

Facts on Kids in South Dakota Children & Their Mental Health



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Introduction

The focus of this Facts on Kids monograph is Children's Mental Health. Mental health in children and adolescents is defined by the achievement of expected developmental cognitive, social, and emotional milestones and by secure attachments, satisfying social relationships, and effective coping skills. Mentally healthy children and adolescents enjoy a positive quality of life; function well at home, in school, and in their communities; and are free of disabling symptoms of psychopathology.¹

Mental health can impact the daily life and future of a child, including relationships, schoolwork, and physical health.

A mental illness is one that affects or is manifested in a person's brain, potentially impacting the way a person thinks, behaves and interacts with other people.

Types of Mental Illness Suffered by Children & Adolescents

Children and adolescents can have mental health problems that interfere with the way they think, feel, and act, which can lead to school failure, family conflicts, drug abuse, violence, or suicide. Mental health problems in children and adolescents may be caused by biology, environment or a combination of both. Some examples of the types of mental illnesses that children and adolescents may face are described below:

Major Depression² – 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.

- As many as one in every 33 children and one in eight adolescents may have depression.
- Once a child experiences an episode of depression, he or she is at risk of having another episode within the next five years.
- Teenage girls are more likely to develop depression than teenage boys.³

Eating Disorders⁴ – Eating disorders involve an extreme and unhealthy reduction of food intake or severe overeating as well as feelings of distress or extreme concern about body shape or weight. Eating disorders include, but are not limited to, anorexia nervosa, or bulimia nervosa.

- Eating disorders frequently can occur with other disorders such as depression, substance abuse, and anxiety disorders.
- Only 5% to 15% of people with anorexia or bulimia are male.

Bipolar Disorder⁵ – Bipolar disorder is characterized by recurrent episodes of depression, mania, and/or mixed symptom states. These episodes cause unusual and extreme shifts in mood, energy, and behavior that interfere significantly with normal, healthy functioning. (Child and Adolescent Bipolar Disorder: An Update from the National Institute of Mental Health).

- In contrast to adults, children are more likely to be irritable and prone to destructive outbursts than to be elated or euphoric.
- Other manifestations of this disorder may include alcohol or substance abuse and difficulty with relationships.

Anxiety Disorders⁶ – Anxiety disorders cause people to feel excessively frightened, distressed, and uneasy during situations in which most others would not experience these symptoms. Examples of anxiety disorders are phobias, panic disorders, obsessive-compulsive disorders, post-traumatic stress disorder, and generalized anxiety disorder. Anxiety disorders in children can lead to poor school attendance, low self-esteem, deficient interpersonal skills, alcohol abuse, and adjustment difficulty.

- Anxiety disorders are the most common mental illnesses in America. It affects as many as one in ten young people.
- Anxiety disorders are often difficult to recognize, and many who suffer from them are either too ashamed to seek help or they fail to realize that these disorders can be treated effectively.

Attention Deficit/Hyperactivity Disorder⁷– Attention-Deficit/Hyperactivity Disorder (AD/HD) is a neurobiological disorder. Typically children with AD/HD have developmentally inappropriate behavior, including poor attention skills, impulsivity, and hyperactivity. These characteristics arise in early childhood, typically before age 7, are chronic, and last at least 6 months. Some impairment from the symptoms must be present in at least two settings (for example, at home and at school).

Conduct Disorder⁸ – Conduct disorder is defined as a pattern of repetitive behavior where the rights of others or the social norms are violated. This disorder has been attributed to many factors including family and social dynamics, child abuse, being brought up in chaotic environments, or physical or chemical causes. The incidence is estimated to be as high as 10%. Children with conduct disorder may show overt aggressive behavior, bullying, physical aggression, cruel behavior toward people and pets. Destructive behavior, lying, truancy, vandalism, and stealing may also be a manifestation of conduct disorders.

National Statistics

- According to the *Surgeon General's Report on Mental Illness*, one in five children has a diagnosable mental, emotional or behavioral disorder. And up to one in 10 may suffer from a serious emotional disturbance. Seventy percent of children, however, do not receive mental health services.⁹
- Attention deficit hyperactivity disorder is one of the most common mental disorders in children, affecting three to five percent of school-age children.¹⁰
- Children and teens who have a chronic illness, endure abuse or neglect, or experience other trauma have an increased risk of depression.¹¹
- Suicide is the third leading cause of death for 15- to 24-year-olds and the sixth leading cause of death for 5- to 14-year-olds. The number of attempted suicides is even higher.¹²
- Twenty percent of youths in juvenile justice facilities have a serious emotional disturbance and most have a diagnosable mental disorder. Up to an additional 30

percent of youth in these facilities have substance abuse disorders or co-occurring substance abuse disorders.¹³

South Dakota Statistics

The 2000 census shows that 108,464 children ages 9 - 17 live in South Dakota. Using the national estimates of one in every five children having a diagnosable mental illness, there are about 21,700 children in South Dakota who may be affected. The Substance Abuse and Mental Health Services Administration (SAMHSA) estimates the number of children suffering from a severe emotional disturbance (SED) to range from 6,508 to 13,316.

South Dakota defines severe emotional disturbance (SED) in state statute in this way¹⁶: *(For purposes of this section, mental retardation, epilepsy, other developmental disability, alcohol or substance abuse, brief period of intoxication, or criminal or delinquent behavior do not, alone, constitute serious emotional disturbance).*

An individual with a serious emotional disturbance is an individual who:

1. Is under eighteen years of age;
2. Exhibits behavior resulting in functional impairment which substantially interferes with, or limits the individual's role or functioning in the community, school, family, or peer group;
3. Has a mental disorder diagnosed under the Diagnostic and Statistical Manual of Mental Disorders, fourth edition revised, 1994;
4. Has demonstrated a need for one or more special care services, in addition to mental health; and
5. Has problems with a demonstrated or expected longevity of at least one year or has an impairment of short duration and high severity.

The table on the next page shows an estimate, by level of functioning score, of the number of children in South Dakota and surrounding states who suffer from a severe emotional disturbance. The level of functioning score shows those with serious impairment (score of 50) and moderate impairment (score of 60) and the range for each.

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Estimates of Children & Adolescents with SED¹⁴

State	Number of youth 9-17	Level of functioning score=50		Level of functioning score=60	
		Lower Limit	Upper limit	Lower limit	Upper limit
South Dakota	108,464	6,508	8,677	10,846	13,016
Iowa	385,024	19,251	26,952	34,652	42,353
Minnesota	676,016	33,801	47,321	60,841	74,362
Montana	126,487	08,854	11,384	13,914	16,443
Nebraska	235,365	11,768	16,476	21,183	25,890
North Dakota	87,382	5,243	6,991	8,738	10,486
Wyoming	71,111	4,267	5,689	7,111	8,533

South Dakota Programs

In South Dakota the Division of Mental Health¹⁵, under the Department of Human Services, strives to keep children with severe emotional disturbances (SED) with their families and communities whenever possible. Services are available through 11 community mental health centers located throughout South Dakota (see website: <http://www.sdmentalhealth.org/directory.htm>). Services include:

- In-home individual therapy
- In-home family education/support/therapy
- Out-of-home therapy (neutral setting)
- Crisis intervention
- Case management
- Assessment and evaluation
- Psychological evaluation
- Group therapy

GAO Study

A recent study by the United States General Accounting Office (GAO) focused on the difficulty parents have accessing mental health services for their children¹⁶. Reports show that, in several states including South Dakota, parents have no choice but to place their children in the child welfare or juvenile justice system in order to get the mental health services their children need. These children, with severe mental illness, may not have been abused or neglected or may not have committed a criminal delinquent act.

South Dakota - Children's Mental Health Task Force

In 2002, the South Dakota State Legislature established a Children's Mental Health Task force to evaluate the current mental health care system for children and make recommendations for system improvement. The major findings of the Task Force were¹⁷:

- Of 12,035 children and adolescents (below 300% poverty level) estimated to have a serious emotional disturbance (SED), 5,010

(42%) were served by Community Mental Health Centers (CMHC's) funded through State contract of Medicaid in CY 2001.

- The remaining 7,025 youths (58%) with SED who were not served represent an unmet need in the public sector.
- Adolescents (age 12-17) had the highest percentage of service (72%) while children from 0-5 and 6-11 had penetration rates of 11% and 41% respectively.

The Task Force also made recommendations that provided ways to improve South Dakota's mental health care system. Among these recommendations:

- The Division is to develop a plan allowing families to obtain public service for a SED child without relinquishing custody;
- Children and adolescents in South Dakota shall be screened for social emotional development to promote early identifications and intervention needs. This screening shall be integrated into existing services such as public health, school, and day care settings;
- The Department of Human Services in cooperation with other public and private entities shall initiate a public education campaign to increase public awareness of the issue and local resources for care;
- State agencies shall coordinate to support the development of local systems of care through policies, regulations, and funding mechanisms;
- The Legislature should explore means to enhance the availability of professionals trained to meet the mental health needs of children and adolescents, including statutory changes and training support of both new and existing professionals;
- Significant gaps in services exist. The Task Force recommends the Department of Human Services work with other state agencies to enhance funding for all services for children and families with behavioral health needs.

Website Resources

South Dakota Division of Mental Health:
<http://www.state.sd.us/dhs/dmh/index.htm>
 The Substance Abuse and Mental Health Services Administration: <http://www.samhsa.gov>
 The National Institute of Mental Health:
<http://www.nimh.nih.gov>
 Office of Juvenile Justice and Delinquency Prevention:
<http://ojjdp.ncjrs.org>



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Endnotes

¹Surgeon General's Report on Mental Health, Chapter 3, Children & Mental Health.

²Substance Abuse & Mental Health Services Admin., Mental Health Problems Fact Sheet, Major Depression in Children & Adolescents: <http://www.mentalhealth.org/publications/allpubs/CA-0011/default.asp>.

³National Institute of Mental Health, The Numbers Count, Mental Disorders in America. <http://www.nimh.nih.gov>

⁴National Institute of Mental Health, Eating Disorders: Facts about Eating Disorders and the Search for Solutions: <http://www.nimh.nih.gov/publicat/eatingdisorder.cfm>

⁵National Institute of Mental Health Fact Sheet, Child and Adolescent Bipolar Disorder: An Update from the National Institute of Mental Health, <http://www.nimh.nih.gov/publicat/bipolarupdate.cfm>.

⁶National Institute of Mental Health Fact Sheet, Anxiety Disorders in Children and Adolescents, <http://www.mentalhealth.org/publications/allpubs/CA-0007/default.asp>.

⁷NICHCY Fact Sheet Number 19 (FS19), 1999, Definition of ADHA, National Information Center for Children and Youth with Disabilities.

⁸National Library of Medicine, National Institute of Health, Medline Plus. <http://www.nlm.nih.gov/medlineplus/ency/article/000919.htm>.

⁹Surgeon General's Report on Mental Health, 1999

¹⁰National Mental Health Association Factsheet, <http://www.nmha.org/infoctr/factsheets/15.cfm>.

¹¹National Institute of Mental Health, The Numbers Count, Mental Disorders in America <http://www.nimh.nih.gov>.

¹²American Academy of Child and Adolescent Psychiatry, 1997 <http://www.aacap.org/web/aacap/publications/factsfam/suicide.htm>.

¹³Office of Juvenile Justice and Delinquency Prevention, <http://ojjdp.ncjrs.org/facts/facts.html>.

¹⁴Substance Abuse and Mental Health Services Admin., Children's Mental Health, website: http://www.mentalhealth.org/databases/databases_exe.asp?D1=NC&Type=CASED

¹⁵South Dakota Division of Mental Health, Children's Services website: <http://www.state.sd.us/dhs/dmh/child.htm>

¹⁶US General Accounting Office, Child Welfare and Juvenile Justice, *Several Factors Influence the Placement of Children Solely to Obtain Mental Health Services*, www.gao.gov/cgi-bin/getrpt?GAO-03-865T.

¹⁷South Dakota Children's Mental Health Task Force, Final Report, South Dakota Department of Human Services, Division of Mental Health, January 2003.

Facts on KIDS in South Dakota

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