



Understanding and Finding Help for Emotional Difficulties

When children and teens struggle with emotional challenges often the situation is complex and can impact both home and school. Difficulties are caused by a variety of reasons. While some emotional ups and downs are a normal part of growing up, emotional difficulties that significantly impact a child's ability to be successful may require professional help. If emotional issues are impacting academics and/or school behavior, you will likely need to involve school staff. Special Education Services or a 504 Plan are available for public school students if certain eligibility requirements are met. Information and understanding can bring interventions and hope.

In this packet of information you will find an overview of the meaning and implications of emotional difficulties within the school setting as well as a list of resources. Included is helpful information from the federal Mental Health Services Administration on the incidence of emotional difficulties in children and adolescence, symptoms and characteristics of children who are affected as well as a listing of some of the more common disorders. Information on Community Mental Health Referrals will help you understand what is commonly known as "3632 referrals"—a reference to the law that established the requirement for coordination between schools and agencies such as Community Mental Health. A glossary of terms will help you understand the many terms that are used.

You may want to review other related information packets available at Matrix addressing the **Individual Education Plan, Behavior Issues and Special Education, and School Discipline.**

Our libraries in Novato and Fairfield offer many articles, books, DVD's/videos, magazines and other materials that relate to this topic. We also offer workshops on IEP issues, support groups, and one on one consulting with parents. Visit our website for more information.

Matrix Parent Network and Resource Center

Serving Marin, Napa, Solano and Sonoma Counties

Empowering families of children with special needs to understand and access the systems that serve them.

www.matrixparents.org

94 Galli Drive, Suite C, Novato, CA 94949

1615 West Texas Street, Suite 4, Fairfield, CA 94533
1 (800) 578-2592

Resources on Emotional Difficulties

The Bi-Polar Child - Papolos
Emotional & Behavioral Problems of Young Children – Gimpel
The Explosive Child – Greene
The Defiant Child – Barkley
Freeing Your Child From Anxiety - Chansky
Helping Your Troubled Teen - Kaplan
A Relentless Hope Surviving the Storm of Teen Depression - Nelson
What Now? (Teen Therapeutic Programs) – Case
When You Worry About the Child You Love: Emotional & Learning Problems in Children –
 Hallowell

Emotional/Behavioral Issues & Mental Health

www.mentalhealth.org	National Mental Health Information Center
www.nami.org	National Alliance for the Mentally Ill
www.ffcmh.org	Federation of Families for Children’s Mental Health
www.pbis.org	Center on Positive Behavioral Interventions & Supports
www.aacap.org	American Academy of Child & Adolescent Psychiatry
www.ccbd.net	Council for Children with Behavioral Disorders
www.explosivekids.org	Parents and Teachers of Explosive Kids
www.aboutourkids.org	Child & Adolescent Mental Health & Parenting Resource
www.cabf.org	Child & Adolescent Bipolar Foundation
www.depression.org	National Foundation for Depressive Illness
www.ocfoundation.org	National Obsessive Compulsive Foundation
www.youthbipolarfoundation.org	Youth Bipolar Foundation of Northern California

Other Disabilities

www.tsa-usa.org	Tourette Syndrome Association
www.biausa.org	Brain Injury Association
www.ldonline.org	Coordinated Campaign for Learning Disabilities
www.nlda.org	Nonverbal Learning Disorders Association
www.ld.org	National Center for Learning Disabilities
www.chadd.org	Children & Adults with Attention Deficit Disorder
www.help4adhd.org	National Research Center on ADHD

Education and Special Education & Advocacy

www.pai-ca.org	Protection and Advocacy (PAI)
www.ed.gov/office/ocr	Office of Civil Rights
www.ed.gov/offices/OSERS	Federal Department of Education
www.nasponline.org	National Association of School Psychologists

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Emotional Difficulties: An Overview

Emotional or behavioral difficulties are often complex

When a child is struggling with emotions and/or behavior, many different terms may be used to describe those struggles: mental health issues, emotionally disturbed, behavior problems, immature, acting out. Advice and support may come from many directions. Professional evaluation and treatment may be necessary. Difficulties can have a variety of causes: environmental, neurological or a combination of both. Sometimes an issue is secondary to a primary problem: a child has a learning disability and due to many years of frustration with learning later develops an anxiety disorder. Some disorders are considered co-existing (also called co-morbidity): a child has both ADHD and depression. An evaluation will guide you in finding the interventions your child may need.

Work in partnership with the school

A school may first help your child by calling a Student Study Team meeting. Depending on the severity of the problems experienced by your child, the school counselor or school psychologist may become involved. Interventions may be recommended to help your child in class or with their peers or others. If issues don't improve or initially present as more significant there are specific services and programs which the school and you might consider. A parent needs to request in writing an evaluation to determine eligibility for these programs.

- **504 Plans** Section 504 of the federal Rehabilitation Act is an anti-discrimination law requiring reasonable accommodations for a person with a disability participating in any entity, including public schools, that receives federal funds. Schools must consider the need for a 504 plan for a student with a disability experiencing difficulty significantly impacting their education. If eligible, reasonable accommodations to the general education program are made so the disability doesn't prevent the student from accessing his or her education. 504 Plans are often developed when a child's disability does not meet the stricter eligibility criteria for special education services.
- **Special Education** If evaluated for special education services, "Emotionally Disturbed/Seriously Emotionally Disturbed" (ED/SED) is often the eligibility category considered when a child presents with emotional difficulties. Multiple categories can be considered if more than one disability is present. A child does not need a psychiatric label to be eligible for special education as "emotional disturbance" is not a diagnosis; it is an umbrella educational term covering a variety of emotional difficulties.

In order for a student to be found eligible for special education services under the category of emotional disturbance, the student must exhibit one or more of the following characteristics, over a long period of time and to a marked degree, which adversely affects educational performance:

1. An inability to learn which cannot be explained by intellectual, sensory, or health factors;
2. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
3. Inappropriate types of behavior or feelings under normal circumstances exhibited in several situations;
4. A general pervasive mood of unhappiness or depression; and
5. A tendency to develop physical symptoms or fears associated with personal or school problems.

If the child already has an Individual Education Plan (IEP), and continues to have difficulty, looking further at potential causes of the child's emotional difficulties is needed. If emotional issues are in addition to other concerns and the child qualifies for special education under another category of disability, the student may still receive supports and/or services for their emotional needs. A behavior support plan and/or a referral for further assessment by Community Mental Health (CMH) also known as AB3632* may be required. Referrals for a CMH assessment can only be done with parental consent and must follow a specified time line. If after the CMH assessment is completed it is determined that CMH services are needed, the IEP team, which includes you, will agree on IEP goals and a level of care. A mental health clinician becomes part of your child's IEP team. CMH services might include after school therapy, in school therapy (such as therapy sessions at school, special day class for students with emotional needs, "blended class," day treatment program or residential treatment program), and/or medication.

Working with professionals outside the school may be needed

As the focus of your school district is working on emotional issues that impact learning, families often seek additional help from other professionals or agencies. These services from a family pediatrician, social service agencies, or private mental health professionals (psychiatrists, psychologists, social workers) should be coordinated with the school. However, your permission is needed for anyone providing mental health treatment to communicate with the school. It will be important for all who are helping your child to be working toward similar goals.

Supporting your child and the rest of family at home is important

Having a child with significant emotional difficulties can be challenging for the whole family. Parent groups, family therapy, internet or other informative materials are resources and services you may find helpful. Coordinating all efforts (school, private services and home strategies) is important. Remember, mental health or emotional problems can be treated and help is available.

** Assembly Bill 3632 is the State law requiring state agencies to provide and coordinate services to children with disabilities. Community Mental Health is the agency that coordinates with the schools to recommend and provide mental health services.*

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Understanding Community Mental Health (CMH) Referrals

Community Mental Health services are available for students in special education when a student's emotional status has a negative effect on educational performance and services are required for the student to benefit from special education. A student does not need to be classified as "emotionally disturbed" to receive mental health services. The pupil must have emotional or behavioral characteristics that:

- are observed by qualified educational staff providing special education or related services
- impede the pupil from benefiting from educational services
- are significant, as indicated by their rate of occurrence or intensity
- are associated with a condition that cannot be described solely as a social maladjustment
- are associated with a condition that cannot be described solely as a temporary adjustment problem that can be resolved with less than 3 months of school counseling

In addition, the pupil functions at a level that allows them to benefit from mental health services **AND** the school has provided other services which have not been sufficient to meet this need.

AB 3632 is the assembly bill which provides for coordination of a number of state agencies to provide services to children with disabilities in special education. One of these agencies is Community Mental Health (CMH) and the term "AB 3632" is often used interchangeably with "CMH Services". CMH, not the school district, determines if services are needed and if so, recommends the level of care. If CMH services are deemed needed, a continuum of services must be considered ranging from after school therapy to a class with an on-site therapist, to a day treatment program (all day program with therapy) to residential placement.

Initial Assessment: If CMH is not currently involved with the student, the referral to CMH for assessment must be made by the IEP team. A referral packet documents services and/or interventions that have been provided and why they are "clearly inadequate or inappropriate." If a student is not currently eligible for special education, a referral can still be made to CMH based on preliminary assessment results with the same referral packet information.

Level of Care Assessment: If CMH is currently involved and the student is not making progress as expected, a referral is made for a level of care assessment to determine if services should be changed. Changes in services must occur through the IEP process.

Note: If the LEA (district) and parent are in disagreement on any aspect of CMH services or eligibility, the parent can request local mediation or exercise their due process rights.

Sequence of Referral to CMH

ACTION	TIME LINE
Referral for CMH Assessment: LEA, IEP team or parent can initiate a referral for assessment of a student's social and emotional status. An IEP team meeting will be convened to discuss assessment results and determine if any additional services are needed, including making a referral to CMH. A referral to CMH requires parental consent.	Within 5 days , district sends referral to CMH. Within 5 days , of receipt of referral, CMH to determine if assessment is necessary. If not necessary, must notify parent and district within 1 day. Within 15 days of receipt of the district's referral, (if assessment is needed) CMH provides parent with an assessment plan and a consent form.
Assessment Performed <ul style="list-style-type: none"> • review records (IEPs, educational or psychological assessments, other relevant reports, behavior plans) • interview child, family • interview staff 	Within 60 days of receipt of the parent's consent, the assessment must be completed and the IEP team convened to review the results.
Written Report	At least 2 days prior to the IEP team meeting, CMH must provide written copy of the report to the parents and appropriate members of the IEP team and must review and discuss recommendations with parent before IEP meeting.
IEP Meeting – discussion of recommendation If services are needed OR a change in the level of services is needed: <ul style="list-style-type: none"> • goals are agreed upon • services agreed upon • parental consent for services obtained 	Within 60 calendar days of receipt of the parent's consent (see above explanation of the 60 day requirement) IEP meeting must be held to discuss assessment results and recommendations.
IF residential placement is recommended: <ul style="list-style-type: none"> • the LEA will convene an expanded IEP team to recommend placement • The LEA will convene to review placement 	Within 30 calendar days of a recommendation for residential placement, expanded IEP team meeting will be convened. Within 60 calendar days of placement, expanded IEP team must review placement.

Interim Placements: When a student who has been receiving mental health services pursuant to the IEP transfers into a school district from another school district, the new district (LEA) shall refer the student to CMH within 5 working days to determine appropriate mental health services. Interim services must be provided per the existing IEP for no more than 30 days unless the parent agrees otherwise.

System of Care: In several counties, including Marin and Napa, if a student is at risk for out of home placement and there are other high risk factors, CMH can refer families in need of more in-depth support to the System of Care in order to keep children with their family.

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Emotional Disturbance

◇ Definition ◇

Many terms are used to describe emotional, behavioral, or mental disorders. Currently, students with such conditions are categorized as having an emotional disturbance, which is defined under the Individuals with Disabilities Education Act (IDEA) as follows:

“...a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance—

- (A) An inability to learn that cannot be explained by intellectual, sensory, or health factors.
- (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
- (C) Inappropriate types of behavior or feelings under normal circumstances.
- (D) A general pervasive mood of unhappiness or depression.
- (E) A tendency to develop physical symptoms or fears

associated with personal or school problems.” [*Code of Federal Regulations*, Title 34, §300.7(c)(4)(i)]

As defined by IDEA at §300.7(c)(4)(ii), emotional disturbance includes schizophrenia but does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance.



*NICHCY is the
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✧ Incidence ✧

In the 2000-2001 school year, 473,663 children and youth with emotional disturbance were provided special education and related services in the public schools (*Twenty-fourth Annual Report to Congress*, U.S. Department of Education, 2002).



✧ Characteristics ✧

The causes of emotional disturbance have not been adequately determined. Although various factors such as heredity, brain disorder, diet, stress, and family functioning have been suggested as possible causes, research has not shown any of these factors to be the direct cause of behavior or emotional problems. Some of the characteristics and behaviors seen in children who have emotional disturbances include:

- Hyperactivity (short attention span, impulsiveness);
- Aggression/self-injurious behavior (acting out, fighting);
- Withdrawal (failure to initiate interaction with others, retreat from exchanges or social interaction, excessive fear or anxiety);
- Immaturity (inappropriate crying, temper tantrums, poor coping skills); and
- Learning difficulties (academically performing below grade level).

Don't Be Shy!

All of our publications and resource lists are online—help yourself! Visit us at:

www.nichcy.org

If you'd like personalized assistance, email or call us:

nichcy@aed.org

1.800.695.0285
(V/TTY)

Children with the most serious emotional disturbances may exhibit distorted thinking, excessive anxiety, bizarre motor acts, and abnormal mood swings. Some are identified as children who have severe psychosis or schizophrenia.

Many children who do not have emotional disturbance may display some of these same behaviors at various times during their development. However, when children have an emotional disturbance, these behaviors continue over long periods of time. Their behavior signals that they are not coping with their environment or peers.



◆ Educational Implications ◆

The educational programs for children with an emotional disturbance need to include attention to providing emotional and behavioral support as well as helping them to master academics, develop social skills, and increase self-awareness, self-control, and self-esteem. A large body of research exists regarding methods of providing students with positive behavioral support (PBS) in the school environment, so that problem behaviors are minimized and positive, appropriate behaviors are fostered. (See the resource list at the end of this publication for more information on PBS.) It is also important to know that, within the school setting:

- For a child whose behavior impedes learning (including the learning of others), the team developing the child's Individualized Education Program (IEP) needs to consider, if appropriate, strategies to address that behavior, including positive behavioral interventions, strategies, and supports.
- Students eligible for special education services under the category of emotional disturbance may have IEPs that include psychological or counseling services. These are important related services which are available under law and are to be provided by a qualified social worker, psychologist, guidance counselor, or other qualified personnel.
- Career education (both vocational and academic) is also a major part of secondary education and should be a part of the transition plan included in every adolescent's IEP.

There is growing recognition that families, as well as their children, need support, respite care, intensive case management, and a collaborative, multi-agency approach to services. Many communities are working toward providing these wrap-around services. There are a growing number of agencies and organizations actively involved in establishing support services in the community.

Other Helpful Things to Know

These NICHCY publications talk about topics important to parents of a child with a disability.

Parenting a Child with Special Needs

Your Child's Evaluation

Parent to Parent Support

Questions Often Asked by Parents About Special Education Services

Developing Your Child's IEP

All are available in English and in Spanish—on our Web site or by contacting us.

A large body of research exists regarding methods of providing students with positive behavioral support (PBS) in the school environment.

◇ Other Considerations ◇

Families of children with an emotional disturbance may need help in understanding their children's condition and in learning how to work effectively with them. Parent support groups can be helpful in this regard. Organizations such as the National Mental Health Association (NMHA) and the National Alliance for the Mentally Ill (NAMI) have parent groups in every state. (See "Organizations.") Help is also available from psychiatrists, psychologists, or other mental health professionals in public or private mental health settings. Children should be provided services based on their individual needs, and all persons who are involved with these children should be aware of the care they are receiving. It is important to coordinate all services between home, school, and therapeutic community with open communication.

◇ Resources ◇

Greene, R.W. (2001). *The explosive child: A new approach for understanding and parenting easily frustrated chronically inflexible children*. New York: Harper Collins. (Phone: 212.207.7000. Web: www.harpercollins.com/hc/home.asp)

Jordan, D. (2001). *A guidebook for parents of children with emotional or behavior disorders* (3rd ed.). Minneapolis, MN: PACER. (Phone: 888.248.0822. Web: www.pacer.org)

Koplewicz, H.S. (1997). *It's nobody's fault: New hope and help for difficult children*. New York: Three Rivers Press. (To find a local or online bookseller, go to: www.randomhouse.com/reader_resources/ordering.html)

Miller, J.A. (1999). *The childhood depression sourcebook*. New York: McGraw-Hill. (Phone: 877.833.5524. Web: <http://books.mcgraw-hill.com>)

Papolos, D., & Papolos, J. (2002). *The bipolar child*. New York: Broadway. (To find a local or online bookseller, go to: www.randomhouse.com/reader_resources/ordering.html)

Wilens, T.E. (1998). *Straight talk about psychiatric medications for kids*. New York: Guilford. (Phone: 800.365.7006. Web: www.guilford.com)

◇ Organizations ◇

American Academy of Child and Adolescent Psychiatry, Public Information Office
3615 Wisconsin Ave., NW
Washington, DC 20016-3007
202.966.7300
www.aacap.org

Center on Positive Behavioral Interventions and Supports
5262 University of Oregon
Eugene, OR 97403-5262
541.346.2505
pbis@oregon.uregon.edu
www.pbis.org

Federation of Families for Children's Mental Health, 1101 King Street, Suite 420
Alexandria, VA 22314
703.684.7710
ffcmh@ffcmh.org
www.ffcmh.org

National Alliance for the Mentally Ill (NAMI)
Colonial Place Three, 2107 Wilson Boulevard,
Suite 300, Arlington, VA 22201-3042
703.524.7600; 703.516.7227 (TTY)
800.950.6264
www.nami.org

National Mental Health Association
2001 N. Beauregard St., 12th Floor
Alexandria, VA 22311
703.684.7722; 800.969.6642
800.433.5959 (TTY)
www.nmha.org

National Mental Health Information Center
P.O. Box 42557
Washington, DC 20015
800.789.2647; 866.889.2647 (TTY)
www.mentalhealth.org

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Child and Adolescent Mental Health

This document is from: U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration www.mentalhealth.samhsa.gov

Mental Health Is Important

Mental health is how people think, feel, and act as they face life's situations. It affects how people handle stress, relate to one another, and make decisions. Mental health influences the ways individuals look at themselves, their lives, and others in their lives. Like physical health, mental health is important at every stage of life.

All aspects of our lives are affected by our mental health. Caring for and protecting our children is an obligation and is critical to their daily lives and their independence.

Children and Adolescents Can Have Serious Mental Health Problems

Like adults, children and adolescents can have mental health disorders that interfere with the way they think, feel, and act. When untreated, mental health disorders can lead to school failure, family conflicts, drug abuse, violence, and even suicide. Untreated mental health disorders can be very costly to families, communities, and the health care system.

In this fact sheet, "Mental Health Problems" for children and adolescents refers to the range of all diagnosable emotional, behavioral, and mental disorders. They include depression, attention-deficit/hyperactivity disorder, and anxiety, conduct, and eating disorders. Mental health problems affect one in every five young people at any given time.

"Serious Emotional Disturbances" for children and adolescents refers to the above disorders when they severely disrupt daily functioning in home, school, or community. Serious emotional disturbances affect 1 in every 10 young people at any given time.

Mental Health Disorders Are More Common in Young People than Many Realize

Studies show that at least one in five children and adolescents have a mental health disorder. At least one in 10, or about 6 million people, have a serious emotional disturbance.¹

The Causes Are Complicated

Mental health disorders in children and adolescents are caused mostly by biology and environment. Examples of biological causes are genetics, chemical imbalances in the body, or damage to the central nervous system, such as a head injury. Many environmental factors also put young people at risk for developing mental health disorders. Examples include:

- Exposure to environmental toxins, such as high levels of lead;

- Exposure to violence, such as witnessing or being the victim of physical or sexual abuse, drive-by shootings, muggings, or other disasters;
- Stress related to chronic poverty, discrimination, or other serious hardships; and
- The loss of important people through death, divorce, or broken relationships.

Signs of Mental Health Disorders Can Signal a Need for Help

Children and adolescents with mental health issues need to get help as soon as possible. A variety of signs may point to mental health disorders or serious emotional disturbances in children or adolescents. Pay attention if a child or adolescent you know has any of these warning signs:

A child or adolescent is troubled by feeling:

- Sad and hopeless for no reason, and these feelings do not go away.
- Very angry most of the time and crying a lot or overreacting to things.
- Worthless or guilty often.
- Anxious or worried often.
- Unable to get over a loss or death of someone important.
- Extremely fearful or having unexplained fears.
- Constantly concerned about physical problems or physical appearance.
- Frightened that his or her mind either is controlled or is out of control.

A child or adolescent experiences big changes, such as:

- Showing declining performance in school.
- Losing interest in things once enjoyed.
- Experiencing unexplained changes in sleeping or eating patterns.
- Avoiding friends or family and wanting to be alone all the time.
- Daydreaming too much and not completing tasks.
- Feeling life is too hard to handle.
- Hearing voices that cannot be explained.
- Experiencing suicidal thoughts.

A child or adolescent experiences:

- Poor concentration and is unable to think straight or make up his or her mind.
- An inability to sit still or focus attention.
- Worry about being harmed, hurting others, or doing something "bad".
- A need to wash, clean things, or perform certain routines hundreds of times a day, in order to avoid an unsubstantiated danger.
- Racing thoughts that are almost too fast to follow.
- Persistent nightmares.

A child or adolescent behaves in ways that cause problems, such as:

- Using alcohol or other drugs.

- Eating large amounts of food and then purging, or abusing laxatives, to avoid weight gain.
- Dieting and/or exercising obsessively.
- Violating the rights of others or constantly breaking the law without regard for other people.
- Setting fires.
- Doing things that can be life threatening.
- Killing animals.

Comprehensive Services through Systems of Care Can Help

Some children diagnosed with severe mental health disorders may be eligible for comprehensive and community-based services through systems of care. Systems of care help children with serious emotional disturbances and their families cope with the challenges of difficult mental, emotional, or behavioral problems. To learn more about systems of care, call the National Mental Health Information Center at 1-800-789-2647, and request fact sheets on systems of care and serious emotional disturbances, or visit the Center's web site at <http://www.mentalhealth.samhsa.gov>

Finding the Right Services Is Critical

To find the right services for their children, families can do the following:

- Get accurate information from hotlines, libraries, or other sources.
- Seek referrals from professionals.
- Ask questions about treatments and services.
- Talk to other families in their communities.
- Find family network organizations.

It is critical that people who are not satisfied with the mental health care they receive discuss their concerns with providers, ask for information, and seek help from other sources.

Important Messages About Child and Adolescent Mental Health:

- Every child's mental health is important.
- Many children have mental health problems.
- These problems are real, painful, and can be severe.
- Mental health problems can be recognized and treated.
- Caring families and communities working together can help.
- Information is available; call 1-800-789-2647.

This is one of many fact sheets on children's mental health disorders. All the fact sheets listed below are written in an easy-to-read style. Families, caretakers, and media professionals may find them helpful when looking for information about mental health disorders. For free copies, call 1-800-789-2647, or visit <http://www.mentalhealth.samhsa.gov>

Fact Sheets on Related Topics:

Order Number Title

CA-0000	Caring for Every Child's Mental Health Campaign Products Catalog
CA-0004	Child and Adolescent Mental Health
CA-0005	Child and Adolescent Mental Health: Glossary of Terms
CA-0007	Children and Adolescents With Anxiety Disorders
CA-0008	Children and Adolescents With Attention-Deficit/Hyperactivity Disorder
CA-0009	Children and Adolescents With Autism
CA-0010	Children and Adolescents With Conduct Disorder
CA-0011	Children and Adolescents With Severe Depression
CA-0014	Facts About Systems of Care for Children's Mental Health

Mental Health Resources on the internet:

Centers for Disease Control and Prevention
www.cdc.gov/mentalhealth/

ClinicalTrials.gov, National Institutes of Health
www.clinicaltrials.gov

Food and Drug Administration
www.fda.gov

Substance Abuse and Mental Health Services Administration
www.samhsa.gov

- A Family Guide to Keeping Youth Mentally Healthy and Drug Free
www.samhsa.gov/centers/clearinghouse/clearinghouses.html
- SAMHSA's National Mental Health Information Center
<http://www.mentalhealth.samhsa.gov>

National Institute of Mental Health
www.nimh.nih.gov

- Child and Adolescent Mental Health
www.nimh.nih.gov/publicat/pubListing.cfm?dID=23

Endnotes

¹ 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.

Children's Mental Health Facts

Children and Adolescents with Mental, Emotional, and Behavioral Disorders

Mental, Emotional, and Behavioral Disorders Are Real

This document is from: U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration www.mentalhealth.samhsa.gov

The Disorders:

Anxiety Disorders, Severe Depression, Bipolar Disorder, Attention-deficit/Hyperactivity Disorder, Learning Disorders, Conduct Disorder, Eating Disorders, Autism, Schizophrenia

Treatment, Support Services, and Research: Sources of Hope

Other Fact Sheets in this Series

Important Messages About Children's and Adolescents' Mental Health

Mental Health Resources on the Internet

For More Information

Systems of Care

Endnotes

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).

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Treatment, Support Services, and Research: Sources of Hope

Now, more than ever before, there is hope for young people with mental, emotional, and behavioral disorders. Most of the symptoms and distress associated with childhood and adolescent mental, emotional, and behavioral disorders can be alleviated with timely and appropriate treatment and supports.

In addition, researchers are working to gain new scientific insights that will lead to better treatments and cures for mental, emotional, and behavioral disorders. Innovative studies also are exploring new ways of delivering services to prevent and treat these disorders. Research efforts are expected to lead to more effective use of existing treatments, so children and their families can live happier, healthier, and more fulfilling lives.

Many of these research studies are funded by Federal agencies within the Department of Health and Human Services, including the:

- National Institutes of Health
 - *National Institute of Mental Health*
 - *National Institute of Child Health and Human Development*

- *National Institute on Drug Abuse*
- *National Institute on Alcohol Abuse and Alcoholism*
- Substance Abuse and Mental Health Services Administration
 - *Center for Mental Health Services*
 - *Center for Substance Abuse Prevention*
 - *Center for Substance Abuse Treatment*
- Administration for Children and Families
- Health Resources and Services Administration

Related activities are taking place within the:

- Department of Education
- Department of Justice

This is one of many fact sheets in a series on children's mental health disorders. All the fact sheets listed below are written in an easy-to-read style. Families, caretakers, and media professionals may find them helpful when researching particular mental health disorders. To obtain free copies, call 1-800-789-2647 or visit <http://www.mentalhealth.samhsa.gov/child>.

Other Fact Sheets in this Series are:

Order Number	Title
CA-0000	Caring for Every Child's Mental Health Campaign Products Catalog
CA-0004	Child and Adolescent Mental Health
CA-0005	Child and Adolescent Mental Health: Glossary of Terms
CA-0007	Children and Adolescents With Anxiety Disorders
CA-0008	Children and Adolescents With Attention-Deficit/Hyperactivity Disorder
CA-0009	Children and Adolescents With Autism
CA-0010	Children and Adolescents With Conduct Disorder
CA-0011	Children and Adolescents With Severe Depression
CA-0014	Facts About Systems of Care for Children's Mental Health

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.

Mental Health Resources on the Internet

Centers for Disease Control and Prevention
www.cdc.gov

ClinicalTrials.gov, National Institutes of Health
<http://clinicaltrials.gov/>

Substance Abuse and Mental Health Services Administration
<http://www.mentalhealth.samhsa.gov>

National Institute of Mental Health
www.nimh.nih.gov

For information about children's mental health, contact SAMHSA's National Mental Health Information Center:

Toll-free: 800-789-2647

Fax: 240-747-5470

TDD: 866-889-2647

Systems of Care

Some children diagnosed with severe mental health disorders may be eligible to obtain comprehensive and community-based services through systems of care for children's mental health. Systems of care help children with serious emotional disturbances and their families cope with the challenges of very difficult mental health, emotional, or behavioral problems. To learn more about systems of care, call 301-443-1333, or to request a free fact sheet on systems of care, call 1-800-789-2647.

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.

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Glossary of Terms

Child and Adolescent Mental Health

This document is from: U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration www.mentalhealth.samhsa.gov

This glossary contains terms frequently used when referring to the mental health needs of children and adolescents. The list is alphabetical. Words in *italics* are defined separately within the glossary. Since the words *service* and *services* are used frequently throughout the glossary, it may be helpful to begin by reading the definition for *service*.

The terms in this glossary describe ideal services. These services may not be available in all communities. The Comprehensive Community Mental Health Services Program for Children and Their Families, administered by the Center for Mental Health Services (CMHS), has grantees in communities across the country that are demonstrating these services. For more information about children's mental health issues or services, call SAMHSA's National Mental Health Information Center at 1-800-789-2647.

Accessible services:

Services that are affordable, located nearby, and open during evenings and weekends. Staff is sensitive to and incorporates individual and cultural values. Staff is also sensitive to barriers that may keep a person from getting help. For example, an adolescent may be more willing to attend a support group meeting in a church or club near home than to travel to a mental health center. An accessible service can handle consumer demand without placing people on a long waiting list.

Appropriate services:

Designed to meet the specific needs of each individual child and family. For example, one family may need *day treatment*, while another may need *home-based services*. Appropriate services for one child and family may not be appropriate for another. Appropriate services usually are provided in the child's community.

Assessment:

A professional review of child and family needs that is done when services are first sought from a *caregiver*. The assessment of the child includes a review of physical and mental health, intelligence, school performance, family situation, and behavior in the community. The assessment identifies the strengths of the child and family. Together, the *caregiver* and family decide what kind of treatment and supports, if any, are needed.

Caregiver:

A person who has special training to help people with mental health problems. Examples include social workers, teachers, psychologists, psychiatrists, and mentors.

Case manager:

An individual who organizes and coordinates services and supports for children with mental health problems and their families. (Alternate terms: service coordinator, advocate, and facilitator.)

Case management:

A service that helps people arrange for *appropriate services* and supports. A *case manager* coordinates mental health, social work, educational, health, vocational, transportation, advocacy, *respite care*, and recreational services, as needed. The *case manager* makes sure that the changing needs of the child and family are met. (This definition does not apply to *managed care*.)

Child protective services:

Designed to safeguard the child when abuse, neglect, or abandonment is suspected, or when there is no family to take care of the child. Examples of help delivered in the home include financial assistance, vocational training, homemaker services, and daycare. If in-home supports are insufficient, the child may be removed from the home on a temporary or permanent basis. Ideally, the goal is to keep the child with the family whenever possible.

Children and adolescents at risk for mental health problems:

Children are at greater risk for developing mental health problems when certain factors occur in their lives or environments. Factors include physical abuse, emotional abuse or neglect, harmful stress, discrimination, poverty, loss of a loved one, frequent relocation, alcohol and other drug use, trauma, and exposure to violence.

Continuum of care:

A term that implies a progression of services that a child moves through, usually one service at a time. More recently, it has come to mean comprehensive services. Also see *system of care* and *wraparound services*.

Coordinated services:

Child-serving organizations talk with the family and agree upon a *plan of care* that meets the child's needs. These organizations can include mental health, education, juvenile justice, and child welfare. *Case management* is necessary to coordinate services. Also see *family-centered services* and *wraparound services*.

Crisis residential treatment services:

Short-term, round-the-clock help provided in a nonhospital setting during a crisis. For example, when a child becomes aggressive and uncontrollable, despite in-home supports, a parent can temporarily place the child in a *crisis residential treatment service*. The purposes of this care are to avoid *inpatient hospitalization*, help stabilize the child, and determine the next appropriate step.

Cultural competence:

Help that is sensitive and responsive to cultural differences. *Caregivers* are aware of the impact of culture and possess skills to help provide services that respond appropriately to a person's unique cultural differences, including race and ethnicity, national origin, religion, age, gender, sexual orientation, or physical disability. They also adapt their skills to fit a family's values and customs.

Day treatment:

Day treatment includes special education, counseling, parent training, vocational training, skill building, crisis intervention, and recreational therapy. It lasts at least 4 hours a day. *Day treatment* programs work in conjunction with mental health, recreation, and education organizations and may even be provided by them.

DSM-IV (*Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*):

An official manual of mental health problems developed by the American Psychiatric Association. Psychiatrists, psychologists, social workers, and other health and mental health care providers use this reference book to understand and diagnose mental health problems. Insurance companies and health care providers also use the terms and explanations in this book when discussing mental health problems.

Early intervention:

A process used to recognize warning signs for mental health problems and to take early action against factors that put individuals at risk. *Early intervention* can help children get better in less time and can prevent problems from becoming worse.

Emergency and crisis services:

A group of services that is available 24 hours a day, 7 days a week, to help during a mental health emergency. Examples include telephone crisis hotlines, suicide hotlines, crisis counseling, *crisis residential treatment services*, crisis outreach teams, and crisis respite care.

Family-centered services:

Help designed to meet the specific needs of each individual child and family. Children and families should not be expected to fit into services that do not meet their needs. Also see *appropriate services*, *coordinated services*, *wraparound services*, and *cultural competence*.

Family support services:

Help designed to keep the family together, while coping with mental health problems that affect them. These services may include consumer information workshops, in-home supports, family therapy, parenting training, *crisis services*, and *respite care*.

Home-based services:

Help provided in a family's home either for a defined period of time or for as long as it takes to deal with a mental health problem. Examples include parent training, counseling, and working with family members to identify, find, or provide other necessary help. The goal is to prevent the child from being placed outside of the home. (Alternate term: in-home supports.)

Independent living services:

Support for a young person living on his or her own. These services include *therapeutic group homes*, supervised apartment living, and job placement. Services teach youth how to handle financial, medical, housing, transportation, and other daily living needs, as well as how to get along with others.

Individualized services:

Services designed to meet the unique needs of each child and family. Services are individualized when the *caregivers* pay attention to the needs and strengths, ages, and stages of development of the child and individual family members. Also see *appropriate services* and *family-centered services*.

Inpatient hospitalization:

Mental health treatment provided in a hospital setting 24 hours a day. Inpatient hospitalization provides: (1) short-term treatment in cases where a child is in crisis and possibly a danger to his/herself or others, and (2) diagnosis and treatment

when the patient cannot be evaluated or treated appropriately in an outpatient setting.

Managed care:

A way to supervise the delivery of health care services. *Managed care* may specify which *caregivers* the insured family can see and may also limit the number of visits and kinds of services that are covered by insurance.

Mental health:

How a person thinks, feels, and acts when faced with life's situations. *Mental health* is how people look at themselves, their lives, and the other people in their lives; evaluate their challenges and problems; and explore choices. This includes handling stress, relating to other people, and making decisions.

Mental health problems:

Mental health problems are real. They affect one's thoughts, body, feelings, and behavior. Mental health problems are not just a passing phase. They can be severe, seriously interfere with a person's life, and even cause a person to become disabled. Mental health problems include depression, bipolar disorder (manic-depressive illness), attention-deficit/hyperactivity disorder, anxiety disorders, eating disorders, schizophrenia, and conduct disorder.

Mental disorders:

Another term used for *mental health problems*.

Mental illnesses:

This term is usually used to refer to severe mental health problems in adults.

Plan of care:

A treatment plan especially designed for each child and family, based on individual strengths and needs. The *caregiver(s)* develop(s) the plan with input from the family. The plan establishes goals and details appropriate treatment and services to meet the special needs of the child and family.

Residential treatment centers:

Facilities that provide treatment 24 hours a day and can usually serve more than 12 young people at a time. Children with *serious emotional disturbances* receive constant supervision and care. Treatment may include individual, group, and family therapy; behavior therapy; special education; recreation therapy; and medical services. Residential treatment is usually more long-term than *inpatient hospitalization*. Centers are also known as *therapeutic group homes*.

Respite care:

A service that provides a break for parents who have a child with a *serious emotional disturbance*. Trained parents or counselors take care of the child for a brief period of time to give families relief from the strain of caring for the child. This type of care can be provided in the home or in another location. Some parents may need this help every week.

Serious emotional disturbances:

Diagnosable disorders in children and adolescents that severely disrupt their daily functioning in the home, school, or community. Serious emotional disturbances affect one in 10 young people. These disorders include depression, attention-deficit/hyperactivity, anxiety disorders, conduct disorder, and eating disorders.

Service:

A type of support or clinical intervention designed to address the specific mental health needs of a child and his or her family. A service could be provided only one time or repeated over a course of time, as determined by the child, family, and service provider.

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.

For free information about child and adolescent mental health, including publications, references, and referrals to local and national resources and organizations, contact SAMHSA's National Mental Health Information Center at 1-800-789-2647 (toll-free), 866-889-2647 (TDD), 240-747-5470 (fax), or <http://www.mentalhealth.samhsa.gov/child>.