




MENTAL ILLNESS IN CHILDREN: KNOW THE SIGNS

Children can develop the same mental health conditions as adults, but their symptoms may be different.

What are the warning signs of mental illness in children?

Warning signs that your child might have a mental health condition include:

- Mood changes: Look for feelings of sadness or withdrawal that last at least two weeks or severe mood swings causing problems in relationships at home or school.
- Intense feelings: Be aware of feelings of overwhelming fear for no reason — sometimes with a racing heart or fast breathing — or worries or fears intense enough to interfere with daily activities.
- Behavior changes: These includes drastic changes in behavior or personality, as well as dangerous or out-of-control behavior. Fighting frequently, using weapons and expressing a desire to hurt others also are warning signs.
- Difficulty concentrating: Look for signs of trouble focusing or sitting still, both of which might lead to poor performance in school.



Unexplained weight loss: A sudden loss of appetite, frequent vomiting or use of laxatives might indicate an eating disorder.

Physical symptoms: Compared with adults, children with a mental health condition may develop headaches and stomach aches rather than sadness or anxiety.

Physical harm: Sometimes a mental health condition leads to self-injurious behavior. This is the act of deliberately harming your own body, such as cutting or burning yourself. Children with a mental health condition also may develop suicidal thoughts or actually attempt suicide.

Substance abuse: Some kids use drugs or alcohol to try to cope with their feelings.



It's typically up to the adults in a child's life to identify whether the child has a mental health concern.

Unfortunately, many adults don't know the signs and symptoms of mental illness in children.

Even if you know the red flags, it can be difficult to distinguish signs of a problem from normal childhood behavior.

Children often lack the vocabulary or developmental ability to explain their concerns.

Concerns about the stigma associated with mental illness, the use of certain medications, and the cost or logistical challenges of treatment might also prevent parents from seeking care for a child who has a suspected mental illness.

What mental health conditions affect children?


Children can develop all of the same mental health conditions as adults, but sometimes express them differently.

For example, depressed children will often show more irritability than depressed adults, who more typically show sadness.

Children can experience a range of mental health conditions, including:

Anxiety Disorders

Children who have anxiety disorders — such as obsessive compulsive disorder, post-traumatic stress disorder, social phobia and generalized anxiety disorder — experience anxiety as a persistent problem that interferes with their daily activities.



When children do not outgrow the fears and worries that are typical in young children, or when there are so many fears and worries that they interfere with school, home, or play activities, the child may be diagnosed with an anxiety disorder.


Examples of different types of anxiety disorders include:

- Being very afraid when away from parents (separation anxiety)
- Having extreme fear about a specific object or situation, such as dogs, insects, or going to the doctor (phobias)
- Being very afraid of school and other places where there are people (social anxiety)
- Being very worried about the future and about bad things happening (general anxiety)

- Having repeated episodes of sudden, unexpected, intense fear that come with symptoms like heart pounding, having trouble breathing, or feeling dizzy, shaky, or sweaty (panic disorder)
- Anxiety may present as fear or worry, but can also make children irritable and angry.
- Anxiety symptoms can also include trouble sleeping, as well as physical symptoms like fatigue, headaches, or stomachaches.
- Some anxious children keep their worries to themselves and, thus, the symptoms can be missed.

Sometimes children who experience severe stress, such as from an injury, from the death or threatened death of a close family member or friend, or from violence, will be affected long-term.


The child could experience this trauma directly or could witness it happening to someone else.



When children develop long term symptoms (longer than one month) from such stress, which are upsetting or interfere with their relationships and activities, they may be diagnosed with post-traumatic stress disorder (PTSD).

Examples of PTSD symptoms include:

- Reliving the event over and over in thought or in play
- Nightmares and sleep problems
- Becoming very upset when something causes memories of the event
- Lack of positive emotions
- Intense ongoing fear or sadness
- Irritability and angry outbursts
- Constantly looking for possible threats, being easily startled
- Acting helpless, hopeless or withdrawn
- Denying that the event happened or feeling numb
- Avoiding places or people associated with the event



Because children who have experienced traumatic stress may seem restless, fidgety, or have trouble paying attention and staying organized, the symptoms of traumatic stress can be confused with symptoms of attention-deficit/hyperactivity disorder (ADHD).

Examples of events that could cause PTSD include:

- Physical, sexual, or emotional maltreatment/abuse
- Being a victim or witness to violence or crime
- Serious illness or death of a close family member or friend
- Natural or manmade disasters
- Severe car accidents

Mood Disorders

Mood disorders: depression and bipolar disorder — can cause a child to feel persistent feelings of sadness or extreme mood swings much more severe than the normal mood swings common in children.

Occasionally being sad or feeling hopeless is a part of every child's life. However, some children feel sad or uninterested in things that they used to enjoy, or feel helpless or hopeless in situations where they could do something to address the situations. When children feel persistent sadness and hopelessness, they may be diagnosed with depression.

Examples of behaviors often seen when children are depressed include:

- Feeling sad, hopeless, or irritable a lot of the time
- Not wanting to do or enjoy doing fun things
- Changes in eating patterns – eating a lot more or a lot less than usual
- Changes in sleep patterns – sleeping a lot more or a lot less than normal
- Changes in energy – being tired and sluggish or tense and restless a lot of the time
- Having a hard time paying attention
- Feeling worthless, useless, or guilty
- Self-injury and self-destructive behavior
- Severe depression can lead a child to think about suicide or plan for suicide. For youth ages 10-24 years, suicide is the leading form of death..

Oppositional Defiant Disorder

When children act out persistently so that it causes serious problems at home, in school, or with peers, they may be diagnosed with Oppositional Defiant Disorder (ODD).

ODD usually starts before 8 years of age, but no later than by about 12 years of age. Children with ODD are more likely to act oppositional or defiant around people they know well, such as family members, a regular care provider, or a teacher.

Examples of ODD behaviors include:

- Often being angry or losing one's temper
- Often arguing with adults or refusing to comply with adults' rules or requests
- Often resentful or spiteful
- Deliberately annoying others or becoming annoyed with others
- Often blaming other people for one's own mistakes or misbehavior

Conduct Disorder

Conduct Disorder (CD) is diagnosed when children show an ongoing pattern of aggression toward others, and serious violations of rules and social norms at home, in school, and with peers.

These rule violations may involve breaking the law and result in arrest. Children with CD are more likely to get injured and may have difficulties getting along with peers.

Examples of CD behaviors include:

- Breaking serious rules, such as running away, staying out at night when told not to, or skipping school
- Being aggressive in a way that causes harm, such as bullying, fighting, or being cruel to animals
- Lying, stealing, or damaging other people's property on purpose

Attention Deficit Hyperactivity Disorder

ADHD is one of the most common neurodevelopmental disorders of childhood.

It is usually first diagnosed in childhood and often lasts into adulthood.

Children with ADHD may have trouble paying attention, controlling impulsive behaviors (may act without thinking about what the result will be), or be overly active.

Signs and Symptoms:

- It is normal for children to have trouble focusing and behaving at one time or another. However, children with ADHD do not just grow out of these behaviors. The symptoms continue and can cause difficulty at school, at home, or with friends.
- A child with ADHD might:
 - daydream a lot
 - squirm or fidget
 - have a hard time resisting temptation
 - have difficulty getting along with others
 - Make careless mistakes, take unnecessary risks
 - forget or lose things a lot
 - talk too much
 - have trouble taking turns

Types

- There are three different types of ADHD, depending on which types of symptoms are strongest in the individual:
- Predominantly Inattentive Presentation: It is hard for the individual to organize or finish a task, to pay attention to details, or to follow instructions or conversations. The person is easily distracted or forgets details of daily routines.
- Predominantly Hyperactive-Impulsive Presentation: The person fidgets and talks a lot. It is hard to sit still for long (e.g., for a meal or while doing homework). Smaller children may run, jump or climb constantly. The individual feels restless and has trouble with impulsivity. May be impulsive; interrupt others a lot, grab things from people, or speak at inappropriate times. It is hard for the person to wait their turn or listen to directions.
- Combined Presentation: Symptoms of the above two types are equally present in the person.

Childhood Onset Schizophrenia

Childhood schizophrenia is an uncommon but severe mental disorder in which children interpret reality abnormally.

Schizophrenia involves a range of problems with thinking (cognitive), behavior or emotions. It may result in some combination of hallucinations, delusions, and extremely disordered thinking and behavior that impairs your child's ability to function.

- Childhood schizophrenia is essentially the same as schizophrenia in adults, but it occurs early in life and has a profound impact on a child's behavior and development. With childhood schizophrenia, the early age of onset presents special challenges for diagnosis, treatment, education, and emotional and social development.
- Schizophrenia is a chronic condition that requires lifelong treatment. Identifying and starting treatment for childhood schizophrenia as early as possible may significantly improve your child's long-term outcome.

Early Signs and Symptoms

- The earliest indications of childhood schizophrenia may include developmental problems, such as:
- Language delays
- Late or unusual crawling
- Late walking
- Other abnormal motor behaviors — for example, rocking or arm flapping
- Some of these signs and symptoms are also common in children with pervasive developmental disorders, such as autism spectrum disorder. So ruling out these developmental disorders is one of the first steps in diagnosis.

Symptoms in Teenagers

Schizophrenia symptoms in teenagers are similar to those in adults, but the condition may be more difficult to recognize in this age group. This may be in part because some of the early symptoms of schizophrenia in teenagers are common for typical development during teen years, such as:

- Withdrawal from friends and family
- A drop in performance at school
- Trouble sleeping
- Irritability or depressed mood
- Lack of motivation




Compared with schizophrenia symptoms in adults, teens may be:

- Less likely to have delusions
- More likely to have visual hallucinations
- Later signs and symptoms

As children with schizophrenia age, more typical signs and symptoms of the disorder begin to appear. Signs and symptoms may include:

- Delusions. These are false beliefs that are not based in reality. For example, you think that you're being harmed or harassed; that certain gestures or comments are directed at you; that you have exceptional ability or fame; delusions are common in Schizophrenia

- Hallucinations. These usually involve seeing or hearing things that don't exist. Yet for the person with schizophrenia, hallucinations have the full force and impact of a normal experience. Hallucinations can be in any of the senses, but hearing voices is the most common hallucination; they are involuntary and person cannot control their frequency.
- Disorganized thinking. Disorganized thinking is inferred from disorganized speech. Effective communication can be impaired, and answers to questions may be partially or completely unrelated. Rarely, speech may include putting together meaningless words that can't be understood, sometimes known as word salad or making up words which is neologism.
- Extremely disorganized or abnormal motor behavior. This may show in several ways, from childlike silliness to unpredictable agitation. Behavior is not focused on a goal, which makes it hard to do tasks. Behavior can include resistance to instructions, inappropriate or bizarre posture such as catatonia, a complete lack of response (mutism) or useless and excessive movement.

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- Negative symptoms. This refers to reduced or lack of ability to function normally. These symptoms are described as “taking life away from you”
 - For example, the person may neglect personal hygiene or appear to lack emotion — doesn't make eye contact, doesn't change facial expressions, speaks in a monotone, or doesn't add hand or head movements that normally occur when speaking.
 - Also, the person may have reduced ability to engage in activities, such as a loss of interest in everyday activities, social withdrawal or lack ability to experience pleasure.