**Mental Health Disorders and Children**

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Children may develop mental illnesses just as adults do, but the symptoms may be difficult to pick up. This results in unnecessary treatment delays in many cases.

Signs of a mental disorder often mimic the behavior of an upset child who is completely normal. This may hinder its recognition, as parents feel that the behavior is unacceptable in general but most children display such behavior at one point or another. Moreover, children are not equipped to analyze and vocalize their feelings and difficulties clearly as adults are.



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Other reasons why mental illness is often diagnosed late in children include the perceived shame of the diagnosis, the fear of having to treat children with psychotropic medications (such as mood-altering or antidepressant drugs), and the difficulty of paying for the required costs of treatment.

Common Mental Health Disorders in Children

**Types of Mental Disorders in Children**

Mental illnesses in children follow the same general patterns as in adults, but the symptoms and signs may vary. For instance, irritability is more often seen in depressed children rather than the sadness that is typical of depressed adults.

**Anxiety Disorders**

Anxiety disorders in children include post-traumatic stress disorder, obsessive-compulsive disorder (OCD), social phobia, and generalized anxiety disorder, all of which produce persistent and abnormal anxiety that prevents the child from taking part in normal daily activities. These are internalizing disorders because they involve feelings and thoughts.

Worry at having to face certain situations is normal in children, and may characterize certain periods of life. For instance, small children are upset when they are separated from their parents. However, normal functioning is typically not affected unless an anxiety disorder is present. Sadness and fear do not persist for unduly long periods either in most children.

* Separation anxiety is extreme fear of being separated from the loved ones
* Phobias are intense fears about certain things or situations
* Generalized anxiety is worry about the occurrence of misfortunes in the future
* Panic attacks are sudden episodes of intense fear with physical symptoms such as a pounding heart, sweating, trembling, and difficulty in breathing

**Post-traumatic Stress Disorder**

Post-traumatic stress disorder (PTSD) often affects children who have been exposed to stress and who lack the resources to recover normally. This leads to long-term distress in the form of symptoms such as recurrent nightmares or flashbacks, intense fear, jitteriness, anxiety, or being unable to deal with any reminders of the event. This makes the children unable to function normally.

**Obsessive-Compulsive Disorder**

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OCD is diagnosed when children are bothered by unwanted thoughts (obsessions), and habitually do something (compulsions) to get rid of such thoughts, though their action is not actually related to the intrusive thought, or even if it is, it is excessively performed.

Examples include repeating the same action an enormous number of times, or checking over and over that something important has been done, or being meticulous about having things in a particular arrangement to the point of losing control if they are misplaced.

**Depression**

Children may develop feelings of despair or helplessness over some situations or about their life with or without reason. This may be diagnosed as depression.

Such children may also show behaviors related to sleep and appetite disturbances, fatigue, tension, and inattention or lack of concentration, as well as feelings of poor self-worth or despair.

**Attention Deficit-Hyperactivity Disorder**

Attention deficit-hyperactivity disorder (ADHD) is another condition in which children find it difficult to keep their attention on one thing for more than a few minutes, are hyperactive, and are prone to function on impulse.

All these features need not be present in the same patient, that is, the child may show symptoms of predominant hyperactivity and impulsivity, predominant inattention, or equal proportions of both.

Such children may daydream excessively, lose or forget things, be very careless, or fidget too much, among other symptoms.

**Autism Spectrum Disorder**

Autism spectrum disorder (ASD) is a serious disorder of development that affects the child socially due to severely impaired communication and interaction skills. It is typically diagnosed before the age of three years.

**Tourette Syndrome**

Tourette syndrome (TS) is a condition affecting the nerves which causes tics, sudden uncontrollable movements which are often repeated, such as blinking or grunting.

Tics can be motor or vocal, and simple (only one part of the body is involved) or complex (different parts of the body are involved). They begin between 5 and 10 years of age, and worsen with stress or excitement, but may disappear when the child is engaged with something or is calm.

They often persist into adult life. Tics co-exist with other mental conditions in 90% of the affected children.

Kids With Tourette's Syndrome Talk About Experiences | Growing Up | Real Families with Foxy Games

**Eating Disorders**

Eating disorders such as anorexia and bulimia may occur in children with excessive stress levels or poor body image, and may be severe enough to endanger life.

Such children are so bothered about food and their weight that they cannot take part in other meaningful activities.

**Mood Disorders and Psychoses**

Mood disorders include bipolar disorder and depression, and can make children feel sad persistently, or have unpredictable and apparently intractable mood swings which affect normal functioning.

Schizophrenia is a mental disorder that results in the child being detached from reality, and is usually seen to occur late in adolescence.

**Oppositional Defiant Disorder**

Oppositional defiant disorder (ODD) is diagnosed when children show persistent defiance with people (usually authority figures) whom they know in school or at home. It manifests before the age of eight years in most children and rarely arises after twelve years.

Such children are typically very bad-tempered. They fight or disobey rules or requests, are habitually sullen, and blame others for their misconduct.

**2. Treatment of Depression**

* [Download PDF Copy](https://www.news-medical.net/health/Treatment-of-Depression.aspx)

By [Dr. Ananya Mandal, MD](https://www.news-medical.net/medical/authors/ananya-mandal)*Reviewed by*[*Sally Robertson, B.Sc.*](https://www.news-medical.net/medical/authors/sally-robertson)

The treatment approach to depression usually involves prescribing a combination of medication and counselling, behavioural therapy or support group therapy. A general outline for treating different degrees of depressive illness is given below:

* Mild depression - In cases of mild depression, the patient is usually advised to adhere to a healthy, balanced diet, regular physical exercise and stress relief techniques such as meditation. They are then monitored by their physician every two weeks to assess progress. Cognitive behavioural therapy and self-help therapy may be recommended in some cases.
* Mild-to-moderate depression - If mild depression fails to improve with the above measures, psychotherapy or cognitive behavioural therapy is prescribed.
* Severe depression - Moderate depression that fails to respond to therapy is treated with medication. There are several types of antidepressants that can be prescribed but individuals who do not respond to any of those treatments may be given electroconvulsive therapy.

**Cognitive behavioural therapy**

Cognitive behavioural therapy works by changing the way a person thinks in order to adjust their behaviour. Unlike with other forms of talking therapy, the patient's past is not the focus of cognitive behavioural therapy but rather their attitudes and behaviour that manifest on a day-to-day basis. Daily obstacles that arise are analyzed one by one and the behavioural response to them broken down and tackled individually.

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Usually, six to eight sessions over a ten to twelve week period are needed. One-to-one sessions are preferred but sometimes group therapy may be arranged.

**Other forms of psychotherapy**

Another form of talking therapy that may be used to treat depression is interpersonal therapy, which focuses on relationship problems. Counselling is also commonly prescribed and helps a person cope with life changing events in a more positive manner.

**Medications**

Antidepressants prescribed to treat moderate-to-severe depression can cause side effects but are generally safe and may be used for years in some cases without causing dependency. The effect of an antidepressant is evaluated every six to eight weeks. Some examples of antidepressants are:

* Selective serotonin reuptake inhibitors - This drug class is one of the most commonly used for treating depression and includes fluoxetine, paroxetine and escitalopram. For those aged under 18 years, only fluoxetine may be safely used.
* Tricyclic antidepressants - These are the more traditional antidepressants used for treating moderate-to-severe depression but they cause more severe side effects than more recent agents. Drugs of this class include amitriptyline and imipramine.
* A more recent class of antidepressants is the serotonin-norepinephrine reuptake inhibitors and examples include venlafaxine, mirtazapine and duloxetine.

**Electroconvulsive therapy**

Severe non-retractable depression may sometimes be treated with electroconvulsive therapy which involves an electric shock being applied using electrodes placed over the head. The procedure is usually performed under general anaesthesia twice a week for 3 to 6 weeks..

**3. Symptoms of Depression**

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The symptoms of depression may vary widely between individuals. However, one of the classic symptoms of depression is a long-term, persistent feeling of sadness. Some of the symptoms of clinical depression include:

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* Feelings of sadness, hopelessness and tearfulness that may last for weeks or months. This feeling of sadness does not pass as might sadness felt in response to a life changing or tragic event and the sadness can become severe, even giving rise to symptoms of psychosis.
* Irritability and intolerance of others, perhaps leading to fights with other people.
* Excessive feelings of guilt.
* Difficulty in making decisions.
* Apathy and loss of interest in activities that used to be enjoyable. While mild depression can lead to a loss of interest in hobbies and sometimes work, more serious depression can lead to a loss of interest in simple, routine daily activities such as eating, sleeping, maintaining personal hygiene and maintaining social relationships.
* Symptoms of anxiety and even phobias and panic attacks may coexist with the depression.
* Unexplained tiredness and feelings of stress and being overwhelmed.
* Sleep disorder that may manifest as either oversleeping or as insomnia or difficulty in falling or staying asleep.
* Changes in eating habits that manifest either as a loss of appetite or as excessive eating with bouts of binging. These eating habits may lead to serious malnutrition or obesity as well as symptoms such as constipation, diarrhea and irritable bowel syndrome.
* Loss of sex drive or libido.
* Deterioration of personal and social relationships.
* Feeling vague pains and aches.
* Alterations in the menstrual cycle in women with depression.
* Thinking about and planning suicide. In major depressive disorder, patients may start thinking about killing themselves to end the misery.