

Quality of Life of Children with Mental Illness

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Objectives

- **History of Conceptual Development of QOL**
- **Why important?**
- **Resources and Measurement Tools**

History Concept QOL

quality of care

- first recorded external audit of

Aristotle (384-322 BC)- wrote of “the good life” and help foster it.

and

can

1980s -present **Health-related quality of life (HRQOL)** has evolved to include aspects of overall quality of life that can be clearly —either physical or mental.

Definition

Quality of life (QOL)

that requires multiple approaches from different theoretical angles³
Broad multidimensional concept including **subjective** evaluations of both **positive** and **negative** aspects of life²

Composite of physical, social and emotional facets of the well-being that the **individual** deems as significant and relevant¹.

Reflects a number of **subjective physical, social, and psychological** aspects of health and is **distinct** from **symptoms of the disorder** and

Definitions

QOL

- Include both **objective** and **subjective** perspectives
- Three Dimensions- **physical, psychological, social**
Social further divided into **public** and **private** domains
- QOL describes individual's **situation in life** as evidenced by their **physical, psychological, and social functioning** ⁹ of

Definition

Health Related Quality of Life

- **Not uniformly defined**
- **Subset of QOL, specific to person's health ¹⁰ influenced by health interventions ¹**
- **HRQOL closely depends on the subjectively perceived impact of the disorder (and of the respective treatment) on the level of physical, psychological and social functioning**

Why Important?

Prevalence of Child and Adolescent Mental Disorders (Nami)

- **Four million children & adolescents** suffer from a *serious mental disorder* resulting in **significant functional impairments** at home, at school and with peers.
- Of children ages 9 to 17, **21 percent** have a **diagnosable mental or addictive disorder** that causes at least minimal impairment.¹
- **Half of all lifetime cases** of mental disorders **begin by age 14**.
- Long delays, sometimes decades, **between the first onset of symptoms and when people seek and receive treatment**, despite available effective treatments.
- An **untreated mental disorder** can lead to a **more severe, more difficult to treat illness** and to the **development of co-occurring mental illnesses**.³
- In any given year, only **20 percent of children with mental disorders** are **identified and receive mental health services**.⁴

Why Important?

How does HRQoL

Help Children & Adolescents
with Mental Illness?

- **Clinically reveals**
where person is most affected
to help clinician make best
choices to care for patient⁴

in quality of
life over course of treatment

of how
a patient's quality of
life, helping to improve
practitioner-patient
relationship

and patient perception

- **Research by assessing how**
disease impairs the patients'
subjective well being

and
different benefits of
different treatments

and
monitoring of policy changes
- **Increasingly important**
measure of outcome in child
and adolescent mental
health research and clinical
practice

Why Important?

How does HRQoL

Help Children & Adolescents
with Mental Illness?

- **HRQOL** is an important component of **health surveillance** and generally considered **valid indicators** of _____ and **intervention outcomes**.
- **Self-assessed health status** proved to be **more powerful predictor** of mortality and morbidity than many objective measures of health.9-10
- **HRQOL measures** make it possible to **scientifically demonstrate** impact of **health on quality of life**, going **well beyond the old paradigm** that was **limited** to what can be **seen under a microscope**.

HRQOL Tools for Children and Adolescents

- Child Health Questionnaire (CHQ)
- *Pediatric Quality of Life Inventory (PedsQL 4.0) proven success in measuring the QOL across different diseases in children and is well validated in different languages.*
- Child Health and Illness Profile
- *KIDSCREEN-27*
- International Classification of Functioning, Disease and Health by WHO assess degree of disability caused by disease or disorder
- *International Classification of Functioning, Disease, and Health* ⁶

Research

Health Related Quality of Life

- HRQOL research in children with **mental illness** is in early stages and limited
- Limitations of current studies:
 - No identification if children on meds or not
 - No self measures, only parental input
 - Overlap of certain questions
 - Diagnoses are not verified

Research

physical activities

Research

- **Bastiaansen, Koot, Bongers, Varni & Verhulst (2004)** used the *PedsQL 4.0TM parent and child forms* for ages 5-7, 8-12 and 13-18, in children referred for *psychiatric problems* to assess its effectiveness in assessing the QOL of this population.
- Children *referred for psychiatric problems* had *significantly lower mean PedsQL 4.0TM* than children not referred for psychiatric problems.
- They also had scores *similar to children with cancer or rheumatic diseases*.

Research

- **Dey, Landolt, & Meichun (2012)**

- Systematically reviewed studies about the quality of life (QOL) of children with various mental disorders vs healthy controls described limitations in these studies.
- QOL of children with various mental disorders is **compromised across multiple domains**.
- The largest effect sizes were found for **psychosocial and family-related domains** and for the **total QOL score**, whereas physical domains generally were less affected.

Limitations in the existing literature

- lack of study samples drawn from the general population,
- the failure to use self-ratings
- not determining whether the children were receiving medication for their mental disorder

Research

- **Dey, Landolt, & Meichun (2012) results**
- **ADHD, Conduct Disorders**- reduced HRQOL psychosocial and family-related subscales whereas no reduction in physical subscales
- **Autism** -parent rated social subscale most compromised and physical health least compromised while children perceived their physical health the most compromised and school least affected
- **Schizophrenia/schizoaffective disorder**-largest ES for psychosocial and family related subscales

Mood disorders-bipolar disorders reduced overall HRQOL and psychosocial, family related and physical

Research

Weitkamp, Daniels, Romer & Wiegand-Grefe (2013)

Resources

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