

Children's Mental Health: What the Research Says

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Causes

Mental health problems in children can be caused by environmental stressors – family, community, societal, cultural and/or economic factors. These, in turn, impact brain development or functioning. Mental health problems also may be the result of biomedical disorders, such as chemical imbalances or trauma. However, most mental health problems are viewed as the result of the negative interplay of environmental stressors, genetics, personality characteristics, and brain chemistry.

Cumulative family risk factors (e.g., domestic violence, substance abuse, poverty) contribute to a host of mental health problems, including conduct disorders and depression.

Prevention

Critical to prevention is early identification and intervention. This includes the identification and treatment of depression, substance abuse, domestic violence and other mental health concerns among pregnant mothers and/or their partners, and the early identification of young children who have behavioral and emotional disorders or who are at risk for developing them.

Prevention programs that are effective are designed locally to meet the needs of specific communities and are theory driven. They also are family-focused, intensive, comprehensive, individualized, culturally responsive, holistic, and appropriately timed. Effective prevention programs integrate services, use varied teaching methods, build positive relationships, have well-trained staff, and include an outcome evaluation.

Intensive home visitation programs for high-risk families with infants from trained professionals have shown good results in preventing abuse and neglect and have shown long-term benefits for infants, including fewer arrests and less substance abuse as adolescents.

High-quality, center-based, comprehensive early childhood education and care services that target at-risk children *and* adult family members (through home visits, parent education, support services, referrals, etc.), offer a variety of beneficial short-term outcomes, such as better social skills and school-readiness for children, as well as long-term outcomes, such as greater high school graduation rates, higher rates of employment, and fewer arrests. Such models include some Head Start, Early Head Start, and state-funded preschool programs.

However, for children from very high-risk families (those with five or more risk-factors), or for those who already have emotional/ behavioral disorders, such programs do not produce positive outcomes without additional intensive mental health services and supports, specially trained staff, and therapeutic approaches (such as small groups and large adult/child ratios). Such models include Relief Nurseries and Starting Early Starting Smart sites.

Schools that implement and sustain school-wide, comprehensive positive social relationship and behavioral support programs, including anti-bullying programs, and eliminate punishment have shown success in improving behaviors of students, students' satisfaction with school, and the social and emotional climate of the school. Some programs also show long-term benefits including fewer teen pregnancies and less substance abuse.

Treatment

Wrap-around services, systems of care, and multi-systemic therapy – all of which impact a child's social context in addition to the child directly – show efficacy in stabilizing or improving a variety of mental health disorders, particularly when the services are culturally responsive.

For certain disorders, such as ADD, ADHD, anxiety disorders, and depression, carefully monitored pharmaceutical interventions can be very effective for many children and youth, but are more effective when combined with psycho-social interventions.

Challenges

The challenges are numerous, including:

- Utilization data indicate that although about 20 percent of children under 18 have a diagnosable mental disorder, only about 6 percent receive services.
- The stigma associated with mental health issues represents a significant obstacle to children's access to treatment, possibly having the most negative impact on efforts to reduce the rate and severity of mental health disorders and improve treatment outcomes.
- Some commonly used treatment methods have been shown to be ineffective, and even counterproductive, such as residential treatment for teens and detention and expulsion in schools.

- Insufficient research has been conducted on the effectiveness of various treatments for children, and in some cases research-based evidence is not used even when it is available.
- Children’s development is dynamic, changing rapidly (especially in the first six years of life) making it difficult to develop accurate diagnoses or determine effective treatments.
- Children’s lives are embedded in multiple social contexts – families, schools, peer groups – and are greatly diverse in terms of socio-economic, class, race, ethnic, and religious status, making it difficult to generalize about conditions and treatments.
- Often those who deal with youth in general, and those with mental health needs specifically, do not coordinate or communicate well with each other, including families, schools, social service agencies, clinics, community centers, and the juvenile justice system.
- Many children are uninsured or have insurance plans with minimal coverage for mental health services.
- Pediatricians, teachers, parents and others who have direct contact with children often lack the knowledge and skills to appropriately assess children for mental health concerns. Further, they lack information about how to effectively address those concerns or to whom to refer the child’s family.

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Web-Based Resources

American Academy of Child and Adolescent Psychiatry (AACAP), <http://www.aacap.org>.

Center for the Social and Emotional Foundations of Early Learning, <http://csefel.uiuc.edu/>.

Maternal and Child Health Library, Georgetown University: Knowledge Path – Mental Health in Children and Adolescents, http://www.mchlibrary.info/KnowledgePaths/kp_mentalhealth.html.

Mental Health Information Resources (Washington Kids Count), http://hspsc.org/wkc/press_releases/Family_Matters_Resource.pdf.

National Mental Health Association (NMHA), <http://www.nmha.org>.

National Clearinghouse on Child Abuse and Neglect Information, <http://nccanch.acf.hhs.gov/>.