

Safeguarding young minds

by R.J. Ignelzi

At first, Kathe Dunn attributed her daughter's exaggerated and sometimes bizarre behavior to "being a very sensitive and imaginative kid," says the 54-year-old San Diego woman.

ADOLESCENT HEALTH - Anita Fisher says schizophrenia turned her son Pharaoh Degree (in photo) into 'somebody I didn't even know.' He is in Salinas Valley State Prison's psychiatric program in California. CNS Photo by Nancee E. Lewis. "When she was younger, Danny (Danielle) would come home and say that people were beating her up, but there wasn't a mark on her. She was convinced there were monsters in the closet, and she'd panic when a bird flew overhead," Kathe says. "I just thought she had a fantastic imagination and was a little more anxious than other kids. It was easy to make excuses and rationalize it. She was just a child."

But, as Danny got older, her quirkiness escalated into disturbing and irrational behavior with severe mood swings. When Danny told her mother that she was hearing voices and had no reason to live, Kathe was forced to face the harsh reality of her daughter's condition. Psychiatrists eventually diagnosed Danny with schizoaffective disorder (a combination of schizophrenia and bipolar disorder) and obsessive-compulsive disorder. She was just about to turn 17.

Late adolescence is supposed to be an exciting time of transition. A time filled with new independence, expanded philosophies and grand expectations for the future. But for an estimated 6 million young people in this country, it's the time they experience bewildering and often devastating symptoms of mental illness.

Although some children have vague symptoms at age 10 to 12, the signs of bipolar disorder, severe depression and schizophrenia usually draw attention and peak at 17 to 22, according to the National Institute of Mental Health.

Mental health experts believe that this unfortunate timing is triggered by changes in the brain. However, it also may be exacerbated by stress.

The strain of being in college or the military and being away from home with new responsibilities may push some young people over the edge, particularly those who have a genetic predisposition to mental illness.

Extreme moodiness, increased isolation, sleep problems or a difficulty concentrating with a deterioration in grades and schoolwork can all be signs of impending mental troubles. The problem is, many of these symptoms are typical of teenage growing pains. How is a parent supposed to determine the difference?

"We don't want to label someone unnecessarily. Especially in the beginning, it's unclear what (the symptoms) could be," says Dr. Kristin Cadenhead, a psychiatrist at the University of California San Diego Medical Center and director of the Cognitive Assessment and Risk Evaluation program there. "The early signs are nonspecific. It could be drugs or a breakup with a boyfriend or girlfriend, or just being away from home. All we know is that they are in distress and not functioning well."

She urges parents to get their children evaluated by a mental health expert if they exhibit noticeable changes in thoughts, behavior or emotions. Programs such as CARE are designed to identify and assess adolescents and young adults (ages 12 to 30) who experience possible symptoms that might signal the development of mental problems.

"We don't want to alarm an individual or a family. More than 70 percent of young people who appear (to be in distress) will not necessarily develop a psychotic disorder," she says. "Our goal is to identify a psychotic illness before it fully starts, so we can intervene earlier and help prevent some of the devastating effects of the illness."

ANGIE'S STORY

Angie (who asked that her last name not be revealed) wishes that her early symptoms would have been taken

more seriously. In high school, she experienced some very dark times. However, because she maintained good grades and was able to some signs of her depression, her family assumed it was an adolescent phase.

She stayed in her room and didn't talk to her family. She had no social life, and she neglected personal hygiene and grooming.

"I was completely indifferent about everything. I had no motivation. And, I was always angry at my parents," says the 20-year-old from San Diego. It was during holiday break in her college freshman year that she suffered a breakdown. "I came home for Christmas and was feeling very high, very happy, but I couldn't sleep. And then my mood swung to psychosis," Angie says.

She ended up being admitted to a psychiatric hospital for more than two weeks. She has been diagnosed with bipolar disorder.

More than two years since her diagnosis, with the help of medication, therapy and family, Angie is back in college, living with her parents (whom she says are her "best friends now") and working with the mentally ill as a job coach.

"Parents should really try to get to know their child. Ask how they feel about themselves and the world. Ask them about their hopes and dreams," Angie suggests. "Nobody asked me, but if they would have, I'd have told them I wanted to live on the planet Pluto with nobody around me."

A number of parents of mentally ill children say they didn't see symptoms of psychological disturbance as much as they witnessed a growing problem with substance abuse.

UNSETTLING CHANGES

Anita Fisher's son Pharoh had been a bright and popular young man in high school with college always a part of his plan. But during his senior year, she noticed an unsettling change in his behavior.

After deliberately doing poorly on his SAT exam, college seemed to be out of the question, and he began partying heavily, "drinking, smoking marijuana and staying out all night. He'd never done anything like that before," his mother says.

She eventually convinced him to join the Army but his heavy drinking and erratic behavior brought an early end to his military career. He ended up living on the streets, in and out of jail, and was eventually sent to the psychiatric program at Salinas Valley State Prison in California, where he is today. Now 29 years old and diagnosed with schizophrenia, he is "doing very well as long as he takes his medication," his mother says. He's due to be released next March.

Alcohol and drug abuse can be red flags for mental illness in young people.

"It's a way for disturbed people to try to self-medicate," says Marlene Nadler-Moodie, a psychiatric clinical nurse specialist at Scripps Mercy Hospital in San Diego. "They are confused and frightened, and they're trying to quiet the voices they hear in their head."

Recognizing that your adolescent child needs treatment for mental illness is one thing, but getting that child to agree is often another. Because they're legally an adult at 18, a parent can't force the child to get an evaluation, seek counseling or take medication.

Kathe Dunn says she knows now that she waited too long to have Danny evaluated and treated.

While it's important not to "cry wolf and run to a psychiatrist" as soon as a child starts showing possible symptoms, "maybe we need to start paying more attention and do more and do it sooner," she says. "Don't hide your head and assume it's just a phase. Get an evaluation."

Beth Wood contributed to this article.

Mental illness types

Mental illness is, as the name suggests, a sickness. There's believed to be a strong genetic link. Here's a brief look at four mental illnesses:

- Bipolar disorder or manic depression causes extreme shifts in mood, energy and functioning. It's characterized by episodes of mania (elation, racing thoughts, rapid speech and movement, decreased sleep) and depression (loss of energy, extreme sadness, inability to concentrate, thoughts of suicide) that can last from days to months. The National Alliance on Mental Health (NAMI) estimates that more than 10 million people in the United States have bipolar disorder. It requires lifelong treatment, which includes therapy and mood-stabilizing medications.

- Schizophrenia is characterized by delusions, hallucinations and bizarre and disorganized speech and behavior. About 1 percent of American adults, or more than 2 million people, are affected by the illness. Although it's not known what causes schizophrenia, it's believed to be a brain malfunction. There is no cure for the chronic illness, but it can be treated and managed with therapy and antipsychotic medications.

- Schizoaffective disorder is a combination of schizophrenia and bipolar disorder. It is characterized by the psychotic symptoms of schizophrenia along with manic and depression episodes. NAMI says it may range from 2 to 5 in 1,000 people. A combination of mood stabilizers and antipsychotic medications can help treat and manage the disorder.

- Obsessive-compulsive disorder causes people to have unwanted or obsessive thoughts and repeat certain

behaviors over and over again. Behavior therapy along with medication may help relieve symptoms. NAMI estimates that more than 2 percent of the U.S. population will suffer from OCD at some point in their lives.

What to watch for

Although sometimes easy to overlook, there are often early symptoms of mental illness. If a child exhibits any of these behaviors for an extended period, it's recommended that they be evaluated by a mental health professional:

- Increased isolation and social withdrawal. Children may lock themselves in their rooms and not spend as much time as they used to with friends and family.

- Severe overreaction to a situation, such as sobbing over one bad grade or screaming at someone who took a desired seat.

- Disruptive behavior, including screaming, cursing loudly or hitting people.

- Extreme indifference and lack of motivation.

- Severe anxiety or fearfulness.

- Deteriorating grades or job performance. This change will be noticeable, because the majority of children who have mental disorders are very bright and good students.

- Sleeping too little or too much.

- Difficulty concentrating and disorganization of thoughts, which can cause problems in speaking and expressing themselves.

- Frenetic energy and rapid speech and movement. This is often a sign of the manic phase of bipolar disorder.

- Deep depression. Often the depressive phase of bipolar disorder, "they may stay in bed for days. They're completely immobilized," says Marlene Nadler-Moodie, a psychiatric clinical nurse specialist.

- Paranoia, believing people are talking about them or out to get them.

- Believing that TV programs are speaking to them personally.

- Lapses in good hygiene; not bathing or washing hair.

- Developing a new belief system that is very unusual to them. "This can be confusing because in college is when kids are exploring new ideas," University of California San Diego psychiatrist Dr. Kristin Cadenhead says. "But the belief or new philosophical view must be eccentric and a real change (from their norm)."

- Lapses in good hygiene; not bathing or washing hair.

- Excessive drinking or drug use.

- Behaving like a younger child. At age 16, Danny Dunn, who was diagnosed as schizoaffective disorder, still carried around her stuffed teddy bear.

- Talking to themselves, especially in a time of anxiety or stress. They may actually be talking to voices they hear in their head.

- Believing they have superpowers and expressing a very rich fantasy life. "I still think I can control pigeons with my mind," Dunn says. "Even though I know it's not true, it feels so real."

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