

A CLOSER LOOK AT MENTAL HEALTH ISSUES



Signs or symptoms of emotional distress may become apparent first in the classroom since students spend much of their time with teachers. You've learned about 'red flag' behaviors that should prompt a referral to your school-based mental health professionals. You may also be curious about specific disorders. Following are descriptions of some of the disorders and problems that can occur during childhood and adolescence.

Keep in mind these disorders and problems can:

- have a serious effect on a child's ability to learn
- have serious effects on overall health, functioning and development
- range from mild to severe
- co-occur (child may have more than one)
- more often than not, begin by or before the age of 14
- **be effectively treated**
- be identified early and treated to minimize disrupted development and long-term disability

Finally, be aware that many of the 'red flag' behaviors are common across disorders and problems. Therefore, a thorough assessment by a trained mental health professional is the second step to effective and appropriate treatment. The first step is YOU: Be the Link to recognize the problem and refer it to your school-based mental health professional.

Problems Experienced in Childhood and Adolescence

Self Harm or Self-Injury

Self-injury is characterized as any sort of self-harm that involves inflicting injury or pain on one's own body, or the deliberate alteration or destruction of body tissue without conscious suicidal intent. A common example is cutting or burning the skin. Those who cut or injure themselves seek to escape from intense emotions or achieve some level of focus. Suicidal ideation and self-harm may be considered distinctly different in intent, although self-injurious behavior may put children at higher risk over time for suicidality or death. Statistics on self-injury are difficult to come by since most young people try to hide the activity, but general studies point to a lifetime prevalence of 15-20%.

Suicidal Thoughts

Suicide is the third leading cause of death among young people. Most suicidal persons desperately want to live; however, they are unable to see alternatives to their problems. Disorders such as depression place young people at higher risk of suicide. Although many people at some time in their lives think about suicide, most decide to live because they are able to realize that the crisis is temporary and death is permanent. Yet children and adolescents having a crisis sometimes perceive their dilemma as inescapable and feel an utter loss of control. A recent Kansas survey shows 1 in 7 young people seriously considered suicide. Young people experiencing suicidal thoughts should not be left alone and professional help must be sought immediately.

Abuse and Domestic Violence

Children and adolescents can be the recipients of abuse as well as witness domestic violence, both of which can have serious and devastating effects. These forms of violence are common, cutting across economic and racial groups. Nearly one in four women experience domestic violence, and child abuse investigations are conducted for 1 in 10 children. Both forms of violence can cause children to regress developmentally, suffer from anxiety, depression or PTSD, or become more aggressive themselves. Abuse and domestic violence have many forms, including physical violence, sexual abuse, emotional abuse, intimidation, economic deprivation or threats of violence. There can be variations in frequency (on/off, occasional, chronic) and severity (in terms of both psychological or physical injury – mild, moderate, severe, up to homicide). Research has shown trauma, such as occurs in these instances of violence, impacts brain development, including shrinkage of the hippocampus.

Stress

Stress is so ubiquitous in our culture that its serious effects on children, adolescents and adults tend to be minimized or dismissed. A biological fact is that “when stress is up, cognition is down” due to an enzyme released in the brain during even mild stress that impairs thinking and memory-related cell firing. Chronic stress is linked to atrophy and loss of hippocampal neurons in the brain. New associative memories cannot be made or learned without the hippocampus. In addition, research has helped pinpoint that people with a ‘stress sensitive’ serotonin transporter gene (68% of us!) are especially vulnerable to developing depression after exposure to stressful life events.

Loss & Grief

Children of all ages grieve and experience a variety of losses. These include losses of pets, separations caused by divorce or moves, losses of friends and relationships, as well as losses due to illness or death. In addition, in the school setting children can experience a loss of esteem or sense of themselves as capable and competent if they experience repeated social and/or academic failure. All of these losses generate grief. A young person’s development and experiences affects the grieving process; often they do not know how to cope. Children, like adults, do not “get over” significant losses, but they will learn to live with the loss. They may revisit that loss at different points in their lives and experience grief again. By providing solid support and strong consistent care, and allowing young people to use creative approaches (play, art, dance, music, and ritual) as modes of expression, adults can help children cope with loss.

Out of Home Placement

Hospitalization, foster care, residential and group homes, and time in juvenile detention facilities are some examples of the places children go when they must be removed from their homes because of child safety concerns as a result of serious parent-child conflict, or to treat serious physical, emotional or behavioral health conditions which cannot be addressed within the family. In addition, children may have informal stays in friends or relatives' homes for various reasons. More than 6,000 children in Kansas are in foster care each year. Out-of-home care is intended to be temporary—the goal is to return children home as soon as possible or achieve permanency with another family when this is not possible. Children and adolescents experiencing out-of-home placement are especially vulnerable to grief, rage, sadness, despair, and disrupted development, and also to mental health disorders.

Homelessness

Homelessness often leads to frequent moving and upheaval, which eliminate the feelings of safety, stability, and predictability that are so important for healthy growth. A disproportionate number of the homeless are fleeing immediate or very recent experiences of domestic or sexual violence. Homeless individuals lack a fixed, regular, and adequate nighttime residence and includes children (and families) who: are sharing the housing of other persons; are living in motels, hotels, cars, parks, public spaces, abandoned buildings, bus or train stations, trailer parks, or camping grounds due to the lack of alternative accommodations; or are living in emergency or transitional shelters. Both youth who have run away from home and “throwaway children” (i.e. those whose parents or guardians will not permit them to live at home) are considered homeless, as are those abandoned in hospitals, or those who are awaiting foster care placement. Homeless youth may experience: gaps in skill development, numerous absences, poor organizational skills, unmet medical and dental needs, hoarding food due to chronic hunger, fatigue – falling asleep in class, significant hygiene issues due to lack of facilities to get clean, poor/short attention span, mistaken diagnosis of abilities, poor self esteem, aggression, and/or anxiety.

Disorders Experienced in Childhood and Adolescence

Anxiety Disorders

Anxiety is among the most common disorders of childhood affecting nearly one in every 10 children and adolescents. We all experience anxiety, but an anxiety disorder is the experiencing of excessive fear, worry or uneasiness that interferes with one's daily lives. Anxiety may make it difficult for a child to concentrate in class, connect with peers, or follow directions. They may have frequent physical complaints or visits to the school nurse. Be aware that seeming oppositional behavior may stem from one of the anxiety disorders. Anxiety disorders include:

Phobia: An unrealistic and overwhelming fear of some objects or situation.

Generalized anxiety disorder: A pattern of excessive, unrealistic worry not attributable to any recent experience.

Panic disorder: Terrifying panic attacks that include physical symptoms such as rapid heart beat and dizziness.

Obsessive-compulsive disorder: Being trapped in a pattern of repeated thoughts and behaviors such as counting or hand washing.

Post traumatic disorder (PTSD): A pattern of flashbacks and other symptoms that occur in children who have experienced a psychologically distressing event such as physical or sexual abuse, being a victim or witness of violence, or exposure to some other traumatic event such as bombing or hurricane.

Major depression

Major depression can occur at any age. In a recent Kansas survey, 1 in 4 children reported symptoms of depression. Studies show that up to six percent of children may have diagnosable depression. Depression makes it difficult to concentrate, remember things, or make decisions. On average, nearly a decade goes by before a person receives treatment, making it more difficult to resolve and causing needless suffering and disrupted development. The disorder is marked by changes in:

Emotion: The two main expressions of depression in children tend to be predominantly sad or predominantly irritable. The sad range: often feels sad, cries, looks tearful, feels worthless. The irritable range: restless, "empty," anger or rage, overreaction to criticism.

Motivation: Schoolwork declines; the child shows little or no interest in play or enjoyable activities.

Physical well-being: There may be changes in appetite or sleep patterns and vague physical complaints.

Thoughts: The child believes that he or she is ugly, that he or she is unable to do anything right, or that life is worthless or hopeless. Some adolescents or even elementary school children with depression may not place any value on their own lives, which may lead to suicide.

Dysthymia

Dysthymia has many of the same characteristics as major depression but with a lower intensity and a longer duration. In children and adolescents, the mood can be irritable and duration must be at least one year.

Bipolar disorder (manic-depressive disorder)

In children and adolescents, bipolar disorder is marked by exaggerated mood swings between extreme lows (depression) and highs (excited or manic phases). Periods of moderate mood occur in between. During a manic phase, the child or adolescent may talk nonstop, need very little sleep and show unusually poor judgment. Bipolar mood swings can recur throughout life. Adults with bipolar disorder, as common as one in 100 adults, often experienced their first symptoms during teenage years.

Attention-deficit/hyperactivity disorder (ADHD)

ADHD occurs in as many as five of every 100 children. A young person with attention-deficit/hyperactivity disorder is unable to focus attention and is often impulsive and easily distracted. Most children with this disorder have great difficulty remaining still, taking turns and keeping quiet. Symptoms must be evident in at least two settings (home and school, for instance) for ADHD to be diagnosed. Many other disorders share symptoms similar to ADHD, and a careful assessment must be conducted to determine an accurate diagnosis. In addition, life problems such as abuse, domestic violence, excessive video gaming, and sleep problems can result in many similar symptoms.

Learning disorders

Learning disorders affect the ability of children and adolescents to receive or express information. These problems can show up as difficulties with spoken and written language, coordination, attention or self-control. Such difficulties can make it harder for a child to learn to read, write or do math.

Oppositional defiance disorder

Oppositional defiant disorder is an ongoing pattern of uncooperative, defiant and hostile behavior toward authority figures that seriously interferes with a youngster's day to day functioning. The behaviors must last at least six months, and do not meet the criteria for conduct disorder.

Conduct disorders

Children and adolescents with conduct disorders act out their feelings or impulses toward others in destructive ways. Young people with conduct disorders repeatedly violate the basic rights of others and the rules of society. The offenses committed by these children and adolescents often become more serious over time. Examples include lying, theft, aggression, truancy, setting fires and vandalism. Adolescents with conduct disorder usually have little care or concern for others. Current research has yielded varying estimates of the number of young people with this disorder; most estimates range from four to 10 of every 100 children and adolescents.

Eating disorders

Eating disorders can be life-threatening. A young person with Anorexia Nervosa, for example, cannot be persuaded to maintain a minimally normal body weight. This child or adolescent is intensely afraid of gaining weight and doesn't believe that she or he is underweight. Anorexia affects one in every 100 to 200 adolescent girls and a much smaller number of boys. Youngsters with Bulimia Nervosa feel compelled to binge (eat huge amounts of food at a time). Afterward, to prevent weight gain, they rid themselves of the food by vomiting, abusing laxatives, taking enemas or exercising obsessively. Reported rates vary from one to three of 100 young people.

Autism spectrum disorder or autism

Autism appears before a child's third birthday. Children with autism have problems interacting and communicating with others. They behave inappropriately, often repeating behaviors over long periods. For example, some children bang their heads, rock or spin objects. The impairments range from mild to severe. Children with autistic disorders may have very limited awareness of others and are at increased risk for other mental disorders. Studies suggest that autism spectrum disorder affects seven to 14 of every 10,000 children.

Schizophrenia

Schizophrenia can be a devastating mental disorder. Young people with schizophrenia have psychotic periods during which they may have hallucinations (sense things that do not exist, such as hearing voices), withdraw from others and lose contact with reality. Other symptoms include delusional or disordered thoughts and an inability to experience pleasure. Schizophrenia is even more rare than autism in children younger than 12, but occurs in about three of every 1,000 adolescents.

Substance Abuse

Using alcohol and other drugs can occur as a stand-alone problem in children and adolescents, or may be an attempt to cope with another underlying mental health disorder or painful environmental circumstances. Substance abuse can also precipitate disorders, such as anxiety and depression. Almost half of children aged 12 and older report using alcohol, and nearly half of those report binge drinking (5 or more on the same occasion). In substance abuse, the child or adolescent uses substances in a way that impairs effective functioning in school, at home or in the community. Substance use is associated with increased risky behavior, such as riding with drunk drivers and sexual activity. A child or adolescent may deny substance use is problematic if peer group engages in and encourages it.

Sources

Mental health issues adapted from:

www.sdvoicesforchildren.org

Mental health definition adapted from SAMHSA material