TAKING BULLYING INTO ACCOUNT: THE RELATION BETWEEN CHILDREN MENTAL DISORDERS, PREDISPOSING FACTORS AND BULLYING.

A LITERATURE REVIEW AND CASE REPORT.

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INTRODUCTION AND BACKGROUND

We propose a literature review about comorbidity between Autism Spectrum Disorder (ASD) and Obsessive-Compulsive Disorder (OCD) and their relation with bullying, as a result of the evolution of a patient followed from the age of 11 to 16 initially presenting with disturbed behaviour and history of bullying. The term “bullying” is very frequently quoted in referrals made from Primary Care and Paediatrics to Child and Adolescent Mental Health Services. However, the diversity of diagnoses received by these patients if they have any mental disorder at all is enormous. Bullying is defined as unwanted repetitive negative actions that involve a power imbalance and the intention to harm a person or a person’s reputation.

LITERATURE REVIEW

Bullying and cyberbullying have been established as global phenomena, occurring at different education stages². One of the most worrying consequences of it is that it affects several mental health outcomes that have an impact in public health, with an established relation between being a victim of bullying behaviours and subsequent physician-diagnosed internalizing disorders³. A very recent study performed in Spain that included almost 2000 participants in 5th and 6th grade showed that 20,3% of children are victims of bullying and 13,4% are victims of cyberbullying, which is in keeping the results showed by previous studies and meta-analysis¹.

As well as bullying has been identified as a huge risk factor for developing future mental health problems, there are some conditions that increase children predisposition and vulnerability to become a victim of bullying behaviours. Children with learning disability (LD), intellectual disability (ID), attention-deficit/hyperactivity disorder (ADHD), and autism spectrum disorder (ASD) have all shown to have higher risk of being bullied compared to their peers^{5,7}. More specifically, children with ID and ASD reported 63% rate of bullying, which triplicates the rate for their neurotypical peers. It is well known that some obsessive-compulsive thoughts and behaviours are frequent and normal at some stages throughout children normal neurodevelopment, as well as other that could be mistaken for autistic traits. Moreover, since ASD is primarily diagnosed in childhood and the onset of OCD is not infrequent at an early age it is crucial that professionals remain aware to identify early breakthrough symptoms of any disorder at this age. Comorbidity between ASD and OCD is also to be taken into account. This is especially important since recent studies have shown that autistic and obsessive-compulsive traits play an important role in the development of bullying amid children (50% for OCD and 70% for children with autistic traits measured with HAGS)⁶.

CASE REPORT

We present the case of a 16-year-old adolescent who has been followed-up from the age of 11 due to “bullying” and depressive, obsessive-compulsive and psychotic symptoms.

Mental State Examination: peculiar contact, elusive, crestfallen, blink and mouth tics, postural rigidity. Obsessive ideas lived as absurd in relation to contamination with compulsive acts of hand washing. In the past he has presented with delusional ideas of poisoning. Fluctuant pervasive depressive symptoms in response to external stressful factors (bullying). The only pharmacological treatment our patient has received during the 5-year follow-up is fluoxetine up to 40mg daily, with progressive remission of almost every symptom.

Bullying prevalence among children with a mental disorder compared to controls. Adapted from references 1, 5, 6 & 7.

Tests performed: Strengths and Difficulties Questionnaire (SDQ): family: 15; patient: 27; Symptom Checklist (SCL-90-R): very high in all scales. Not valid. ADOS-2 Test (Autism Diagnostic Observation Schedule 2): borderline classification between ASD and non-ASD. **Evolution:** Based on the clinical evolution; currently persisting only social isolation, emotional indifference, peculiar –not restricted- interests and having reasonably ruled out the presence of an autism spectrum disorder; we opted for the diagnosis of a predominantly schizoid personality with autistic traits still in development on which have been nesting different mood related symptoms (mainly psychotic and obsessive-compulsive) in response to external stressors. This young patient suffered from bullying throughout primary school, which was a significant precipitating and perpetuating factor for his symptomatology.

CONCLUSIONS

As a result of this literature review, it is suggested that some of the challenges children suffering from any mental disorder face in college result from the stigma and social rejection associated with disability rather than from the unique characteristics of autism, OCD or any other disorder⁷.

Although there are empirically validated bullying and cyberbullying prevention programs, they have usually been oriented towards secondary school students. For that reason, it is necessary to create new content or adapt existing programs for these early ages and developmental stage. Moreover, based on the evidence available, it is crucial to develop specific programs for young children affected of any mental disorder or autistic trait, since the risk of bullying and its consequences to which this population is exposed is massive.

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