

BETWEEN DENIAL AND PARENTAL NEGLECT



Ana Mas Villaseñor, José Ruiz Navarro, Mabel Mejía Quiterio, Arántzazu Duque Domínguez, Cristina García Montero, Laila Alchaal Marcos, Francisca de la Torre Brasas, Araceli Sánchez García, Clara Fernández Muñiz.

Complejo Asistencial de Ávila

INTRODUCTION

sometimes parents are not able to accept that their child has a mental illness. This denial can lead to concealment of symptoms and rejection of proper treatment

Keywords: Denial, Parental neglect, Curatorship, Treatment, Guardianship

OBJECTIVES

demonstrate the importance of parental collaboration in the diagnosis, treatment compliance and evolution of mental illness in children

METHOD

description of a case and review of literatura available

CLINICA CASE

FILIATION INFORMATION Woman of 15 years and 7 months. The eldest of two sibilings, currently resides with her parents. she's in first year of high school.

PERSONAL MEDICAL HISTORY: no medical history of interest is available. Paternal uncle diagnosed with paranoid schizophrenia. Patient's brother needed psychiatric assistance for behavioral disorder.

DESCRIPTION OF THE CASE: The girl initiates psychiatric follow-up four years ago for symptomatology compatible with autism spectrum disorder. Provides a psychological report from the school that describes difficulties in learning, communicative an social interaction (Wisc-IV: CV 72 RP 76 MT 82 VP 76). We are also informed of behavioral alterations in the school: hypersexualization and defecation alterations.

From the beginning parents express their disagreement with the school center. They rejected that their daughter needs health care, although they themselves reported compulsive self-washing behaviors of the genital area. Out of intense fear of infection, they explain.

They deny alterations in the relationship with equals and academic difficulties, justifying the patient's isolation and academic failure in mismanagement by the school and harassment by peers.

On the first scan, symptoms compatible with autism were observed: lack of eye contact, concrete thinking, peculiar voice and literality. After this first scan, the patient is diagnosed with autism spectrum disorder and specific management guidelines are indicated at school and at home. The patient's parents, who were unhappy with the diagnosis or guidelines, stopped going to the doctor.

A year later they come again for academic failure and serious behavioral alterations.. At this point, the patient exhibits self-extraction behaviors of the stool by constipation and cessation of intake for the same reason. Persistence of hypersexualization. Patient refers sensory disturbances in the form of auditory hallucinations of imperative and sexual content.

however, parents continue to minimize symptoms and hide information (which we get from the school's guidance team)

Finally, after employing numerous consultations in psycho-educational aspects and due to the severity of behavioral alterations, antipsychotic treatment is established (two years after the first contact with mental health).

Current situation: Although behavioral alterations have subsided, psychopathological examination results in a clear deterioration of her condition: careless and strange appearance, little eye contact, loss of distances, slowing of thought with increased latency of responses. escaso contacto visual, pérdida de distancias, enlentecimiento del pensamiento con aumento de latencia de respuestas. Scarce spontaneous language and impoverished vocabulary. Primacy of defective symptomatology over productive symptomatology with great affective flattening, apathy and social isolation.

Taking into account the slow evolution of the patient, it is proposed that she be admitted to a child psychiatry unit to adjust pharmacological treatment. Due to the parents' refusal, we are obliged to remind them of our duty to report the case. finally they accept admission to the hospitalization unit for children and we manage to establish adequate medication

CONCLUSION

This case shows the importance of involving parents in the disease process of their children. Finally the psychiatrist convinced the parents to enter the patient and appropriate medication could be given without having to resort to legal mechanisms. There is the need to determine wich cases should make us to denounce a situation of parental neglect; Especially if we value that, family inestability, may also have a negative impact in the evolution of the case.

- American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders (DSM-5)
- Spanish Association of Child and Adolescent Psychiatry, 2010: Manual of Child and Adolescent Psychiatry. Panamericana