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Young people can have mental, emotional and behavioral problems that are real, painful and costly. These problems, often referred to as disorders, are sources of stress for children and their families, schools and communities. The number of young people and their families who suffer from mental, emotional and behavioural disorders is significant. It is estimated that one in five children and adolescents may have mental disorders that can be identified and need treatment. Mental disorders in children and adolescents are caused by biology, the environment or their combination. Examples of biological factors include genetics, chemical imbalances in the body and damage to the central nervous system, such as traumatic brain injury. Many environmental factors can also affect mental health, including exposure to violence, extreme stress and loss of an important person. Families and communities, working together, can help children and adolescents with mental disorders. A wide range of services are often required to meet the needs of these young people and their families. Below are descriptions of specific mental, emotional and behavioral disorders that may occur in childhood and adolescence. All this can have a serious impact on the overall health of the child. Some disorders are more common than others, and conditions range from mild to severe. Often a child has more than one disorder (U.S. Department of Health and Human Services, 1999). Anxiety disorders Young people who experience excessive fear, anxiety or anxiety may have an anxiety disorder. Anxiety disorders are among the most common childhood disorders. According to one study, 13 out of every 100 young people between the ages of 9 and 17 have an anxiety disorder (U.S. Department of Health and Human Services, 1999). Anxiety disorders include: phobias that are unrealistic and overwhelming fears of objects or situations. A generalized anxiety disorder that causes children to show a picture of excessive, unreal anxiety that cannot be attributed to any recent experience. Panic disorder that causes terrible panic attacks that include physical symptoms such as rapid heartbeat and dizziness. For more information, please read the article Panic Disorder. Obsessive-compulsive disorder that causes children to become traps in the picture of repetitive thoughts and behaviors such as counting or washing hands. For more information, please read the obsessive-compulsive disorder frequently asked questions of the article. Post-traumatic stress disorder A picture of memories and other symptoms and occurs in children who have experienced a psychologically difficult event, such as abuse, being a victim or witness of violence, or are exposed to other types of trauma, such as war or natural disasters. For more information, please read the posttraumatic stress disorder article. Severe Depression Many People Once Upon a Time that severe depression does not occur in childhood. Today, experts agree that severe depression can occur at any age. Studies show that two out of every 100 children may have severe depression, and up to eight out of every 100 adolescents may be affected (National Institutes of Health, 1999). The disorder is characterized by changes in: Emotions: Children often feel sad, cry, or feel useless. Motivation: Children lose interest in playing activities, or school work decreases. Physical well-being: Children may experience changes in appetite or sleep and may have vague physical complaints. Thoughts: Children feel that they are ugly, unable to do anything right, or that the world or life is hopeless. It is also important that parents and caregivers know that some children and adolescents with depression may not value their lives, which may put them at risk of suicide. For more information, please read the Depression and Suicide articles. Bipolar disorder Children and adolescents who exhibit exaggerated mood swings that range from extreme highs (arousal or manic phases) to extreme lows (depression) may have bipolar disorder (sometimes called manic depression). Periods of moderate mood occur between extreme highs and lows. During the manual phases, children or adolescents can speak nonstop, sleep very little and show unusually poor judgment. At the low end of the mood swings, children experience severe depression. Bipolar mood swings can be repeated throughout life. Adults with bipolar disorder (approximately one in 100) often experienced their first symptoms during adolescence (National Institutes of Health, 2001). For more information, please read the article Bipolar Disorder. Attention Deficit Hyperactivity Disorder Young people with attention deficit hyperactivity disorder are unable to focus their attention and are often impulsive and easily distracted. Attention Deficit Hyperactivity Disorder occurs in five out of every 100 children (U.S. Department of Health and Human Services, 1999). Most children with this disorder have great difficulty staying put, in turn, and silent. Symptoms should be obvious in at least two conditions, such as at home and at school, in order for attention deficit/hyperactivity disorder to be diagnosed. For more information, please read the article Attention Deficit Hyperactivity Disorder. Learning difficulties that make it difficult for children and adolescents to obtain or express information may be a sign of learning disabilities. Disorder learning can manifest itself as problems with spoken and written language, coordination, attention or self-control. Behavior Disorder Young people with a behavior disorder tend to have little concern for others and repeatedly violate the basic rights of others and the rules of society. Behavior disorder causes children and adolescents to act their feelings or impulses in destructive ways. Crime Crimes children and teens commit often become more serious over time. Such crimes may include lies, theft, aggression, truancy, arson and vandalism. Current studies have given different estimates of the number of young people with this disorder, ranging from one to four out of every 100 children between the ages of 9 and 17 (U.S. Department of Health and Human Services, 1999). Eating disorders of children or adolescents who are severely afraid to gain weight and do not believe that they are underweight may have an eating disorder. Eating disorders can be life-threatening. Young people with anorexia nervosa, for example, have difficulty maintaining a minimum healthy body weight. Anorexia affects one in every 100-200 adolescent girls and a much smaller number of boys (National Institutes of Health, 1999). For

more information, please read the article anorexia Nervosa. Young people with bulimia nervosa feel compelled to binge (eat a huge amount of food in one sitting). After drinking, in order to prevent weight gain, they relieve their body of food by vomiting, abusing laxatives, taking enema, or exercising obsessively. Recorded bulimia rates range from one to three out of every 100 young people (National Institutes of Health, 1999). For more information, please read Bulimia's article. Autistic children with autism, also called autism, have problems interacting and communicating with other people. Autism appears before the third birthday, forcing children to act inappropriately, often repeating behavior for long periods of time. For example, some children knock on their heads, stone, or spin objects. Symptoms of autism range from mild to severe. Children with autism may have very limited awareness of others and are at increased risk for other mental disorders. Studies show that autism affects 10 to 12 out of every 10,000 children (U.S. Department of Health and Human Services, 1999). For more information, please read the autism article. Schizophrenia Young people with schizophrenia have psychotic periods that can include hallucinations, care for others, and loss of contact with reality. Other symptoms include delusional or non-order thoughts and an inability to experience pleasure. Schizophrenia occurs in about five out of every 1,000 children (National Institutes of Health, 1997). For more information, please read the article schizophrenia. Treatment, support and research: Sources of hope now, more than ever before, there is hope for young people with mental, emotional and behavioural disorders. Most of the symptoms and disasters associated with and adolescent mental, emotional and behavioral disorders can be mitigated with timely and appropriate treatment and support. In addition, researchers are working to get new scientific ideas that will lead to better treatment and treatment of mental, emotional and behavioral disorders. Innovative research also new ways of providing services to prevent and treat these disorders. Research efforts are expected to lead to better use of existing treatments so that children and their families can live happier, healthier and more fulfilling lives. Many of these studies are funded by federal agencies within the Department of Health and Human Services, Including: National Institute of Health National Institute of Mental Health National Institute of Child Health and Human Development National Institute on Drug Abuse National Institute on Alcohol Abuse and Alcoholism Substance Abuse and Mental Health Administration Center Mental Health Center for Drug Prevention Center for Substance Abuse Control for Children and Families Health Resources and Services Administration Source: National Institutes of Mental Health and Human Services mental health education service. mental health education in schools. mental health education programs. mental health education discussed in which level of prevention. mental health education pdf. mental health education and hauora. mental health education jobs. mental health education topics

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