FEATURES OF CLINICAL AND PSYCHOPATHOLOGICAL EXAMINATION OF YOUNG CHILDREN

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Abstract. *The relevance of the study is due to the growing need for psychiatric examination of children in the first years of life and objective difficulties in clinical and psychopathological examination of a young child. In particular, the main method of psychopathological diagnostics – clinical conversation turns out to be informative. In such conditions, a contextual analysis of the child's behavior, supplemented by a clinical and anamnestic method, should be considered a leading examination method.*

Keywords: *psychiatric examination of young children, children, psychopathological diagnostics, clinical and anamnestic method.*

Introduction. In child Social Psychiatry, school adaptation is considered as the most important component of a child's social adaptation (adaptation) in society, a necessary condition for his further adequate psycho-physiological development and growth. In recent years, a number of scientists have adhered to the biopsychosocial model of mental health and mental disorders, which makes significant changes in the assessment of the role of the social factor in the prevention, Genesis and development of mental health disorders and in the methodology of specialized psychiatric care for children and adolescents [1-3]. The tasks of diagnostic work at an early age include: 1. Identification of mental disorders, the debut of which is often at an early age: childhood autism, general mental development, delayed pace of development (mixed specific developmental disorder), activity and attention disorders, etc.in this case, the diagnosis may not be accurate. 2. Early medical-pedagogical intervention. 3. Prevention of the psychological crisis of the family in connection with the "discovery of the anomaly" of the child [4].

Speech disorders are most common in preschool age (10-25%). Speech is a complex system of high mental activity, which reflects a high level of knowledge of reality, consciousness and thinking, is an integral part of the development of personality and communication in society. The development of speech functions in childhood is inextricably linked with the formation of other higher mental functions: memory, attention, perception, thinking and the activity of the child (play, communicative, cognitive). An indispensable condition for the normal formation of speech is the internal connection of cortical analyzers (sensory, motor, mnemonic). Therefore, expressive (oral speech), impressive (speech comprehension) and written (dyslexia, dysgraphia) speech disorders in children [5-7] are often combined with mental retardation (Zpr), Attention Deficit Hyperactivity Disorder (ADHD). The comorbidity of Attention Deficit Hyperactivity Disorder in children with speech disorders is 60% [6], while mental retardation is 30% [2.5]. Due to the negative impact of speech and cognitive disorders on the emotional sphere of children, early diagnosis and correction

is of great importance, which is manifested by high personal anxiety in cases of contact with adults and peers [8].

At the same time, there are not enough studies on the clinical, psychopathological and neuropsychological characteristics of preschool children with expressive speech disorders [9].
School malfunctions are a manifestation of socio-psychological deviations in the development of the child's ability to successfully master knowledge and skills, active communication and interaction skills in effective collective educational activities [10]. Its main criteria are: failure of program training (cognitive component), impaired emotional and personal attitude to learning with indifference and passivity, or active rejection (personal component), disorders of repeated behavior in the school environment. forms of non-contact and behavior prevention or demonstrative, aggressive-asocial response (behavioral component) [11-16].

To overcome the difficulties in teaching this contingent of children should be helped by scientifically based, adequate corrective measures based on the results of complex diagnostics aimed at determining the individual psychophysiological characteristics of the child [17-20]. Taking into account such" problematic " children, a reform of the special education system was carried out, a network of correctional and developmental education (KRO) classes was created. The guidelines for sending children to the corrective and developmental education class are formulated by the staff of the Rao Institute of corrective pedagogy and are represented by nosologically undifferentiated symptom and symptom complexes [21-25].

They are characterized by common signs characteristic of non-psychotic mental disorders: the predominance of the neurotic level of psychopathological manifestations: emotional and cognitive disorders, the relationship of mental disorders with vegetative dysfunctions; the presence of "organic predisposition" involved in the development and decompensation of disorders; the connection with the personal and typological characteristics of students [26-28]. Basically, in studies of a medical-defectological orientation, most of the dysontogenetic forms of age-related mental development disorders accompanied by low intelligence with speech, school skills and behavioral disorders are considered within the framework of severe forms of "organic mental disorders" or "mental retardation", which determines unacceptable forms of diagnostic, corrective and rehabilitation assistance [29].

The purpose of this work was to determine the specifics and nosological structure of Mental Disorders at an early age, to develop adequate approaches to their diagnosis. The basis of the work was the results of practical work on the basis of "child psychiatry" in 2017-2022.

Research materials. 1,309 children aged 8 months were examined. Up to 4 years 9 months. (median age 3,26±0,109 years) with the following diagnoses: mixed specific developmental disorders (845 people, 54,5%), specific expressive speech disorders (131 people, 10,0%) mild to moderate mental retardation (291 people, 22,2%), pediatric autism (83 people, 6,3%, median age – 3,63±0,103 years), others (90 people, 6,8%), including activity and attention disorders (24 people, 1,8%), anxiety disorder (11 people, 0,84%).

The study used the following: clinical method (results of diagnosis of conversation, observation, Anamnesis, speech therapy); experimental psychological (neuropsychological methods for assessing high mental functions.

Neuropsychological assessment of higher mental functions was carried out according to the score criteria: "0" points – the assignment was carried out without additional explanations of the experimenter; "1" –small errors were made, corrected by the child himself without the

participation of the experimenter; "2" – the assignment was carried out after several attempts, using tips and leading questions; "3" - the task was performed by the experimenter. Excel, Pearson correlation was used for statistical processing. The data was considered reliable at $p \leq 0,05$.

Results and discussions. The results of the study showed that there were leading complaints of lack of communication (929 people, 70,0%), lack of speech (1201 people, 91,7%) and motor dysinhibition (919 people, 70,2%) in various nosological forms. Diagnostic signs of childhood autism, identified in the first 4 years of life, were analyzed. These include: a symptom of originality and its variety, the impossibility of separation from the mother, intolerance to sound and tactile stimuli, features of motor skills, a specific violation of speech. The relative diagnostic value of symptoms such as neophobia and stereotypes was noted.

Some principles of diagnosing young children are formulated, which include: analysis of game activity, identification of the characteristics of mental functions, such as emotional reactions, communication, understanding of speech, verbal activity.

Discussing the child's behavior with parents is an important methodological principle. Great importance is attached to the type of affection of parents, the place and place of the child in the family, the previous experience of parents, the presence of possible borderline mental disorders in parents.

Attention with neuropsychological study of mental functions in children with expressive speech disorders, visual gnosis (color and emotional gnosis, drawn and superimposed objects), motor Praxis (state of praxis of the mouth, fingers, mutual coordination), spatial images (copying, Benton test). The greatest difficulties were found in the study of auditory Gnosis (perception of rhythms), auditory-speech and visual memory, tactile gnosis, speech functions (automated speech, phonemic hearing, speech articulation, logical and grammatical structures) and intellectual samples (comparison of concepts, exclusion of excesses, analogies).

The analysis of clinical and psychopathological manifestations and the results of diagnosing high mental functions made it possible to distinguish neuropsychological syndromes of the structural and morphological formation of brain departments: temporary departments (violation of auditory speech, phonemic hearing, establishing logical and grammatical relations)- 29 people.

Parietal regions (tactile gnosis, phonemic hearing, kinesthetic Praxis disorder) - 25 people (44,6%); non-functional formation of interhemispheric interactions (ambilaterality, mutual coordination disorder, visual and spatial gnosis, copying, phonemic hearing, auditory – speech memory, generalization, comparison, intellectual functions of establishing analogies) - 23 people (41,1%); right hemisphere (spatial gnosis, logical and grammatical relationship, copying, phonemic hearing, hearing speech disorders) - 21 people (37,5%); frontal sections (attention disorders, motor Praxis, copying, spatial Gnosis, logical and grammatical relations, intellectual functions, auditory-speech memory, poor vocabulary) – 20 people (35,7%); occipital sections (visual Gnosis disorders, logical and grammatical relations) - 19 people(33,9%); dysfunction of subcortical formations (neuropathy, sleep disorders, stutaneous, enuresis, tics, attention, motor Praxis, impulsivity, left - sided motor asymmetry) - 9 people (16,1%); atypia of mental development (left – sided lateral preferences, motor asymmetries, "real left-hand") - 4 people (7,1%).

The study of correlation showed the following direct relationships: interhemispheric interactions and non-formation of parietal regions with all other diagnosed neuropsychological

syndromes; non-formation of frontal sections with dysfunction of the occipital and parietal regions; functional insufficiency of the right hemisphere with non-formation of subcortical structures and interhemispheric interactions; developmental atypia with dysfunctions of subcortical, frontal, temporal and parietal sections.

Expressive speech disorders in preschool children were accompanied by mental retardation (21,4%) and Attention Deficit Hyperactivity Disorder (10,7%). The study of higher mental functions revealed in them a violation of auditory and tactile gnosis, auditory-speech and visual memory, speech and intellectual functions.

Neuropsychological syndromes were dominated by temporal (51,8%), parietal (44,6%), frontal (35,7%), occipital (33,9%) functional formlessness of departments, interhemispheric interactions (41,1%), and right hemisphere (37,5%), associated with adverse perinatal factors of pregnancy, childbirth, clinical symptoms. perinatal lesion central nervous system, neuropathy, delay in early motor and speech development. With the maturation of inter-hemispheric interactions and the atypical of mental development, relations were established with the delay in mental development ($p \leq 0,01$); Attention Deficit Hyperactivity Disorder-with dysfunction of frontal, temporal regions and interhemispheric interactions.

Thus, it is advisable to introduce neuropsychological corrective measures aimed at the development of motor, emotional, speech and intellectual mental functions into the complex medical-psychological-logopedic rehabilitation of expressive speech disorders in children.

Unfavorable course of the Perinatal period, early neuropsychological diagnosis and Correction with the presence of clinical manifestations perinatal damage to the central nervous system, neuropathy, delay in early motor and speech development are necessary for timely conduct of medico-psychological and speech therapy activities. Psychiatric evaluation of a young child is always a difficult moral and deontological situation. Specifics of the relationship between the psychiatrist and the relatives of the patient at an early age are shown, typical medical errors are analyzed.

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