



## Facts on Children's Mental Health in America

The reports by the U.S. Surgeon General<sup>i</sup> and President Bush's New Freedom Commission on Mental Health offer great hope to the millions of children and adolescents living with mental disorders and their families.<sup>ii</sup> Through appropriate identification, evaluation, and treatment, children and adolescents with mental disorders can lead productive lives. They can achieve success in school, in work, and in family life. Nonetheless, the overwhelming majority of children with mental disorders fail to be identified, lack access to treatment, and needlessly suffer throughout their lives. Stigma persists, and as a result, millions of young people in this country are left behind or go without appropriate necessary care.

### Prevalence of Child and Adolescent Mental Disorders

- 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. Twenty-one percent of our nation's children ages 9 to 17 have a diagnosable mental or addictive disorder that causes at least minimal impairment.
- Half of all lifetime cases of mental disorders begin by age 14. Despite effective treatments, there are long delays, sometimes decades, between the first onset of symptoms and when people seek and receive treatment. An untreated mental disorder can lead to a more severe illness, and to the development of co-occurring mental illnesses.<sup>iii</sup>
- In any given year, only 20% of children with mental disorders are identified and receive mental health services.<sup>iv</sup>

### Consequences of Untreated Mental Disorders in Children and Adolescents

#### *Suicide*

- Suicide is the third leading cause of death in youth aged 15 to 24. More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease combined.<sup>v</sup> Over 90% of children and adolescents who commit suicide have a mental disorder.<sup>vi</sup>
- In 2002, almost 4,300 young people aged 10 to 24 died in this country by suicide.<sup>vii</sup>
- States spend nearly \$1 billion annually on medical costs associated with completed suicides and suicide attempts by youth up to 20 years of age.<sup>viii</sup>

#### *Failure in School*

- Approximately 50% of students with a mental disorder age 14 and older drop out of high school; this is the highest dropout rate of any disability group.<sup>ix</sup>

#### *Juvenile and Criminal Justice Involvement*

- Youth with unidentified and untreated mental disorders also tragically end up in jails and prisons. According to a NIMH funded study – the largest such study on this issue – an alarming 65% of boys and 75% of girls in juvenile detention have at least one mental disorder.<sup>x</sup> We are incarcerating youth with mental disorders, some as young as 8 years old, rather than identifying their disorders early and intervening with appropriate treatment.

(more)

### *Spiraling Higher Health Care Costs*

- When children with untreated mental disorders become adults, they use more health care services and incur higher health care costs than other adults. Left untreated, childhood disorders are likely to persist and lead to a downward spiral of school failure, limited or non-existent employment opportunities, and poverty in adulthood. No other illnesses harm so many children so seriously.

### **Early Identification, Evaluation, and Treatment are Essential to Recovery and Resiliency**

- Research shows that early identification and intervention can minimize the long-term disability of mental disorders.
- Mental disorders in children and adolescents are real and can be effectively treated, especially when identified and treated early.
- Research has yielded important advances in the development of effective treatment for children and adolescents living with mental disorders. Early identification and treatment prevents the loss of critical developmental years that cannot be recovered and helps youth avoid years of unnecessary suffering.<sup>xi</sup>
- Early and effective mental health treatment can prevent a significant proportion of delinquent and violent youth from future violence and crime.<sup>xii</sup> It also enables children and adolescents to succeed in school, to develop socially, and to fully experience the developmental opportunities of childhood.

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<sup>i</sup> U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.

<sup>ii</sup> New Freedom Commission on Mental Health. *Achieving the Promise: Transforming Mental Health Care in America. Final Report*. DHHS Pub. No. SMA-0303832. Rockville, MD: 2003.

<sup>iii</sup> National Institute of Mental Health Release of landmark and collaborative study conducted by Harvard University, the University of Michigan and the NIMH Intramural Research Program (release dated June 6, 2005 and accessed at [www.nimh.nih.gov](http://www.nimh.nih.gov)).

<sup>iv</sup> U.S. Public Health Service, Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda. Washington, DC: Department of Health and Human Services, 2000.

<sup>v</sup> National Strategy for Suicide Prevention: Goals and Objectives for Action. Rockville, MD: U.S. Dept. of Health and Human Services, Public Health Service, 2001.

<sup>vi</sup> Shaffer, D., & Craft, L. "Methods of Adolescent Suicide Prevention." *Journal of Clinical Psychiatry*, 60 (Suppl. 2), 70-74, 1999.

<sup>vii</sup> Kochanek KD, Murphy SL, Anderson RN, Scott C. Deaths: Final data for 2002. National vital statistics reports; vol. 53 no 5. Hyattsville, Maryland: National Center for Health Statistics. 2004.

<sup>viii</sup> NGA Center for Best Practices. *Youth Suicide Prevention: Strengthening State Policies and School-Based Strategies*

<sup>ix</sup> U.S. Department of Education, *Twenty-third annual report to Congress on the implementation of the Individuals with Disabilities Education Act*, Washington, D.C., 2001.

<sup>x</sup> Teplin, L. *Archives of General Psychiatry*, Vol. 59, December 2002.

<sup>xi</sup> The National Advisory Mental Health Council Workgroup on Child and Adolescent Mental Health Intervention Development and Deployment. "Blueprint for Change: Research on Child and Adolescent Mental Health." Washington, D.C.: 2001.

<sup>xii</sup> U.S. Surgeon General, *Youth Violence: A Report of the Surgeon General*. DHHS. Rockville, MD: 2001.

*NAMI is the National Alliance on Mental Illness, the largest grassroots mental health organization dedicated to improving the lives of persons living with serious mental illness and their families. Founded in 1979, NAMI has become the nation's voice on mental illness, a nationwide organization with affiliates in every state and in more than 1,100 local communities across the country.*