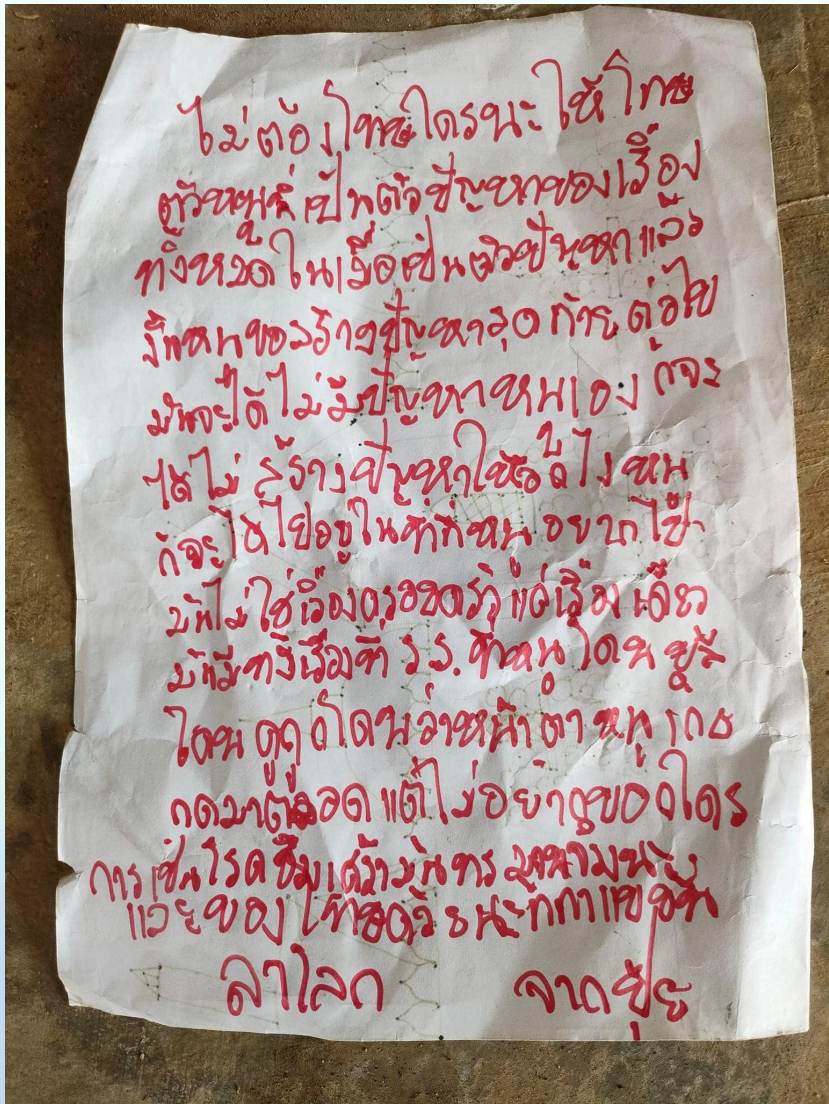




Bullying and Youth Mental Health:

Recognition, Screening, and Support

Assist.Prof.Komsan Kiatrungrit, M.D.



“ไม่ต้องโทษใครนะ ให้โทษตัวหนูที่เป็นตัวปัญหาของเรื่องทั้งหมด

ในเมื่อเป็นตัวปัญหาแล้ว จันหนูขอสร้างปัญหาสุดท้ายต่อไป

มันจะได้ไม่มีปัญหา หนูเองก็จะได้ไม่สร้างปัญหาให้

หนูก็จะได้ไปอยู่ในที่ที่หนูอยากไป มันไม่ใช่เรื่องครอบครัวแค่เรื่องเดียว

มันมีเรื่องที่ s.s. ที่หนูโดนบูลลี่ โดนดูถูก โดนว่าหน้าตา

หนูก็บกดมาตลอด แต่ไม่อยากบอกใคร

การเป็นโรคซึมเศร้ามันทรมาณน้อง และขอโทษด้วยนะที่ทำแบบนี้”

ลาโลก

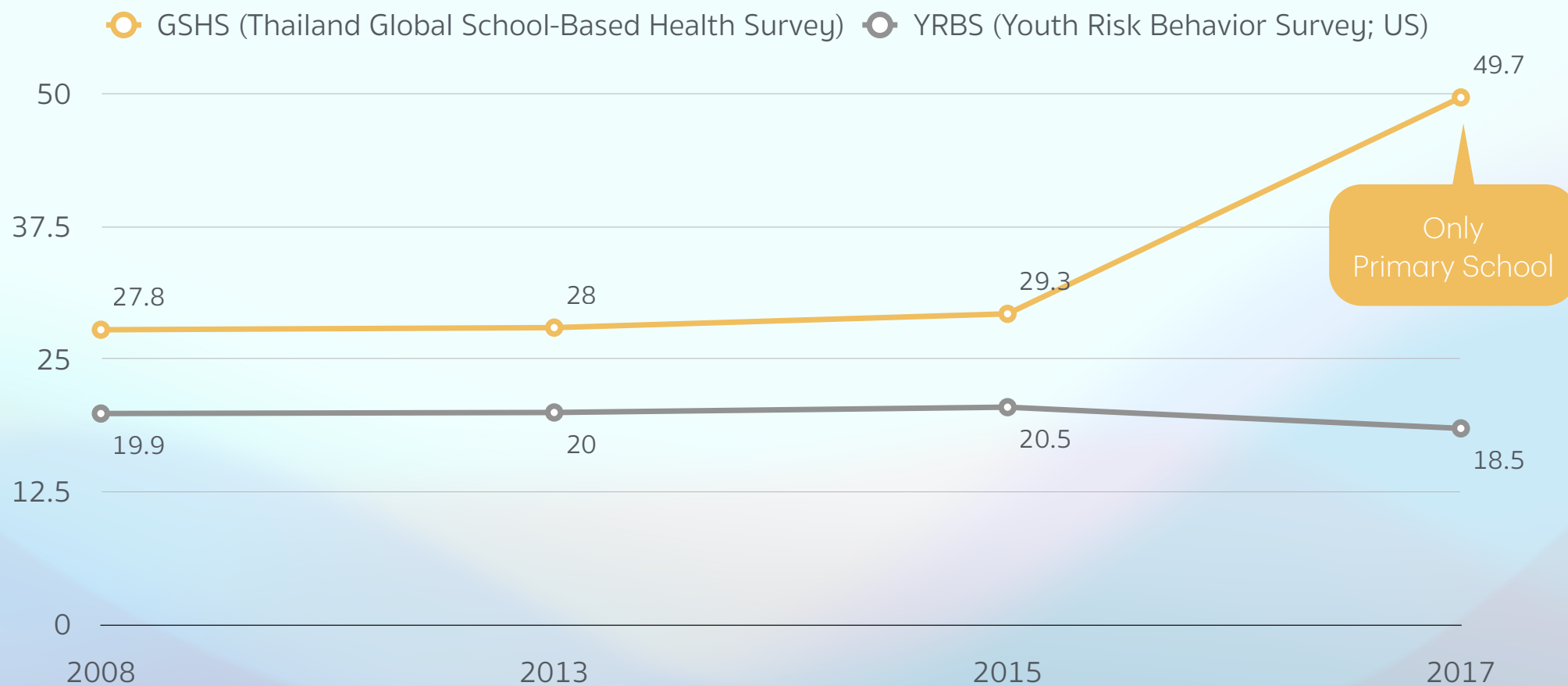


AI



Bullying and Mental Health

Prevalence



Bullying and Mental Health

Definition

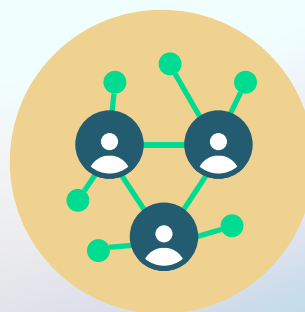
- Bullying is **repeated aggressive behavior** that involves an **imbalance of power or strength**, in which one or more individuals **intentionally** harm, intimidate, or distress another person.
- imbalance of power คือ **Physical power, Social power, Psychological power, Digital power**
- ✕ imbalance of power or strength = ความขัดแย้งระหว่างเพื่อน, ทะเลาะ, เล่นอวดง ่



Physical



Verbal



Relational/Social

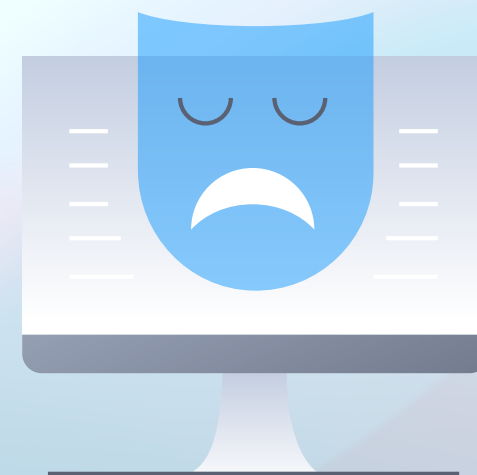


Cyber

Cyberbullying

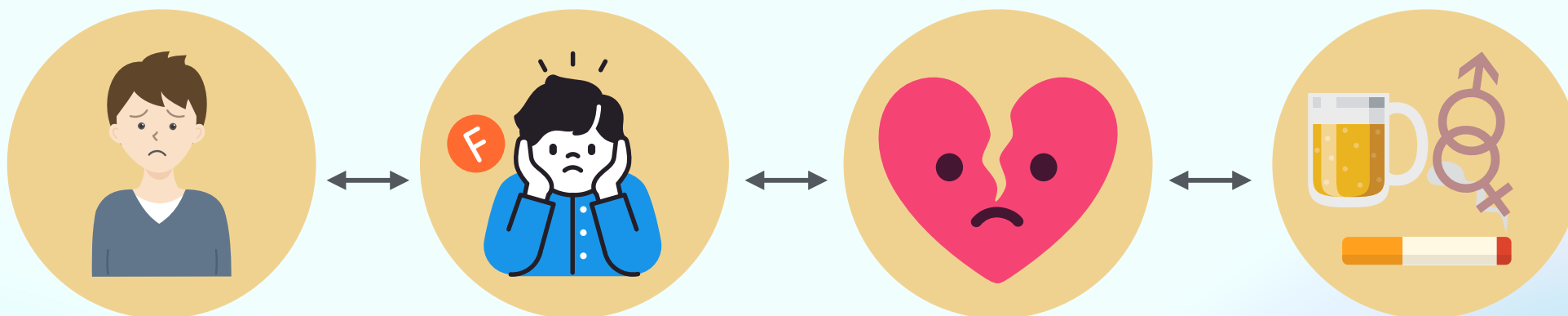
Definition

BULLYING	CYBER-BULLYING
Face-to-Face	24 Hrs
Can find a safeplace	No safe place
Limited to onlooker	Shared by a wide audience
Bully can be identified	Bully can be anonymous
Can see body and facial reaction of victim	Harder to empathize
	No geographical limitation
	Target can easily become the bully



Bullying and Mental Health

Impacts



Emotional

Depress
Anxiety
Irritable

Academic

Poor achievement
School absent/refusal

Relational

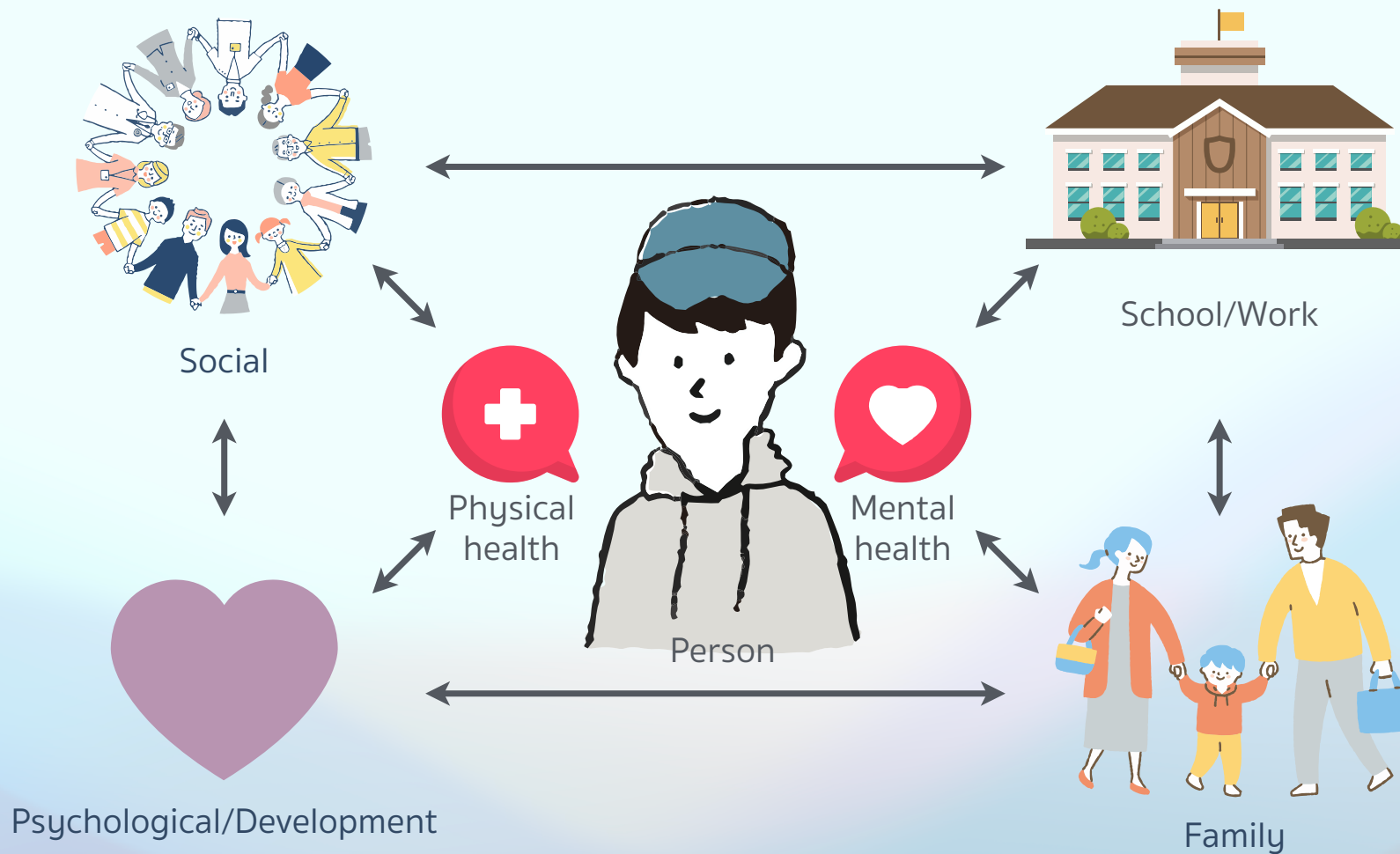
Parent
Sibling
Peer
Partner

Behavioral

Suicide/NSSI
Risk-taking
Substances

Bullying and Mental Health

Impacts



Bullying and Mental Health

Risk factors

Individuals

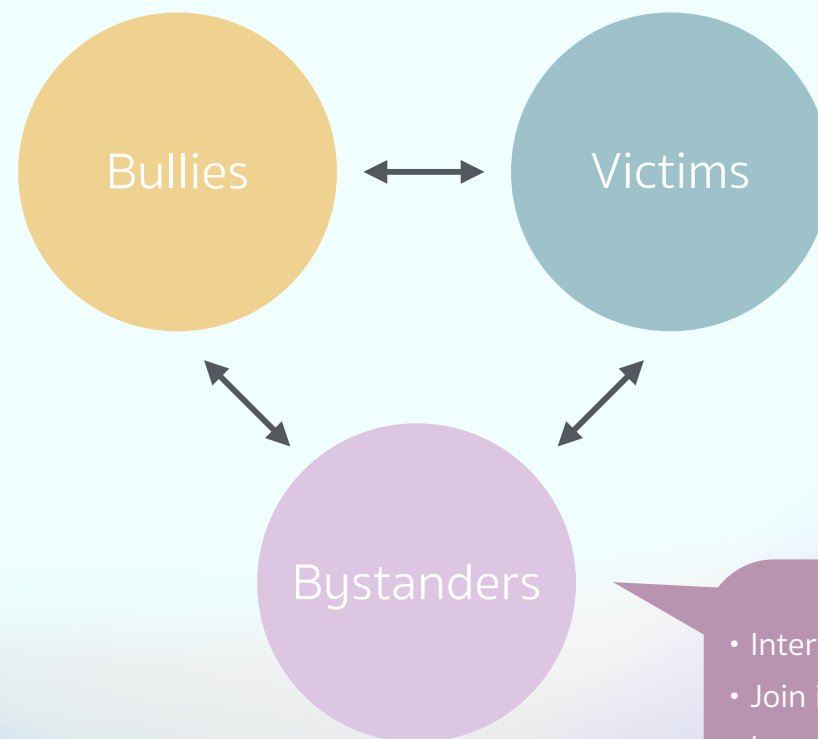
- Conduct problems
- ADHD
- Emotion regulation problems
- Low empathy
- Low self-esteem
- History of being bullied

Family

- Family conflict/abuse
- Harsh or inconsistent parenting
- Low parental monitoring

Social

- Deviant peers
- Poor school climate/supervision
- unclear anti-bullying policies



Psychological

- Depression/Anxiety
- Low Self-esteem
- Developmental problems/ASD/ID

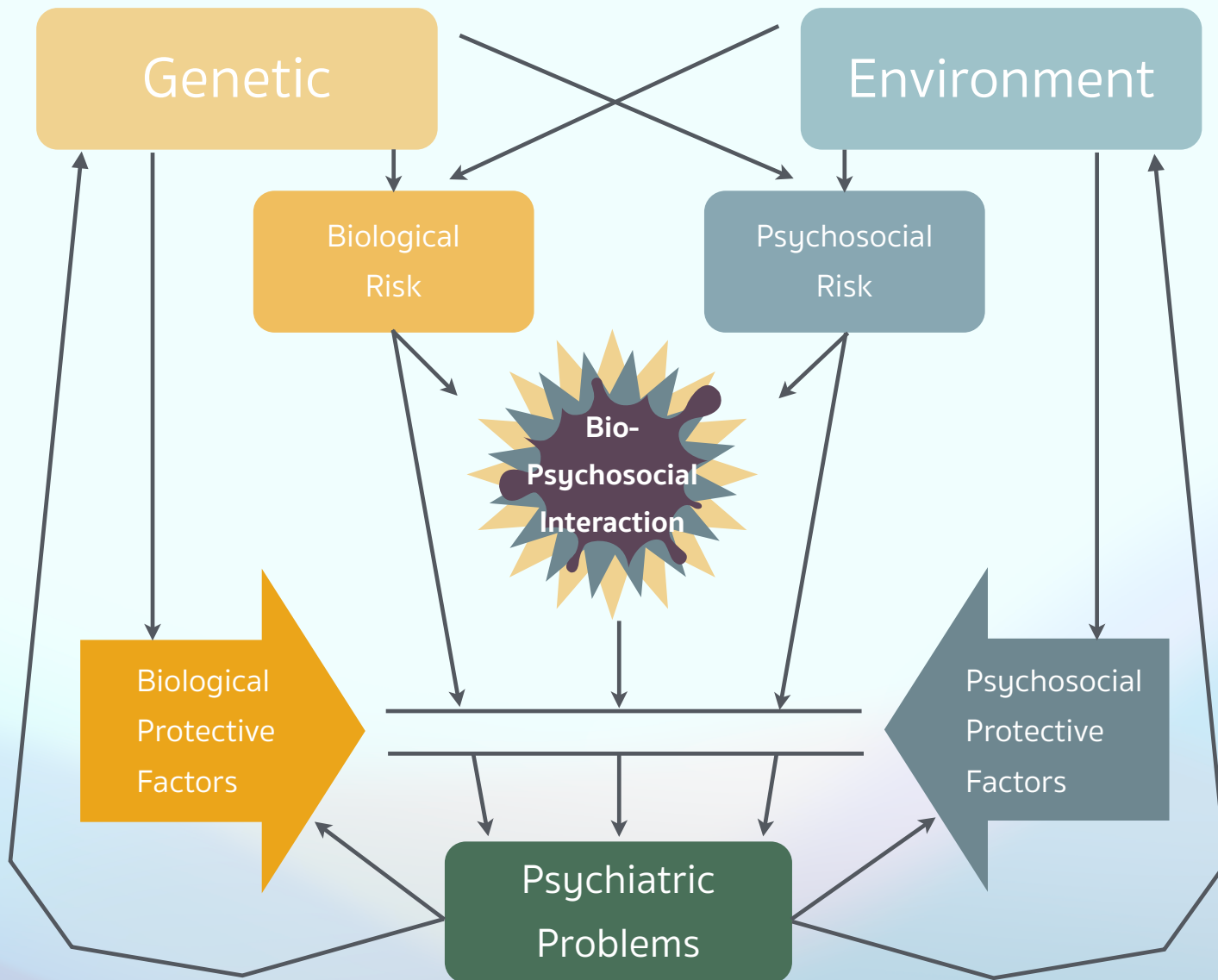
Physical/social differences

- Races/Ethnics/LGBTQ
- Obesity/Disability

Peers

- Few friends/low peer support
- Social isolation

- Intervene (34.6%)
- Join in bullying (28.0%)
- Ignore (26.3%)



Screening & Assessment

When to suspect bullying?



Bullying and Mental Health

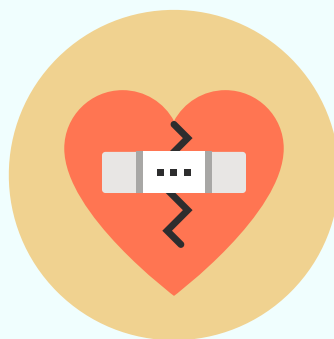
Screening & assessment consequences



Depress



Anxiety



PTSD



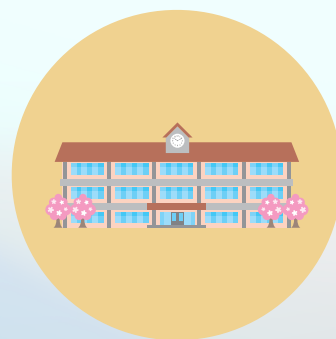
Sleep problems



Relation



Physical problems



Academic problems

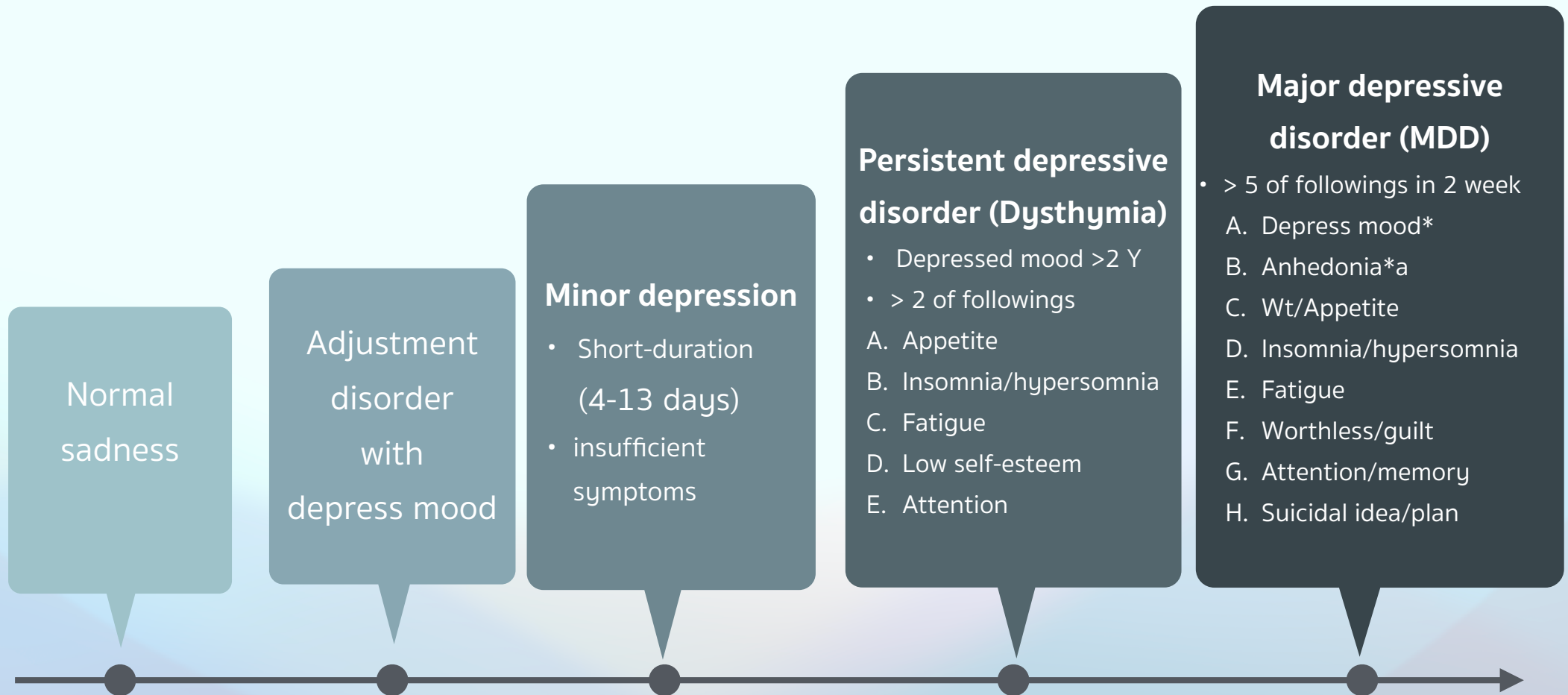


Risk-taking



Self-harm/suicide

Depression



Depression: Presentation

	Preschool	School age	Adolescent
Dysphoria	+++ more variability	+++ more persistence than preschool	+++
Anhedonia	+++ seem to not have much fun	+++ seem to lack or report lack of fun	+++ can present as boredom
Irritability	+++	+++	+++
Acting out	+++	+++	+++
Fatigue	+	++	+++
Sleep problems	+/-	+/-	+++
Wt loss/appetite	+	+	++
Somatic	+++	+++	++
Delusions	Very rare	Very rare	+

Depression: Assessment

- Confidential & Collaborative relationships
- Comorbidities are found in 2/3 of individuals with depression (and 10–15% have two or more comorbidities)

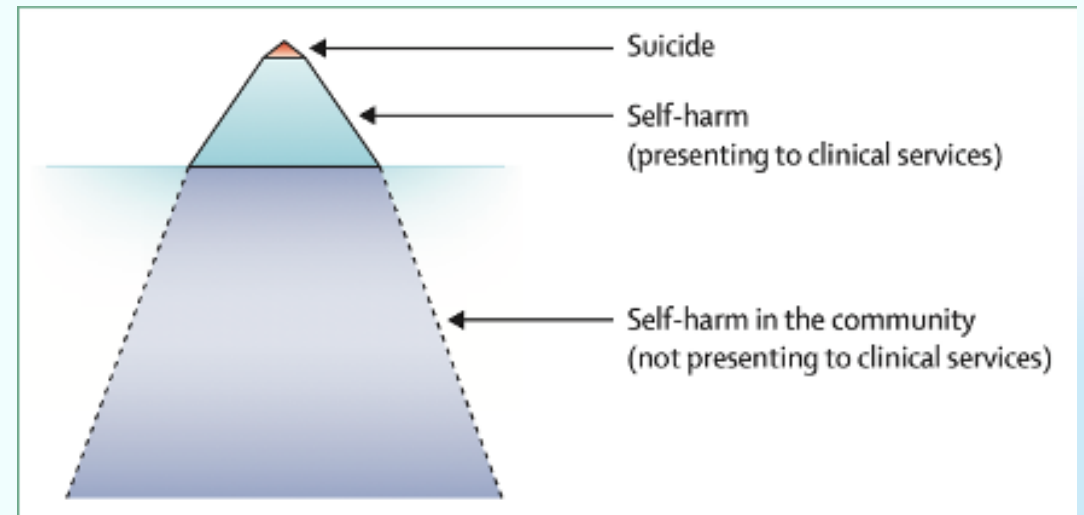


- Evaluate Homicidal, Suicidal risks

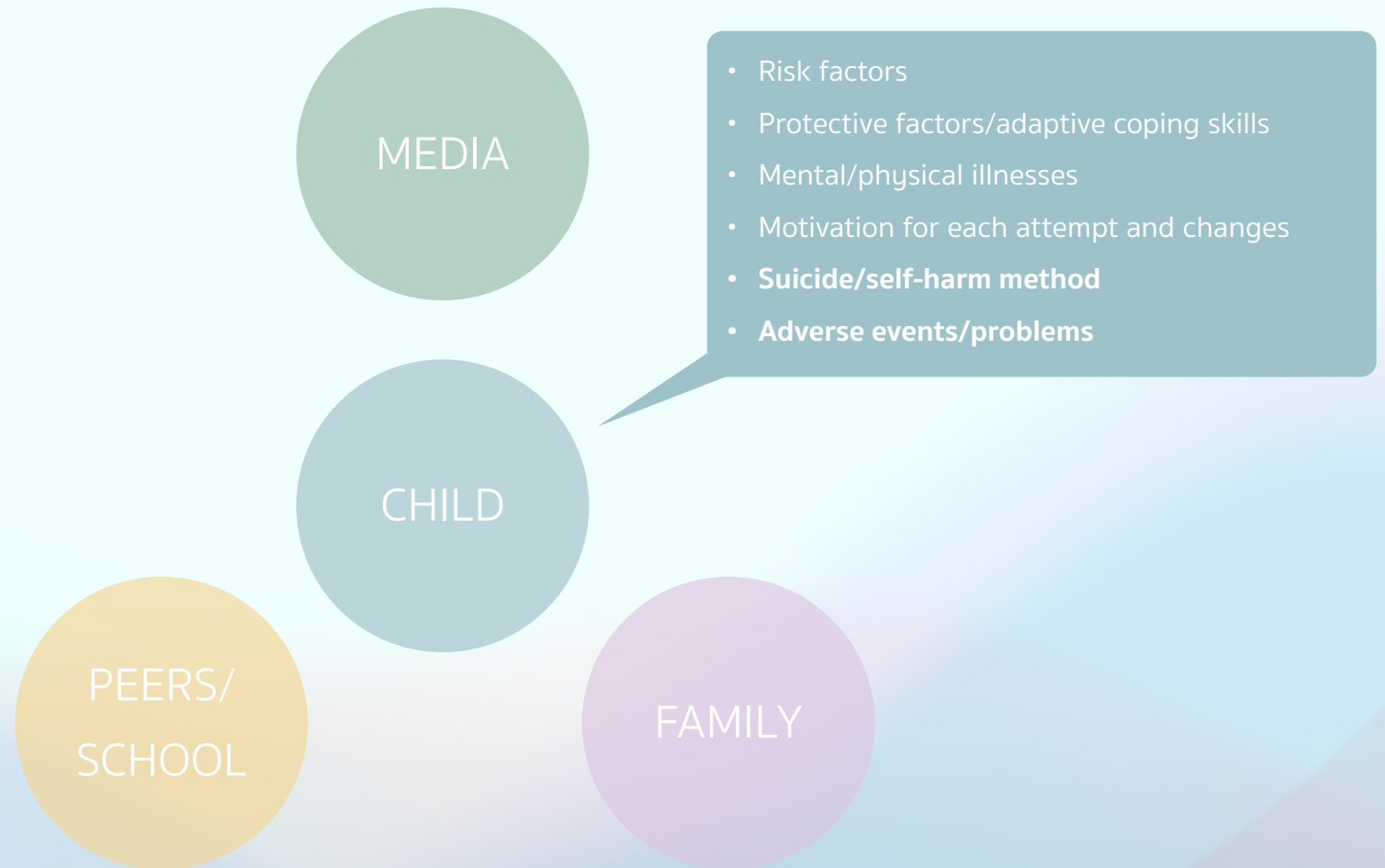
- Thapar A, Collishaw S, Pine DS, Thapar AK. Depression in adolescence. *Lancet*. 2012;379(9820):1056-67.
- Thapar A, Eyre O, Patel V, Brent D. Depression in young people. *Lancet*. 2022;400(10352):617-31.

Depression: Suicide

- Self-harm: intentional nonfatal self-poisoning or self-injury, irrespective of type of motive or the extent of suicidal intent
- Non-Suicidal Self-Injury (NSSI): repeated physical self-damage or self-injury that is not accompanied by suicidal intent or ideation
- Suicidal attempt (SA): behavior that the individual has undertaken with at least some intent to die
- Suicide ideation: thoughts about an act of self-harm or suicide



Depression: Suicidal Assessment



Depression: Suicidal Assessment

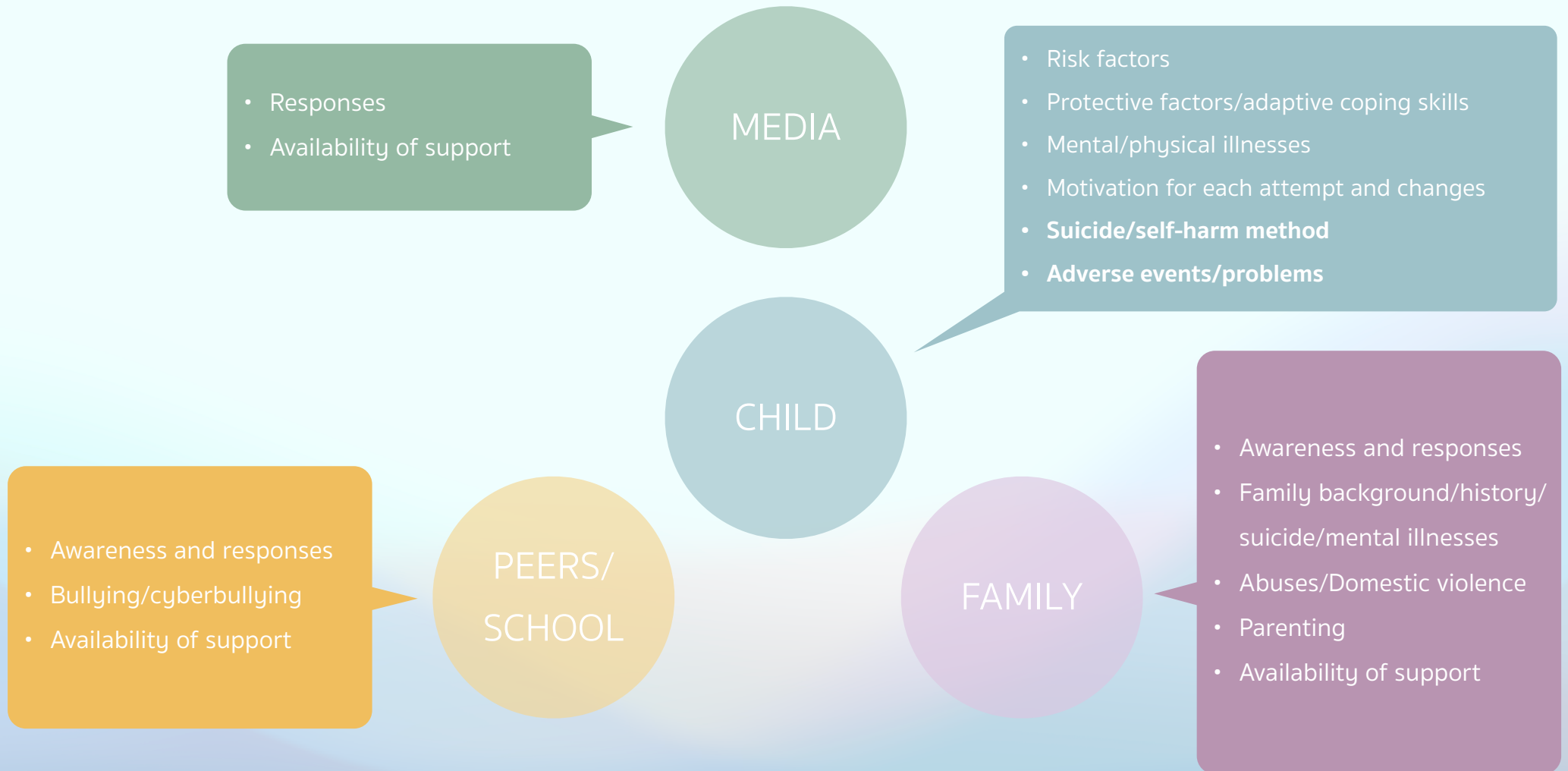
Suicide/self-harm method

- Violence of method
- Medical consequence
- Intentionality or ambivalence
- Planning VS impulsiveness
- Selection of a time and place
- Mental state at the time of the behavior
- Access to means
- Chance intervention by others
- Multiple previous methods of NSSI
- Frequencies
- Age at onset
- Motivation

Adverse events/problems

- recently learning of medical diagnosis
- experiencing the sudden and unexpected loss
- loss of employment
- displacement from housing
- Etc.
- Persistence of the problems

Depression: Suicidal Assessment



Depression: Suicidal Impacts

- Contagious
- Promoting behavior
- Supporting → increase using the internet

MEDIA

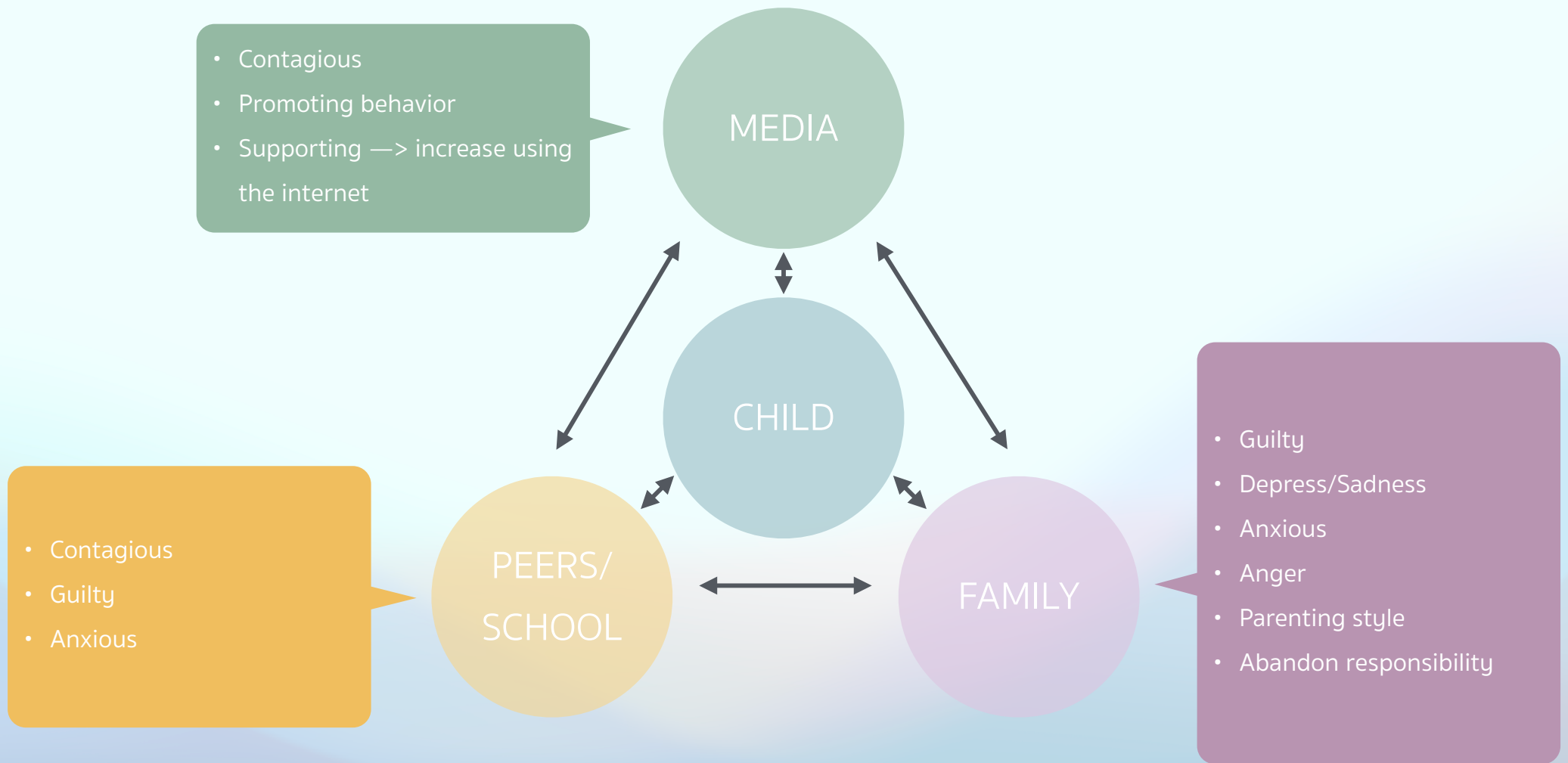
CHILD

PEERS/
SCHOOL

FAMILY

- Contagious
- Guilty
- Anxious

- Guilty
- Depress/Sadness
- Anxious
- Anger
- Parenting style
- Abandon responsibility



Depression: Screening



CDI

For individuals aged 10-15 yrs

27 items

Scores ≥ 15 - significant depression

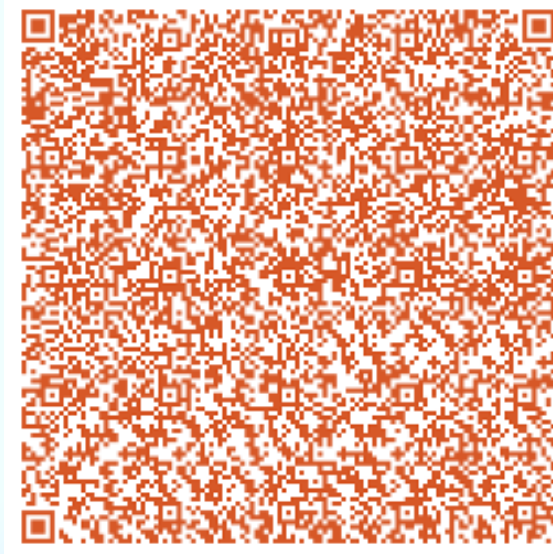


PHQ-A

For individuals aged 11-20 yrs

9 items

Scores ≥ 10 - moderate depression



ISSIQ-A

For individuals aged 14-21 yrs

Self-harm 14 items

Motivation 31 items

Suicidal idea 3 items

- Trangkasombat U, Likanapichitkul D. The Children's Depression Inventory as a screen for depression in Thai children. *J Med Assoc Thai.* 1997;80(8):491-9.
- Panjawong W, Pavasuthipaisit C, Santitadakul R. Validation of the Thai Version of the Patient Health Questionnaire for Adolescents (PHQ-A) in adolescent psychiatric patients: Validation of the Thai version of the PHQ-A. *International Journal of Child Development and Mental Health.* 2020;8(1):30-40.
- Thitiseranee L, Kiatrungrit K, Thongpan M, Lorterapong P, Hataiyusuk S, Korpaisarn S, Chinthakanan O. Association between gender affirming therapy, parental attachment, and non-suicidal self-injury/ suicidal ideation in transgender individuals with gender dysphoria [Manuscript submitted for publication]. Psychiatric Department, Faculty of Medicine Ramathibodi Hospital, Mahidol University. 2023.

Depression: Treatment

- Acute/continuation/maintenance
 - Psychoeducation
 - Supportive management
 - Family/school involvement
- Uncomplicated/ Brief depress/ Mild impairment → Education/Support & case management
 - Listening and understanding to patients' distress
 - Normalization-Destigmatization
 - Encouraging daily routine activities
 - Offers some hopes

Depression: Treatment

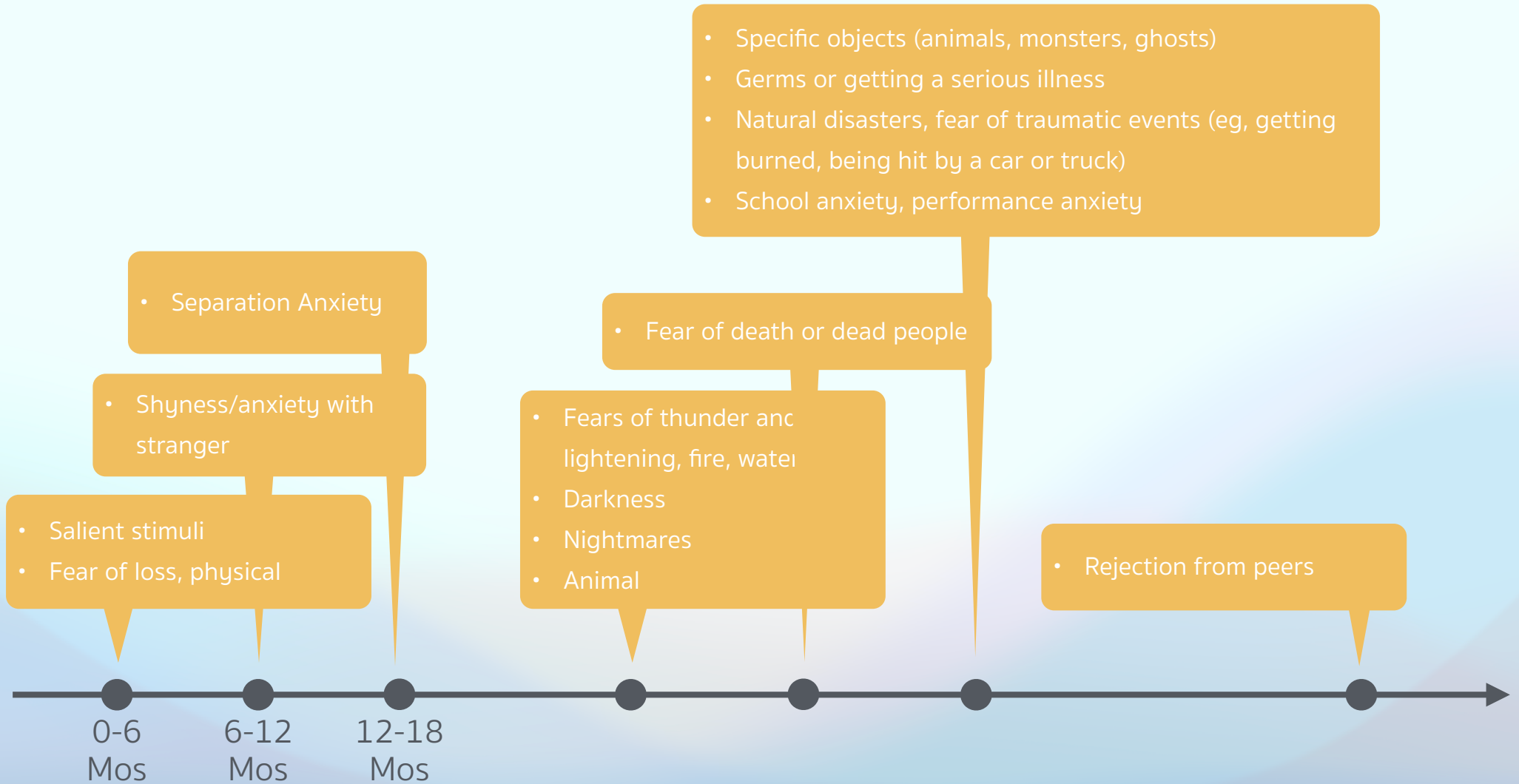
- Not respond to supportive psychotherapy/ Complicated depress/ Considerable impairment
 - Treatment of Adolescent Depression Study (TADS)
 - Combined > Medication = CBT > Placebo (Week 18, 36)
 - Psychotherapy - CBT (ES 0.35), IPT (ES 0.26)
 - Medication



Anxiety Disorders: Introduction

- Fear
 - **Reaction** that occurs when confronted with an **actual threat**
- Anxiety
 - **Emotional, cognitive, and physiologic reaction** related to **real or imagined threat** that may occur in the future.
- **Behavioral or motoric** components - avoidance of the situations
- **Cognitive or subjective** components - apprehension and distress about an event in the future
- **Physiologic components** - autonomic arousal
- **Maladaptive** - **overly, frequent, severe, persistent** degree of anxiety associated with **avoid** with **impairment or distress**

Anxiety



Anxiety Disorders: Introduction

- Separation anxiety disorder (SAD)
- Specific phobia (SP)
- Panic disorder (PD)
- Generalized anxiety disorder (GAD)
- Social phobia (SoP)
- Selective mutism (SM)
- Agoraphobia (AP)
- Substance/medication-induced anxiety disorder
- Anxiety disorder due to another medical condition
- Other anxiety disorder

Anxiety Disorders: Diagnosis

Specific Phobia

- **Excessively fear**, which is out of proportion to the actual danger, evoked nearly every time the individual comes into contact with the **particular situation or object**
- Actively **avoids** the situation or **distress**
- Duration > 6 months

Separation Anxiety Disorder

- **Recurrent excessive** fear, which is exceed person's developmental level, when **separation from home or major attachment figures** is anticipated or occurs
- **> 4 weeks** in children and adolescents, **> 6 months** in person younger than 18 years

Generalized Anxiety Disorder

- **Excessive** anxiety/worry, out of proportion to the actual impact of the anticipated event, about a number of events or activities present for more days than not
- Associated symptoms: **sleep disturbance, irritable, fatigue, restless, inattention, muscle tension**
- Duration > 6 months

Panic Disorder

- **Recurrent unexpected panic attacks**
- Worries/maladaptive changes in behavior represent attempts to minimize or avoid panic attacks
- Duration **> 1 month**

Anxiety Disorders: Diagnosis

Social Anxiety Disorder

- **Marked** fear or anxiety about one or more **social situation**, the anxiety must occur in peer settings and not just during interactions with adults.
- The individual fears that he or she will **act in a way or show anxiety symptoms that will be negatively evaluated**.
- Duration > 6 months

Selective Mutism

- **Failure to speak in specific social situations** in which there is an expectation for speaking despite **speaking in other situations**.
- Interferes with educational or occupational achievement or with social communication.
- Duration > **1 months**

Anxiety Disorders: Screening



SCARED-C Thai

Child report 8-11 yrs
41 items



SCARED-P Thai

Parent report
41 items

Anxiety Disorders: Treatment

- Treatment planning based on diagnoses and clinical formulation
- Psychoeducation
 - Know that some feelings of anxiety are normal
 - **Explaining** the physical and psychological manifestations of anxiety
 - **Helping parents understand and empathic responses** to children's anxiety.
 - **Modelling and supporting** adaptive coping strategies e.g. **deep breathing, muscle tension relaxation, imagery, mindfulness, distraction, and positive self-talk**
 - Encourage **opinions and choices**
- CBT
- Medication



Externalizing Disorders

- children's **failure to control their behavior** according to the **expectations of parents, peers, teachers, and/or legal authorities**
- **maladaptive behaviors** directed toward an individual's environment, which cause impairment or interference in life functioning
 - Fighting
 - Cursing
 - Stealing
 - Destruction of property
 - Arson
 - Running away from home
 - Underage drinking
 - Impulsive behaviors
 - Refusal to follow rules, including written laws and curfews

Externalizing Disorders

- Externalizing psychopathology/disorders
 - ADHD
 - ODD
 - CD
 - DMDD
 - Antisocial PD (ASPD)
- Disorders with secondary behavioral dysregulation
 - MDD
 - Dysthymia
 - SAD
 - Social phobia
 - GAD
 - Psychotic disorders

ADHD/ODD/CD: Diagnosis

ADHD

- persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development,
- Inattention ≥ 6 of the following: fails to give close attention to details; difficulty sustaining attention; not seem to listen; fails to finish schoolwork, chores, or duties; difficulty organizing tasks; avoids, dislikes, or is reluctant to engage in tasks, loses things; easily distracted; forgetful in daily activities
- Hyperactivity/impulsivity ≥ 6 of the following: fidgets; leaves seat; runs about or climbs; unable to play quietly; “on the go”; talk excessively; bursts out an answer; difficulty waiting turn; interrupts on others
- Several symptoms were present prior to age 12 years.
- Several symptoms are present in ≥ 2 settings

ODD

- A pattern of angry/irritable mood, argumentative/defiant behavior, or vindictiveness
- 4/8 symptoms lasting at least > 6 months

CD

- A repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated
- 3/15 criteria in past 12 months (at least 1 in past 6 Mos)

ADHD: Screening



SNAP-IV

Parents/teacher rating scale

26 Items (inattention 9, hyperactive/impulsivity 9, ODD 8)

$\alpha = 0.93-0.96$

Sensitivity = 54-74%, Specificity = 51-70%



Adult ADHD Self-Report Scale (ASRS v1.1 TH)

Self rating scale

18 Items (inattention 9, hyperactive/impulsivity 9)

$\alpha = 0.84-0.92$

Sensitivity = 90.91%, Specificity = 45.00-62.50%

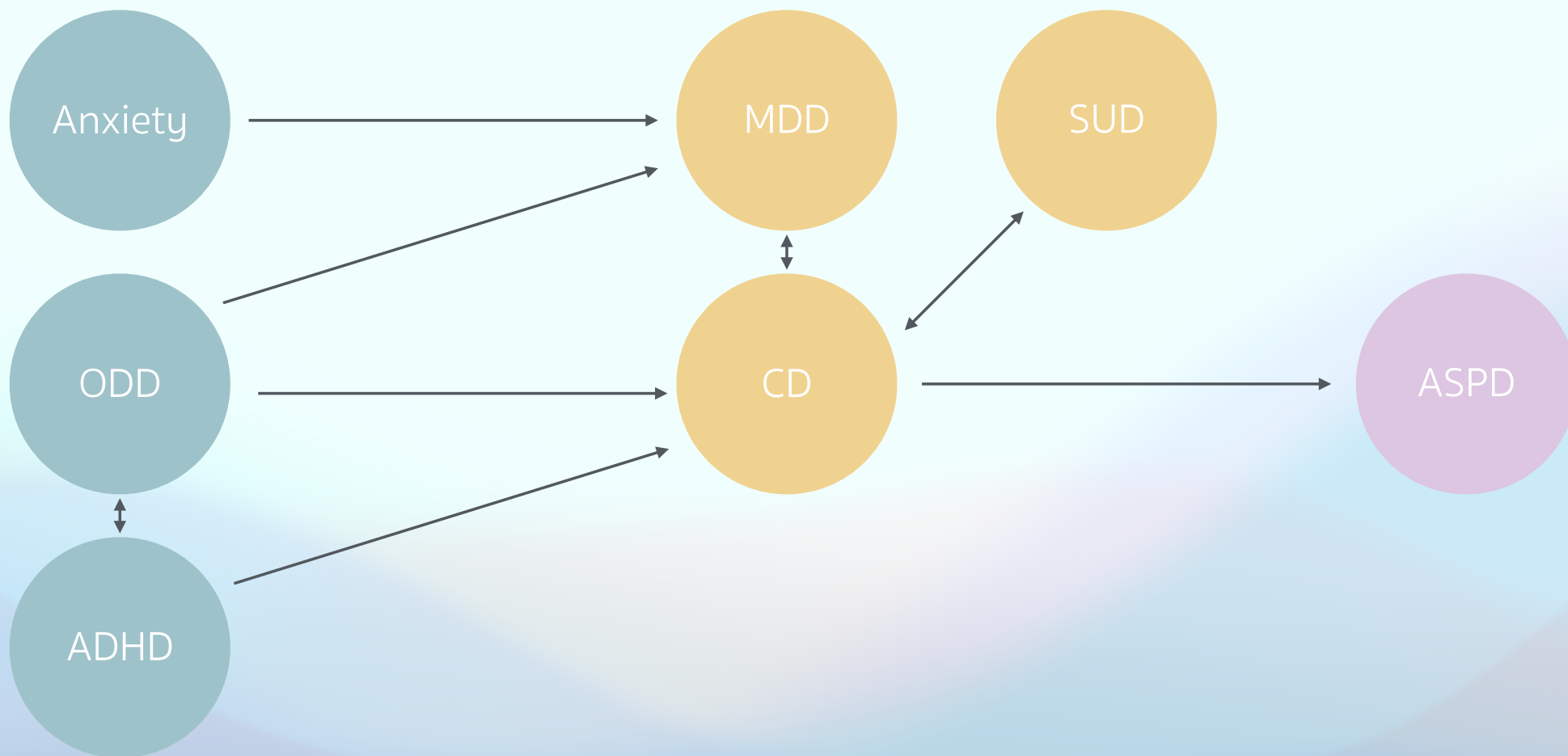
- Pityaratstian N, Booranasuksakul T, Juengsiragulwit D, Benyakorn S. ADHD Screening Properties of the Thai Version of Swanson, Nolan, and Pelham IV Scale (SNAP-IV) and Strengths and Difficulties Questionnaire (SDQ). J Psychiatr Assoc Thailand. 2014;59(2):97-110.
- Kiatrungrit K, Putthisri S, Hongsanguansri S, Wisajan P, Jullagate S. Validity and Reliability of Adult ADHD Self-Report Scale Thai Version (ASRS-V1.1 TH). Shanghai Arch Psychiatry. 2017;29(4):218-27.

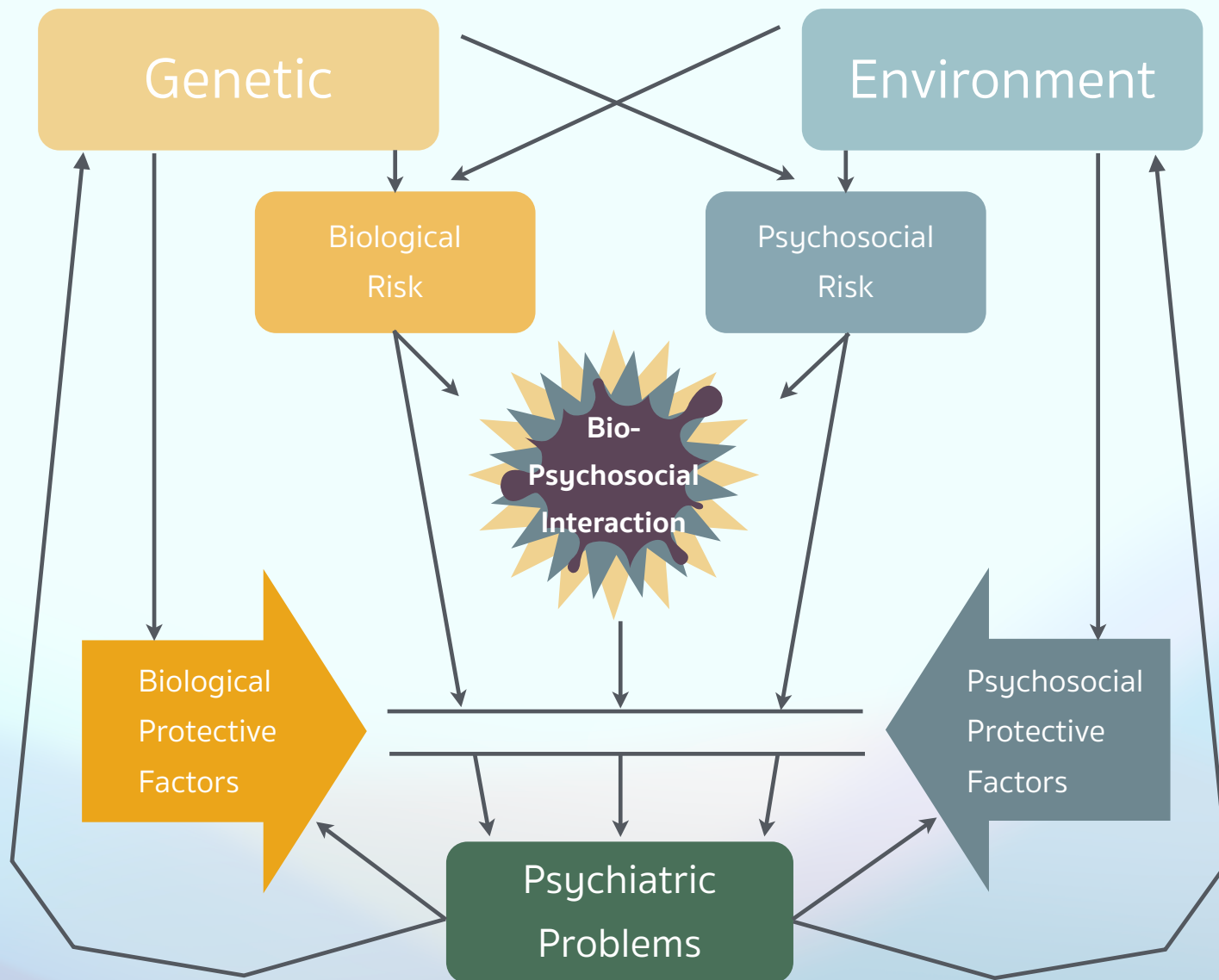
ADHD/ODD/CD: Comorbidity

Early Childhood

Adolescence

Young Adulthood





Bullying and Mental Health

Screening & assessment

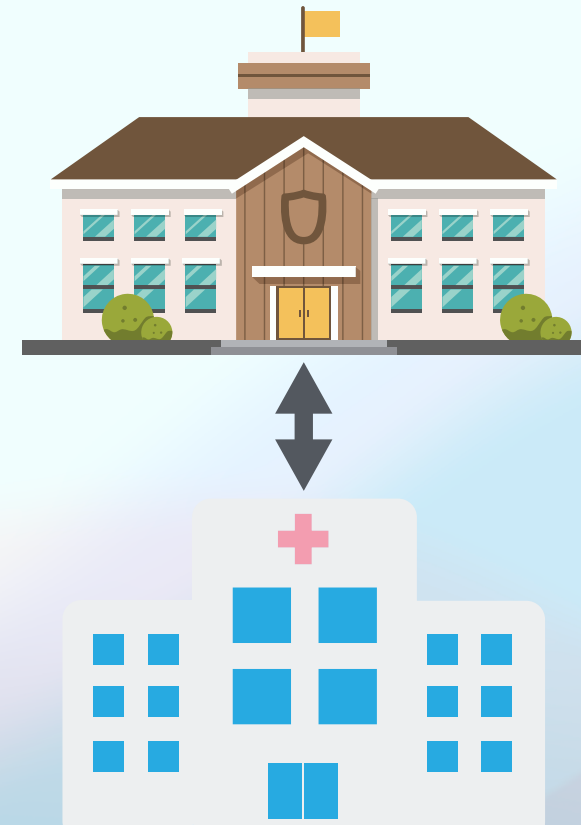
เมื่อพบเคสควรทำอะไร

1. ยืนยันความปลอดภัย, ชื่นชมความกล้าหาญในการมาบอก
2. รับฟัง: supportive listening
3. ประเมินความเสี่ยง
4. Document incidents → แจ้งครู / ทีมโรงเรียน
5. ติดต่อผู้ปกครอง → parental support
6. ส่งต่อถ้าจำเป็น



When to refer?

- Suspected psychiatric comorbidity
- Suicidality
- Severe depression
- PTSD symptoms
- Functional impairment
- Repeated bullying



Bullying and Mental Health

Helping & management

ระดับเด็ก

- Supportive counseling
- CBT for anxiety / depression
- Trauma-focused CBT
- Social skills training
- Emotion regulation training
- Assertiveness training for victims
- Anger management for bullies
- Raising self-esteem
- Treat comorbid conditions

ระดับครอบครัว

- Parent guidance/training
- Positive parenting strategies
- Emotion coaching
- Improve parent-child communication
- Monitor online activity
- Family therapy

ระดับโรงเรียน

- Bystander intervention training/ peer support programs
- Buddy system
- Whole-school anti-bullying policy
- Clear reporting systems
- Teacher training
- Increased supervision in high-risk areas

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A