

## **Children's Mental Health Facts**

### **Children and Adolescents with Mental, Emotional, and Behavioral Disorders**

#### **Mental, Emotional, and Behavioral Disorders Are Real**

Young people can have mental, emotional, and behavioral problems that are real, painful, and costly. These problems, often called "disorders," are sources of stress for children and their families, schools, and communities.

The number of young people and their families who are affected by mental, emotional, and behavioral disorders is significant. It is estimated that as many as one in five children and adolescents may have a mental health disorder that can be identified and require treatment.

Mental health disorders in children and adolescents are caused by biology, environment, or a combination of the two. Examples of biological factors are genetics, chemical imbalances in the body, and damage to the central nervous system, such as a head injury. Many environmental factors also can affect mental health, including exposure to violence, extreme stress, and the loss of an important person.

Families and communities, working together, can help children and adolescents with mental disorders. A broad range of services is often necessary to meet the needs of these young people and their families.

#### **The Disorders**

Below are descriptions of particular mental, emotional, and behavioral disorders that may occur during childhood and adolescence. All can have a serious impact on a child's overall health. Some disorders are more common than others, and conditions range from mild to severe. Often, a child has more than one disorder (U.S. Department of Health and Human Services, 1999).

#### **Anxiety Disorders**

Young people who experience excessive fear, worry, or uneasiness may have an anxiety disorder. Anxiety disorders are among the most common of childhood disorders. According to one study of 9- to 17-year-olds, as many as 13 of every 100 young people have an anxiety disorder (U.S. Department of Health and Human Services, 1999). Anxiety disorders include:

- Phobias, which are unrealistic and overwhelming fears of objects or situations.
- Generalized anxiety disorder, which causes children to demonstrate a pattern of excessive, unrealistic worry that cannot be attributed to any recent experience.
- Panic disorder, which causes terrifying "panic attacks" that include physical symptoms, such as a rapid heartbeat and dizziness.

- Obsessive-compulsive disorder, which causes children to become "trapped" in a pattern of repeated thoughts and behaviors, such as counting or hand washing.
- Post-traumatic stress disorder, which causes a pattern of flashbacks and other symptoms and occurs in children who have experienced a psychologically distressing event, such as abuse, being a victim or witness of violence, or exposure to other types of trauma such as wars or natural disasters.

## **Severe Depression**

Many people once believed that severe depression did not occur in childhood. Today, experts agree that severe depression can occur at any age. Studies show that two of every 100 children may have major depression, and as many as eight of every 100 adolescents may be affected (National Institutes of Health, 1999). The disorder is marked by changes in:

- Emotions—Children often feel sad, cry, or feel worthless.
- Motivation—Children lose interest in play activities, or schoolwork declines.
- Physical well-being—Children may experience changes in appetite or sleeping patterns and may have vague physical complaints.
- Thoughts—Children believe they are ugly, unable to do anything right, or that the world or life is hopeless.

It also is important for parents and caregivers to be aware that some children and adolescents with depression may not value their lives, which can put them at risk for suicide.

## **Bipolar Disorder**

Children and adolescents who demonstrate exaggerated mood swings that range from extreme highs (excitedness or manic phases) to extreme lows (depression) may have bipolar disorder (sometimes called manic depression). Periods of moderate mood occur in between the extreme highs and lows. During manic phases, children or adolescents may talk nonstop, need very little sleep, and show unusually poor judgment. At the low end of the mood swing, children experience severe depression. Bipolar mood swings can recur throughout life. Adults with bipolar disorder (about one in 100) often experienced their first symptoms during their teenage years (National Institutes of Health, 2001).

## **Attention-deficit/Hyperactivity Disorder**

Young people with attention-deficit/hyperactivity disorder are unable to focus their attention and are often impulsive and easily distracted. Attention-deficit/hyperactivity disorder occurs in up to

five of every 100 children (U.S. Department of Health and Human Services, 1999). Most children with this disorder have great difficulty remaining still, taking turns, and keeping quiet. Symptoms must be evident in at least two settings, such as home and school, in order for attention-deficit/hyperactivity disorder to be diagnosed.

## **Learning Disorders**

Difficulties that make it harder for children and adolescents to receive or express information could be a sign of learning disorders. Learning disorders can show up as problems with spoken and written language, coordination, attention, or self-control.

## **Conduct Disorder**

Young people with conduct disorder usually have little concern for others and repeatedly violate the basic rights of others and the rules of society. Conduct disorder causes children and adolescents to act out their feelings or impulses in destructive ways. The offenses these children and adolescents commit often grow more serious over time. Such offenses may include lying, theft, aggression, truancy, the setting of fires, and vandalism. Current research has yielded varying estimates of the number of young people with this disorder, ranging from one to four of every 100 children 9 to 17 years of age (U.S. Department of Health and Human Services, 1999).

## **Eating Disorders**

Children or adolescents who are intensely afraid of gaining weight and do not believe that they are underweight may have eating disorders. Eating disorders can be life threatening. Young people with anorexia nervosa, for example, have difficulty maintaining a minimum healthy body weight. Anorexia affects one in every 100 to 200 adolescent girls and a much smaller number of boys (National Institutes of Health, 1999).

Youngsters with bulimia nervosa feel compelled to binge (eat huge amounts of food in one sitting). After a binge, in order to prevent weight gain, they rid their bodies of the food by vomiting, abusing laxatives, taking enemas, or exercising obsessively. Reported rates of bulimia vary from one to three of every 100 young people (National Institutes of Health, 1999).

## **Autism**

Children with autism, also called autistic disorder, have problems interacting and communicating with others. Autism appears before the third birthday, causing children to act inappropriately, often repeating behaviors over long periods of time. For example, some children bang their heads, rock, or spin objects. Symptoms of autism range from mild to severe. Children with

autism may have a very limited awareness of others and are at increased risk for other mental disorders. Studies suggest that autism affects 10 to 12 of every 10,000 children (U.S. Department of Health and Human Services, 1999).

## **Schizophrenia**

Young people with schizophrenia have psychotic periods that may involve hallucinations, withdrawal from others, and loss of contact with reality. Other symptoms include delusional or disordered thoughts and an inability to experience pleasure. Schizophrenia occurs in about five of every 1,000 children (National Institutes of Health, 1997).

## **Important Messages About Children's and Adolescents' Mental Health**

- Every child's mental health is important.
- Many children have mental health problems.
- These problems are real and painful and can be severe.
- Mental health problems can be recognized and treated.
- Caring families and communities working together can help.

## **Endnotes**

U.S. Department of Health and Human Services. (1999). *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services.

National Institutes of Health. (1999). *Brief Notes on the Mental Health of Children and Adolescents*. Retrieved September 5, 2001, from the World Wide Web.

National Institutes of Health. (2001). *Fact Sheet: Going to Extremes, Bipolar Disorder*. Bethesda, MD: National Institutes of Health.

National Institutes of Health. (1997). Press Release: Progressive Brain Changes Detected in Childhood Onset Schizophrenia.

## **U. S. Department of Health and Human Services**

### **Substance Abuse and Mental Health Services Administration**