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

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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 (thumbsucking, 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

- **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](http://www.NAMI.org)
- American Academy of Pediatrics  
  - [www.aap.org](http://www.aap.org)
- American Academy of Child and Adolescent Psychiatry  
  - [www.sacap.org](http://www.sacap.org)
- National Institute of Mental Health  
  - [www.nimh.nih.gov](http://www.nimh.nih.gov)
- Mental Health America  
  - [www.mentalhealthamerica.net](http://www.mentalhealthamerica.net)
- U.S. National Library of Medicine (Medline Plus)  
- Substance Abuse and Mental Health Services Administration (1-877-SAMHSA-7 1-877-726-4727)  
  - [www.samhsa.gov](http://www.samhsa.gov)
- Centers for Disease Control and Prevention  
  - [www.cdc.gov](http://www.cdc.gov)
- The National Child Traumatic Stress Network  
  - [www.NCTSN.org](http://www.NCTSN.org)

Contact Information

Gayla Caddell, M.S.
Child and Adolescent Resource Specialist for Mental Illness Services
Division of Mental Illness and Substance Abuse Services
Alabama Department of Mental Health
Gayla.Caddell@mh.alabama.gov

ADMH Website: [www.mh.alabama.gov](http://www.mh.alabama.gov)