AN OVERVIEW ON MENTAL DISORDERS IN CHILDREN

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Abstract*—According to the National Institute of Mental Health (NIMH), emotional and behavioral disorders affect 10-15 percent of children globally. One of particular childhood-onset mental disorder that is widely studied, treated, and diagnosed is ADHD, attention deficit/hyperactivity disorder, and the NIMH cites that 3-5 percent of children globally suffer from this disorder. According to the World Health Organization (WHO), mental health disorders are one of the leading causes of disability worldwide. Three of the ten leading causes of disability in people between the ages of 15 and 44 are mental disorders, and the other causes are often associated with mental disorders. Both retrospective and prospective research has shown that most adulthood mental disorders begin in childhood and adolescence. The following disorders are common in childhood – Anxiety, Attention deficit hyperactivity disorder (ADHD), Eating problems, Bathroom issues, Feelings of sadness, or moodiness, Disruptive behavior, Learning disorders, such as dyslexia, Involuntary movements, or tics, Schizophrenia, or distorted thoughts and feelings. There have also been collaborative efforts to increase awareness of child mental disorders across the world. Through the auspices of the World Psychiatric Association, the WHO, and the International Association of Child and Adolescent, Psychiatry and Allied Professionals, a Child Mental Health Task Force was formed to educate and develop programs to disseminate awareness of child mental health in nine different, countries around the world. While there is still a large amount, of change and progress that needs to be made in the area of child and adolescent mental health, studies and programs such as these arc moving the global community in the right direction.*

Keywords—Mental Health Problems; Anxiety; Schizophrenia;World Psychiatric Association; Behavioral Problems; Cognitive Therapy

1. INTRODUCTION

Health Professionals once thought that brain disorders such as bipolar disorder, anxiety disorders, or even depression occurred after childhood but now, it is widely held that these brain disorders can begin in early childhood.(3)
According to the National Institute of Mental Health (NIMH), emotional and behavioral disorders affect 10-15 percent of children globally. One of particular childhood-onset mental disorder that is widely studied, treated, and diagnosed is ADHD, attention deficit/hyperactivity disorder, and the NIMH cites that 3-5 percent of children globally suffer from this disorder.(8)

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Attention-Deficit Hyperactivity Disorder (ADHD)
This disorder is one of the most common mental disorders among children, and two to three more boys than girls are affected. Many children are unable to sit still, finish tasks, plan ahead, or even be aware what is going on around them. Some days, children with ADHD seem fine and the next could be a whirlwind of frenzied and disorganized activity. ADHD can continue on into adolescence and even adulthood, however, within the past decade scientists have learned more about it and how to treat it. From medications, to therapy, and varying educational options, children with ADHD can learn to function in new ways.

2. AUTISM

Children with autism appear to be remote, indifferent, isolated in their own world, and are unable to form emotional connections with other people. Autism is a found in every region of the country, it is more common in boys than girls, and affects about 1 or 2 people in every thousand. This brain disorder can manifest itself in mental retardation, language delays, and other children are very high-functioning with intelligence and speech intact. Because their brains do not function in the same way other children's do, consistency is the key when dealing with an autistic child.

3. BI-POLAR DISORDER

Bi-polar disorder generally begins during early childhood and continues into adulthood. It is characterized by intense mood swings. For example, a child may have excessive "high" or euphoric feelings, then suddenly, sadness depression. This is thought to be a genetic illness and diagnosis for children under 12 is generally not common and is often misdiagnoses as ADHD.

4. ANXIETY

Anxiety disorders often cause children to feel distressed, uneasy, even frightened for no apparent reason. Some common anxiety disorders are panic disorders characterized by episodes of intense fear that occur without warning or provocation. Obsessive-Compulsive Disorder, which is compulsive, repeated behaviors or thoughts that seem like they are impossible to stop. (3)

Anxiety disorders are the most frequent, condition in children, followed by behavior disorders, then mood disorders and substance use disorders. Variation in the rates across the world can be attributed to both methodologies factors and also to true cultural differences in the magnitude of childhood disorders.

Girls have greater rates of mood and anxiety disorders, and boys have greater rates of behavior disorders, whereas there is an equal gender ratio for substance use disorders. ADHD and anxiety states begin in childhood, whereas the onset, of conduct disorder occurs at early adolescence, and mood disorders tend to begin in late adolescence. (6)

According to the World Health Organization (WHO), mental health disorders are one of the leading causes of disability worldwide. Three of the ten leading causes of disability in people between the ages of 15 and 44 are mental disorders, and the other causes are often associated with mental disorders. Both retrospective and prospective research has shown that most adulthood mental disorders begin in childhood and adolescence. (2)

Cognitive therapy is a scientifically proven method of treatment that works for younger patients as effectively as it does for adults in the treatment of the anxiety disorders as well as such disorders as conduct disorder, depression, and physical complaints that are not caused by an actual physical condition. Cognitive therapy is actually most often used in conjunction with behavioral therapy when used with children and most often is aimed at trying to break the circle of emotion – thought – behavior that is thought to cause most of the symptom logy that the therapy is intended to ameliorate.

The idea is that a person feels an emotion which leads to a thought that is uncomfortable which in turn leads to a behavior that makes the feeling better, but the feeling is then affected by the behavior so that it leads to another uncomfortable thought which leads to another and possibly even more inappropriate behavior which leads to another feeling and so on. Cognitive therapy is an attempt to change the thought into a more realistic and helpful one thus breaking the circle.
In treating children there are stressors that are not usually present for adults generally related to education. A child might have unrealistic goals that are reinforced by adults in his or her life: perfection as the only acceptable outcome is a primary one.

When perfection is the only goal then failure will be the most usual experience for a child and failure is a very unhappy thing indeed. In order to avoid the bad feelings and thought engendered by failure the child acts out by being bad in some way and sometimes finds that he or she can be perfectly bad which feels like a success, and success leads to further acting out. Breaking the cycle by making trial and error an acceptable outcome, a success, takes the onus of failure away and can lead to a change in behavior by the redefinition of success.
With children and adolescents cognitive therapy is focused on breaking the circle at the thought phase. Having the child focus on the thought and bringing that step in the cycle come more under his or her control can help him or her to see the fallacies in the thoughts and thus repair his or her behavior to the reality of the situation rather than continue in the avoidance behaviors that are inappropriate. In hundreds if studies, cognitive therapy has been shown to be quite effective.¬ (4)

The whole family will be touched by the disability. Therapy for the entire family will often be necessary to make sure that the child is able to integrate into the family life. When the diagnosis first comes, the parents are often dealing with shock and disbelief, but as time goes on, they learn to adjust and accept the circumstances. Many of them would benefit from some type of family counseling.

This is very important because they are going to play a big part in how the child with the disability will be able to adjust. As the primary caregivers the role they play is huge and special training is often necessary and very helpful.
For the family who has a child born with an obvious disability, the realization will come quickly that they will be walking a different road then they had planned in life. Therapists, Doctors and special equipment will often be part of their daily norm. The adjustment is often difficult and is an ongoing process. Some families do not realize that their child has a disability until they are a little older.

Autism, mental retardation and emotional illnesses do not show up during the first months of life. It is only after frustration and often denial that the parents are able to realize the child has some extra needs that they are unable to meet.
A child with a disability will often require around the clock care. They might need a special diet and help with toileting on a regular basis. It can also affect the family financially and that is just the beginning. The biggest problem though is that the

parents are not trained to deal with needs of the child and often tend to over protect them. They do this out of love, but it is often detrimental to the child.

Family therapy should involve not only the parents, but the siblings. They should not be forgotten in this equation. Often they will be asked to do some of the care and many of them will be the sole caregivers as adults for the person with the disability because they parents may not always be in a position to do it.

Family therapy should address feelings that everyone in the family might have and not be able to express. Low self esteem, a feeling of loss and helplessness are just a few that might be issues that could be addressed and talked through. Although most parents and children do not receive enough or any family therapy, it should be the goal of any good case manager to encourage this and to have it start as soon as possible.(5)

Others cannot control many of their actions, so they do not exactly get the full benefit of the disciplinary action that they have been given. These problems usually result in a very upset parent, and very confused child. However, it does not have to be this way for either of them. Turning to an interpersonal therapist may be the answer you are both looking for.
When parents wish to choose an interpersonal therapist for child, it is important to decide whether child works better with males or females. If child does not work well with male figures, it may be better to choose a therapist that is female or vice versa. Ensuring that child is comfortable with the therapist they will be seeing is crucial to the success of the therapy.
The therapist your child sees will more than likely have the first few visits together as a family. However, after the initial few visits, they may just want a verbal update from you and then see your child alone. The key for this therapy is to ensure that the child is focused on the therapy.

Each session the therapist will try different methods of teaching child how to deal with anger, frustration, or their emotions in general. After every appointment, child will be expected to demonstrate these new skills and focus on them. These skills will gradually build on each other until they have complete behavioral or emotional control for themselves. At this point, the therapist will focus on maintaining these skills with your child. It is important to be consistent with the appointments. Missing an appointment may cause child to slip or regress slightly in their behaviors.

Do not think that because the behavior has not been obvious, that it means it has gone away. It means that child is learning how to get past that behavior. Once they have learned control of it, then they will understand discipline for that specific behavior. Keeping them focused on what is expected of them is important. Do not forget to praise child on controlling themselves. They need to know that their changes have been seen and that parents are proud of how far they have come. (6)
There is an increasing effort, to identify gaps in our knowledge of the state of child mental health at the global level as well. The Atlas Project, run by the WHO, recently collected information on cultural factors associated with the burden and impairment, of mental disorders in children and adolescents in 66 countries. Although there were differences in policies and programs across low and high income countries, they found that there was a general lack of specific policies, data-gathering capacity, and continuum of care for children.(1)

There have also been collaborative efforts to increase awareness of child mental disorders across the world. Through the auspices of the World Psychiatric Association, the WHO, and the International Association of Child and Adolescent, Psychiatry and Allied Professionals, a Child Mental Health Task Force was formed to educate and develop programs to disseminate awareness of child mental health in nine different, countries around the world. While there is still a large amount, of change and progress that needs to be made in the area of child and adolescent mental health, studies and programs such as these arc moving the global community in the right direction.(9)

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