

# "It's Not All in My Head!" Health Issues of the At- Risk Youth Population

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# The Office of Health Services

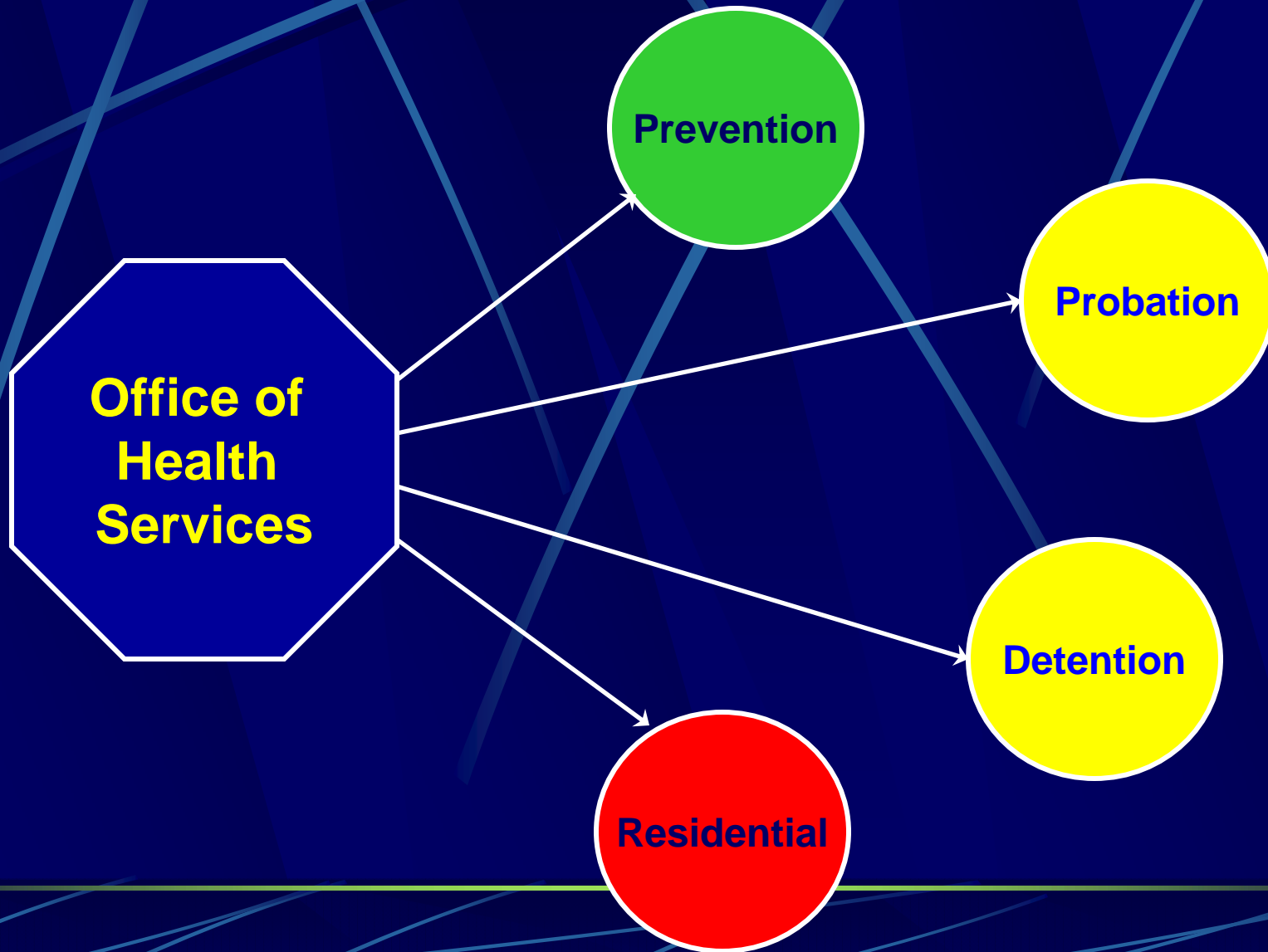
## Mission Statement

*To provide professional, high quality, comprehensive, and timely health care, mental health and substance abuse services to the children in our custody.*

## Vision

*To develop an infrastructure that supports health, excellence, accountability, and responsibility.*

# The Office of Health Services



Children grow up...



...and Become  
Adolescents!



# DJJ Youth FY 2003-2004

45,000 children served annually by Prevention

48,356 Served under Probation programs

52,497 Admissions to secure Detention

8,263 Children committed to Residential  
Programs

# Epidemiology of Adolescent Health Problems

**Behavioral and Psychosocial risk factors:**

## **Adolescents less likely to be insured**

- 4 times as likely to have unmet health needs
- Use of Emergency Department Services
  - Girls : Abdominal and chest complaints

## **Health Conditions impacting adolescent health**

- Early unintended pregnancy
- Sexually Transmitted Diseases
- Mental Illness
- Injuries
- Substance Use/Abuse

## **Accidents and Injuries**

# Delivery of Health Care to Adolescents

- Leading causes of death and disability are *preventable*
- Factors impacting access to care
  - Availability
  - Quality
  - Confidentiality
  - Affordability
  - Cultural Competency
  - Coordination of Services

# Cognitive Development

- Transition from concrete operational thinking to formal logical operations
  - Formal operations include ability to be abstract
  - Critical decision making
  - Magical thinking
  - Self awareness

# Screening Needs

- Visual testing
- Audiometry
- Blood Pressure determination
- Scoliosis
- Breast Examination
- Pelvic Examination
- Scrotal Examination

# Obesity

- **Significant increase in prevalence obesity and overweight-accelerated in past 10 years**
  - Diabetes
  - Hypertension
  - Hyperlipidemia
- **Obesity** : Body Mass Index (kg/m<sup>2</sup>) exceeding 95<sup>th</sup>ile
- Cause is **multifactorial** (genetics, environment, developmental)
- Physical Activity and Diet
- Television

# Diabetes

- **Type 1 (formerly insulin-dependent diabetes mellitus)**
  - Low or absent insulin
  - Childhood onset median age: 7 to 15 years
  - Life threatening ketoacidosis
- **Type 2 (formerly non insulin-dependent diabetes mellitus)**
  - Insulin resistance
  - Obesity
  - Most prevalent in adults
- **Long term complications**
  - Retinopathy
  - Nephropathy
  - Neuropathy
  - Heart disease

# Sickle Cell Disease

- Genetic disease

- Red blood cell abnormality

- Complications

- Infection
- Acute chest
- Splenic Sequestration
- Severe anemia
- Stroke
- Priapism
- Kidney disease
- Avascular necrosis
- Retinopathy

- Treatments

- Focused on prevention
- Penicillin
- Transfusion
- Pain control
- Bone marrow transplant

# Eating Disorders

- Incidence of Anorexia Nervosa and Bulimia Nervosa has increased in the last 2 decades
- Est. 1 in every 100 females age 16-18 has Anorexia
  - Bimodal peak 14.5 years and 18 years
- Associated with disturbances in every organ system
- 10% death rate in cases of Anorexia
- Combination “treatment” includes:
  - Psychotherapy
  - Behavior modifications
  - Nutritional rehabilitation
  - Antidepressants

# Menstrual Irregularities: Amenorrhea

- 50% of adolescent girls have menstrual dysfunction
- Amenorrhea: Absence of menses
  - Primary: Over 16 years old or completed puberty
  - Secondary: Previously menstruated (think pregnancy)
- Can require an extensive evaluation
- Polycystic Ovarian Syndrome
- Treatment: In certain cases, oral contraceptives

# Menstrual Irregularities: Abnormal Uterine Bleeding

- Usually anovulatory cycles – no organic problems
- Organic Lesions:
  - Ectopic pregnancy
  - Endometritis
  - Hormonal contraceptives
- Treatment: Iron or hormonal regulation

# Menstrual Irregularities : Dysmenorrhea

- Painful menstrual cramps experienced by nearly two-thirds of teenagers
  - Primary: No pelvic pathology
  - Secondary: Structural abnormality, foreign body, endometriosis, endometritis

# Contraception

- Adolescents and unintended pregnancies and sexually transmitted diseases
- 1988-1995 : Decline in sexual activity
- 1982-1988: Increase in contraception use (24.2% to 32.1%) then declined to 29.8% between 1988-1995
- Types
  - Barrier (Condoms, Diaphragm, Cervical Cap)
  - Spermicides
  - Combination
  - Hormonal (Oral vs. Injectable vs. Patch vs. Norplant)
  - Intrauterine Device (IUD)
- Emergency Contraception (within 72 hours)

# Pregnancy

- 48.7 live births per 1000 women age 15-19.
- 41 percent of girls less than 15 years and 29.1 percent of 15-19 year old girls elected an abortion
- 20% of teenagers <15 years and 12% of all teenagers receive only 3<sup>rd</sup> Trimester care or no care
- Adolescent mothers less likely to complete H.S. have steady employment.
- More likely to be on public assistance and be in unstable marriages
- Children have greater risk for lower birth weight, school and cognitive difficulties, accidents in home

# Sexually Transmitted Diseases

- Adolescents and young adults have highest prevalence of **gonorrhea** and **chlamydia**
- **Chlamydia** most common bacterial STD
- **Disease Syndromes**
  - Urethritis
  - Epididymitis
  - Vaginitis
  - Cervicitis
  - Pelvic Inflammatory Disease
  - Genital Ulcer diseases
  - Genital Lesions and Ectoparasites
  - HIV and Hepatitis B
- Early education, screening, diagnosis and treatment

# Mental Illness: Depression

- Changes in mood part of normative adjustment
- Depression 2-3 times higher in postpubertal girls than boys
- 40-70% of the time there is a co-occurrence of **depression** and another mental illness:
  - Anxiety
  - Substance Abuse
  - Attention Deficit Disorder
  - Disruptive Behavior Disorder
  - Post Traumatic Stress Disorder

# Mental Illness: Suicide

- 3<sup>rd</sup> leading cause of death for all adolescents and young adults age 15-24
- 50-200 attempts for every successful completion
- Females make more attempts, males have more completions.
- 12-25% of older children and adolescents express some form of ideation
- Trigger of a stressful event
- Expectation of lethality underestimated
- Education: Crisis hotlines, limited access to weapons

# Mental Illness: Trauma and PTSD

- Almost all girls in residential placement have experienced some form of abuse
- **Post Traumatic Stress Disorder**
  - Exposure to violent crimes, physical/sexual abuse
  - Symptoms:
    - Hypervigilance
    - Misinterpretation of “triggers”
    - Aggression
    - Substance Abuse
    - Depression
    - Attention Deficits
    - Impulsive Behavior
    - Re-enactment of event

# Mental Illness: Trauma and PTSD

- 50% or more are likely to suffer from PTSD symptoms
- PTSD symptoms can co-occur with (or be mis-diagnosed as) other mental illnesses
- “Trauma Informed Care”

# Violent Behavior

- “A threatened or actual use of physical force against a person or group that either results in or is likely to result in injury or death” (CDC)
- Interpersonal and Community Violence
- Physical, sexual abuse and domestic violence
- Disproportionate affect on minority populations
- **Theories on Violence**
  - Adolescent Limited
  - Life-course persistent
  - Cycle of violence

# Substance Abuse

- Children of alcoholic parents are **2-10 times** more likely to develop alcoholism
- Drug use in younger adolescents
  - Substitutes for development of coping strategies
  - Enhance vulnerability for poor decision-making
- Serious drug use is part of individual and family issues
- Alcohol and Cigarettes most prevalent drugs
- Marijuana most commonly reported illicit drug ever
- Prevalence of substance use varies
  - Males: Smokeless tobacco and steroids
  - Urban areas: Marijuana
  - Hispanics: Cocaine
  - Whites: Smokeless tobacco and cigarettes
  - Blacks: Less drug use across all categories by 12<sup>th</sup> grade

# Substance Abuse

## ● Factors Impacting Severity

- Age (15 years)
- Sex (Female)
- Family history
- Setting of drug use (Group vs. Alone)
- Affect before drug use (Happy vs. Sad)
- School Performance (Good vs. Poor)
- Use before Driving
- History of Accidents
- Time of Week (Weekday vs. Weekend)
- Time of Day (After school vs. Before)
- Type of Drug (Marijuana/ETOH vs. Hallucinogens vs. opiates/cocaine/barbiturates)

# Legal Issues

- Right of a minor to consent to treatment without parental knowledge – State laws
- Exempt from parental consent:
  - Emancipated minors
  - Emergencies
  - Mature minor rule



*Thank You!*