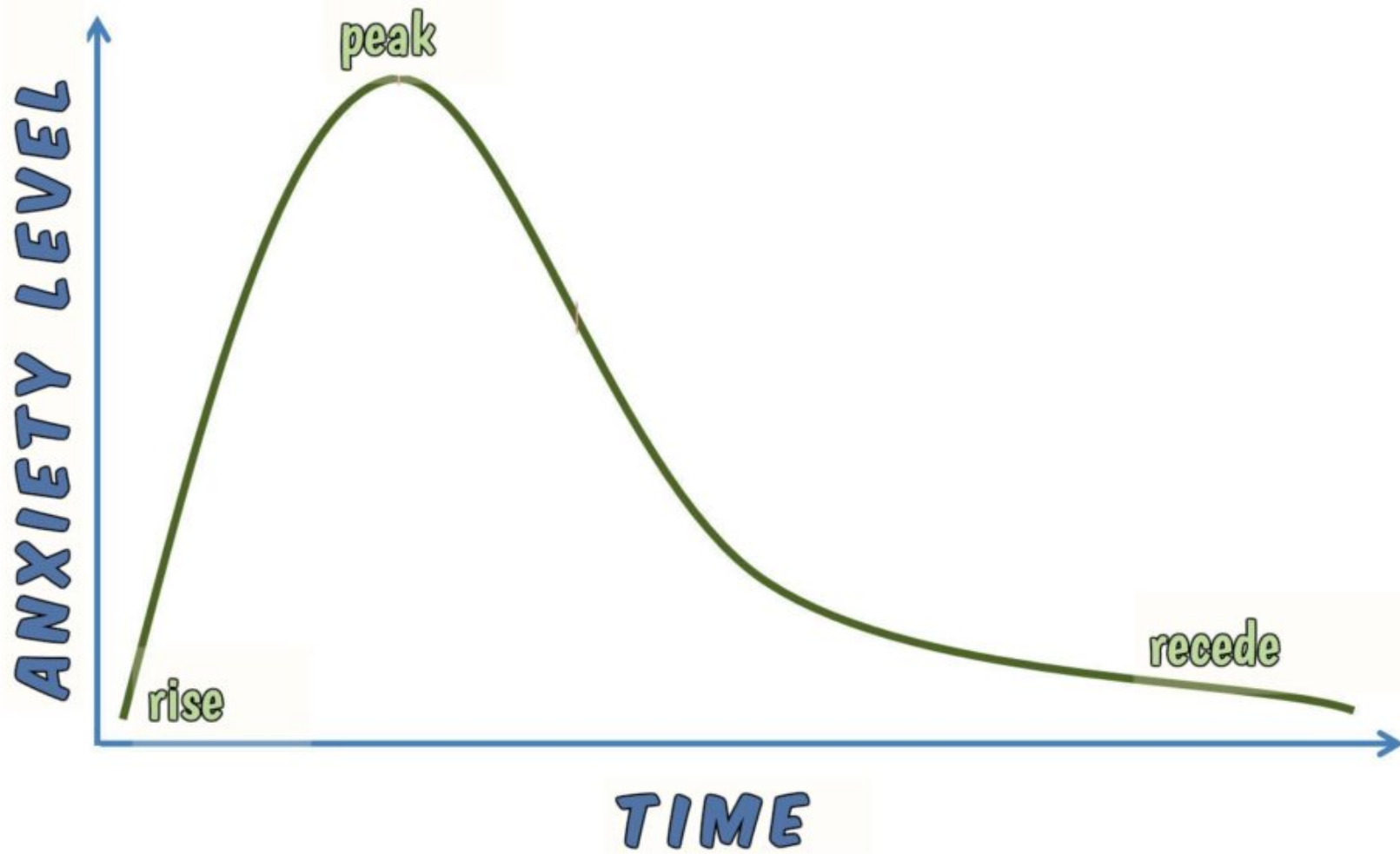
- ▶ Different types of anxiety
 - ▶ Generalised anxiety disorder
 - ▶ Social Anxiety
 - ▶ Obsessive Compulsive Disorder
 - ▶ Post Traumatic Stress Disorder
- ▶ All present in slightly different ways
- ▶ Treatment tends to be very similar

Anxiety

- ▶ Build wellbeing as before
 - ▶ Build self confidence, build competence
 - ▶ Good sleep
- ▶ PsychoEducation - better understanding of anxiety
 - ▶ Children often worry that their anxiety symptoms are a sign they are ill
 - ▶ Can worry about the symptoms happening that they avoid going out
- ▶ Diet
 - ▶ Check amount of caffeine - energy drinks, cola, coffee
- ▶ Review ADHD Medication - can affect anxiety
 - ▶ Is there an association with a change of dose? Change of medication?

Anxiety

- ▶ Self Help
 - ▶ Setting aside some time to talk about worries
 - ▶ Model problem solving (worry box)
- ▶ Coping Strategies
 - ▶ “Square breathing”
 - ▶ Distraction
- ▶ Avoid Avoidance



Anxiety

- ▶ Treatment

- ▶ Mild

- ▶ Sort out the stress, bullying, social difficulties, family difficulties (remember social media)
 - ▶ Counselling

- ▶ Moderate

- ▶ Therapy - group, family, individual
 - ▶ May need to be adapted for ADHD, may need to focus on behavioural / family

- ▶ Severe

- ▶ Therapy as above
 - ▶ Consider medication for anxiety

Depression

- ▶ 1 in 10 young people with ADHD
- ▶ Sadness,
 - ▶ Not just “unhappy” or “distressed” about a situation
 - ▶ Teenagers can be more changeable even when distressed
 - ▶ Happy while distracted, in tears when in touch with difficult feelings
- ▶ Physical changes
 - ▶ Low energy, poor motivation, loss of interest, loss of enjoyment, isolating self, irritable, hopeless
 - ▶ Poor sleep
 - ▶ Self harm, suicidal ideas
- ▶ Negative thoughts
 - ▶ “I’m not good enough” “I’m a bad person”

Depression

- ▶ Self harm
 - ▶ Deliberate act to hurt yourself as a way of dealing with difficult feelings.
 - ▶ It is always a way to communicate distress, or deal with depression
 - ▶ It is not “attention seeking”
- ▶ Suicidal ideas
 - ▶ Always a concern - seek support
 - ▶ ADHD more at risk of acting on thoughts due to poor impulse control
 - ▶ Safety planning
 - ▶ Remove medication around house, agree ways of communicating if in crisis

Depression

▶ Self Help

- ▶ Setting aside some time to talk about worries
- ▶ Model problem solving

▶ Coping Strategies

- ▶ Distraction
- ▶ Improve sleep
- ▶ Remember social media
 - ▶ Can be helpful
 - ▶ Sometimes unhelpful - FYP will send images of self harm, bullying on social media,
- ▶ Exercise, doing things you enjoy, doing things that can be an achievement, spending time with friends

Depression

- ▶ Treatment

- ▶ Mild

- ▶ Sort out the stress, bullying, social difficulties, family difficulties (remember social media)
 - ▶ Counselling

- ▶ Moderate

- ▶ Therapy - group, family, individual
 - ▶ May need to be adapted for ADHD, may need to focus on behavioural / family

- ▶ Severe

- ▶ Therapy as above
 - ▶ Consider medication for depression

Eating Disorders

- ▶ Rare, but seen as slightly more common with ADHD
 - ▶ Bulimia more common than Anorexia Nervosa (poor impulse control)
- ▶ Not the same as “anorexia” side effect - just means loss of appetite
 - ▶ Different from Anorexia Nervosa, the eating disorder

Eating Disorders

- ▶ Anorexia Nervosa - distorted body image, fear of gaining weight, behaviours that are designed to lose weight
 - ▶ Restriction, hiding food, avoiding eating “I ate earlier”
 - ▶ Over exercising,
 - ▶ Misusing ADHD medication “I need it just before lunch to study”
 - ▶ Misusing other medication - diet pills online etc
 - ▶ Vomiting after eating
 - ▶ Periods stopping, fainting, muscle weakness
- ▶ Bulimia
 - ▶ Periods of restriction, followed by binges, followed by guilt, shame, purging and then restriction

Eating Disorders

- ▶ Work on self confidence and emotional wellbeing
- ▶ Model “body confidence” at home
 - ▶ Avoid being critical about your own body “I really need to diet..”
 - ▶ Avoid other family members teasing about weight - can be a big trigger
 - ▶ Check social media use (“thinspiration sites”)
- ▶ Ensure clear expectations around eating, especially if concerns around weight
 - ▶ Eating as a family, setting boundaries around eating

Eating Disorders

▶ ADHD

- ▶ May need a break from medication or reduce dose
- ▶ Be aware of impact of frequent weighing “I’ll check your measurements, you’re growing well”
- ▶ NOT - “let’s weigh you, you’ve gained weight”

Treatment

- ▶ Mild, normal weight
 - ▶ “watch and wait”
 - ▶ Set clear boundaries and expectations around eating
 - ▶ Self help resources
 - ▶ BEAT
- ▶ Under Weight, or losing weight
 - ▶ GP check physical health
 - ▶ Referral to Eating Disorders Service through Single Point of Access
 - ▶ Family therapy / individual therapy
 - ▶ Refeeding with support from eating disorder dietician

Psychosis and Bipolar

- ▶ Psychosis
 - ▶ Super rare
 - ▶ Not the same as the “pop culture” idea of being “psychotic” - so angry
 - ▶ It is when you are so unwell you lose contact with reality
 - ▶ Delusions - believe things that are not true
 - ▶ Being followed, spied on, aliens controlling others
 - ▶ NOT lying to parents and acting as if the lie is true
 - ▶ Hallucinations
 - ▶ Seeing, hearing, touching, tasting, smelling things that are not real
 - ▶ Other symptoms - TV talking to you, thoughts leaking out of your head
 - ▶ Negative symptoms - loss of motivation, initiative

Psychosis and Bipolar

- ▶ Different types of psychosis
 - ▶ “stress induced”
 - ▶ Drug induced
 - ▶ Physical health (sleep disorder, epilepsy, hormonal etc)
 - ▶ Depression
 - ▶ Other mental illness (schizophrenia, schizoaffective, bipolar)

Psychosis and bipolar

▶ Treatment

- ▶ Usual to stop ADHD meds and start antipsychotic medication
 - ▶ ADHD meds used to be thought to increase risk if you were prone to psychosis
 - ▶ No longer seen to be an issue, but caution still used due to pharmacological properties
- ▶ The earlier this is treated the better the outcome
 - ▶ One of the few conditions in young people we will really push medication as the longer there are symptoms the worse the recovery
- ▶ Therapies - family therapy and individual
- ▶ With ADHD, can cautiously restart ADHD medication

Psychosis and bipolar

- ▶ Bipolar
- ▶ Extreme periods of low and high moods
 - ▶ Mood swings last for 2 weeks + (some super rare exceptions)
 - ▶ Often associated with psychosis - tends to be influenced by mood at the time
 - ▶ High moods - “grandiose” “I am God’s messenger” “I have super powers”
 - ▶ Low Moods - “depressive, nihilistic” “I have caused the end of the world”
- ▶ Not the same as the labile mood you see with ADHD
 - ▶ Frequent shifts in mood during the day, often triggered by external events
 - ▶ Laughing with friends, then angry and shouting at parents

Psychosis and bipolar

▶ Bipolar

- ▶ Some differences in diagnostic criteria depending on where you train
 - ▶ USA - can diagnose without prolonged mood states and without psychotic symptoms
 - ▶ UK, Australia, China - tend to only diagnose with prolonged mood states (mania over 2 weeks)
 - ▶ Rates of diagnosis significantly higher in USA

▶ Treatments

- ▶ Medication - antipsychotic medication, sedation
- ▶ Once in a settled state, introduce therapy (family and/ or individual)

Substance Misuse

- ▶ 15 % of children with ADHD have an alcohol issue - drink to excess, problem drinking
- ▶ 10% may be using substances
- ▶ Kids with ADHD tend to start using substances at earlier ages
- ▶ Out of young people seeking help for substances
 - ▶ 30% cocaine users have ADHD (5% non cocaine users have ADHD)
 - ▶ Adults with ADHD, 50% have used cannabis
 - ▶ Main factor seems to be conduct disorder with ADHD
- ▶ These are community studies
 - ▶ BUT 1 in 4 young people in Richmond drunk in the last 4 weeks
 - ▶ Highest proportion of drug using young people in London
 - ▶ So risks locally likely to be higher

Substance Misuse

- ▶ ADHD + Conduct Disorder more at risk - why?
 - ▶ Impulsive, poor decision making
 - ▶ Higher risk of being out of education
- ▶ Not associated with ADHD medication
 - ▶ Shown to reduce risk of substance misuse
- ▶ Dealers known to target vulnerable young people
 - ▶ Poor self esteem, isolated, easily led
 - ▶ Offer “quick wins” - young people see ways of earning that appear to come quickly
 - ▶ Then surprise them with debt “you owe us....”

Substance Misuse

- ▶ Makes mental health worse in the long term, even if it feels like it “makes it better” short term
 - ▶ Increased risk of stressful life events, risky peer group, exploited
 - ▶ Drugs change brain chemistry
 - ▶ Worsen depression
 - ▶ Worsen anxiety
 - ▶ Increase risk of psychosis

Substance Misuse

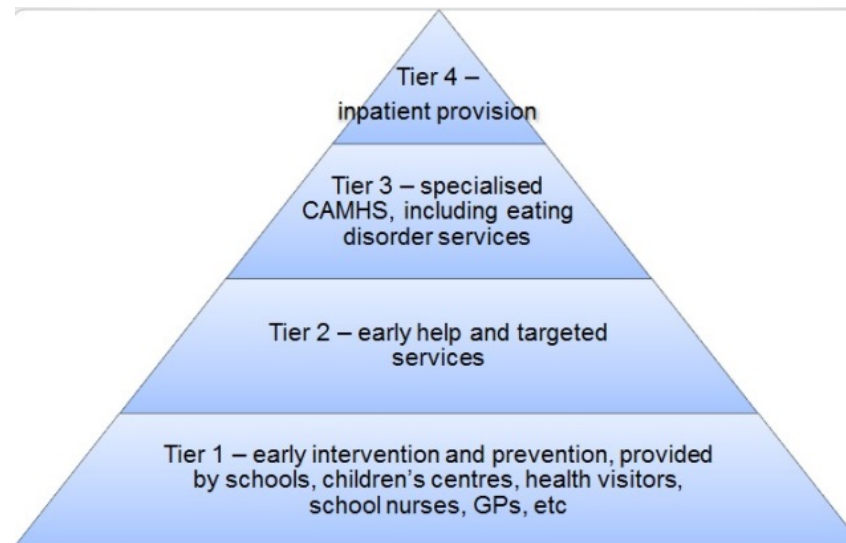
- ▶ General advice
 - ▶ Talk openly - regular conversations day to day rather than a one off “big talk”
 - ▶ Responsible role modelling
 - ▶ Support healthy choices - promote positive activities
 - ▶ Know where your child is
- ▶ Drug and Alcohol advice
 - ▶ Young Minds / TalktoFrank
 - ▶ Via Single Point of Access - service for young people
 - ▶ Social Care, gang diversion youth workers
- ▶ Therapy
 - ▶ Treat other issues as appropriate
- ▶ Medication
 - ▶ Optimise ADHD meds if safe to do so (may not be appropriate depending on what is being used)

Summary

- ▶ All young people benefit from building self esteem, and this can be protective
- ▶ Social media needs to be thought about.
- ▶ Sleep - do consider what your family rules will be about phones in the bedroom at night - model the same behavior

Summary

- ▶ GP (and schools) can help refer for specialist help
- ▶ Preventative Child Wellbeing Practitioners or equivalent
- ▶ Most will see school counsellor, charity based counselling
- ▶ Some will need Tier 2 CAMHS, community based therapy
- ▶ A few will need Tier 3 CAMHS, therapists + doctors
- ▶ Very few will need specialist Tier 4 services, outreach, specialist outpatients, inpatient units



Questions

- ▶ Happy to take questions,
 - ▶ BUT - not appropriate to ask about specific children
 - ▶ Cannot talk about individual children as this breaks their confidence
 - ▶ Remember this may be posted on line