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Parent Survey on Childhood Mental Illness: Age of Onset, Symptoms & Intervention

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Parent Survey On Childhood Mental Illness: Age of Onset, Symptoms & Intervention



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Previous Research

- 1 in 6 children between the ages of 2 and 8 in the U.S. have been diagnosed with a mental, developmental or behavioral health disorder.
- Prior research has primarily been on adolescent mental health, despite evidence that chronic mental illness often has an onset in early childhood and even toddlerhood.
- Individuals with early onset childhood mental illness have higher rates of recurrence and frequently develop comorbid conditions later in life, such as substance use disorders.
- A leading cause of death for children < 15 worldwide is suicide. Soole (2014) presented an analysis of child suicides in Queensland between 2004 and 2012 and found that 50% of children between the ages of 10 and 14 who died by suicide had a diagnosed mental health condition.
- Early detection and intervention in childhood is the first crucial step in management of chronic mental health conditions.

Research Questions

- What are prevalent somatic and emotional symptoms that parents identify as concerning in children with mental illness?
- Age of onset is a risk factor for chronic mental illness – at what age are children being diagnosed?
- How do parents perceive treatment impact on their child's mental health condition? Is early intervention helpful or harmful?

Participants

Inclusion criteria: English speaking parents/guardians of individuals diagnosed with a mental or behavioral health disorder in childhood.

Percent of Participants	
PARTICIPANT CHARACTERISTICS	
Gender	
Males	28.6
Females	71.4
Ethnicity	
White	99.9
Prefer not to answer	0.01
LGBTQ Child	
Identifies as LGBTQ	42.9
Does not identify	57.1

Method

Anonymous qualtrics survey. The following tools were used:

- *Screen for Childhood Anxiety Related Emotional Disorders (SCARED) Parent Report*: commonly used by pediatricians to assess for anxiety disorders in children. Parents rate statements as “Not True” or “Somewhat True” or “Very True.”
- *Mood & Feelings Questionnaire Parent Report*: used to identify depressive disorders in children. Parents rate statements as “Not True” or “Somewhat True” or “Very True.”
- *Young Mania Rating Scale Parent Report*: a diagnostic questionnaire used by child psychiatrists to assess for symptoms of mania in childhood. Ex. Did your child's energy or motor activity appear to increase? Answers: 0. No, 1. Mildly increased, 2. More animated; increased gesturing, 3. Energy is excessive, but can be calmed, 4. Continuous hyperactivity, cannot be calmed.
- *Treatment* – participants were asked if they sought treatment or intervention for their child post diagnosis and to specify what if this was the case. Participants were then asked to rate improvement on a scale of 1 (no improvement) to 7 (marked improvement).

Results

Diagnosis	Cases	Mean AOO	Treatment	Frequency
Depression	7	9.3	Educational support	7
OCD	6	9.1	Individual therapy	7
Social Anxiety	5	8	Guidance counselor	6
Generalized Anxiety	3	7.6	Creative therapy	4
Autism	3	3.6	Family therapy	4
Bipolar disorder	2	10	Group therapy	2
Other	4		Psychiatry	2

- Depression, OCD, and Anxiety were the most frequently reported.
- The mean improvement from treatment reported by participants was 4.11 or “somewhat improved.”
- Treatment – ALL participants reported seeking some sort of treatment for their child and all participants had their child in at least two types of treatment.

Discussion

- Only 2 scored <27 which is a clinical indicator of depressive disorders in children
- Children that were diagnosed with mental health conditions were not scoring as expected in a clinical indication of a disorder
 - Participants diagnosed with OCD consistently scored very low on the SCARED scale, yet OCD is classified as an anxiety disorder.
- Individuals with ASD had the lowest age of onset, consistent with previous literature.
- In all individuals diagnosed with depression, parents also reported a comorbid anxiety diagnosis, notably GAD and social anxiety.
- Participation recruitment was limited by the COVID-19 pandemic. More research is warranted based on these results.
- Future studies could include what symptoms were most concerning to parents and what specifically prompted them to seek help.
- Similarly, if parents sought more than one treatment for their child, they would be asked what they found most helpful.

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Contact me at mathomas@clarku.edu if you have any further questions!