

MODULE 2: RECOGNIZING MENTAL HEALTH DIFFICULTIES OF CHILDREN/ADOLESCENTS RELEVANT TO HEALTH EMERGENCIES & CRISIS SITUATIONS

UNIT 1

Activity 1

Please read the following real case scenario and try to recognize the signs and symptoms of mental health difficulties.

Daniel is a five-year old boy who lives with his mother. He recently started to behave like he used to behave at much younger age – occasionally he would wet his bed during the night or have similar accidents during the day, he had a hard time falling asleep, so his mother had to return to his bedroom during the night, and he insisted that his mother feed him during meals. Going to kindergarten and separating from his mother also became a problem. The kindergarten teachers noticed he was more likely than usually to behave aggressively toward his peers – pushing them or taking away their toys and arguing.

Hints: Signs and symptoms of mental health difficulties include regressive behaviour, like bed wetting, problems falling asleep, asking to be fed, separation problems and aggressive behaviour.

Activity 2

Please read the following real case scenario and try to recognize the signs and symptoms of mental health difficulties.

Claire is a 10-year-old girl who lives with her parents and two younger siblings. Recently her mother noticed that she is quieter than usual, and often appears to be sad or lacking will to engage in activities she previously enjoyed. She avoids going to dance classes, saying she feels tired and exhausted. Her friends call her less often than before and she rarely initiated to hang out with them herself. She seems most content while spending time alone in her room and listening to sad music. Her siblings say she often talks back to them and has somewhat violent outbursts. Her schoolteacher notices that she seems absent in spirit during class, as if she doesn't follow the lectures. She often misses her deadlines for completing school tasks and had unfinished homework. On a few occasions she bursted in tears for no particular reason during class.

Hints: Signs and symptoms of mental health difficulties include social withdrawal, sadness, withdrawal from previously joyful activities, talking back and violent outbursts, lack of concentration, lower academic achievement, mood swings.

Activity 3

Please indicate which of the following signs and symptoms can be classified as internalized or externalized.

Signs and symptoms	Internalized	Externalized
Eating more or less than usual		
Feeling afraid		
Fighting and behaving aggressively		
Headaches or stomach aches		
Difficulties maintain friendships and peer rejection		
Fatigue/lack of energy		
Avoiding participation in social activities		

Hints:

(1) Internalized signs and symptoms: eating more or less than usual, feeling afraid, headaches or stomach aches, fatigue/lack of energy;

(2) Externalized signs and symptoms: fighting and behaving aggressively, difficulties maintain friendships and peer rejection, avoiding participation in social activities

Activity 4

Please indicate which of the following signs and symptoms are more specific for younger or older children.

Signs and symptoms	Younger children	Older children
Frequent absence from school		
Clinginess with teachers or caregivers		
Substance abuse		
Lower grades		
Going back to an earlier stage of development		
Bedwetting or other toileting issues		
Wanting to be carried or rocked		

Hints:

(1) Younger children: clinginess with teachers or caregivers, going back to an earlier stage of development, bedwetting or other toileting issues, wanting to be carried or rocked.

(2) Older children: frequent absence from school, substance abuse, lower grades.

UNIT 2

Activity 1

Case study 1

Janice is a 15-year-old girl who was an enthusiastic teenager, enjoyed socialising and doing extracurricular activities. However, once she was diagnosed with type one Diabetes and prescribed the insulin pump therapy, she became withdrawn from friends and family. She lost interest in the activities she previously enjoyed. She slept poorly, lost weight, and constantly felt sadness and lack of energy. She loathed herself and considered herself worthless, and generally had a pessimistic outlook on life.

Questions:

Is Janice likely suffering from a mental health disorder? Which one? Which symptoms that she shows do you think could be noticed in classroom? Would you refer her to a psychologist?

Hints: Yes, Janice is suffering from depression and she should be referred to a psychologist. Symptoms like weight loss, lack of energy, sadness and a pessimistic outlook on life can be noticed in the classroom.

Activity 2

Case study 2

Jack is a 10-year-old boy from a supportive family. He was shy and reserved in preschool but managed to integrate well in school, made friends and succeeded academically. However, he complained multiple times that he had a severe abdominal pain in the morning and missed school for about 20 times during the previous year because of the pain. He avoided school trips because he was afraid that the bus would crash. He had difficulty falling asleep and was unable to sleep at all before a test. He was worried that he and members of his family would die, demanded that the house must be secured in the evening to an unnecessary extent, and constantly sought reassurance from his parents, which was at times burdensome for them. During COVID-19 his symptoms additionally worsened.

Questions:

Is Jack likely suffering from a mental health disorder? Which one? Which symptoms that he shows do you think could be noticed in classroom? Would you refer him to a psychologist?

Hinst: Yes, Jack is suffering from an anxiety disorder and he should be referred to a psychologist. Symptoms such as missing school because of unspecified abdominal pains, avoiding the school trips because of being afraid that the bus might crash, not being able to

sleep before a test, and even being worried that he and his family members would die, can be noticed in school.

Activity 3

Matching symptoms to disorders

Symptoms	Disorders
The adolescent looks sad constantly, looks like they don't find much interest or joy in any activity.	ADHD (hyperactive-impulsive)
The child looks tense, fidgets, often asks to go to toilet. Displays clingy behaviour with parents, mentions many worries.	Oppositional defiant disorder
The child has difficulties remaining seated, frequently interrupts conversations or games.	Adjustment disorder
The child often argues with adults, often actively defies, or refuses to comply with requests from adults or with rules.	Depression
The child looks sad after returning from self-isolation imposed by COVID-19 and has angry outbursts toward other children.	Anxiety disorder

Hints:

The adolescent looks sad constantly, looks like they don't find much interest or joy in any activity. -> Depression

The child looks tense, fidgets, often asks to go to toilet. Displays clingy behaviour with parents, mentions many worries. -> Anxiety disorder

The child has difficulties remaining seated, frequently interrupts conversations or games. -> ADHD (hyperactive-impulsive)

The child often argues with adults, often actively defies, or refuses to comply with requests from adults or with rules. -> Oppositional defiant disorder

The child looks sad after returning from self-isolation imposed by COVID-19 and has angry outbursts toward other children. -> Adjustment disorder

UNIT 3

Activity 1

Please analyse the real case scenario and conduct risk-assessment analysis by answering the questions in the table.

Warning – the following content includes descriptions of violence and war experiences that might be disturbing for some people. The activity is not mandatory and can be skipped.

Real case scenario (adapted from: Onyut, Neuner, Schauer, Ertl, Odenwald, Schauer, & Elbert, 2005)

I grew up with both my parents. I have younger sister and brother. My mother was young and I loved her a lot. I was her first-born and her favourite. She even told me so. My father was hard working. He had a shop close by in the market. He would usually leave in the morning and return home in the evening. Sometimes when he came home, he played with us in the evening. We played football together. Those were good times. I do not know how old I was then; I just remember that I was very young... I don't remember the year, but I was still young... It was early in the morning. A group of about 10 civilian men came to our house. They were armed with guns...I stood very near to my parents. I was so scared. Suddenly I heard the sound of bullets. One of the soldiers had started shooting. The moment I saw that he pulled the trigger and heard the first bullet, I panicked. I started running. I felt such great fear. I ran inside the house and tried to hide myself behind a door in one of the rooms. I was shivering, fearing, thinking, they will also come for me, they will come and kill me'. I still have a heartbeat now, when I recall that moment. After some time it went quiet outside. I still stood behind the door, silent, not moving. After a while I slowly moved towards the window and peeped out. What I saw was terrible. My mother and my father had been hit by the bullets. They were both lying on the ground. My mother had fallen on top of my father. They both had blood on their clothes. My mother had blood on her face and her stomach. They were not moving anymore, they had died.

Until that day, I had never seen a dead person. I felt horror. I was so afraid of them, shocked by what I saw. I only thought of running away, leaving this place. I escaped through the back of the house and jumped over the fence. This was the last time I have seen my parents and also the last time I had been in our home. While fleeing, I joined strangers in the street. So many people were trying to flee. I simply ran with them. On the way, I met very many militia men dressed as army men. They told us to lie down on the ground. I started crying. The rest were silent. One of them knocked me with the butt of the gun on the soft part of my head. Then I kept quiet. They wanted to kill everyone...but let us go. People continued running, and when they reached their destination, they branched off from the road. It was night time by then. I was alone. I hated my life. I followed the road and finally fell asleep under a bush. I had given up about life by then. I felt like I had died as well. I knew about the danger of wild animals and lions, but I did not care...This is how I came to other town. I saw a group of people from my town and went to greet them. They took me in and I lived with them for a few weeks. They also showed me how to register as a refugee. I remember the day I came to

Refugee Camp. I was so surprised how people can live in a place like this. I stayed with the one family for about two years in the camp. Finally, Red Cross helped me to build my own house, I was about 14 years then. Since then I live alone. I started going to school. I have learnt how to live by myself. No one can help me anyway. I have never heard about my brother and sister again. Whether they are still alive and if so, where I could find them. But now I am ready to look for them.

	Before (what happened before the event?)	During (what happened during the event?)	After (what happened after the event?)
Facts What happened? Who (was present)? Where? When? Why?			
Feelings (describe/ list experienced emotions)			

Hints:

- Facts:

Before – war started and armed civilians were killing people across the country, family was at home, it happened in populated area, it happened several years ago;

During – parents were shot in front of their house while children were present;

After – child flee away from home and joined other refugees, child was physically abused by soldiers, child was situated in the refugee camp and one family took care of he/she, child is currently attending school, he/she lives alone in his/her house, he/she does not know where his/her sister and brother are

- Feelings:

Before – happy, calm, safe, satisfied, carefree;

During – fear, panic, horror;

After – feeling dead, despair, hopelessness, surprise, independence, hope

A structured interview model, called the BDA (before, during and after) model, is used to conduct risk-assessment interviews with both groups and individuals. Its purpose is not to eliminate or reduce post-traumatic reactions, but to allow the interviewer to identify those who may be at risk of developing psychological problems. The interview structure focuses on the individual's perception of the event and their emotional and cognitive reactions to it (Onyut, Neuner, Schauer, Ertl, Odenwald, Schauer, & Elbert, 2005).

Activity 2

Please read the following real case scenarios and try to recognize the risk and protective factors for mental health difficulties in children in these examples.

Real case scenario 1

Adam is eight years old and is in the second grade of elementary school. During the coronavirus pandemic, Adam's grandmother with whom he shared a household became seriously ill and ended up in hospital. Adam often asked his parents about her and was worried about her health even after grandmother recovered and returned home. Due to the accumulated stress during the lockdown, Adam's parents would often argue, and Adam heard many of their fights. Adam's mother suffers from generalized anxiety disorder. During the pandemic, her symptoms worsened due to her mother's hospitalization, and she was overwhelmed with worry and fear that something bad would happen to her family. Despite major changes at home, Adam maintained good grades at school. He has three friends with whom he hangs out and all of them train football twice a week. Football is a sport that Adam enjoys very much.

Hints: Risk factors include grandmothers' illness, parents arguing, and mother's mental health disorder. Protective factors include good grades, relationships with friends, and playing and enjoying football.

Real case scenario 2

Lana is 15 years old. She lives in Croatia, in a town that was recently hit by a series of devastating earthquakes. As a result, Lana's family had to move into temporary accommodation until their house was renovated. The family has financial difficulties because Lana's father has not received a salary for several months. In her early school years, Lana had a hard time separating from her parents and was often worried that something bad might happen to them. Lately, Lana has been feeling sad and empty. Lana has a very good relationship with her mother and the two of them often talk about Lana's feelings. Lana's mother encouraged her to consult a school psychologist about her problems. Lana has been

regularly attending counselling with her school psychologist for the last two months. The psychologist gives Lana support and understanding for the issues that bother her.

Hints: Risk factors include earthquake exposure, damage to a home and household dislocation, family financial difficulties, separation anxiety, and female gender. Protective factors good relationship with the mother and regular counselling.

Activity 3

Please indicate which of the following risk and protective factors can be classified as individual; family; school, neighbourhood, and community; or health crisis and emergencies-specific factors.

Risk or Protective Factors	Individual	Family	School, neighbourhood, and community	Crisis and emergencies-specific
Child gets good grades in school				
Child is often anxious				
Aggressive sibling				
Positive classroom climate				
Parental job insecurity during the COVID-19 pandemic				
Health issues in early childhood				
Poor neighbourhood				
Family excessively following news about the pandemic				

Hints:

- (1) Individual: child gets good grades in school, child is often anxious, health issues in early childhood
- (2) Family: aggressive sibling
- (3) School, neighbourhood, and community: positive classroom climate; poor neighbourhood
- (4) Crisis and emergencies-specific: parental job insecurity during the COVID-19 pandemic, family excessively following news about the pandemic