**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, 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.

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.
- > > 67% to 70% of youth in the juvenile justice system have a diagnosable mental health disorder.

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

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning Disorder</td>
<td>5%</td>
</tr>
<tr>
<td>Substance Use Disorder</td>
<td>10.3%</td>
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<tr>
<td>CD</td>
<td>3.5%</td>
</tr>
<tr>
<td>ODD</td>
<td>2.8%</td>
</tr>
<tr>
<td>ADHD</td>
<td>4.5%</td>
</tr>
<tr>
<td>Any Anxiety Disorder</td>
<td>8%</td>
</tr>
<tr>
<td>Unipolar Depression</td>
<td>5.2%</td>
</tr>
<tr>
<td>One or more disorders</td>
<td>17%</td>
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</tbody>
</table>

*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.

- > > 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.

- > > Factors that predict mental health problems can be identified in the early years, with children and youth from low-income households at increased risk for mental health problems.
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.9,10

> It is estimated that less than 1 in 5 of these children receive the appropriate needed treatment.11

> 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.12

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).13

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.14

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www.TheNationalCouncil.org
# Interventions by Developmental Phase

<table>
<thead>
<tr>
<th>Prior to conception</th>
<th>Prenatal</th>
<th>Infancy</th>
<th>Early Childhood</th>
<th>Childhood</th>
<th>Early Adolescence</th>
<th>Adolescence</th>
<th>Young Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy Prevention</td>
<td>Prenatal Care</td>
<td>Home visiting</td>
<td>Early Childhood interventions</td>
<td>Parenting Skills training</td>
<td>Social and behavioral skills training</td>
<td>Classroom based curriculum to prevent substance abuse, aggressive behavior or risky sex</td>
<td>Prevention of Depression</td>
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</tbody>
</table>

**Community Interventions**

- Prevention focused on specific family adversities (bereavement, divorce, parental psychopathology, parental substance use, parental incarceration)

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

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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>.


9. Improving the Quality of Health Care for Mental and Substance-Use Conditions, Quality Chasm Series. Institute of Medicine of the National Academies, 2006.


13. Results from the 2007 National Survey on Drug Use and Health: National Findings. SAMHSA http://www.oas.samhsa.gov/NSDUH/2k7NSDUH/2k7results.cfm