


WAGNER-JAUREGG
Nervenklinik
Linz
Eine Gesundheitseinrichtung der gespag
Universitäts-Lehrkrankenhaus



pro mente **jugend**
oberösterreich


Abteilung Jugendpsychiatrie

THE NATURE OF YOUTH MENTAL HEALTH ISSUES

OECD Expert Meeting
MENTAL HEALTH, DISABILITY AND WORK

Paris, April 26, 2010

Werner Leixnering



THE CONCECPT OF DEVELOPMENTAL PSYCHOPATHOLOGY

- Risk factors und protective factors generate VULNERABILITY or / and PROTECTION
- Development has to be divided into physical, emotional, cognitive, behavioural and social integration aspects
- Problems of development may cause psychopathology
- Psychopathology may cause problems of development




RISK FACTORS

- BIOLOGICAL
- PSYCHOSOCIAL
- SOCIO-CULTURAL
- LIFE EVENTS AND SITUATION GENERATED




RISK FACTORS

- BIOLOGICAL
 - Genetic factors
 - Constitutional factors
 - sex
 - temperament (activity, day rhythm, approach & retreat, adaptivity, sensoric irritability, reaction intensity, mood, distractivity, attention span)
 - Somatic factors (eg birth problems and others affections of the central nervous system)



RISK FACTORS

- PSYCHOSOCIAL
 - Individual factors
 - Family generated factors
 - School generated factors
 - Peer generated factors



RISK FACTORS

- SOCIO-CULTURAL
 - Ecological factors (eg town - country differences)
 - Poverty
 - Migration
 - Media



RISK FACTORS

- LIFE EVENTS AND SITUATION GENERATED
 - School situated (bad examination results, bullying..)
 - Family situated (conflict with parents, parent separation...)
 - War, Migration
 - Media



PROTECTIVE FACTORS & RESILIENCE

- PERSONAL RESSOURCES
- FAMILY RESSOURCES
- EXTRA-FAMILY SOCIAL RESSOURCES



PROTECTIVE FACTORS & RESILIENCE

- PERSONAL RESSOURCES
 - Female sex (childhood)
 - First birth
 - Positive temperament
 - Positive self-esteem
 - Good cognitive status (intelligence above average)
 - Positive social behaviour with social attractivity



PROTECTIVE FACTORS & RESILIENCE

- FAMILY RESSOURCES
 - Stable relation / bonding to a caregiving person
 - Open educational climate with good support
 - Intrafamilial cohesion
 - Models of positive coping



PROTECTIVE FACTORS & RESILIENCE

- EXTRA-FAMILY SOCIAL RESSOURCES
 - Social support
 - Positive peer & friendship experiences
 - Positive school experiences



THE MULTIAXIAL CLASSIFICATION SYSTEM IN CHILD AND ADOLESCENT PSYCHIATRY (MAS - CAP)

- AXIS 1 : psychiatric disorder
- AXIS 2 : developmental problems (eg legasthenia, dyslexia, motor development problems, speech dev. problems)
- AXIS 3 : cognitive status / intelligence
- AXIS 4 : somatic deseases
- AXIS 5 : actual psychosocial burden / stress factors
- AXIS 6 : actual level of psychosocial fonctionning



EPIDEMIOLOGICAL CHALLENGES IN CAP

ANXIETY DISORDERS

DISORDERS OF SOCIAL BEHAVIOUR

SELF HARM BEHAVIOUR

DISORDERS WITH HIGH IMPULSIVE BEHAVIOUR

DISORDERS WITH DEPRESSION SYMPTOMS

PERSONALITY DEVELOPMENT DISORDERS



WHERE WE SHOULD GIVE ATTENTION

LACK OF EARLY SECURE BONDING

LACK OF EMOTIONAL SAFETY FOR CHILDREN THROUGH
EDUCATIONAL INSECURITY BY PARENTS AND OTHERS

UNCOPED EARLY FEARS


LOW COPING MECHANISMS FOR DISAPPOINTMENT AND FAILURE

LOW SELF ESTEEM



WHAT WE NEED FOR YOUNG PEOPLE WITH MENTAL PROBLEMS

- BETTER SCHOOL SUPPORTING SYSTEMS FOR MENTALLY AFFECTED CHILDREN AND YOUTH
- SUFFICIENTLY LOW THRESHOLD INTERDISCIPLINARY HELP INSTITUTIONS
- HIGH PERSONAL CONTINUITY IN HELP STRATEGIES
- WELL LINKED SYSTEMS FOR CHILD / ADOLESCENT AND PARENT / FAMILY SUPPORT



THANK YOU FOR
YOUR ATTENTION !

