

Children's Mental Health, part 1

Introduction

Childhood is a time of learning, play and exploration. As parents, caregivers, teachers, or the concerned general public, we invest time and resources to provide our children healthy growing years to facilitate their success as confident, able adults. Many of us are familiar with children's general health issues but feel less informed about mental health.

This Facts on KIDS monograph will feature an excerpt from an Honors Thesis by Laura Keupp. Ms Keupp graduated from The University of South Dakota with a Bachelor's of Science degree in Communication Disorders in May 2009. She will begin the Master's program in Communication Disorders in Fall 2009.

Children's Mental Health

Children's mental health is an important, yet under-researched, area of study. A dearth of both knowledge on the topic and mental health professionals has led to lower percentages of children identified with mental health conditions and a lack of high-quality services in some geographical areas.

Mental health is as important at every stage of life as physical health, yet children's mental health is sometimes overlooked by professionals and parents. They may view mental health disorders as only affecting teens and adults or find mental health problems difficult to diagnose in children due to the rapid changes children undergo as they develop. However, mental health problems can occur at any age, including infancy. The Substance Abuse and Mental Health Services Administration, a division of the U.S. Department of Health and Human Services, reports that at least 1 in 5 children and adolescents has a mental health disorder, and at least 1 in 10 has a serious emotional disturbance (Substance Abuse and Mental Health Services Administration [SAMHSA], n.d.). Therefore, it is crucial that caregivers and professionals involved in the development of children and adolescents understand mental health: how it is defined, what it means to have a problem, factors that cause and exacerbate problems, and how to foster good mental health.



Definition of Mental Health

Mental health cannot be simply defined as the absence of a mental disorder. Rather, good mental health exists when a person recognizes his or her abilities, handles the daily stresses of life without difficulty, works productively, and contributes to his or her community (World Health Organization [WHO], 2007). SAMHSA (n.d.) defines it more broadly by saying that "[m]ental health is how people think, feel, and act as they face life's situations. It affects how people handle stress, relate to one another, and make decisions. Mental health influences the ways individuals look at themselves, their lives, and others in their lives." With respect to children, the Surgeon General's Report on Mental Health states that "[m]ental health in childhood and adolescence is defined by the achievement of expected developmental, cognitive, social, and emotional milestones and by secure attachments, satisfying social relationships, and effective coping skills," (Office of the Surgeon General, 1999). A problem occurs when a person fails to reach these expected milestones and has difficulty functioning in daily tasks. This causes his or her overall well-being to be impacted, which in turn may affect the functioning and well-being of his or her family and/or community.

Causes of Mental Health Conditions

The exact cause of mental health problems is frequently unknown, but there are many factors, both biological and environmental, that play a role in the development of a person's mental health. In general, mental health difficulties result from the interaction of biological and environmental factors. Biological factors include genes; damage or infection to the central nervous system/brain that can cause significant changes in personality and may result in psychotic episodes; and hormones (Office of the Surgeon General, 1999). A wide variety of environmental factors may also contribute to mental health problems in children, including exposure to environmental toxins, parental

substance abuse or mental health issues, and the stress of the loss of an important person, whether through death, divorce, or other means (SAMHSA, n.d.). Two of the biggest environmental factors that place children at risk are exposure to violence, either as a witness or a victim, and growing up in poverty.

Children who are exposed to violence at a young age tend to experience problems in development, particularly in relationships with other people. Studies by Crittenden (as cited in Kaufman & Henrich, 2000) found that children who were abused or mistreated in some way formed insecure relationships with their caregivers and were more aggressive when interacting with siblings and peers. These children may also have trouble with affect regulation and self-development (i.e., self-esteem, self-understanding, and self-efficacy). As a result of exposure to violence, some children may suffer from post-traumatic stress disorder that can affect later development; additionally, a traumatic experience in early childhood can result in long-term changes in brain development and resting levels of stress hormones. The effects of trauma in early childhood may manifest themselves many years later, for example sexual abuse at a young age leads to later sexual acting out in some cases (Kaufman & Henrich, 2000).

Numerous studies have reported the connection between poverty and children's mental health. Results frequently demonstrate higher rates of mental health problems among children from lower socioeconomic status than among their peers who do not live in poverty. McLeod and Shanahan (1996) found that children who lived in poverty in early childhood experienced long-lasting symptoms of depression, regardless of whether their economic situation improved. The authors reported that children who had lived in persistent poverty since early childhood increasingly showed signs of antisocial behavior as they got older. Both of these findings illustrate the negative effect of poverty on children's mental health.

Children who live in poverty experience deprivation in meeting their basic needs, such as nutrition, safe housing, and basic health care. Poverty is a risk factor for mental health difficulties because it affects the child's environment in numerous ways: children who live in poverty often attend lower-quality schools, have limited access to medical services, and are at greater risk of being exposed to other environmental factors, such as parental substance abuse (Aber, Jones, & Cohen, 2000). Lack of quality health care leads to a higher prevalence of various medical conditions. For example, research documents more low birth-weight babies and

higher rates of mortality among children of lower socioeconomic status (Aber, Bennett, Conley, & Li, 1997). Additionally, family income, rather than maternal education, ethnicity, and female as head of household, is the best indicator of a child's IQ at age 5; children of low-income parents often lag behind their nonpoor peers in cognitive development and are less likely to be exposed to stimulating books and toys or to attend preschool or high-quality daycare (Aber et al., 1997). One of the greatest effects of poverty is how it influences parental response to the stress related to being of lower socioeconomic status. Low-income mothers tend to exhibit less maternal sensitivity and are more hostile when interacting with their infants. That causes the infants to develop insecure or disorganized/disoriented attachments, often leading to eventual behavior problems. The stress of living in persistent poverty can strain the parents' relationship, as well as cause them to use harsher forms of punishment, both of which increase the likelihood of antisocial behavior in the child (McLeod & Shanahan, 1996). Parental mental health and substance abuse problems also occur more often in low-income households, creating negative parent-child interactions and a greater likelihood of child maltreatment (Aber et al., 2000).

Fostering Good Mental Health

Fostering good mental health development in children entails more than simply avoiding those factors, such as poverty or parental substance abuse, that are known to cause or exacerbate mental health problems. Perhaps the most important foundation



caregivers can give in order to help their child grow up with confidence and self-esteem is to provide unconditional love and a feeling of acceptance so that he or she knows that it is okay to make mistakes and that his or her parents' love does not depend on accomplishments. Mental Health America (2009) (formerly the National Mental Health Association) describes other practices, known as protective factors, that parents and caregivers

can use to foster good mental health, all of which help to build the child's confidence: giving the child an opportunity to play and interact with other children,

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creating a safe home environment, and using appropriate guidance and discipline measures. Another example of a risk factor is instability of caregiver(s) whereas the protective factor is consistent, loving caregiver(s). While such practices cannot prevent mental health problems entirely, especially those that occur due to biological causes, creating a safe, supportive home environment can be highly useful in helping the child to form positive relationships with peers, teachers, and others. The ability to connect with other people, an extension of well-developed social skills, is crucial for continued good mental health throughout a person's life.

For children at risk of developing mental health problems, preventive intervention can greatly impact future development. Preventive intervention can help the child and his or her family to avoid risk factors that may lead to later problems (e.g., stress related to single parenting), while supporting protective factors that aid in good mental health development, such as a healthy parent-child relationship (Beckwith, 2000). Preventive intervention may begin before birth, as with maternal substance-abuse counseling in order to discourage alcohol consumption and therefore possibly prevent fetal alcohol syndrome (FAS) from occurring (Office of the Surgeon General, 1999). Intervention more commonly occurs once the child is born.

Early intervention often includes family-centered programs for at-risk children. For toddlers and preschoolers, early care and education programs such as Head Start aim to provide young children with supportive, nurturing environments. Participation in Head Start has been shown to decrease enrollment in special education and lead to fewer absences from school and lower instances of antisocial behavior (Office of the Surgeon General, 1999). For school-age children, quality after-school programs can be especially helpful in promoting good mental health development, as they offer socialization opportunities, athletic and creative activities, and academic assistance. Unfortunately, after-school programs located in areas with large numbers of low-income families face the same issues as the families that they are meant to serve with regards to finances: programs in low-income areas often lack the resources necessary to continue to provide high-quality care and activities for the children in their area, therefore limiting the positive impact that the program can have on children's mental health development (Frazier, Cappella, and Atkins, 2007).

Part 2 of Children's Mental Health will review data for South Dakota and bordering states.

Resources in South Dakota



South Dakota Voices for Children, in fall 2004, invited 29 mental health and other professionals from across the state to a Children's Mental Health Public Awareness Planning Summit. From that

Summit a Mental Health Awareness Advisory Group was formed to guide a multi-year awareness initiative. The accomplishments to date:

Child care providers, school personnel and health care practitioners

- **Child care providers:** Tool kits were developed to help staff from each of South Dakota's five Early Childhood Enrichment Centers teach the research-based Socio-emotional Foundations of Early Learning to early childhood caregivers.
- **School personnel:** South Dakota piloted the national school mental health education program, ***Typical or Troubled?*** for middle or high school students.
- **Healthcare practitioners:** Pediatricians and family practice doctors are making children's mental health part of the standard of health care for children.

Outreach to parents

- South Dakota Online Mental Health Directory
- A Parent's Guide to Children's Mental Health Services in South Dakota.
- A DVD version of A Parent's Guide to Children's Mental Health Services in South Dakota.
- A new website with resources for parents has been developed and is available at:
www.sdkidsmentalhealth.org
- Wings for life: A newsletter that carries age appropriate information about emotional development of children from kindergarten through the 8th grade.

Additional resources

Training on early childhood mental health for a range of professionals that work with young children and families.

SD Voices for Children website:
www.sdvoicesforchildren.org
SD Kids Mental Health website:
www.sdkidsmentalhealth.org



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The South Dakota KIDS COUNT Project

(www.sdkidscount.org) is a national and state-by-state effort, sponsored by the Annie E. Casey Foundation, to track the status of children in the United States. By providing policymakers and citizens with benchmarks of child well-being, KIDS COUNT seeks to enrich local, state, and national discussions concerning ways to secure better futures for children and families. Additional funding for the state project comes from the South Dakota Departments of: Education & Human Services.

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