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An Analytical Study of Mental Disorders in Children

Childhood can be problematic. From the growing pressure for academic success, the influence of peers, and fluctuations in emotions, children often confront a plethora of issues. Childhood is also frequently skewed by disorders that encompass an array of mental health conditions. The Children’s Mental Health-New Report asserts that “The term childhood mental disorder means all mental disorders that can be diagnosed and begin in childhood […] described as serious changes in the ways children typically learn, behave, or handle their emotions” (“Children’s Mental Health-New Report”).

Mental illnesses are often unacknowledged. Surrounded by a cloak of misconception, its origin is wide-ranging and habitually ambiguous. To remove such coverings would demand an understanding of the psychological, academic, and social implications. Mental illnesses assume a variety of forms, affecting a person’s disposition, rationale, and conduct. ADD, ADHD, dyslexia, and bipolar disorder are specific examples of the countless mental diseases that children can experience. Stigmas surrounding mental illness can lead to a lack of understanding, leaving sufferers feeling segregated and disheartened. Michelle Obama noted that “At the root of this dilemma is the way we view mental health in this country. Whether an illness affects your heart, your leg or your brain, it’s still an illness, and there should be no distinction” (Handzel).

The extremity of the disabling effects mental illness can have on adolescents extends to virtually all aspects of life. Children with mental issues, such as emotional and behavioral complications, often confront a myriad of problems, placing them in jeopardy. In an investigation, of the way that the United States responds to mental disorders in children, it was noted:

Based on the National Research Council and Institute of Medicine report (Preventing mental, emotional, and behavioral disorders among young people: progress and possibilities, 2009) that gathered findings from previous studies, it is estimated that 13 –20 percent of children living in the United States (up to 1 out of 5 children) experience a mental disorder in a given year and an estimated $247 billion is spent each year on childhood mental disorders. (“Children’s Mental Health-New Report”)

Thus, the researchers determined that mental disorders are fairly prevalent in children and that increased support is essential to providing children with the ability to easily function in society.

Four million children in the United States suffer from a severe mental disorder that instigates significant functional impairments with family, peers, and academics (Stagman, Cooper). According to the authors of one essay found in the journal, *Child & Adolescent Psychiatry & Mental Health*, “Parents' perception and awareness about psychiatric illness in children and adolescents is (*sic*) an important determinant of early detection and treatment seeking for the condition” (Abera, Robbins, Tesfaye). Treatment of these psychological disorders varies between counseling and medications. One family and child therapist indicated that “Psychiatric labeling and medicating have tragically become the mainstream way of dealing with difficult, mischievous, and overly imaginative children in a pill-popping culture”(Wedge).

Families and schools, distressed by emerging research about the consequences of psychotropic medications, are seeking alternatives to psychiatric diagnosis for children. In the novel, Children with Multiple Mental Health Challenges: An Integrated Approach to Intervention, the authors observe that “Mental health practitioners who work with children are often confronted with complex, difficult-to-treat mental health issues that do not respond to conventional methods of psychotherapy. These children have a web of multiple impairments that are comprised not just of emotional and behavioral issues, but also learning and other cognitive disorders” (Landy, Bradley). Approximately five percent of U.S. children suffer emotional or behavioral difficulties; however, barely a fraction receives necessary assistance (Meyers, Lukemeyer, Smeeding). Children who do not receive adequate forms of treatment, whether that is alternative methods of counseling or medications such as Adderall, Prozac or Ritalin, will endure additional struggles in an attempt to deal with the disorder.

Low expectations, discrimination, and poor treatment are all commonly forced upon people suffering from mental disorders. Mental health issues have the potential of altering the progression of someone’s life. The lives of children with mental disorders contrast from those without such disorders; the former confront psychological, academic, and social hardships that children without mental disorder commonly do not experience.

Daily struggles with multiple psychological issues make up a child with a mental disorder’s life. Children with mental disorders commonly have negative reactions to stress from their disorder and the effect it has on their everyday life. They are more likely to commit suicide, fail out of school, and be included in criminal activity. Some of the most drastic cases are seen in school shootings, such as in the 2012 massacre at Sandy Hook Elementary School. The shooter Adam Lanza was diagnosed with Autism Spectrum Disorder, Anxiety Disorder, Obsessive Compulsive Disorder, and Asperger syndrome over the span of his childhood. The Office of Child Advocate during its investigation concluded that “weaknesses and lapses in the educational and healthcare systems’ response and untreated mental illness played in Adam Lanza’s deterioration”(“Adam Lanza, Newtown School Shooter”). Mental disorders in children that go unnoticed or unmanaged can lead to harmful outcomes.

Untreated mental disorders leave a child vulnerable to a variety of consequences. More than 17 million children in the United States have or have had a diagnosable mental illness, yet many are not treated, according to the first annual Children’s Mental Health Report released by the Child Mind Institute in New York City (Lowry). Treatments for these disorders depend on its severity as well as the individual. Medication, counseling and surgery are some of the many options available. Regardless of the type of treatment, the point of receiving it is imperative. Otherwise children are susceptible to a plethora of challenges.

Children without mental disorders may still struggle with some psychological issues but not nearly at the degree that children with mental disorders do. Children in general are often emotional while growing up. Changing hormones and new feelings can impact their mood. Pressure from school, friends, and family can lead to emotional issues such as depression. Depression is known as the common cold of mental diseases. Effecting 0.9% or nearly 80,000 children and young people, depression includes an array of symptoms including sadness, feelings of hopelessness, and mood changes. (“Mental Health Statistics”). Although it is common and hence often considered less significant, it is actually a gate way into more extreme and problematic illnesses if untreated.

Warning signs of a deeper, potentially mentally-related issue are important to anticipate. These reactions can arise from either a series of events or from a single traumatic event. A longitudinal general population study of children and adolescents (9-16 years old) in western North Carolina found that one quarter had experienced at least one potentially traumatic event in their lifetime, 6 percent within the past three months (“Facts and Figures”). How the response is expressed can vary. Some children internalize stress and display it through sadness, depression, or withdrawal; however, other children express stress outwardly and begin to misbehave. Regardless of the way that children convey their emotions it is important to note that they are still capable of feeling stressed and having negative reactions to it.

As a result of their disorders, children are more likely to suffer academically than children without mental disorders. Growing up with an attention disorder, Andrew Payne notes, “I could never seem to focus on my test. I hated feeling stupid because I was trying but it was as if my effort meant nothing in the end result” (Interview). From bad grades, tardiness, and dropout rates, children with mental disorders are at an increased risk of failing in school. Due to this increased risk, support services are often implicated to assist children with mental illness. The Individuals with Disabilities Education and Improvement Act of 2004 helps support those suffering from disabilities obtain education opportunities equal to that of those without disabilities (“IDEA”). Support services are commonly offered from primary school through college.

Because of the likeliness of students with mental disorders to do poorly in academics, students are usually made to attend special education courses. Jean-Marc-Gaspard Itard, a French physician, is known as the “Father of Special Education.” In the early nineteenth century, he took in a young boy who had been found roaming naked in the forests of France. This child, eventually named Victor, was educated and provided alternative therapy in an attempt to improve his wild behavior and uncivilized tendencies (“Jean Marc Gaspard Itard”). Itard’s unique style of teaching became the foundation for present-day special education ideas and techniques in schools.

Four million children and adolescents in this country suffer from a serious mental disorder that causes significant functional impairments at home, at school, and with peers. Approximately 50% of student’s ages 14 and older who are living with mental illness drop out of high school, the highest dropout rate of any disability group. In contrast, however, 37% of students with a mental health condition ages 14-21 and older who are served by special education drop out. Scholastic support services lowered the rate of student dropouts by 13%, showing promising results in the overall program (“Child and Adolescent Services”).

Children without mental disorders will likely receive better grades then children with mental disorders, as they do not have the same challenges that children with mental disorders do and hence nothing is impairing their ability. Sixty-six percent of all U.S. fourth graders scored “below proficient” on the 2013 National Assessment of Education Progress (NAEP) reading test, meaning that they are not reading at grade level (“Statistics About Education in America”). Disadvantaged students in the first grade have a vocabulary which is approximately half that of an advantaged student (“Five Ways to Improve”). The border that separates advantaged and disadvantaged students continues to widen allowing the disadvantaged to slip between the cracks and get left behind.

Children without mental disorders are privileged in comparison to children with mental disorders. They may be offered either academic support or simply attend regular classes. Children with mental disorders do not need to attend a special education school or center. The ‘No Child Left Behind’ requires states and school districts to ensure that all students are learning and are reaching their highest potential. This law first took effect in 2002 having a massive impact in United States public schools (“What the No Child Left”). It affected what was taught, the type of exams given, the training of teachers, and the amount of funding dedicated to education.

Following the trend of support services for academics, children without mental disorder are more likely to have better attendance and stay in school than children with mental disorders. Every year, over 1.2 million students drop out of high school in the United States. In the U.S., high school dropouts commit about 75% of crimes (“11 Facts About”). There is a never-ending circuitous chain that seems to predetermine that children with mental disorders will get a lack of academic support, receive poor grades, drop out of school, and then go on to participate in a life of crime.

Children with mental disorders seem to be doomed to having a more difficult time socializing than children without disorders. They may have a difficult relationship with their family. Making friends and interacting with peers is often challenging. Isolation and social awkwardness often plague children with mental illness. This, along with whatever traits they may have from their specific disorder, makes them more likely to be targeted by bullies. In a *Time Magazine* article regarding childhood bullying it is reported that “Victims of bullying were nearly three times as likely to have issues with generalized anxiety as those who were not bullied, and 4.6 times as likely to suffer from panic attacks, or agoraphobia, in which they felt trapped or had no escape, compared to those who were spared bullying.”(Sifferlin). Children with mental disorders are more likely to be excluded and struggle for social acceptance. Consequently, children with mental disorders have a more difficult time transitioning into adulthood.

Once they mature in adults, it is often difficult for them to adjust. Neither equipped with the tools necessary for success nor the experience of caring for themselves, they struggle to find jobs and support themselves. Approximately 60 percent of the 7.1 million people receiving public mental health services nationwide want to work, but less than 2 percent receive supported employment opportunities provided by the states. The National Alliance on Mental Illness is the nation’s largest grassroots mental health organization dedicated to building better lives for millions of Americans affected by mental illness (“Mental Illness: Unemployment Report”). Organizations such as this serve to provide opportunities equal to that of those without mental disorders.

Children without mental disorders are afforded a multiple of opportunities that those with disorders would presumably not be exposed to. Children without any mental health issues are less likely to have problems socializing with others. They usually don’t have any issues holding them back from easily making friends. Growing up in a seemingly normal household without any developmental discrepancies they have fewer issue transitioning into adulthood.

Mental disorders profoundly affect the lives of children. Adding a plethora of new challenges into their already arduous childhood. John Sexton, a university professor, noted that “Improving the mental health of our children in this and future generations will assure and enhance the productive potential of our youngest citizens, paying dividends for generations to come” (“Mayor Bloomberg, Governor Pataki”).

It is imperative that stigmas surrounding mental illnesses be erased otherwise the negative risks included will only worsen. Recently society has taken larger steps toward understanding and sympathizing with mental health issues. In honor of the United Kingdom’s first Children’s Mental Health week the Duchess of Cambridge, Kate Middleton, recorded a public service announcement, “A child’s mental health is just as important as their physical health and deserves the same quality of support. No one would feel embarrassed about seeking help for a child if they broke their arm- and we really should be equally ready to support a child coping with emotional difficulties” (Holmes). She highlights the growing problem when it comes to how society regards these disorders. Simply put, society does not treat mental health with the same gravity as other maladies.

Disorders can have a devastating internal and external effect. The distinction between children with mental disorders and those without such disorders continues to expand as they struggle through the challenging period of childhood. Encountering psychological, academic, and social hardships, children with mental illnesses are at a disadvantage in comparison to children who are allowed to live normal lives. One counselor recognizes that “Many people with a chronic illness face challenges that we aren’t aware of. And when there isn’t obvious signs of the illness, it can be all too easy to assume that person’s OK and life is fine. It’s always helpful to remember that what we see on the outside doesn’t always match what’s going on inside” (Mould).

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