Understanding Children’s Mental Health Disorders and the Impact on Learning and Functioning
Introduction to Children’s Mental Health

An Overview of Stress, Fear and Anxiety
Mental Illness and Mental Health

- Mild Illness
- Severe Illness
- Problems
- Wellness
- Fitness

Mental Illness
Mental Health
What is Mental Health?
Prevalence of Serious Emotional Disturbance (SED)

**Population Proportions** (9 to 17 year-olds)

- **5-9%** Youth with SED & extreme functional impairment
- **9-13%** Youth with SED, with substantial functional impairment
- **20%** Youth with any diagnosable disorder

Children’s Mental Health
Minnesota Statistics

- Estimated 145,000 youth aged 9-17 have a diagnosable mental health disorder

- 69,000 (47.6%) have functional mental health impairment (home, school and community)

Minnesota Department of Health (2004)
Nearly 1 in 10 children and adolescents in Minnesota have been diagnosed with a mental health condition.

Of the children receiving treatment:

- 27% Attention Deficit Hyperactive Disorder
- 24% Depression
- 15.5% Anxiety
- 15.5% Adjustment Disorders
- 11% Disruptive Behavior Disorders

Minnesota Council of Health Plans (2008)
The Spectrum of Fear and Anxiety in Children

Severe anxiety symptoms

Typical, developmentally appropriate worry and fearfulness
Anxiety is misunderstood and misinterpreted in children

- Children may **lack ability** to realize that they are anxious
- Children may **lack the words to** express their thoughts and feelings
- Children may act out their anxiety by
  - Clinging
  - Freezing
  - Crying
  - Fidgeting
Fear

Primitive, complex, automatic response of the central nervous system to some perceived threat of harm or danger
Anxiety

A condition of sustained arousal of the central nervous system that may be

- acute (panic attack)
- chronic
5 Features of Anxiety

1) Fight and Flight Response to Fear
2) Freeze and Withdraw Response to Fear
3) Thoughts and Memories Trigger Re-experiencing
4) Avoidance
5) Hyperarousal
1. Fight-or-Flight Response
In chronic stress this system malfunctions and the stress chemicals are not turned off maintaining a state of persistent arousal.

Stress chemicals are released in the brain.

Stress hormones are released by the brain and travel in the blood through the body.

Cortisol is released in the body and travels back to the brain to turn off the stress chemicals initially triggered.
2. Freeze-and-Withdraw Response

- Involves shallow breathing, slow pulse rate, pale or clammy skin, low blood pressure
- “Shut down”
- Child may appear stunned, fearful or unemotional and unable to respond
3. Re-experiencing the Fear

- Child experiences severe distress in response to a trigger
- May have intrusive and distressing thoughts, mental images or dreams
- May experience flashbacks and feel as if event is happening again
4. Avoidance

- Child avoids thoughts, feelings, or conversations associated with fear
- May feel detached and isolated
5. Persistent Hyperarousal

- Child has difficulty sleeping and thinking clearly
- May be excessively vigilant and have startle easily
- May appear angry, irritable or rageful
Top 3 Take Home Messages

1) Anxiety begets anxiety
2) Children fill in the gaps
3) Children lack self-soothing
1. Anxiety Begets Anxiety

Your anxiety may trigger anxiety in a child you are working or living with . . .

Be aware of your emotions
2. Children Fill in the Gaps

Uncertainty is one of the most powerful triggers of anxiety that we experience.
3. Children Lack Self-Soothing

Anxious children need a safe, nurturing environment and supportive adults

Self-soothing skills are needed to help the child tolerate distress
The Full Effect of Anxiety
Promoting Wellness in Anxious Children

1. Promoting Physical Wellness
2. Promoting Social and Emotional Wellness
3. Accessing Health Care
1. Promoting Physical Wellness

- Regular and adequate sleep
- Healthy diet and nutrition
- Aerobic activity
- Avoiding artificial stimulation
  - nicotine, caffeine and sugar
2. Promoting Social and Emotional Health

- Relaxation and self-soothing activities
- Healthy support system including adults
- Engaging in fun and recreation
- Commitment to personal growth
3. Accessing Health Care

- Primary care visits
- Mental health care visits
- Medications
- Therapy
The End
For additional information and resources contact:
Minnesota Department of Human Services
Phone: (651) 431-2368
E-mail: dhs.cmhs@state.mn.us
Website: http://www.dhs.state.mn.us

Dr. L. Read Sulik, MD
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References

