

January 2006

In the United States, at least one in five children and adolescents have a mental health disorder, and about 6 million of those, roughly one in ten, have a serious emotional disturbance (National Mental Health Information Center 2005). In fact, over the past two decades while the general suicide rate has decreased, the rate for young adults has tripled, causing it to be considered the second or third most common cause of death among adolescents (O'Connor 2005). During this time the field of mental health distinctly focusing on children and adolescents has slowly emerged making public a growing body of research about the most critical stages of social and cognitive development for young people. This has been accompanied by a number of effective programs focusing on early intervention and prevention of mental disorders in children and adolescents.

Though there are many effective ways to prevent and treat mental disorders in children, this is often a challenging task for mental health professionals because children are served by several separate service delivery sectors including; community clinics, primary care physicians, families, and schools. Most programs showing a high rate of effectiveness are implemented in public schools and involve at least to some degree, families and the general community (Simpson et. al. 2001).

Prevention Programs

While the idea of preventing mental illness in young people is relatively new, there are some promising programs that appear to alleviate

mental health risks. For example, the Columbia University Teen Screen Program gives teens the opportunity to receive a voluntary mental health check-up. The Teen Screen program exists in 44 states as well as a few other countries and has been recognized by the President's Commission on Mental Health as a model program. In this program mental health practitioners travel to various schools and use several highly tested screening instruments to detect possible signs of depression or suicidal behaviors in adolescents. Though this program does not attempt to treat young people it notifies parents and educators of possible problems (Connect for Kids 2005). Though this initiative may be confounded because of the voluntary aspect (teens with depression or suicidal behavior may be less likely to volunteer to be screened) its effectiveness and considerable scope are encouraging.

Some prevention programs choose to focus on changing the school environment rather than detecting specific factors that are correlated with mental illness. For example the School Transitional Environment Project (STEP) elected to alleviate the stress found in the school environment when students make transitions from elementary school to middle school, and middle school to high school. They did this by reducing the complexity often found in new school environments, redefining the role of homeroom teachers as more supportive and nurturing, and by creating a stable support system of peers and classmates. Students involved in the STEP program reported lower stress levels, and a reduction in anxiety,

depression and delinquent behaviors compared to those not involved (Greenberg et. al. 2000).

The popular Big Brothers Big Sisters (BB/BS) program has also been found to be effective for preventing some mental health problems. The subjects participating in this mentoring program reported that they were less likely than their peers to engage in fighting and violent behaviors and they perceived their family relationships more positively. This is a promising finding but it is only highly significant for white males and becomes less significant for white females, black males, and black females respectively (Greenberg et. al. 2000). Another well known program, the Head Start program for preschoolers, participated in a prevention program called PARTNERS which involved parent and teacher training in addition to the usual Head Start curriculum. This program focused on preventing conduct disorders, one of the most common mental disorders affecting young children. The researchers found that after eight to nine weeks of this program, when compared to regular Head Start students, teacher reports of parental involvement in school were up, more positive disciplining practices in the home increased, and the children themselves showed a significant reduction in conduct problems and school behavior (Greenberg et. al. 2000).

One common cause of mental distress in youth is problems within their family, most notably divorce. The Children of Divorce Intervention Project attempted to alleviate this connection between mental problems and children of divorced parents. This program equips children whose parents have begun the divorce process with a supportive outlet to discuss the divorce, counters any unrealistic perceptions or beliefs they may have about it, and builds problem solving and adaptive coping skills. The results from several informants, children, parents, and teachers, suggest that the program is successful in improving children's adjustment, even at a two year follow-up (Greenberg et. al. 2000).

Intervention Programs

In addition to studying prevention programs, utilizing intervention programs are another effective way to alleviate mental problems in youth. A study taking place in Israel and looking specifically at reducing suicidality, found that in 8th grade boys, a 12 week cognitive-behavioral program produced significant reductions in suicidal tendencies. Unfortunately while the effects for boys were significant the reductions of suicidal behaviors for girls in the study did not reach a significant level. This study is important because it suggests that a simple school based program can prevent suicide for some, and the causes or factors mediating suicidality in children vary by gender (Greenberg et. al. 2000).

The Anger Coping Program is another intervention program that focuses on reducing anger problems in elementary and middle school aged boys. This school based intervention is cognitive and behavioral and consists of 18 sessions that teach affect identification, self-control, and problem solving skills. The participants are instructed to role play and practice these skills in small groups, and the experimenters use goal setting and reinforcement to support the participants. Immediately following the intervention, teachers report less disruptive classroom behavior and in some cases parents report less disruptive behavior at home. Though these effects decrease slightly in follow-up assessments this study is encouraging regarding the cessation of conduct disorders.

One of the most encouraging intervention programs is the Queensland Early Intervention and Prevention of Anxiety Project. This project is a large longitudinal study of a school based program that is primarily cognitive-behavioral in nature. Its goal is to prevent the onset of full blown anxiety disorders in youth age seven to fourteen with elevated anxiety symptoms. This project took place at several schools which were randomly assigned to experimental or control conditions and found that at six months post-treatment when the anxious children were

compared to controls, they developed significantly fewer internalizing anxiety disorders.

In addition to in school programs such as those discussed above, there are several family based therapy interventions that have been proven effective in treating juvenile offenders with violence and substance abuse problems. These include Multisystemic Therapy, Functional Family Therapy, and Structural Family Therapy. While these programs do not attempt to treat entire ecological systems such as schools and communities they are a good solution for individual families without access to more holistic programs (Greenberg 2000).

General Guidelines

While there are several prevention and intervention programs that effectively reduce the risk or severity of mental disorders in children and youth, none of these programs is faultless. More research must be conducted to find even better programs before a wide scale adoption and implementation of such a program is feasible. The following list is a set of general guidelines from various pieces of literature regarding the best practices in preventing and treating mental disorders in young people:

- Short-term interventions are often not effective, and when they are their benefits are time limited so longitudinal programs are needed.
- Interventions should focus on several domains rather than just the family, school, or child (Greenberg 2000).
- Parent involvement including parent teacher collaboration is critical to the success of the intervention and the mental health of the child (Simpson et. al. 2001).
- School based behavioral intervention programs predict academic success surprisingly accurately (CNN 2005). This implies that focusing preventative efforts on children with academic problems and helping those with academic problems succeed may decrease the prevalence of mental illness.

In conclusion, the mental health problems of young people appear to have increased in the past few decades. This is disturbing for several reasons, perhaps most importantly because the mental health of the youth in our nation directly affects the future success of our society. Though these problems are significant, they appear to be mediated and effectively addressed by many of the programs discussed above. Implementing holistic programs addressing specific family, parent and teacher needs in addition to promoting positive relationships between these parties and teaching cognitive behavioral skills is often effective in preventing and treating mental illness in children.

References:

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