

Mental health disorders include all diagnosable emotional, behavioral, and mental illnesses. In children, symptoms of mental health disorders tend to be similar to feelings that every child experiences, such as sadness, anger, suspicion, excitement, withdrawal, and loneliness. The difference between a disorder and a normal feeling is the extent to which the feelings become so powerful as to overwhelm and interfere with the activities of normal life or cause the child to suffer (Murphey, Barry & Vaughn, 2013). “Research shows that half of all lifetime cases of mental illness begin by age 14” (National Institute of Mental Health [NIMH], 2009).

**OVERVIEW OF MENTAL HEALTH DISORDERS IN CHILDREN**

In the United States, about 20% of children suffer from a diagnosable mental illness during a given year. Further, nearly 5 million children and adolescents suffer from a serious mental illness (one that significantly interferes with their day-to-day life) (WebMD, 2016b).

Biology and environment are the two main factors contributing to the onset of mental health disorders. Examples of biological factors that can contribute to the onset of a mental health disorder include genes, chemical imbalances throughout the body, and damage to the central nervous system (Mayo Clinic, 2015).

The Mayo Clinic (2015) lists the following as possible risk factors contributing to mental health disorders:

- Genetics (certain genes may increase risk of developing mental illness)
- Pre-natal exposure to toxins (such as

- viruses, drugs, alcohol)
- Negative life experiences (such as witnessing or being the victim of physical or sexual abuse, loss of a loved one, drive-by shootings, muggings, or other disasters)
- Brain chemistry (hormonal imbalances can be affected by both life experiences and biological factors)

Recently, research has begun to examine the interaction between biological and environmental factors. This body of research focuses on how genetic predispositions to mental illness increase sensitivity to environmental factors. “Just as the absence of disease does not adequately define physical health, mental health consists of more than the absence of mental disorders” (Murphey, Barry & Vaughn, 2013, p.1). Researchers recognize mental health as falling along a continuum that fluctuates over time. Consequently, the onset of the mental illness is attributed to both factors, and if an individual is never exposed to an environmental trigger, or they do not have the genetic predisposition, they may never develop a mental disorder. There are a variety of diagnosable mental disorders, and whether the cause is attributed to biology, environment, or both depends on the type of disorder an individual presents (Murphey, Barry & Vaughn, 2013).

**TYPES OF MENTAL HEALTH DISORDERS IN CHILDREN**

“In the United States, about 13% of children 3 to 17 years of age have a developmental or behavioral disability” (Centers for Disease Control and Prevention [CDC], 2017). Some of the most common disorders in children include:

*Anxiety Disorders*

- Characterized by excessive fear, worry, or uneasiness
  - An estimated one in eight children have an anxiety disorder
  - Includes: generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder, separation anxiety disorder, social anxiety disorder, selective mutism, and phobias
- (Anxiety and Depression Association of America, 2016)

*Attention-deficit/Hyperactivity Disorder (ADHD)*

- Inability to focus attention, impulsive, and easily distracted
  - Occurs in approximately 5.5% of female children and 11.2 % of male children
- (Child Trends, 2014)

*Autism*

- Characterized by difficulty interacting and communicating with others
  - Children are at increased risk for other mental health disorders
  - Affects an average of 1 in every 88 children
- (CDC, 2016)

*Bipolar Disorder*

- Characterized by exaggerated mood swings ranging from extreme highs (manic episode) to extreme lows (depression)
  - Recurrent throughout life
  - May be difficult to diagnose in children due to co-occurrence of anxiety disorders and ADHD
  - One-third of the 3.4 million children and adolescents with depression in the U.S. may be experiencing the early onset of bipolar disorder
- (Mental Health America, 2017)

*Conduct Disorder*

- A group of behavioral and emotional problems characterized by great difficulty following rules and behaving in a socially acceptable way
  - Often linked with ADHD
  - Can be an early sign of depression or bipolar disorder
  - More common in boys
- (MedlinePlus, 2017)

*Depression*

- Marked by changes in emotions, motivation, physical well-being, and thoughts
  - Affects 2.5% of children
  - More common in boys under age 10
  - By age 16, more common in girls
  - Higher risk if depression present in family history
- (WebMD, 2016a)

*Eating Disorders*

- Anorexia is characterized by significant undereating out of an intense fear of becoming fat
  - Bulimia involves overeating and then purging the food through either vomiting or excessive use of laxatives to prevent weight gain
  - Binge eating includes extreme overeating in a short time without purging, often results in obesity
  - 2.7% of 13 to 18 year olds suffer from an eating disorder
  - Girls are 2 ½ times more likely than boys to develop an eating disorder
- (Kam, 2007; NIMH, n.d.a)

*Oppositional Defiant Disorder (ODD)*

- Marked by a “pattern of disobedient, hostile and defiant behavior toward authority figures”
  - May start as early as preschool; typically by age 8
  - Affects ~20% of the school-age population
  - More common in boys than girls
- (MedlinePlus, 2016)

*Schizophrenia*

- Psychotic periods involving hallucinations, withdrawal from others, and loss of contact with reality
  - Difficult to diagnose in children under 12
  - Affects more boys in childhood but equally affects boys and girls by mid-teen years
- (University of Rochester Medical Center, 2017)

Although this is not a comprehensive list, it demonstrates the wide variety of mental health disorders afflicting the nation’s youth. Without the proper treatment and diagnosis, a mental

illness will become more difficult to treat and may last throughout adulthood (CDC, 2017).

#### **PREVENTION AND EARLY INTERVENTION PROGRAMS**

The field of mental health focusing on children and adolescents has slowly emerged over the last few decades revealing a body of research about the most critical stages of social and cognitive development for young people. This has been accompanied by a number of effective programs focusing on early intervention and prevention of mental disorders in children and adolescents.

The Edna Bennett Pierce Prevention Research Center, located at Pennsylvania State University, provides research, technical assistance, and program development in prevention science including mental health prevention programs for youth. Since its inception in 1998, this center has become an international leader in youth prevention research and program development (Prevention Research Center, 2017).

While the idea of preventing mental illness in young people is relatively new, there are some promising programs that appear to alleviate mental health risks.

#### ***PATHS***

**Providing Alternative Thinking Strategies**, also known as PATHS, is a “comprehensive in-school curriculum designed to enhance social competence and prevent or reduce behavior and emotional problems, with an emphasis on emotional awareness and self-regulation” (Child Trends, 2012). Findings indicate that in PATHS improved social and emotional competence and decreased social withdrawal in pre-school children.

#### ***Fast Track***

Fast Track is an intervention involving children at high risk for aggression and violence. The intervention begins in first grade and continues through tenth grade with a focus on school and family risk factors, including communication between parents and schools. The most recent results found that at age 25, those who were in the program “are happier, have fewer

psychiatric and substance abuse problems, are less likely to have risky sex, and are arrested less often for severe violence and drug-related crimes” than those in the control group (Child Trends, 2015).

#### ***PROSPER***

The PROSPER project is a research project focused on strengthening families and communities, promoting positive youth development, and reducing youth substance use and other problem behaviors. This research project has reached over 12,000 youth in two different states (Prevention Research Center, 2008). “Data were collected through written questionnaires that were completed by approximately 12,000 middle school students in the fall of the 6th grade, prior to intervention delivery, and again in the spring of the 7th, 8th, and 9th grades. Positive intervention effects were found for youth, parent, and family outcomes (e.g., association with antisocial peers, child management, parent–child affective quality) at each post-intervention assessment point. Improvements in these family and youth skill outcomes are expected to support long-term reductions of adolescent problem behaviors, such as substance abuse” (Redmond, et.al., 2009).

#### ***Big Brothers Big Sisters (BBBS)***

The popular BBBS program has also been found to be effective for preventing various mental health illnesses. The BBBS program is focused on making one-on-one matches between child and mentor through a school or community based program. Children who participated in this mentoring program reported that they were less likely than their peers to engage in fighting and violent behaviors and to skip school. These children also reported that they perceived their family relationships more positively (Big Brothers Big Sisters, 2016).

#### ***CODIP***

The **Children of Divorce Intervention Project (CODIP)** attempts to alleviate the connection between mental health problems and children of divorced parents. This program equips children whose parents have begun the divorce process with a supportive outlet to discuss the

divorce. It counters any unrealistic perceptions or beliefs children may have about divorce, and builds problem solving and adaptive coping skills (National Registry of Evidence-based Programs and Practices, n.d.).

#### TREATMENT

One of the most popular forms of treatment for mental health disorders is psychotherapy. There are many forms of psychotherapy but the main goal is to help individuals understand their illness and teach them strategies to deal with stress and unhealthy thoughts and behaviors.

*Cognitive Behavioral Therapy (CBT)* is one of the most effective psychotherapies for children and adolescents. It requires active participation by the therapist and the patient in order to identify distorted or unhelpful thinking patterns, recognize and change inaccurate beliefs, relate to others in more positive ways, and change behaviors accordingly. CBT has been proven to be an effective long term treatment for depression and anxiety disorders in children and adolescents ([NIMH, 2009).

*Dialectical Behavior Therapy (DBT)* is often used to treat older adolescents who have chronic suicidal thoughts/feeling, or engage in intentionally self-harmful behaviors. In a combination of group and individual counseling sessions, the teen is encouraged to take responsibility for his/her problems and learns to identify/examine how they deal with conflict and intense negative emotions (American Academy of Child & Adolescent Psychiatry [AACAP], 2013).

*Family-focused therapy (FFT)* is another type of psychotherapy implemented in treating youth mental health disorders. FFT operates under the assumption that a patient's relationship with his/her family is important to successfully manage a mental health disorder. Family members are expected to attend FFT therapy sessions to work on improving family relations. In children and adolescents, FFT has shown to be effective in treating ADHD, conduct disorder, and eating disorders (AACAP, 2013; NIMH, n.d.b).

*Play therapy* is used exclusively with children and involves the use of toys and games to help a child identify and talk about his or her feelings, as well as establish communication with a therapist. A therapist can sometimes better understand a child's problems by watching how he or she plays. Play therapy has been used to treat behavioral problems such as anger management as well as behavioral disorders such as conduct disorders, anxiety, depression, and ADHD (Association for Play Therapy, 2016).

In addition to psychosocial therapies, children diagnosed with a mental health disorder may also be prescribed psychotropic medications to reduce and help control the symptoms of the mental disorder. Whether or not a physician prescribes medication depends on the severity and type of mental disorder. In many cases, both psychotherapy and psychotropic medications are recommended (NIMH, 2009).

#### LOCAL PROGRAMS

In the San Antonio area, a wide variety of hospitals, university-based programs, non-profit agencies, and religious institutions provide counseling services for children experiencing mental health issues, often on a sliding scale basis and for Medicaid and Medicare patients. The Network of Care for Behavioral Health (2017) website lists 102 resources for adolescent/family/youth counseling in Bexar County, including (not a comprehensive list):

- *Avalon Social Services* (Medicaid) offers in-office and in-home services
- *BCFS – STAR Program* youth ages 0-17 and their families (free)
- *Center for Health Care Services* (early childhood intervention)
- *CentroMed* (El Centro del Barrio) Ascot and Walzem branches (outpatient)
- *Children's Bereavement Center\** (2017) provides outpatient mental health counseling and therapy for children who have experienced a loss (sliding scale)
- *Clarity Child Guidance Center* (acute care)

- program, residential treatment program, hospital program, outpatient services, psychology services for children and adolescents)
- *ChildSafe* provides counseling to children and non-offending family members dealing with sexual abuse (Medicaid, sliding scale)
- *Communicare Health Centers* (various locations) (Medicaid, sliding scale)
- *Communities In Schools Of San Antonio (CIS-SA)* provides family and child counseling at no charge for students enrolled in 11 local school districts
- *Daughters of Charity* (various locations) (free)
- *Ecumenical Center for Religion and Health* (sliding scale)
- *Family Service Association* (sliding scale)
- *Family Violence Prevention Services* (includes specialized services for homeless children)
- *Haven for Hope\** (2016) (counseling services provided by Center for Health Care Services; our Lady of the Lake University Counseling Services; children's mental health care provided by Clarity Child Guidance Center

- and Family Violence Prevention Services)
- *Jewish Family and Children's Service* (includes specialized services for homeless children)
- *JOVEN-* focuses on prevention in at-risk youth
- *Madonna Neighborhood Center*
- *Methodist Healthcare Ministries* (various locations) (sliding scale)
- *Omni Counseling* provides counseling, therapy, and in-home counseling to youth, adults, & families (Medicare, Medicaid, and sliding scale)
- *Roy Maas' Youth Alternatives (RMYA) Counseling Center* provides services to youth and families in crisis (free for uninsured; \$50 per session in not low income qualified)
- *The Rape Crisis Center\** (2016) (free) includes Play Therapy
- *St. PJ's Home* provides services to children living there as well as the community (sliding scale)

*\*Agency not listed on website*

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