

# Children's

## Mental Health Fact Sheet

NATIONAL COUNCIL  
FOR COMMUNITY BEHAVIORAL HEALTHCARE

### CHILDREN'S BEHAVIORAL HEALTH PROBLEMS ARE WIDESPREAD

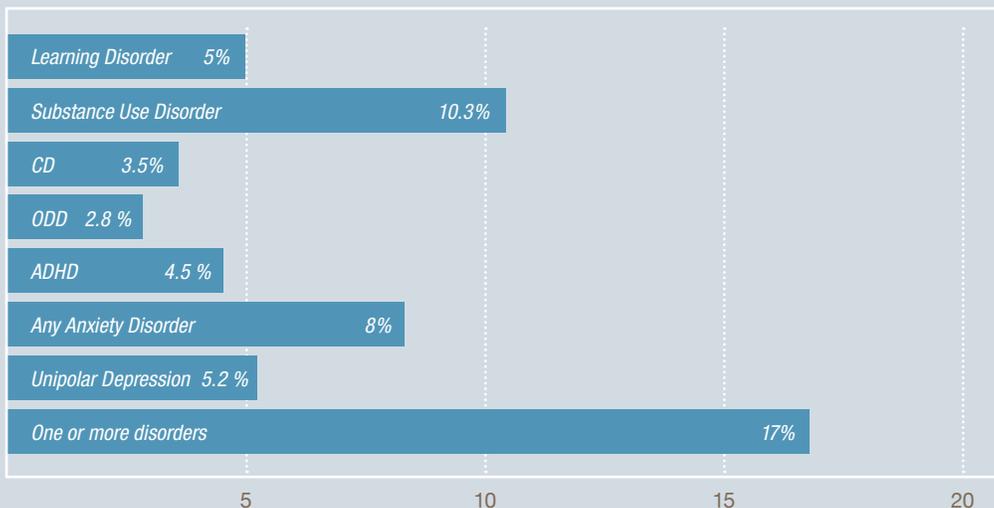
Mental, emotional and behavioral (MEB) health is a critical component of a child's well-being. Almost one in five young people have one or more MEB disorders,<sup>1</sup> and one in 10 youth has mental health problems that are severe enough to impair how they function at home, school, or in the community.<sup>2</sup>

A greater proportion of children and youth in the child welfare and juvenile justice systems have mental health problems.

- >> 50% of children and youth in the child welfare system have mental health problems.<sup>3</sup>
- >> 67% to 70% of youth in the juvenile justice system have a diagnosable mental health disorder.<sup>4</sup>



### Prevalence Estimates of Mental, Emotional and Behavioral Disorders In Young People



CD = Conduct Disorder; ODD = Oppositional Defiant Disorder; ADHD = Attention Deficit Hyperactivity Disorder Source: Preventing Mental, Emotional and Behavioral Disorders Among Young People, 2009. National Research Council and Institute of Medicine, of the National Academies

### EARLY DETECTION AND INTERVENTION ARE CRITICAL

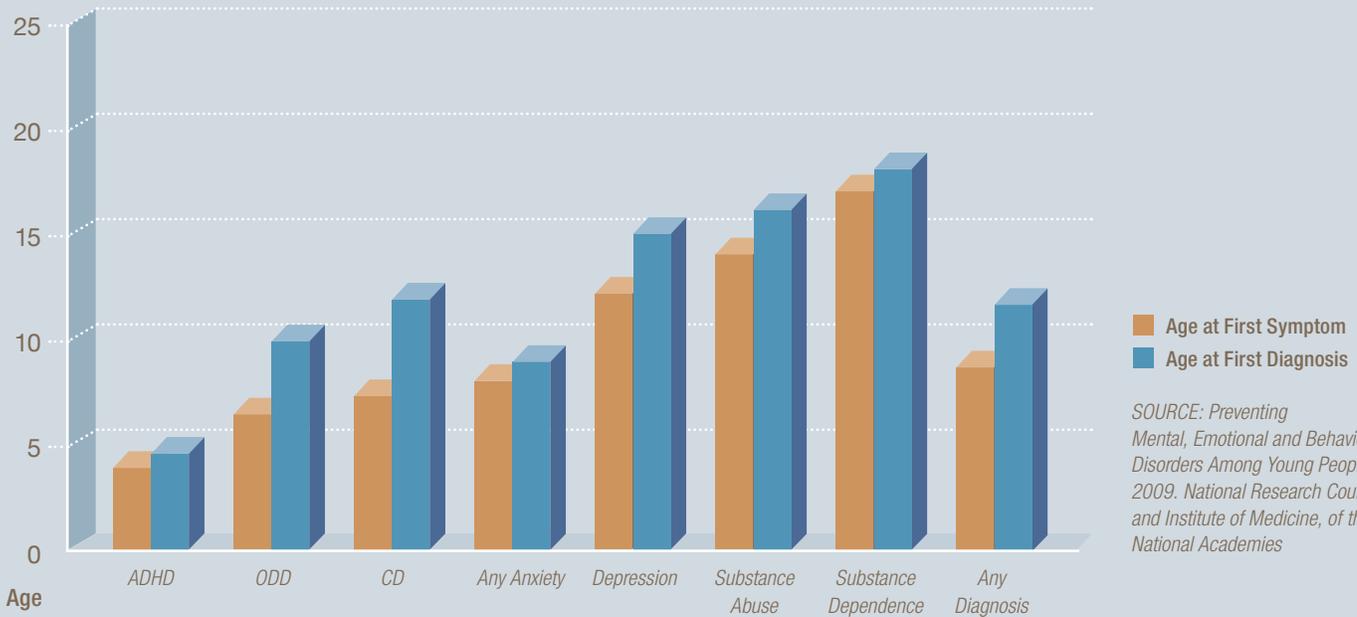
The onset of major mental illness may occur as early as 7 to 11 years old.<sup>5</sup>

- >> Research supported by the National Institute of Mental Health indicates that half of adults with MEB disorders were first diagnosed by age 14 and three fourths were diagnosed by age 24.<sup>6</sup>
- >> Factors that predict mental health problems can be identified in the early years, with children and youth from low-income<sup>7</sup> households at increased risk for mental health problems.<sup>8</sup>



A greater proportion of children and youth in the child welfare and juvenile justice systems have mental health problems than the general population.

### Age at onset of first symptom of full psychiatric disorder, by age 21



### OBSTACLES TO ACCESS AND QUALITY IN MENTAL HEALTH CARE

Several federal commissions and workgroups have documented the need for improved and expanded mental health services for children and youth.<sup>9,10</sup>

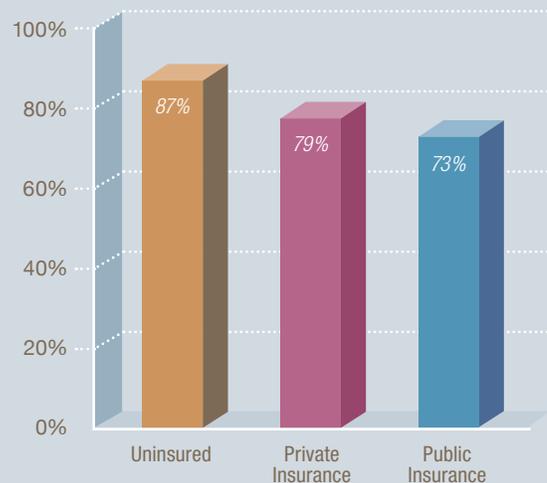
- >> It is estimated that less than 1 in 5 of these children receive the appropriate needed treatment.<sup>11</sup>
- >> Only 15% of youths who had difficulties had parents that actively talked to a health care provider or school staff about their child's emotional or behavioral difficulties.<sup>12</sup>

There is not adequate financial support for quality services to prevent and treat mental health problems of children and youth. Many child mental health services are not covered by managed care payers. In 2007, 3.1 million youths (only 12.5 percent of 12 to 17 year olds) received treatment or counseling for problems with behavior or emotional disturbances in specialty mental health settings (which include inpatient and outpatient care).<sup>13</sup>

### EFFECTIVE TREATMENT AND PREVENTION EXISTS

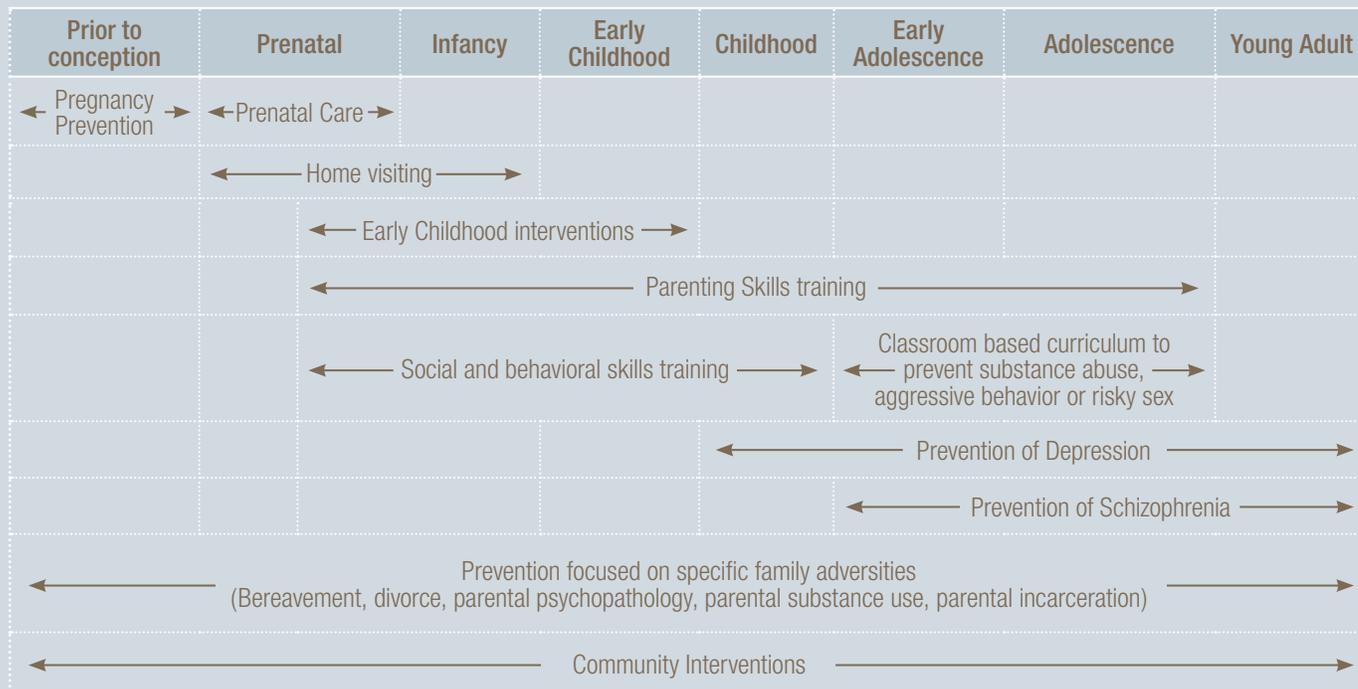
Clear windows of opportunity are available to prevent MEB disorders and related problems before they occur. An intervention before a disorder manifests itself is possible and offers the best opportunity to protect young people. Effective prevention includes strengthening families by targeting problems, strengthening individuals by building resilience and skills, preventing specific disorders by screening individuals at risk, promoting mental health in schools and promoting mental health through health care and community programs. The key to most approaches is to identify risks (biological, psychological and social factors) that may increase a child's risk of MEB disorders.<sup>14</sup>

### Unmet mental health needs of U.S. Children by insurance status



*SOURCE: Katoka, S; Zhang, L.; & Wells, K. (2002). Unmet need for mental health care among U.S. Children: Variation by ethnicity and insurance status. American Journal of Psychiatry. 159 (9), 1548-1555.*

## Interventions by Developmental Phase



SOURCE: Committee on Prevention of Mental Disorders and Substance Abuse Among Children, Youth and Young Adults, 2009

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2. *Children's Mental Health: Facts for Policymakers*, November 2006. National Center for Children in Poverty, Columbia University Mailman School of Public Health.
3. Burns, B.; Phillips, S.; Wagner, H.; Barth, R.; Kolko, D.; Campbell, Y.; & Yandsverk, J. (2004). *Mental health need and access to mental health services by youths involved with child welfare: A national survey. Journal of the American Academy of Child and Adolescent Psychiatry*, 43(8), pp. 960-970.
4. Skowrya, K. R. & Cocozza, J. J. (2006). *Blueprint for change: A comprehensive model for the identification and treatment of youth with mental health needs in contact with the juvenile justice system*. Delmar, NY: The National Center for Mental Health (NCMHJJ) and Policy Research Associates, Inc. <[www.ncmhjj.com/Blueprint/pdfs/Blueprint.pdf](http://www.ncmhjj.com/Blueprint/pdfs/Blueprint.pdf)>.
5. Kessler, R. C.; Beglund, P.; Demler, O.; Jin, R.; & Walters, E. E. (2005). *Lifetime prevalence and the age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. Archives of General Psychiatry*, 62(6), pp. 593-602.
6. "Mental Illness Exact Health Toll, Beginning in Youth" National Institute of mental Health. June 2005 <http://www.nimh.nih.gov/science-news/2005/mental-illness-exacts-heavy-toll-beginning-in-youth.shtml>
7. *The current federal poverty level for a family of 4 is \$20,000. Low-income families make up to twice that amount. For more information on measuring poverty, see NCCP's state profiles at <www.nccp.org> and the U.S. Department of Health and Human Services <www.aspe.hhs.gov/poverty/06poverty.shtml>.*
8. Knitzer, J. & Lefkowitz, J. (2006). *Helping the most vulnerable infants, toddlers, and their families (Pathways to Early School Success Issue Brief No. 1)*. New York, NY: National Center for Children in Poverty, Columbia University Mailman School of Public Health.
9. *Improving the Quality of Health Care for Mental and Substance-Use Conditions, Quality Chasm Series*. Institute of Medicine of the National Academies, 2006.
10. *Preventing Mental, Emotional and Behavioral Disorders Among Young People: Progress and Possibilities*. National Research Council and Institute of Medicine, 2009.
11. "National Action Agenda for Children's Mental Health: Report of the Surgeon General", January 2001 <http://www.surgeongeneral.gov/news/pressreleases/pressreleasechildren.html>
12. Simpson, Gloria et al "Use of Mental Health Services in the Past 12 Month by Children Aged 4-17 Years: United States, 2005-2006" CDC National Center for Health Statistics <http://www.cdc.gov/nchs/data/databriefs/db08.htm>
13. *Results from the 2007 National Survey on Drug Use and Health: National Findings*. SAMHSA <http://www.oas.samhsa.gov/NSDUH/2k7NSDUH/2k7results.cfm>
14. "Preventing Mental, Emotional and Behavioral Disorders Among Young People, Progress and Possibilities: Report Brief for Policymakers" The National Academies, March 2009.