



## How To Pay for Mental Health Services

### Why are payment methods important?

The high cost of health care makes treatment out of reach for many people. Those who do not have health insurance — more than 38 million Americans — often avoid treatment entirely, because costs can be staggering.

### Private Insurance | Resources for the Uninsured | Emergencies | System of Care

#### What is private insurance?

The majority of working Americans are covered under employer-provided health insurance plans. One type of plan is a standard indemnity policy, which gives people freedom to visit a health care provider of their choice and pay out of pocket for their treatment. The insurance plan reimburses members for some portion of the cost. The other common plan is a managed care plan. Under this plan, medically necessary care is provided in the most cost-effective, or least expensive, way available. Plan members must visit health care providers chosen by the managed care plan. Generally, a co-payment is charged to the patient, but sometimes all care received from providers within the plan is covered. Managed care companies provide services in many States for low-income Medicare and Medicaid beneficiaries. Both types of private health coverage may offer some coverage for mental health treatment. However, this treatment often is not paid for at the same rate as other health care costs.

#### Resources for the uninsured:

- **Community-based resources:** Many communities have community mental health centers (CMHCs). These centers offer a range of mental health treatment and counseling services, usually at a reduced rate for low-income people. CMHCs generally require you to have a private insurance plan or to be a recipient of public assistance.

There are two Community Mental Health Centers (CMHCs) in Ocean County:

Ocean Mental Health Services

160 Route 9

Bayville, NJ 08721

Telephone: 732-349-5550

[www.oceanmentalhealth.org](http://www.oceanmentalhealth.org)

Preferred Behavioral Health of NJ

700 Airport Road

Lakewood, NJ 08701

Telephone: 732-367-4700

[www.preferredbehavioral.org](http://www.preferredbehavioral.org)

- **Pastoral Counseling:** Your church or synagogue can put you in touch with a pastoral counseling program. Certified pastoral counselors, who are ministers in a recognized religious body, have advanced degrees in pastoral counseling, as well as professional counseling experience. Pastoral counseling is often provided on a sliding-scale fee basis.

For information about pastoral counseling, contact American Association of Pastoral Counselors at 703-385-6967 or visit [www.aapc.org](http://www.aapc.org)

- **Self-help groups:** Another option is to join a self-help or support group. Such groups give people a chance to learn about, talk about, and work on their common problems, such as alcoholism, substance abuse, depression, family issues, and relationships. Self-help groups are generally free and can be found in virtually every community in America. Many people find them to be effective.

For information about support groups in your area, call the NJ Self-Help Group Clearinghouse at 1-800-367-6274 or visit: [www.mentalhelp.net/selfhelp](http://www.mentalhelp.net/selfhelp).

- **Public assistance:** People with severe mental illness may be eligible for several forms of public assistance, both to meet the basic costs of living and to pay for health care. Examples of such programs are Social Security, Medicare, and Medicaid.
  - Social Security has two types of programs to help individuals with disabilities. Social Security Disability Insurance provides benefits for those individuals who have worked

for a required length of time and have paid Social Security taxes. Supplemental Security Income provides benefits to individuals based on their economic needs (Social Security Administration, 2002). For information, call the Social Security Administration at 800-772-1213 or visit [www.ssa.gov](http://www.ssa.gov).

- o Medicare is America's primary Federal health insurance program for people who are 65 or older and for some with disabilities who are under 65. It provides basic protection for the cost of health care. Two programs exist to help people with low incomes receive benefits: the Qualified Medicare Beneficiary (QMB) and the Specified Low-Income Medicare Beneficiary (SLMB) programs. For information, call the Social Security Administration at 800-772-1213 or visit [www.ssa.gov](http://www.ssa.gov).
- o Medicaid pays for some health care costs for America's poorest and most vulnerable people. More information about Medicaid and eligibility requirements is available at local welfare and medical assistance offices. Although there are certain Federal requirements, each State also has its own rules and regulations for Medicaid. For information about Medicaid, contact the County Welfare Agency:

Ocean County Board of Social Services

Main Office  
1027 Hooper Ave., Bldg 3  
Toms River, NJ 08753  
Telephone: 732-349-1500

Northern Satellite Office  
225 Fourth St.  
Lakewood, NJ 08701  
Telephone: 732-370-8854

Southern Satellite Office  
333 Haywood Rd.  
Manahawkin, NJ 08050  
Telephone: 609-242-6100

### In Emergencies

The Psychiatric Emergency Screening Services program (PESS) provides crisis intervention services in emergency situations, including mobile outreach and screening for voluntary and involuntary hospitalization. The hotline (732-866-4474 or 866-904-4474) is used to de-escalate a crisis situation that demands immediate intervention. If the nature of the call indicates that a face-to-face session with a PESS clinician is appropriate, arrangements will be made for the caller to visit PESS Center, the local hospital Emergency Department, or a mobile outreach team at an alternate location.

### What Is a System of Care?

A system of care is a coordinated network of community-based services and supports that are organized to meet the challenges of children and youth with serious mental health needs and their families. Families, children, and youth work in partnership with public and private organizations so services and supports are effective, build on the strengths of individuals, and address each person's cultural and linguistic needs. Specifically, a system of care can help by:

- Tailoring services to the unique needs of your child and family;
- Making services and supports available in your language and connecting you with professionals who respect your values and beliefs;
- Encouraging you and your child to play as much of a role in the design of a treatment plan as you want; and
- Providing services from within your community, whenever possible.

In New Jersey, the System of Care for Children is operated by the NJ Department of Children and Families' Division of Child Behavioral Health Services. To learn more about the System of Care in New Jersey or to request an assessment of your child, call 877-652-7624. To request a free fact sheet on systems of care, call 1-800-789-2647.

**For more information** about how to pay for mental health care, contact:

National Mental Health Information Center  
P.O. Box 42557  
Washington, DC 20015  
Telephone: 800-789-2647  
(TDD): 866-889-2647  
E-mail: [nmhc-info@samhsa.hhs.gov](mailto:nmhc-info@samhsa.hhs.gov)  
<http://mentalhealth.samhsa.gov>

National Empowerment Center  
599 Canal Street  
Lawrence, MA 01840  
Telephone: 800-769-3728  
Fax: 978-681-6426  
[www.power2u.org](http://www.power2u.org)

## **Finding Help in Ocean County**

### *Where to Start*

To find help, discuss your concerns with your teen's teacher, school counselor or others such as a family doctor, psychiatrist, psychologist, social worker, religious counselor or nurse. If you have health insurance, contact your carrier to find out about the services that are covered under your plan and local providers.

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### *Community Mental Health Centers*

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Preferred Behavioral Health of NJ  
700 Airport Road  
Lakewood, NJ 08701  
Telephone: 732-367-4700  
[www.preferredbehavioral.org](http://www.preferredbehavioral.org)

### *System of Care*

Systems of care for children's mental health offer children with serious emotional disturbances and their families a wide range of comprehensive and community-based services to help them reach their full potential. To learn more about the System of Care in New Jersey and to request an assessment for your child, call 877-652-7624. To request a free fact sheet on systems of care, call 1-800-789-2647.

### **Mental Health Resources on the Internet**

**Centers for Disease Control and Prevention** [ClinicalTrials.gov](http://ClinicalTrials.gov), **National Institutes of Health**

[www.cdc.gov](http://www.cdc.gov)

<http://clinicaltrials.gov/>

### **Substance Abuse and Mental Health Services Administration**

<http://mentalhealth.samhsa.gov>

### **National Institute of Mental Health**

[www.nimh.nih.gov](http://www.nimh.nih.gov)



## Children's Mental Health Facts Children and Adolescents with Anxiety Disorders

### What are anxiety disorders?

Children and adolescents with anxiety disorders typically experience intense fear, worry, or uneasiness that can last for long periods of time and significantly affect their lives. If not treated early, anxiety disorders can lead to:

- Repeated school absences or an inability to finish school;
- Impaired relations with peers;
- Low self-esteem;
- Alcohol or other drug use;
- Problems adjusting to work situations; and
- Anxiety disorder in adulthood.

### What are the types and signs of anxiety disorders?

Many different anxiety disorders affect children and adolescents. Several disorders and their signs are described below:

- **Generalized Anxiety Disorder:** Children and adolescents with generalized anxiety disorder engage in extreme, unrealistic worry about everyday life activities. They worry unduly about their academic performance, sporting activities, or even about being on time. Typically, these young people are very self-conscious, feel tense, and have a strong need for reassurance. They may complain about stomachaches or other discomforts that do not appear to have any physical cause.
- **Separation Anxiety Disorder:** Children with separation anxiety disorder often have difficulty leaving their parents to attend school or camp, stay at a friend's house, or be alone. Often, they "cling" to parents and have trouble falling asleep. Separation anxiety disorder may be accompanied by depression, sadness, withdrawal, or fear that a family member might die. About one in every 25 children experiences separation anxiety disorder.<sup>1</sup>
- **Phobias:** Children and adolescents with phobias have unrealistic and excessive fears of certain situations or objects. Many phobias have specific names, and the disorder usually centers on animals, storms, water, heights, or situations, such as being in an enclosed space. Children and adolescents with social phobias are terrified of being criticized or judged harshly by others. Young people with phobias will try to avoid the objects and situations they fear, so the disorder can greatly restrict their lives.
- **Panic Disorder:** Repeated "panic attacks" in children and adolescents without an apparent cause are signs of a panic disorder. Panic attacks are periods of intense fear accompanied by a pounding heartbeat, sweating, dizziness, nausea, or a feeling of imminent death. The experience is so scary that young people live in dread of another attack. Children and adolescents with the disorder may go to great lengths to avoid situations that may bring on a panic attack. They also may not want to go to school or to be separated from their parents.
- **Obsessive-Compulsive Disorder:** Children and adolescents with obsessive-compulsive disorder, sometimes called OCD, become trapped in a pattern of repetitive thoughts and behaviors. Even though they may recognize that the thoughts or behaviors appear senseless and distressing, the pattern is very hard to stop. Compulsive behaviors may include repeated hand washing, counting, or arranging and rearranging objects. About two in every 100 adolescents experience obsessive-compulsive disorder (U.S. Department of Health and Human Services, 1999).
- **Post-traumatic Stress Disorder:** Children and adolescents can develop post-traumatic stress disorder after they experience a very stressful event. Such events may include

experiencing physical or sexual abuse; being a victim of or witnessing violence; or living through a disaster, such as a bombing or hurricane. Young people with post-traumatic stress disorder experience the event over and over through strong memories, flashbacks, or other kinds of troublesome thoughts. As a result, they may try to avoid anything associated with the trauma. They also may overreact when startled or have difficulty sleeping.

### **How common are anxiety disorders?**

Anxiety disorders are among the most common mental, emotional, and behavioral problems to occur during childhood and adolescence. About 13 of every 100 children and adolescents ages 9 to 17 experience some kind of anxiety disorder; girls are affected more than boys.<sup>1</sup> About half of children and adolescents with anxiety disorders have a second anxiety disorder or other mental or behavioral disorder, such as depression. In addition, anxiety disorders may coexist with physical health conditions requiring treatment.

### **Who is at risk?**

Researchers have found that the basic temperament of young people may play a role in some childhood and adolescent anxiety disorders. For example, some children tend to be very shy and restrained in unfamiliar situations, a possible sign that they are at risk for developing an anxiety disorder. Research in this area is very complex, because children's fears often change as they age.

Researchers also suggest watching for signs of anxiety disorders when children are between the ages of 6 and 8. During this time, children generally grow less afraid of the dark and imaginary creatures and become more anxious about school performance and social relationships. An excessive amount of anxiety in children this age may be a warning sign for the development of anxiety disorders later in life.

Studies suggest that children or adolescents are more likely to have an anxiety disorder if they have a parent with anxiety disorders. However, the studies do not prove whether the disorders are caused by biology, environment, or both. More data are needed to clarify whether anxiety disorders can be inherited.

### **What help is available for young people with anxiety disorders?**

Children and adolescents with anxiety disorders can benefit from a variety of treatments and services. Following an accurate diagnosis, possible treatments include:

- Cognitive-behavioral treatment, in which young people learn to deal with fears by modifying the ways they think and behave;
- Relaxation techniques;
- Biofeedback (to control stress and muscle tension);
- Family therapy;
- Parent training; and
- Medication.

While cognitive-behavioral approaches are effective in treating some anxiety disorders, medications work well with others. Some people with anxiety disorders benefit from a combination of these treatments. More research is needed to determine what treatments work best for the various types of anxiety disorders.

### **What can parents do?**

If parents or other caregivers notice repeated symptoms of an anxiety disorder in their child or adolescent, they should:

- Talk with the child's health care provider. He or she can help to determine whether the symptoms are caused by an anxiety disorder or by some other condition and can also provide a referral to a mental health professional.
- Look for a mental health professional trained in working with children and adolescents, who has used cognitive-behavioral or behavior therapy and has prescribed medications for this disorder, or has cooperated with a physician who does.
- Get accurate information from libraries, hotlines, or other sources.

- Ask questions about treatments and services.
- Talk with other families in their communities.
- Find family network organizations.

People who are not satisfied with the mental health care they receive should discuss their concerns with the provider, ask for information, and/or seek help from other sources.

**Important Messages About Children's and Adolescents' Mental Health:**

- Every child's mental health is important.
- Many children have mental health problems.
- These problems are real and painful and can be severe.
- Mental health problems can be recognized and treated.
- Caring families and communities working together can help.

CA-0007 | 04/2003 | CAFB-Stone | Adapted for Ocean County NJ by the OCDHS-CIACC



## **Children's Mental Health Facts**

### **Children and Adolescents with Attention-deficit/Hyperactivity Disorder**

Attention-deficit/hyperactivity disorder, sometimes called ADHD, is a chronic condition and the most commonly diagnosed behavioral disorder among children and adolescents. It affects between 3 and 5 percent of school-aged children in a 6-month period (U.S. Department of Health and Human Services, 1999).

Children and adolescents with attention-deficit/hyperactivity disorder have difficulty controlling their behavior in school and social settings. They also tend to be accident-prone. Although some of these young people may not earn high grades in school, most have normal or above-normal intelligence.

#### **What are the signs of attention-deficit/hyperactivity disorder?**

There are three different types of attention-deficit/hyperactivity disorder, and each has different symptoms. The types are inattentive, hyperactive-impulsive, and combined attention-deficit/hyperactivity disorder.

Children with the inattentive type may:

- Have short attention spans.
- Be distracted easily.
- Not pay attention to details.
- Make many mistakes.
- Fail to finish things.
- Have trouble remembering things.
- Not seem to listen.
- Not be able to stay organized.

Children with the hyperactive-impulsive type may:

- Fidget and squirm.
- Be unable to stay seated or play quietly.
- Run or climb too much or when they should not.
- Talk too much or when they should not.
- Blurt out answers before questions are completed.
- Have trouble taking turns.
- Interrupt others.

The most common type is combined attention-deficit/hyperactivity disorder, which, as the name implies, is a combination of the inattentive and the hyperactive-impulsive types.

A diagnosis of one of the attention-deficit/hyperactivity disorders is usually made when children have several of the above symptoms that begin before age 7 and last at least 6 months. Generally, symptoms have to be observed in at least two different settings, such as home and school, before a diagnosis is made.

#### **How common is attention-deficit/hyperactivity disorder?**

Attention-deficit/hyperactivity disorder is found in as many as one in every 20 children (U.S. Department of Health and Human Services, 1999). Boys are four times more likely than girls to have the disorder (U.S. Department of Health and Human Services, 1999).

Children and adolescents with attention-deficit/hyperactivity disorder are at risk for many other mental disorders. About half of those with attention-deficit/hyperactivity disorder also have oppositional or conduct disorder, and about a fourth have an anxiety disorder. As many as one-third have depression, and about one-fifth have a learning disability. Sometimes children or adolescents will have two or more of these disorders in addition to attention-deficit/hyperactivity disorder. Children with attention-deficit/hyperactivity disorder are also at risk for developing personality and substance abuse disorders when they are adolescents or adults.

Attention-deficit/hyperactivity disorder is a major reason that children are referred for mental health services. Boys are more likely to be referred for treatment than girls, in part, because many boys with attention-deficit/hyperactivity disorder also have conduct disorder. Although mental health and special education services for children and adolescents with attention-deficit/hyperactivity disorder cost millions of dollars each year, in the long run, underachievement and lost productivity can be more costly for them and their families.

### **What causes attention-deficit/hyperactivity disorder?**

Many causes of attention-deficit/hyperactivity disorder have been studied, but no one cause seems to apply to all young people with the disorder. Viruses, harmful chemicals in the environment, genetics, problems during pregnancy or delivery, or anything that impairs brain development can play a role in causing the disorder.

### **What help is available for families?**

Many treatments, some with scientific basis and some without, have been recommended for children and adolescents with attention-deficit/hyperactivity disorder. Traditional approaches to treatment involve medications and/or behavior therapy.

Many types of medications have been used to treat attention deficit/hyperactivity disorder. The most widely used drugs are stimulants. Stimulants increase activity in parts of the brain that appear to be underactive in children and adolescents with attention-deficit/hyperactivity disorder. Experts believe that this is why stimulants improve attention and reduce impulsive, hyperactive, or aggressive behavior. For some children and adolescents, certain antidepressants may also help alleviate symptoms of the disorder. Tranquilizers also have been effective for some individuals. Care must be taken when prescribing and monitoring all medications, and it is important to note that these are not the only medications that may be prescribed for this disorder.

Like most medications, those used to treat attention-deficit/hyperactivity disorder have side effects. These medications may cause some children to lose weight, have reduced appetites, and temporarily grow more slowly. Others may have trouble falling asleep. However, many doctors believe the benefits of these medications outweigh the possible side effects. Often, health care providers can alleviate side effects by adjusting the dosage.

Another treatment approach, called behavior therapy, involves using techniques and strategies to modify the behavior of children with the disorder. Behavior therapy may include:

- Instruction for parents and teachers on how to manage and modify children's or adolescents' behavior, such as rewarding good behaviors.
- Daily report cards to link efforts between home and school, where parents reward children or adolescents for good school performance and behavior.
- Summer and Saturday programs.
- Special classrooms that use intensive behavior modification.
- Specially trained classroom aides.

While a combination of stimulants and behavior therapy is believed to be helpful, it is not clear how long the benefits from this approach last. The Federal government's National Institute of Mental Health is supporting research on the long-term benefits of various treatments, as well as research to determine if medication and behavior treatment are more effective when combined.

Ongoing research efforts also are aimed at identifying new medicines and treatments.

### **Can attention-deficit/hyperactivity disorder be prevented?**

Given that there are many suspected causes of attention-deficit/hyperactivity disorder, prevention may be difficult. However, as a precaution, it is always wise for expectant mothers to receive prenatal care and stay away from alcohol, tobacco, and other harmful chemicals during pregnancy. It also makes good sense for mothers to obtain good health care for their children. These recommendations may be particularly important when attention-deficit/hyperactivity disorder is suspected in other family members.

### **What else can parents do?**

When it comes to attention-deficit/hyperactivity disorder, parents and other caregivers should be careful not to jump to conclusions. A high energy level alone in a child or adolescent does not mean that he or she has attention-deficit/hyperactivity disorder. The diagnosis depends on whether the child or adolescent can focus well enough to complete tasks that suit his or her age and intelligence. This ability is most likely to be noticed by a teacher. Since some children with attention-deficit/hyperactive disorder have many different types of needs and often require special accommodations to help them function, input from teachers should be taken seriously.

If parents or caregivers suspect attention-deficit/hyperactivity disorder, they should:

- Make an appointment with a psychiatrist, psychologist, child neurologist, or behavioral pediatrician for an evaluation. (Ask the child's doctor for a referral.)
- Be patient if the young person is diagnosed with attention-deficit/hyperactivity disorder, and recognize that progress takes time.
- Instill a sense of competence in the child or adolescent. Promote his or her strengths, talents, and feelings of self-worth.
- Remember that, in many instances, failure, frustration, discouragement, low self-esteem, and depression cause more problems than the disorder itself.
- Get accurate information from libraries, hotlines, or other sources.
- Ask questions about treatments and services.
- Talk with other families in their communities.
- Find family network organizations.

People who are not satisfied with the mental health care they are receiving should discuss their concerns with the provider, ask for information, and/or seek help from other sources. It may take time for families and providers to find the right "mix" of services and supports that work best for a child. While treatment may not fully eliminate unwanted symptoms, most children with attention deficit/hyperactivity disorder do respond to medication and behavioral therapy.

Children with attention-deficit/hyperactivity disorder may qualify for free services within public schools. Most children with attention-deficit/hyperactivity disorder or other disabilities are eligible to receive special education services under the Individuals with Disabilities Education Act (IDEA). This act guarantees appropriate services and a public education to children ages 3 to 21 with disabilities.

### **Important Messages About Children's and Adolescents' Mental Health:**

- Every child's mental health is important.
- Many children have mental health problems.
- These problems are real and painful and can be severe.
- Mental health problems can be recognized and treated.
- Caring families and communities working together can help.

### **Endnotes**

U.S. Department of Health and Human Services. (1999). *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services.  
CA-0008 | 04/2003 | CAFB-Stone | Adapted for Ocean County NJ by the OCDHS-CIACC



## **Children's Mental Health Facts: Bipolar Disorder Helping Children and Youth With Bipolar Disorder**

### **What Is Bipolar Disorder?**

Bipolar disorder is a brain disorder that causes persistent, overwhelming, and uncontrollable changes in moods, activities, thoughts, and behaviors. A child has a much greater chance of having bipolar disorder if there is a family history of the disorder or depression. This means that parents cannot choose whether or not their children will have bipolar disorder.

Although bipolar disorder affects at least 750,000 children in the United States<sup>1</sup>, it is often difficult to recognize and diagnose in children. If left untreated, the disorder puts a child at risk for school failure, drug abuse, and suicide. That is why it is important that you seek the advice of a qualified professional when trying to find out if your child has bipolar disorder.

Symptoms of bipolar disorder can be mistaken for other medical/mental health conditions, and children with bipolar disorder can have other mental health needs at the same time. Other disorders that can occur at the same time as bipolar disorder include, but are not limited to, attention-deficit/hyperactivity disorder, conduct disorder, oppositional defiant disorder, anxiety disorders, autistic spectrum disorders, and drug abuse disorders. The roles that a family's culture and language play in how causes and symptoms are perceived and then described to a mental health care provider are important, too. Misperceptions and misunderstandings can lead to delayed diagnoses, misdiagnoses, or no diagnoses—which are serious problems when a child needs help. That is why it is important that supports be in place to bridge differences in language and culture. Once bipolar disorder is properly diagnosed, treatment can begin to help children and adolescents with bipolar disorder live productive and fulfilling lives.

### **What Are the Signs of Bipolar Disorder?**

Unlike some health problems where different people experience the same symptoms, children experience bipolar disorder differently. Often, children with the illness experience mood swings that alternate, or cycle, between periods of "highs" and "lows," called "mania" and "depression," with varying moods in between. These cycles can happen much more rapidly than in adults, sometimes occurring many times within a day. Mental health experts differ in their interpretation of what symptoms children experience. The following are commonly reported signs of bipolar disorder:

- Excessively elevated moods alternating with periods of depressed or irritable moods;
- Periods of high, goal-directed activity, and/or physical agitation;
- Racing thoughts and speaking very fast;
- Unusual/erratic sleep patterns and/or a decreased need for sleep;
- Difficulty settling as babies;
- Severe temper tantrums, sometimes called "rages";
- Excessive involvement in pleasurable activities, daredevil behavior, and/or grandiose, "super-confident" thinking and behaviors;
- Impulsivity and/or distractibility;
- Inappropriate sexual activity, even at very young ages;
- Hallucinations and/or delusions;
- Suicidal thoughts and/or talks of killing self; and
- Inflexible, oppositional/defiant, and extremely irritable behavior.

### **What Happens After a Bipolar Disorder Diagnosis?**

If a qualified mental health provider has diagnosed your child with bipolar disorder, the provider may suggest several different treatment options, including strategies for managing behaviors, medications, and/or talk therapy. Your child's mental health care provider may also suggest enrolling in a system of care, if one is available.

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Child and Adolescent Bipolar Foundation

[www.bpkids.org](http://www.bpkids.org)

Tel: 847.256.8525

SMA05-4058 11/05 Adapted for Ocean County NJ by the OCDHS-CIACC



## **Children's Mental Health Facts Children and Adolescents with Conduct Disorder**

### **What is conduct disorder?**

Children with conduct disorder repeatedly violate the personal or property rights of others and the basic expectations of society. A diagnosis of conduct disorder is likely when symptoms continue for 6 months or longer. Conduct disorder is known as a "disruptive behavior disorder" because of its impact on children and their families, neighbors, and schools.

Another disruptive behavior disorder, called oppositional defiant disorder, may be a precursor of conduct disorder. A child is diagnosed with oppositional defiant disorder when he or she shows signs of being hostile and defiant for at least 6 months. Oppositional defiant disorder may start as early as the preschool years, while conduct disorder generally appears when children are older. Oppositional defiant disorder and conduct disorder are not co-occurring conditions.

### **What are the signs of conduct disorder?**

Symptoms of conduct disorder include:

- Aggressive behavior that harms or threatens other people or animals;
- Destructive behavior that damages or destroys property;
- Lying or theft;
- Truancy or other serious violations of rules;
- Early tobacco, alcohol, and substance use and abuse; and
- Precocious sexual activity.

Children with conduct disorder or oppositional defiant disorder also may experience:

- Higher rates of depression, suicidal thoughts, suicide attempts, and suicide;
- Academic difficulties;
- Poor relationships with peers or adults;
- Sexually transmitted diseases;
- Difficulty staying in adoptive, foster, or group homes; and
- Higher rates of injuries, school expulsions, and problems with the law.

### **How common is conduct disorder?**

Conduct disorder affects 1 to 4 percent of 9- to 17-year-olds, depending on exactly how the disorder is defined (U.S. Department of Health and Human Services, 1999). The disorder appears to be more common in boys than in girls and more common in cities than in rural areas.

### **Who is at risk for conduct disorder?**

Research shows that some cases of conduct disorder begin in early childhood, often by the preschool years. In fact, some infants who are especially "fussy" appear to be at risk for developing conduct disorder. Other factors that may make a child more likely to develop conduct disorder include:

- |   |                             |
|---|-----------------------------|
| • Early maternal rejection;   | • Parental mental illness;  |
| • Separation from parents, without an adequate alternative caregiver; | • Parental marital discord; |
| • Early institutionalization;   | • Large family size;        |
| • Family neglect;   | • Crowding; and             |
| • Abuse or violence;  | • Poverty.                  |

### **What help is available for families?**

Although conduct disorder is one of the most difficult behavior disorders to treat, young people often benefit from a range of services that include:

- Training for parents on how to handle child or adolescent behavior.
- Family therapy.
- Training in problem solving skills for children or adolescents.
- Community-based services that focus on the young person within the context of family and community influences.

### **What can parents do?**

Some child and adolescent behaviors are hard to change after they have become ingrained. Therefore, the earlier the conduct disorder is identified and treated, the better the chance for success. Most children or adolescents with conduct disorder are probably reacting to events and situations in their lives. Some recent studies have focused on promising ways to prevent conduct disorder among at-risk children and adolescents. In addition, more research is needed to determine if biology is a factor in conduct disorder.

Parents or other caregivers who notice signs of conduct disorder or oppositional defiant disorder in a child or adolescent should:

- Pay careful attention to the signs, try to understand the underlying reasons, and then try to improve the situation.
- If necessary, talk with a mental health or social services professional, such as a teacher, counselor, psychiatrist, or psychologist specializing in childhood and adolescent disorders.
- Get accurate information from libraries, hotlines, or other sources.
- Talk to other families in their communities.
- Find family network organizations.
- People who are not satisfied with the mental health services they receive should discuss their concerns with their provider, ask for more information, and/or seek help from other sources.

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CA-0010 | 04/2003 | CAFB-Stone Adapted for Ocean County NJ by the OCDHS-CIACC



## Major Depression in Children and Adolescents

### What is depression?

Major depression is one of the mental, emotional, and behavior disorders that can appear during childhood and adolescence. This type of depression affects a young person's thoughts, feelings, behavior, and body. Major depression in children and adolescents is serious; it is more than "the blues." Depression can lead to school failure, alcohol or other drug use, and even suicide.

### What are the signs of depression?

Young people with depression may have a hard time coping with everyday activities and responsibilities, have difficulty getting along with others, and suffer from low self-esteem. Signs of depression often include:

- sadness that won't go away;
- hopelessness, boredom;
- unexplained irritability or crying
- loss of interest in usual activities;
- changes in eating or sleeping habits;
- alcohol or substance abuse
- missed school or poor school performance;
- threats or attempts to run away from home;
- outbursts of shouting, complaining;
- reckless behavior;
- aches and pains that don't get better with treatment;
- thoughts about death or suicide.

Adolescents with major depression are likely to identify themselves as depressed before their parents suspect a problem. The same may be true for children.

### How common is depression?

Population studies show that at any point in time 10 to 15 percent of children and adolescents have *some* symptoms of depression. Having a family history of depression, particularly a parent who had depression at an early age, also increases the chances that a child or adolescent may develop depression. Once a young person has experienced a major depression, he or she is at risk of developing another depression within the next 5 years. This young person is also at risk for other mental health problems.

### What help is available for a young person with depression?

While several types of antidepressant medications can be effective to treat adults with depression, these medications may not be as effective in treating children and adolescents. Care must be used in prescribing and monitoring all medication.

Many mental health care providers use "talk" treatments to help children and adolescents with depression. A child or adolescent in need of treatment or services and his or her family may need a plan of care based on the severity and duration of symptoms. Optimally, this plan is developed with the family, service providers, and a service coordinator, who is referred to as a case manager. Whenever possible, the child or adolescent is involved in decisions. This "system of care" is designed to improve the child's ability to function in all areas of life--at home, at school, and in the community. For more information on systems of care, call 1.800.789.2647.

### What can parents do?

- Make careful notes about the behaviors that concern them. Note how long the behaviors have been going on, how often they occur, and how severe they seem.
- Make an appointment with a mental health professional or the child's doctor for evaluation and diagnosis.
- Get accurate information from libraries, hotlines, or other sources.
- Ask questions about treatments and services.
- Talk to other families in their community.

- Find family network organizations.

**Important Messages About Children's and Adolescents' Mental Health:**

- Every child's mental health is important.
- Many children have mental health problems.
- These problems are real and painful and can be severe.
- Mental health problems can be recognized and treated.
- Caring families and communities working together can help.

Adapted for Ocean County NJ by the OCDHS-CIACC



## Schizophrenia

### What is schizophrenia?

Contrary to the common misconception, schizophrenia does not mean "split or multiple personality." And, although people with schizophrenia often are portrayed as violent on television and in movies, that is seldom the case. Schizophrenia is one of the most disabling and puzzling mental disorders. Just as "cancer" refers to numerous related illnesses, many researchers now consider schizophrenia to be a group of mental disorders rather than a single illness.

### How is schizophrenia developed?

Generally, schizophrenia begins in late adolescence or early adulthood. Research indicates a genetic link to the development of schizophrenia. A child who has one parent with schizophrenia, for example, has about a 10 percent chance of developing the illness, compared with a one percent chance if neither parent has schizophrenia. Current research implicates abnormalities in both the brain's structure and biochemical activities. Researchers also tend to agree that environmental influences may be involved in the onset of schizophrenia.

### Symptoms

Psychotic, or "positive," symptoms include delusions (bizarre thoughts that have no basis in reality); hallucinations (hearing voices, seeing nonexistent things, and experiencing sensations, such as burning, that have no source); and disordered thinking (apparent from a person's fragmented, disconnected and sometimes nonsensical speech). Other "negative" symptoms include social withdrawal, extreme apathy, diminished motivation, and blunted emotional expression.

### Formal Diagnosis

Active symptoms of the illness (such as a psychotic episode) for at least two weeks, with other symptoms lasting six months.

### Treatment

People who have schizophrenia often require medication to control the most troubling symptoms. Antipsychotic medications help bring biochemical imbalances closer to normal. The newer drugs may also be effective for symptoms such as social withdrawal, extreme apathy, and blunted emotional expression. More such drugs are being developed.

### Recovery

After these symptoms are controlled, psychotherapy and self-help groups can assist people who have schizophrenia learn to develop social skills, cope with stress, identify early warning signs of relapse, and prolong periods of remission. In addition, support groups and family therapy can give loved ones a better understanding of the illness and help them provide the compassion and support that play an important role in recovery. The good news is that more many of those who have schizophrenia can work, live in the community or with their families, and enjoy friends if they receive continuous, appropriate treatment. According to The National Alliance on Mental Illness, treatment of schizophrenia is successful in 60 percent of patients.

**Note:** This fact sheet is intended only as a starting point for gaining an understanding about schizophrenia. It is by no means exhaustive, nor does it include the full range of symptoms and treatments. Keep in mind that new research can yield rapid and dramatic changes in our understanding of, and approaches to, mental disorders. This fact sheet should not be viewed as a replacement for seeking competent professional advice or other forms of support.

**For more information** as well as referrals to specialists and self-help groups in your State, contact:

National Alliance for the Mentally Ill  
Colonial Place Three  
2107 Wilson Boulevard, Suite 300  
Arlington, VA 22201-3042  
Telephone: 800-950-6264  
Fax: 703-524-9094  
(TDD): 703-516-7227  
[www.nami.org](http://www.nami.org)

National Mental Health Association  
2001 N. Beauregard Street - 12th Floor  
Alexandria, VA 22311  
Telephone: 800-969-6642  
Fax: 703-684-5968  
(TDD): 800-433-5959  
[www.nmha.org](http://www.nmha.org)

*Note: These are suggested resources. It is not meant to be a complete list.*

KEN98-0052 | 04/03 | Adapted for Ocean County NJ by the OCDHS-CIACC