

Mental Health Issues in Children: Signs, Symptoms, and Services



Satellite Conference and Live Webcast
September 14, 2011

A National Issue

- In 2000, Surgeon General's report on Children's Mental Health:
"The burden of suffering experienced by children with mental health needs and their families has created a health crisis in this country."
- In 2003, the President's New Freedom Commission on Mental Health concluded:
"No other illnesses damage so many children so seriously."

What is Mental Health?

- Mental Health – the achievement of expected developmental cognitive, social, and emotional milestones
- Mental Disorder – Disturbances in thought, mood, and/or behavior that effect one's functioning
- 1 in 5 or 20% of children experience signs & symptoms of a mental disorder at some time resulting in at least minimum impairment in functioning
- 1 in 10 have a Serious Emotional Disturbance resulting in significant functional impairment

Risk Factors and Signs

- Etiology
 - Hereditary (genetics)
 - Biology (chemical imbalance of the brain; abnormalities in Central Nervous System)
 - Psychosocial (stressful life events)
- Signs of mental illness in a young child may be quite different than in an older child or adult

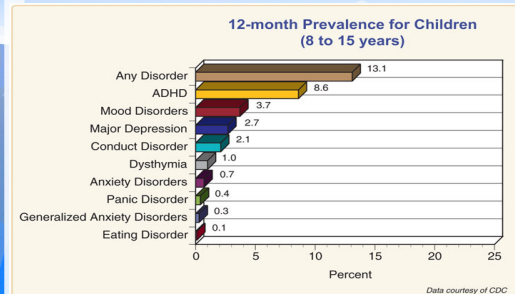
Barriers to Seeking Treatment

- Four out of five children needing mental health services do not receive....Why?
 - Structural Barriers
 - Barriers related to perceptions of mental health problems
 - Barriers related to perceptions about mental health services
- Untreated mental disorders can lead to school failure, family and peer relationship problems, substance abuse, violence, and even suicide

Common Disorders in Children and Adolescents

Attention Deficit Hyperactivity Disorder
Disruptive Behavior Disorders
Anxiety Disorders
Mood Disorders
Suicide

Prevalence of Common Diagnoses



ADHD

- Most common: affects 3 to 4 million in America
- Boys are 4 times more likely than girls to be diagnosed with ADHD
- Symptoms across two or more settings for long time (onset before age 7) causing significant impairment in functioning
- Three subtypes:
 - Predominately hyperactive-impulsive
 - Predominantly inattentive
 - Combined hyperactive-impulsive and inattentive (most children have this type)

ADHD Symptoms and Treatment

- **Impulsivity:** acts without thinking, blurts out answers in school, interrupts others, difficulty awaiting turn
- **Hyperactivity:** always moving, talking, climbing
- **Inattention:** daydreams, easily sidetracked/distracted, does not seem to listen, difficulty organizing tasks, loses items, fails to finish work
- **Treatment:** Behavioral therapy, Medication, and Structure

Child Behavioral Disorders

- All kids misbehave at times
- A behavioral disorder is a pattern of aggressive, hostile, or disruptive behavior for more than 6 months.
- Common Types: Conduct Disorder - persistent pattern in which the basic rights of others and important social norms and rules are violated & Oppositional Defiant Disorder - pattern of negative, hostile, and defiant behavior without the more serious violations of basic rights of others
- Warning signs include:
 - harming or threatening self, others, or pets
 - damaging property
 - lying or stealing
 - not doing well in school or skipping
 - early smoking, drinking, or drug use
 - early sexual activity
 - frequent tantrums and arguments
 - consistent hostility towards authority figures

Anxiety Disorders

- Much of our anxiety is normal and needed
- Persistent, intense anxiety that disrupts daily routine is a mental health problem
- Most common types in children:
 - Generalized Anxiety Disorder
 - Obsessive-Compulsive Disorder
 - Separation Anxiety Disorder
 - Post-traumatic Stress Disorder (PTSD)
 - Social Phobia (Social Anxiety Disorder)

Mood Disorders -- Depression

- Approx. 8.1% of 12-17yo in US experienced at least one major depressive episode in the past year (SAMHSA News Release, April 2011)
- Girls are more likely than boys to experience depression
- Forms of Depression
 - Major depressive disorder: severe, disabling symptoms that interfere with daily activities such as eating, sleeping, working, school, pleasurable activities
 - Dysthymic disorder: milder symptoms, chronic (average duration of dysthymic period in C & A is about 4 years)
 - Depression NOS: some symptoms but not enough for diagnosis
- For children: pretend to be sick, refuse to go to school, cling to parent or worried parent may die, sulk, trouble at school, negative, grouchy, feel misunderstood, aggression
- Treatment: medication with cog.-behavioral therapy

Mood Disorders -- Bipolar Disorder

- Sometimes called Manic-depressive Disorder
- Episodes of mania and depression (unusual shifts in mood and energy)
- Mania/Hypomania: feel energetic, confident, and special; engage in risky behaviors; rapid or loud speech; racing thoughts
- Early-onset bipolar disorder (symptoms appear in childhood) may be more severe than later onset
 - May have symptoms more often, switch moods more frequently, and have more mixed episodes (both manic and depressive symptoms)
- Treatment: medication to control symptoms and therapy

Suicide

- Evidence suggests that over 90% of children and adolescents that commit suicide have a mental disorder (commonly mood disorder or anxiety disorder)
- 3rd leading cause of death 15 – 24 yr. old
- 6th leading cause of death 5-14 yr. old
- Boys are about 4 times more likely to commit suicide than girls; while girls are twice as likely to attempt
- 4 out of 5 teens who attempt give clear warnings:
 - Direct or indirect threats
 - Verbal hints: "I won't be around much longer"
 - Putting affairs in order – giving away favorite possessions
 - Sudden cheerfulness after period of depression
 - Hallucinations or bizarre thoughts

Suicide: What can you do?

- Talk open and honest: Do you feel depressed or think about suicide? Listen.
- Let them know you care and want to help
- Give resource information or refer them to someone who can
- Alert key adults in child's life
- Seek professional help
- Trust your instincts, if situation is serious seek immediate help

Services

- Public/ Private/ Faith-based
- Most services are community based and can include: Outpatient (individual, group, family), In-home, case management, doctors, school-based, physician-medication
- Residential services for severe needs (time limited)
- Hospitalization for psychiatric stabilization
- Providers include: psychiatrists, psychologist, LCSW, LPC, MSW, MS, LMFT, and others.

Helping Children Deal with Disaster or Trauma

- Children are sensitive and struggle to make sense of trauma
- Severe trauma can alter brain activity patterns in children that can lead to mental, emotional, and behavioral disorders
- Children's reactions to trauma can be immediate or may appear much later

Reaction to Disaster and Trauma

- Influences on child's reaction
 - Parents' reaction
 - How much destruction and/or injury or death child is exposed to
 - Child's age/developmental level
 - Prior experiences

Signs to Watch for After Disaster or Trauma

- Children
 - Regress to an earlier behavioral stage (thumb sucking, bedwetting, baby talk in younger children; older children may ask to be fed or dressed)
 - Become afraid of strangers, animals, darkness, or "monsters"
 - Cling to parent or teacher
 - Become very attached to safe place
 - Changes in eating and sleeping
 - Unexplainable aches and pains
 - Exhibit disobedience, speech difficulties, aggression, or withdrawal
 - Tell exaggerated stories of event or talk about it repeatedly; play may act out the event

Signs Continued

- Adolescence
 - Vague physical complaints and may abandon chores, schoolwork, and other responsibilities
 - May compete for attention from parents and teachers or withdraw
 - Become disruptive at home or in the classroom
 - Experiment with high-risk behaviors such as alcohol use, drug use, self harm, or dangerous activities
 - Opinions of peers are very important and less concern about relating well with adults
 - Older teens may experience feelings of helplessness and guilt because they are unable to assume adult responsibilities; may also deny extent of their emotional reaction to the trauma

How to Help

- Reassure children they are safe
- Provide children with opportunities to talk
- Answer questions at level child understands
- Admit you can't answer all their questions
- Monitor adult conversations and media exposure
- Help children understand that a wide range of reactions is normal
- Encourage children to express their feelings to adults who can help them understand their emotions
- Help child identify good things such as heroic actions, assistance offered by others, and families working together

Questions?



Additional Information

- National Alliance for the Mentally Ill
 - www.NAMI.org
- American Academy of Pediatrics
 - www.aap.org
- American Academy of Child and Adolescent Psychiatry
 - www.aacap.org
- National Institute of Mental Health
 - www.nimh.nih.gov
- Mental Health America
 - www.mentalhealthamerica.net
- U.S. National Library of Medicine (Medline Plus)
 - www.nlm.nih.gov
- Substance Abuse and Mental Health Services Administration (1-877-SAMHSA-7 → 1-877-726-4727)
 - www.samhsa.gov
- Centers for Disease Control and Prevention
 - www.cdc.gov
- The National Child Traumatic Stress Network
 - www.NCTSN.org

Contact Information

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