

Risk of mental illness rises for kids treated in ICUs

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Youngsters so sick they've needed treatment in an ICU appear to bear the scars of that experience years later, a new study finds.

Children and teenagers treated in an [intensive care unit](#) have a significantly higher risk of developing a mental illness as they grow up, researchers reported July 20 in the [Journal of Affective Disorders](#).

"Given our study results, the development of appropriate major psychiatric disorder prevention strategies should be emphasized for child and adolescent ICU survivors," concluded the research team led by Dr. Ping-Chung Wu, of the Taipei Veterans General Hospital in Taiwan.

For the study, researchers analyzed data on more than 8,700 [children](#) admitted to an ICU between 1996 and 2013.

Those who survived their illness were followed an average of nearly 10 years. Data showed the survivors had:

- 4.7 times the risk of post-traumatic stress disorder (PTSD)
- 3.2 times the risk of schizophrenia
- A doubled risk of bipolar disorder and [obsessive-compulsive disorder](#)
- 1.7 times the risk of major [depression](#)

Kids who stayed in the ICU three days or more in particular had a higher risk of these disorders, researchers said.

Risk of specific mental illnesses also varied depending on the condition that landed the child in the ICU, researchers found.

For example, schizophrenia risk was highest among patients admitted for blood diseases, [nervous system disorders](#) and digestive illnesses, while PTSD was highest among respiratory patients.

By figuring out which critical illnesses increase risk of specific mental disorders, doctors can develop screening and prevention strategies for

high-risk groups, the researchers added.

More information: The U.S. Centers for Disease Control and Prevention has more on [youth mental health](#).

Ping-Chung Wu et al, Risks of developing major psychiatric disorders among child and adolescent intensive care unit survivors, *Journal of Affective Disorders* (2024). [DOI: 10.1016/j.jad.2024.07.124](https://doi.org/10.1016/j.jad.2024.07.124)

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