



Prevalence of DSM-IV mental disorders, deliberate self-harm and suicidal ideation in early adolescence: An Irish population-based study



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A B S T R A C T

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Background: This study investigated the prevalence of DSM-IV Axis 1 mental disorders, deliberate self-harm and suicidal ideation in a sample of Irish adolescents aged 11–13 years.

Methods: A total of 1131 students was surveyed for general psychopathology using the Strengths and Difficulties Questionnaire. Following this, a representative sample of 212 adolescents was assessed for mental disorders, deliberate self-harm and suicidal ideation using the Schedule for Affective Disorders and Schizophrenia for School-Aged Children.

Results: 14.6% of the sample met criteria for a borderline score and 6.9% for an abnormal score on the Strengths and Difficulties Questionnaire. Following clinical diagnostic interviews, 27.4% of participants received a current diagnosis of an Axis 1 disorder and 36.8% received a lifetime diagnosis, those rates falling to 15.4% and 31.2% respectively when specific phobias were excluded.

Conclusions: Findings from this study reveal that Irish adolescents aged 11–13 years are experiencing high levels of mental ill-health.

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Introduction

As a distinct phase of the lifespan adolescence is now considered to begin at around the age of 10 years ([World Health Organisation](#)) with biological changes related to puberty marking the transition from childhood to adolescence ([Smetana, Campione-Barr, & Metzger, 2006](#)). This heterogeneous period of life requires young people to negotiate a range of biological, psychological and social processes as they prepare for the roles and responsibilities that await them in adulthood ([Sawyer et al., 2012](#)). The onset of any mental disorder by or during adolescence is a risk factor for future mental ill-health ([Kessler et al., 2005b, 2007](#)). In addition, the impact and consequences of mental disorder during the adolescent years are concerning as mental ill-health during this phase of the lifespan has been found to carry the greatest burden of disease, accounting for

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45% of years lost to disability among young people aged 10–24 (Gore et al., 2011; World Health Organisation, 2008). With an estimated 1 in 5 young people between the ages of 12 and 19 years experiencing a mental disorder at any given time (Costello, Copeland, & Angold, 2011), adolescence has been recognised as a period of significant mental health vulnerability and risk for young people (Coughlan et al., 2013; Jones, 2013; Patel, Flisher, Hetrick, & McGorry, 2007).

In spite of calls for progressive international research programmes on adolescent health (Patton et al., 2012), epidemiological studies quantifying the prevalence of mental disorder in adolescents have been limited. Of the studies that have been conducted, most have focused on young people aged 13 years and older (Benjet, Borges, Medina-Mora, Zambrano, & Aguilar-Gaxiola, 2009; Farbstein et al., 2010; Gau, Chong, Chen, & Cheng, 2005; Kessler et al., 2012; Lynch, Mills, Daly, & Fitzpatrick, 2006; Merikangas et al., 2010; Vicente et al., 2012; Wittchen, Nelson, & Lachner, 1998) during the developmental phases of mid and late adolescence (Smetana et al., 2006). The focus on adolescents in this mid-late adolescent age range has resulted in a dearth of evidence on rates of disorder among younger adolescents during their formative early adolescent (Smetana et al., 2006) years. Although a number of studies has included younger adolescents in their samples (Costello, Mustillo, Erkanli, Keeler, & Angold, 2003; Ford, Goodman, & Meltzer, 2003; Martin, Carr, Burke, Carroll, & Byrne, 2006; Meltzer, Gatward, Goodman, & Ford, 2000; Roberts, Roberts, & Chan, 2009) few provide age-specific data on adolescents aged 10–13 years and, to our knowledge, none has used a sample of young people specifically targeting this early adolescent age range. In the context of such limited data on rates of mental disorder among early adolescents, this study, as part of the Adolescent Brain Development Study (Kelleher et al., 2012), aimed to investigate the prevalence of DSM-IV Axis 1 mental disorders in a school-based sample of Irish adolescents aged 11–13 years.

Method

Participants

This study involved two phases: an initial survey phase (Phase 1) and a follow-up clinical interview phase (Phase 2). Phase 1 of the study involved a sample of 1131 adolescents from the general population. A total of 35 primary schools from two geographical areas in Ireland (north Dublin city and county Kildare) was contacted and invited to participate. Of those, 16 (46%) schools agreed to take part with a combined population of 2190 adolescents aged 11–13 years. There were no statistically significant differences between schools who agreed to participate and those that did not with regard to school size, school location and gender composition (i.e. whether schools were single sex or co-educational). Written informed consent to participate in the study was sought from both parents/guardians and the research participants. This opt-in method resulted in the recruitment of the 1131 adolescents who took part in this phase of the study.

The consent form used in the survey phase of the study included a section in which parents/guardians and participants were asked whether or not they would consider taking part in a further phase of the study involving a clinical interview (Phase 2). Parents of 656 adolescents (58%) consented to participating, from which a random sample of 450 was invited to interview and 212 attended. Interviews during this phase of the study took place over three consecutive years during summer breaks from school.

Ethical approval for the study was granted by the Medical Research Ethics Committee of Beaumont Hospital, Dublin, Ireland.

Assessment instruments

Phase 1: Assessment of psychopathology using the Strengths and Difficulties Questionnaire (SDQ)

All 1131 young people in Phase 1 of the study were surveyed for psychopathology using the self-report version of the Strengths and Difficulties Questionnaire (SDQ) (Goodman, Ford, Simmons, Gatward, & Meltzer, 2003), a well-validated brief survey instrument that assesses for psychological attributes in young people. The instrument is comprised of five sub-scales that screen for 1] emotional symptoms (e.g. 'I have many fears, I am easily scared'), 2] conduct problems (e.g. 'I am often accused of cheating or lying'), 3] hyperactivity/inattention problems (e.g. 'I am restless, I cannot stay still for long'), 4] peer relationship problems (e.g. 'Other children or young people pick on me or bully me') and 5] pro-social behaviour (e.g. 'I try to be nice to people. I care about their feelings'). Results can be analysed both as continuous scores and/or as categorical scores indicating normal (scoring range 0–15), borderline (scoring range 16–19) and abnormal (scoring range of 20–40) levels of difficulties for each subscale. A total problem score is generated by combining the scores of sub-scales 1–4 only. Questionnaires were completed by study participants in classrooms with a researcher present.

Phase 2: Clinical interview assessment using the Schedule for Affective Disorders and Schizophrenia for School-Aged Children (K-SADS-PL)

The main clinical interview instrument used in Phase 2 of the study was the Schedule for Affective Disorders and Schizophrenia for School-aged Children, Present and Lifetime Version (K-SADS-PL) (Kaufmann, Birmaher, Brent, Rao, & Ryan, 1996). The K-SADS-PL is a well-validated semi-structured diagnostic interview for the assessment of Axis 1 DSM-IV mental disorders in children and adolescents aged 6–18. It determines both current (defined as occurring within the past month) and lifetime psychopathology and involves interviews with both study participants and their parents. It assesses for the most frequent mental disorders in childhood and adolescence including mood disorders, anxiety disorders, eating disorders,

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