

Teen Health Series

Mental Health Information For Teens, Fourth Edition

Health Tips About Mental Wellness And Mental Illness

Including Facts About Recognizing And Treating Mood, Anxiety,
Personality, Psychotic, Behavioral, Impulse Control, And
Addiction Disorders

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Omnigraphics

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Chapter 1

Understanding Mental Health

Often people are afraid to talk about mental health because there are many misconceptions about mental illnesses. It's important to learn the facts to stop discrimination and to begin treating people with mental illnesses with respect and dignity. Following are answers to common questions about mental health.

Is there hope for people with mental illnesses?

Yes. There are more treatments, strategies, and community supports than ever before, and even more are on the horizon. People with mental illnesses lead active, productive lives.

What can I do for someone with mental health needs?

You can do a lot, starting with the way you act and how you speak. You can nurture an environment that builds on people's strengths and promotes good mental health. For example:

- Avoid labeling people with words like “crazy,” “wacko,” “loony,” or by their diagnosis. Instead of saying someone is a “schizophrenic” say “a person with schizophrenia.”
- Learn the facts about mental health and share them with others, especially if you hear something that is untrue.
- Treat people with mental illnesses with respect and dignity, as you would anybody else.
- Respect the rights of people with mental illnesses and don't discriminate against them when it comes to housing, employment, or education. Like other people with disabilities, people with mental health needs are protected under Federal and State laws.

About This Chapter: Excerpted from “Myths and Facts About Mental Health,” Substance Abuse and Mental Health Services Administration Center for Mental Health Services (www.samhsa.gov), June 2012.

Are people with mental illnesses violent?

Not usually. The vast majority of people who have mental health needs are no more violent than anyone else. You probably know someone with a mental illness and don't even realize it.

Is mental illness common?

Yes. Mental illnesses are surprisingly common. They affect almost every family in America. Mental illnesses do not discriminate—they can affect anyone.

Is mental illness the same as mental retardation?

No, the two are distinct disorders. A mental retardation diagnosis is characterized by limitations in intellectual functioning and difficulties with certain daily living skills. In contrast, people with mental illnesses—health conditions that cause changes in a person's thinking, mood, and behavior—have varied intellectual functioning, just like the general population.

Is mental illnesses brought on by a weakness of character?

No. Mental illnesses are a product of the interaction of biological, psychological, and social factors. Research has shown genetic and biological factors are associated with schizophrenia,

Mental Health

Mental health includes our emotional, psychological, and social wellbeing. It affects how we think, feel, and act as we cope with life. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

Mental illnesses are serious disorders which can affect your thinking, mood, and behavior. There are many causes of mental disorders. Your genes and family history may play a role. Your life experiences, such as stress or a history of abuse, may also matter. Biological factors can also be part of the cause. Mental disorders are common, but treatments are available.

Source: Excerpted from "Mental Health," U.S. National Library of Medicine, National Institutes of Health (www.nlm.nih.gov), February 2013.

depression, and alcoholism. Social influences, such as loss of a loved one or a job, can also contribute to the development of various disorders.

Can people with mental illnesses tolerate the stress of holding down a job?

Of course! In essence, all jobs are stressful to some extent. Productivity is maximized when there is a good match between the employee's needs and working conditions, whether or not the individual has mental health needs.

Are people with mental health needs poor workers?

Not necessarily. Employers who have hired people with mental illnesses report good attendance and punctuality, as well as motivation, quality of work, and job tenure on par with (or greater than) other employees. Studies by the National Institute of Mental Health (NIMH) and the National Alliance for the Mentally Ill (NAMI) show that there are no differences in productivity when people with mental illnesses are compared to other employees.

Do people recover from mental illness?

It's possible. Studies show that most people with mental illnesses get better, and many recover completely. Recovery refers to the process in which people are able to live, work, learn, and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life. For others, recovery implies the reduction or complete remission of symptoms. Science has shown that having hope plays an integral role in an individual's recovery.

Is therapy a waste of time?

No. Therapy can be very helpful, because treatment varies depending on the individual. A lot of people work with therapists, counselors, their peers, psychologists, psychiatrists, nurses, and social workers in their recovery process. They also use self-help strategies and community supports. Often these methods are combined with some of the most advanced medications available.

Do kids experience mental illnesses?

Yes. A report from the President's New Freedom Commission on Mental Health showed that in any given year 5–9 percent of children experience serious emotional disturbances. Just

like adult mental illnesses, these are clinically diagnosable health conditions that are a product of the interaction of biological, psychological, social, and sometimes even genetic factors.

Do kids misbehave or fail in school just to get attention?

It depends. Behavior problems can be symptoms of emotional, behavioral, or mental disorders, rather than merely attention-seeking devices. These children can succeed in school with appropriate understanding, attention, and mental health services.

Chapter 5

Defining Mental Illness

We can all be “sad” or “blue” at times in our lives. We have all seen movies about the madman and his crime spree, with the underlying cause of mental illness. We sometimes even make jokes about people being crazy or nuts, even though we know that we shouldn’t. We have all had some exposure to mental illness, but do we really understand it or know what it is? Many of our preconceptions are incorrect. A mental illness can be defined as a health condition that changes a person’s thinking, feelings, or behavior (or all three) and that causes the person distress and difficulty in functioning. As with many diseases, mental illness is severe in some cases and mild in others. Individuals who have a mental illness don’t necessarily look like they are sick, especially if their illness is mild. Other individuals may show more explicit symptoms such as confusion, agitation, or withdrawal. There are many different mental illnesses, including depression, schizophrenia, attention deficit hyperactivity disorder (ADHD), autism, and obsessive-compulsive disorder. Each illness alters a person’s thoughts, feelings, and/or behaviors in distinct ways. In this chapter, we will discuss mental illness in general terms. Depression, schizophrenia, and ADHD will be presented in greater detail than other mental illnesses.

Not all brain diseases are categorized as mental illnesses. Disorders such as epilepsy, Parkinson disease, and multiple sclerosis are brain disorders, but they are considered neurological diseases rather than mental illnesses. Interestingly, the lines between mental illnesses and these other brain or neurological disorders is blurring somewhat. As scientists continue to investigate the brains of people who have mental illnesses, they are learning that mental illness is

About This Chapter: Excerpted from “Information About Mental Illness and the Brain,” *The Science of Mental Illness*. Copyright © 2005 by BSCS. All rights reserved. Reprinted with permission. Information has been reviewed by David A. Cooke, MD, FACP, September 2013.

associated with changes in the brain's structure, chemistry, and function and that mental illness does indeed have a biological basis. This ongoing research is, in some ways, causing scientists to minimize the distinctions between mental illnesses and these other brain disorders. In this curriculum supplement, we will restrict our discussion of mental illness to those illnesses that are traditionally classified as mental illnesses.

Mental Illness In The Population

Many people feel that mental illness is rare, something that only happens to people with life situations very different from their own, and that it will never affect them. Studies of the epidemiology of mental illness indicate that this belief is far from accurate. In fact, the surgeon general reports that mental illnesses are so common that few U.S. families are untouched by them.

Mental Illness In Children And Adolescents

Mental illness is not uncommon among children and adolescents. Approximately 12 million children under the age of 18 have mental disorders. The National Mental Health Association has compiled some statistics about mental illness in children and adolescents:

- Mental health problems affect one in every five young people at any given time.
- An estimated two-thirds of all young people with mental health problems are not receiving the help they need.
- Less than one-third of the children under age 18 who have a serious mental health problem receive any mental health services.
- As many as one in every 33 children may be depressed. Depression in adolescents may be as high as one in eight.
- Suicide is the third leading cause of death for 15- to 24-years-olds and the sixth leading cause of death for 5- to 15-year-olds.
- Schizophrenia is rare in children under age 12, but it occurs in about three of every 1,000 adolescents.
- Between 118,700 and 186,600 youths in the juvenile justice system have at least one mental illness.
- Of the 100,000 teenagers in juvenile detention, an estimated 60 percent have behavioral, cognitive, or emotional problems.

Warning Signs For Mental Illness

Each mental illness has its own characteristic symptoms. However, there are some general warning signs that might alert you that someone needs professional help. Some of these signs include:

- A marked personality change
- An inability to cope with problems and daily activities
- Strange or grandiose ideas
- Excessive anxieties
- Prolonged depression and apathy
- Marked changes in eating or sleeping patterns
- Thinking or talking about suicide or harming oneself
- Extreme mood swings—high or low
- Abuse of alcohol or drugs
- Excessive anger, hostility, or violent behavior

A person who shows any of these signs should seek help from a qualified health professional.

Diagnosing Mental Illness

Mental Health Professionals

To be diagnosed with a mental illness, a person must be evaluated by a qualified professional who has expertise in mental health. Mental health professionals include psychiatrists, psychologists, psychiatric nurses, social workers, and mental health counselors. Family doctors, internists, and pediatricians are usually qualified to diagnose common mental disorders such as depression, anxiety disorders, and attention deficit hyperactivity disorder (ADHD). In many cases, depending on the individual and his or her symptoms, a mental health professional who is not a psychiatrist will refer the patient to a psychiatrist. A psychiatrist is a medical doctor (MD) who has received additional training in the field of mental health and mental illnesses. Psychiatrists evaluate the person's mental condition in coordination with his or her physical condition and can prescribe medication. Only psychiatrists and other MDs can prescribe medications to treat mental illness.

Mental Illnesses Are Diagnosed By Symptoms

Unlike some disease diagnoses, doctors can't do a blood test or culture some microorganisms to determine whether a person has a mental illness. Maybe scientists will develop discrete physiological tests for mental illnesses in the future; until then, however, mental health professionals will have to diagnose mental illnesses based on the symptoms that a person has. Basing a diagnosis on symptoms and not on a quantitative medical test, such as a blood chemistry test, a throat swab, X-rays, or urinalysis, is not unusual. Physicians diagnose many diseases, including migraines, Alzheimer disease, and Parkinson disease based on their symptoms alone. For other diseases, such as asthma or mononucleosis, doctors rely on analyzing symptoms to get a good idea of what the problem is and then use a physiological test to provide additional information or to confirm their diagnosis.

When a mental health professional works with a person who might have a mental illness, he or she will, along with the individual, determine what symptoms the individual has, how long the symptoms have persisted, and how his or her life is being affected. Mental health professionals often gather information through an interview during which they ask the patient about his or her symptoms, the length of time that the symptoms have occurred, and the severity of the symptoms. In many cases, the professional will also get information about the patient from family members to obtain a more comprehensive picture. A physician likely will conduct a physical exam and consult the patient's history to rule out other health problems.

Mental health professionals evaluate symptoms to make a diagnosis of mental illness. They rely on the criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5* currently, the fifth edition), published by the American Psychiatric Association, to diagnose a specific mental illness. For each mental illness, the *DSM-5* gives a general description of the disorder and a list of typical symptoms. Mental health professionals refer to the *DSM-5* to confirm that the symptoms a patient exhibits match those of a specific mental illness. Although the *DSM-5* provides valuable information that helps mental health professionals diagnose mental illness, they realize it is important to observe patients over a period of time to understand the individual's mental illness and its effects on his or her life.

Mental Illness And The Brain

The term mental illness clearly indicates that there is a problem with the mind. But is it just the mind in an abstract sense, or is there a physical basis to mental illness? As scientists continue to investigate mental illnesses and their causes, they learn more and more about how the biological processes that make the brain work are changed when a person has a mental illness.

The Basics Of Brain Function

Before thinking about the problems that occur in the brain when someone has a mental illness, it is helpful to think about how the brain functions normally. The brain is an incredibly complex organ. It makes up only two percent of our body weight, but it consumes 20 percent of the oxygen we breathe and 20 percent of the energy we take in. It controls virtually everything we as humans experience, including movement, sensing our environment, regulating our involuntary body processes (such as breathing), and controlling our emotions. Hundreds of thousands of chemical reactions occur every second in the brain; those reactions underlie the thoughts, actions, and behaviors with which we respond to environmental stimuli. In short, the brain dictates the internal processes and behaviors that allow us to survive.

How does the brain take in all this information, process it, and cause a response? The basic functional unit of the brain is the neuron. A neuron is a specialized cell that can produce different actions because of its precise connections with other neurons, sensory receptors, and muscle cells. Neurons communicate using both electrical signals and chemical messages.

The nervous system uses a variety of neurotransmitter molecules, but each neuron specializes in the synthesis and secretion of a single type of neurotransmitter. Some of the predominant neurotransmitters in the brain include glutamate, gamma-aminobutyric acid (GABA), serotonin, dopamine, and norepinephrine. Each of these neurotransmitters has a specific distribution and function in the brain.

Investigating Brain Function

Mental health professionals base their diagnosis and treatment of mental illness on the symptoms that a person exhibits. The goal for these professionals in treating a patient is to relieve the symptoms that are interfering with the person's life so that the person can function well. Research scientists, on the other hand, have a different goal. They want to learn about the chemical or structural changes that occur in the brain when someone has a mental illness. If scientists can determine what happens in the brain, they can use that knowledge to develop better treatments or find a cure.

The techniques that scientists use to investigate the brain depend on the questions they are asking. For some questions, scientists use molecular or biochemical methods to investigate specific genes or proteins in the neurons. For other questions, scientists want to visualize changes in the brain so that they can learn more about how the activity or structure of the brain changes. Historically, scientists could examine brains only after death, but new imaging procedures enable scientists to study the brain in living animals, including humans. It is important to realize that

these brain imaging techniques are not used for diagnosing mental illness. Mental illnesses are diagnosed by the set of symptoms that an individual exhibits. Scientists believe that mental illnesses result from problems with the communication system in the brain.

The Causes Of Mental Illnesses

At this time, scientists do not have a complete understanding of what causes mental illnesses. If you think about the structural and organizational complexity of the brain together with the complexity of effects that mental illnesses have on thoughts, feelings, and behaviors, it is hardly surprising that figuring out the causes of mental illnesses is a daunting task. The fields of neuroscience, psychiatry, and psychology address different aspects of the relationship between the biology of the brain and individuals' behaviors, thoughts, and feelings, and how their actions sometimes get out of control. Through this multidisciplinary research, scientists are trying to find the causes of mental illnesses. Once scientists can determine the causes of a mental illness, they can use that knowledge to develop new treatments or to find a cure.

The Biology Of Mental Illnesses

Most scientists believe that mental illnesses result from problems with the communication between neurons in the brain (neurotransmission). For example, the level of the neurotransmitter serotonin is lower in individuals who have depression. This finding led to the development of certain medications for the illness. Selective serotonin reuptake inhibitors (SSRIs) work by reducing the amount of serotonin that is taken back into the presynaptic neuron. This leads to an increase in the amount of serotonin available in the synaptic space for binding to the receptor on the postsynaptic neuron. Changes in other neurotransmitters (in addition to serotonin) may occur in depression, thus adding to the complexity of the cause underlying the disease.

Scientists believe that there may be disruptions in the neurotransmitters dopamine, glutamate, and norepinephrine in individuals who have schizophrenia. One indication that dopamine might be an important neurotransmitter in schizophrenia comes from the observation that cocaine addicts sometimes show symptoms similar to schizophrenia. Cocaine acts on dopamine-containing neurons in the brain to increase the amount of dopamine in the synapse.

Risk Factors For Mental Illnesses

Although scientists at this time do not know the causes of mental illnesses, they have identified factors that put individuals at risk. Some of these factors are environmental, some are genetic, and some are social. In fact, all these factors most likely combine to influence whether someone becomes mentally ill.

Environmental factors such as head injury, poor nutrition, and exposure to toxins (including lead and tobacco smoke) can increase the likelihood of developing a mental illness.

Genes also play a role in determining whether someone develops a mental illness. The illnesses that are most likely to have a genetic component include autism, bipolar disorder, schizophrenia, and ADHD. For example, the observation that children with ADHD are much more likely to have a sibling or parent with ADHD supports a role for genetics in determining whether someone is at risk for ADHD. In studies of twins, ADHD is significantly more likely to be present in an identical twin than a fraternal twin. The same can be said for schizophrenia and depression. Mental illnesses are not triggered by a change in a single gene; scientists believe that the interaction of several genes may trigger mental illness. Furthermore, the combination of genetic, environmental, and social factors might determine whether a case of mental illness is mild or severe.

Social factors also present risks and can harm an individual's, especially a child's, mental health. Social factors include:

- Severe parental discord
- Death of a family member or close friend
- Parent's mental illness
- Parent's criminality
- Overcrowding
- Economic hardship
- Abuse
- Neglect
- Exposure to violence

Treating Mental Illnesses

At this time, most mental illnesses cannot be cured, but they can usually be treated effectively to minimize the symptoms and allow the individual to function in work, school, or social environments. To begin treatment, an individual needs to see a qualified mental health professional. The first thing that the doctor or other mental health professional will do is speak with the individual to find out more about his or her symptoms, how long the symptoms have lasted, and how the person's life is being affected. The physician will also do a physical examination to determine whether

there are other health problems. For example, some symptoms (such as emotional swings) can be caused by neurological or hormonal problems associated with chronic illnesses such as heart disease, or they can be a side effect of certain medications. After the individual's overall health is evaluated and the condition diagnosed, the doctor will develop a treatment plan. Treatment can involve both medications and psychotherapy, depending on the disease and its severity.

Medications

Medications are often used to treat mental illnesses. Through television commercials and magazine advertisements, we are becoming more aware of those medications. To become fully effective, medications for treating mental illness must be taken for a few days or a few weeks. When a patient begins taking medication, it is important for a doctor to monitor the patient's health. If the medication causes undesirable side effects, the doctor may change the dose or switch to a different medication that produces fewer side effects. If the medication does not relieve the symptoms, the doctor may prescribe a different medication.

Sometimes, individuals who have a mental illness do not want to take their medications because of the side effects. It is important to remember that all medications have both positive and negative effects. For example, antibiotics have revolutionized treatment for some bacterial diseases. However, antibiotics often affect beneficial bacteria in the human body, leading to side effects such as nausea and diarrhea. Psychiatric drugs, like other medications, can alleviate symptoms of mental illness but can also produce unwanted side effects. People who take a medication to treat an illness, whether it is a mental illness or another disease, should work with their doctors to understand what medication they are taking, why they are taking it, how to take it, and what side effects to watch for.

Occasionally, the media reports stories in which the side effects of a psychiatric medication are tied to a potentially serious consequence, such as suicide. In these cases, it is usually very difficult to determine how much suicidal behavior was due to the mental disorder and what the role of the medication might have been. Medications for treating mental illness can, like other medications, have side effects. The psychiatrist or physician can usually adjust the dose or change the medication to alleviate side effects.

Psychotherapy

Psychotherapy is a treatment method in which a mental health professional (psychiatrist, psychologist, or other mental health professional) and the patient discuss problems and feelings. This discussion helps patients understand the basis of their problems and find solutions. Psychotherapy may take different forms. The therapy can help patients:

- Change thought or behavior patterns
- Understand how past experiences influence current behaviors
- Solve other problems in specific ways
- Learn illness self-management skills

Psychotherapy may occur between a therapist and an individual; a therapist and an individual and his or her family members; or a therapist and a group. Often, treatment for mental illness is most successful when psychotherapy is used in combination with medications. For severe mental illnesses, medication relieves the symptoms and psychotherapy helps individuals cope with their illness.

Just as there are no medications that can instantly cure mental illnesses, psychotherapy is not a one-time event. The amount of time a person spends in psychotherapy can range from a few visits to a few years, depending on the nature of the illness or problem. In general, the more severe the problem, the more lengthy the psychotherapy should be.

The Stigma Of Mental Illness

“The last great stigma of the twentieth century is the stigma of mental illness.”—Tipper Gore, wife of the former U.S. Vice President

“Mentally ill people are nuts, crazy, wacko.” “Mentally ill people are morally bad.” “Mentally ill people are dangerous and should be locked in an asylum forever.” “Mentally ill people need somebody to take care of them.” How often have we heard comments like these or seen these types of portrayals in movies, television shows, or books? We may even be guilty of making comments like them ourselves. Is there any truth behind these portrayals, or is that negative view based on our ignorance and fear?

Stigmas are negative stereotypes about groups of people. Common stigmas about people who are mentally ill are:

- Individuals who have a mental illness are dangerous.
- Individuals who have a mental illness are irresponsible and can't make life decisions for themselves.
- People who have a mental illness are childlike and must be taken care of by parents or guardians.
- People who have a mental illness should just get over it.

Each of those preconceptions about people who have a mental illness is based on false information. Very few people who have a mental illness are dangerous to society. Most can hold jobs, attend school, and live independently. A person who has a mental illness cannot simply decide to get over it any more than someone who has a different chronic disease such as diabetes, asthma, or heart disease can. A mental illness, like those other diseases, is caused by a physical problem in the body.

Stigmas against individuals who have a mental illness lead to injustices, including discriminatory decisions regarding housing, employment, and education. Overcoming the stigmas commonly associated with mental illness is yet one more challenge that people who have a mental illness must face. Indeed, many people who successfully manage their mental illness report that the stigma they face is in many ways more disabling than the illness itself. The stigmatizing attitudes toward mental illness held by both the public and those who have a mental illness lead to feelings of shame and guilt, loss of self-esteem, social dependence, and a sense of isolation and hopelessness. One of the worst consequences of stigma is that people who are struggling with a mental illness may be reluctant to seek treatment that, in most cases, would significantly relieve their symptoms.

Providing accurate information is one way to reduce stigmas about mental illness. Advocacy groups protest stereotypes imposed upon those who are mentally ill. They demand that the media stop presenting inaccurate views of mental illness and that the public stop believing these negative views. A powerful way of countering stereotypes about mental illness occurs when members of the public meet people who are effectively managing a serious mental illness: holding jobs, providing for themselves, and living as good neighbors in a community. Interaction with people who have mental illnesses challenges a person's assumptions and changes a person's attitudes about mental illness.

Attitudes about mental illness are changing, although there is a long way to go before people accept that mental illness is a disease with a biological basis. A survey by the National Mental Health Association found that 55 percent of people who have never been diagnosed with depression recognize that depression is a disease and not something people should "snap out of." This is a substantial increase over the 38 percent of survey respondents in 1991 who recognized depression as a disease.

Chapter 6

Causes And Warning Signs Of Mental Illness

Like adults, adolescents can have mental health or substance use problems that interfere with the way they think, feel, and act. Such problems—if not addressed—may interfere with learning and the ability to form and sustain friendships, contribute to disciplinary problems and family conflicts, and increase risky behaviors.

Possible Causes Of Mental Illness

Serious mental health problems often are a factor in drug abuse and suicide. Early use of alcohol is a risk factor for developing alcohol problems; in addition, motor vehicle collisions related to teen alcohol use are among the most common causes of teen death.

Adolescents whose family members are living with conditions such as depression or other mental health disorders may have a higher risk of developing similar conditions. Youths with developmental disabilities and chronic medical conditions also can have a co-occurring mental health condition or can develop a substance use problem. For example, youths with asthma are at higher risk of developing depression than those who do not have asthma.

Adolescents who are questioning their sexual identity or becoming aware of the possibility that they may be gay, lesbian, bisexual, or transgender can be at high risk for certain mental health disorders and misuse of substances. Adolescents in the juvenile justice system—especially girls—have been found to have a very high incidence of mental health and substance abuse disorders.

About This Chapter: Excerpted from “Identifying Mental Health and Substance Use Problems of Children and Adolescents,” Substance Abuse and Mental Health Services Administration (www.samhsa.gov), 2012.

Protective factors such as family stability, supportive and nurturing relationships, a strong community, and faith organizations can help prevent certain kinds of problems from developing in adolescents. These protective factors also can be a source of support that helps adolescents cope with mental health and substance use problems if such problems develop.

Stress and psychological trauma are among a number of environmental risk factors that can contribute to the development of mental health or substance use problems in adolescents and also can increase the severity of such problems. Psychological trauma occurs when a youth experiences an intense event that threatens or causes harm to his or her emotional and physical well-being. A range of physiological and psychological behaviors can provide signs that the youth is having difficulty dealing with a traumatic event. However, these reactions are the body's normal response when confronted by danger. Some adolescents who have experienced a traumatic event will have longer lasting reactions that can interfere with their physical and emotional health, such as:

- Adolescents in families that have experienced significant losses may face greater challenges to healthy development than those without such losses.
- Adolescents from poor families have increased rates of developmental problems, stress, and uncertainty, which—along with other factors associated with poverty—can trigger behavioral health problems.
- Psychological trauma can trigger mental health and substance use problems. Adolescents who have been abused or neglected are at a higher risk of having mental health or substance use problems.
- Adolescents who were exposed to chronic violence at home or in their communities or who experienced a natural disaster or school violence are at heightened risk for mental health or substance use problems.

The Value Of Early Identification

Caregivers are usually the first to recognize early signs of problems in their children. Medical providers, teachers, or direct care workers in children's programs also are well positioned to improve the identification of mental health and substance use problems among the adolescents they serve. Just as schools screen for vision and hearing problems before such problems interfere with learning, service providers can develop early identification programs for mental health and substance use problems.

As children grow older, events in their lives may put them at risk for various problems. For adolescents who show clear signs of a mental health or substance use problem, a discrete

identification process may not be necessary; instead, these youths can be referred directly for assessment.

Caregivers and personnel serving children may find it helpful to learn some of the common signs of mental health and substance use problems and use these signs to help evaluate whether a youth's behavior indicates possible problems that warrant further assessment.

Assessment

An assessment is conducted by a qualified, experienced mental health or substance abuse professional who gathers more information about the youth to determine whether an identified possible condition is, in fact, present. In addition to speaking with or observing the youth, the professional also should talk to parents or caregivers and—with the consent of parents or caregivers—to teachers or others who know the youth well. This step may involve determining whether a youth meets specific, defined criteria for a diagnosis according to a formal classification system in the *Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV)*.

The professional also will collect information that is helpful in working with the child or adolescent and his or her family to develop a plan to address the problem. Because no screening or identification process is perfect, some children and adolescents may be incorrectly found to not have a mental health or substance use problem—when, in fact, they actually have one; or they incorrectly may be found to have a mental health or substance use problem when, in fact, they actually do not have one.

Intervention And/Or Treatment

The goal of identifying adolescents with a high likelihood of having mental health and substance use problems is to provide an appropriate intervention or to connect the youths and their families with assessment and treatment resources. Even when an organization can offer an intervention, it must be prepared for the possibility that a youth's problem may warrant additional, different, or more specialized services.

Methods To Identify Adolescents Who May Have Mental Illness

People who are not mental health or substance abuse professionals can employ two basic methods to identify children and adolescents who may have a mental health or substance use problem:

- Become familiar with signs of mental health and substance use problems
- Administer a scientifically validated screening tool

Become Familiar With Signs Of Mental Illness

Often, an adolescent's behavior or appearance can provide signs of a mental health or substance use problem. These signs warrant action by caregivers and adults who work with the youth and can reliably identify the indicators so that the problem is assessed further and the child or adolescent has the opportunity to receive appropriate treatment.

Signs of some problems—such as depression, bulimia, or early stages of substance use—either may be actively concealed from adults or may not be readily apparent. Research has shown that these types of problems are difficult to identify. The National Institute of Mental Health (NIMH) and the Substance Abuse and Mental Health Services Administration (SAMHSA) sponsored a research group of scientists and physicians to identify signs that indicate the need to take action and address mental health conditions in adolescents.

Higher risk populations among adolescents can be identified in a number of ways. Here are some common examples of their attributes:

- **Behavior Or Functioning:** Adolescents may demonstrate disciplinary problems; declining academic performance; or a marked change in behavior, mood, or functioning. However, some behavior signs are subtle and easily missed.
- **Illnesses Or Disabilities:** Adolescents with certain health problems are at higher risk for depression and other mental health problems. Adolescents serving as caretakers for ill or disabled parents or caregivers also are at high risk.
- **Environmental Stress:** Adolescents living in a community with a high rate of poverty or violence are at increased risk of being identified with problems such as substance use or suicide, as compared to adolescents in other communities.

Identification Is Not Diagnosis

The goal in identifying adolescents with possible mental health or substance use problems is to provide the option for further assessment. Such identification does not involve reaching a diagnosis of a particular condition. Only mental health, substance abuse, or medical professionals (as determined by each state's licensing laws) are qualified to make a diagnosis. Neither action signs nor screening tools provide sufficient information to reach a diagnosis.

Source: SAMSHA, 2012.

- **High-Risk Life Situations:** Adolescents—particularly those who were prenatally exposed to drugs and alcohol—who come to the attention of child welfare systems or who are in homeless or domestic violence shelters are at high risk for mental health and substance use problems. Adolescents involved with the juvenile justice system also are associated with a much higher risk of mental health and substance use problems than adolescents in the general population.
- **Stressful Events:** Stressful events or transitions that are the result of becoming homeless or entering into the child welfare system or juvenile detention involve significant losses and create considerable uncertainty for children and adolescents. Already vulnerable, these youths become even more so. Others caring for these adolescents not only must safeguard the individual from harming himself or herself but also must ensure that the youth does not harm others.
- **Traumatic Events:** Adolescents not otherwise at risk may be exposed to an incident of violence or a natural disaster that warrants an effort to identify those who need assistance.
- **Age Groups:** Certain ages or developmental stages might be prioritized for identification because of the high value of identifying problems or the low likelihood that problems will be identified elsewhere. For example, screening preschool children presents an early opportunity for intervention and has great value in preventing a problem or minimizing its impact on the child's future school performance and overall functioning. Screening teens in high school—a time when they no longer may see a primary care physician on a regular basis—has the potential to identify problems less likely to be identified elsewhere. Natural but stressful events associated with specific ages, such as the transition from elementary to middle school, also present potentially useful points of intervention.
- **Sexual Orientation:** Adolescents questioning their sexual orientation or gender identity and those who identify as gay, lesbian, bisexual, transgender, queer, intersex, or two-spirit may have an elevated risk of mental health and substance use problems.

Administer A Scientifically Validated Screening Tool

The specific questions (items) included in a validated screening tool were tested on a large number of youths and were found to most accurately identify adolescents with a high likelihood of having mental health or substance use problems. Because different conditions are prone to arise at different stages of development or manifest differently at different ages, screening tools are designed for specific age ranges. Different tools or versions of a tool have

been designed and tested to identify different conditions and to be answered by different informants. Informants can be physicians, parents or other caregivers, teachers, or other child service providers who are able to observe the youth; the informant also can be the adolescent if he or she is able to understand and answer the questions.

A number of studies have shown that such screening tools are better than the interviewing process used by primary care physicians or a clinical assessment conducted by mental health clinicians at identifying children and adolescents with mental health and substance use problems. The research results for the tested tools indicate the rate and type of problems found in different populations. Screening tools are the best brief method available for those who are not mental health or substance abuse professionals to identify adolescents at risk of mental health and substance use problems; but, like any medical test, no screening tool is correct all of the time.