Children and Youth

Our nation's future depends on the health and well-being of its children. Today, one in 10 children struggles with mental illness severe enough to cause significant impairment in their day-to-day lives. Mental illness begins early in life and interferes with development and functioning.

Despite the availability of effective treatment, there are long delays from the onset of mental illness to treatment—on average eight to 10 years. Only about one-half of youth living with mental illness receive treatment. For a child, this means the loss of childhood and critical developmental years.

We need to protect and strengthen community mental health services for children, teens and young adults. Without treatment, the consequences are costly. Young people drop out of school, become entangled with the juvenile justice system or die by suicide. They are left behind in developing the skills and experiences necessary to lead independent and productive adult lives.

By the Numbers

50% of lifetime mental illness cases begin by age 14, 75% by age 24. Treating cases early reduces disability, before mental illnesses become more severe. The majority of depressed youth go undiagnosed and untreated. The U.S Preventive Services Task Force recommends screening of adolescents (12-18 years of age) for major depression to ensure diagnosis and treatment.

Approximately 50% of students ages 14 and older with mental health conditions drop out of high school—the highest dropout rate of any disability group. Children in elementary school may miss as many as 22 days during a school year. Suspension and expulsion rates are three times higher than their peers.

Suicide is the third leading cause of death for youth aged 15-24, with more than 4,000 young lives lost in 2006. 90% of those who die by suicide suffer from a mental health disorder.

More than 500,000 children live in foster care. 50% of youth in the child welfare system live with mental health problems.

70% of youth in state and local juvenile justice systems have mental disorders, with at least 20% experiencing symptoms so severe that their ability to function is significantly impaired. At the same time, the U.S. Department of Justice has found that juvenile facilities fail to adequately address mental health needs.
Saving Money, Saving Lives

There are many proven, cost-effective treatments for children and youth that can reduce the unnecessary and costly consequences of untreated mental illness. Mental health treatment works and investment in services is a critical investment in the future of our children and youth.

- Youth living with major depression who received combined cognitive behavior therapy and medication have significantly better treatment outcomes than those who do not receive combined treatment. The greatest reduction in suicidal thinking occurs in those who receive both medication and therapy.\textsuperscript{13}

- Evidence-based practices like functional family therapy (FFT) and multi-systemic therapy (MST) for youth in the juvenile justice system reduce costs, crime and re-offending rates while allowing youth to safely return to their homes, schools and communities.\textsuperscript{14} Benefits minus costs per participant are $18,213 for MST and $31,821 for FFT. Despite this very high return on investment, relatively few communities offer them.

- Multidimensional treatment foster care is highly effective for children in out-of-home placements who have mental health problems. The benefit minus cost per participant is $77,798.

- Brief strategic family therapy is a form of therapy that focuses on improving interactions between children and their families. Strategies include building conflict resolution skills, providing parent coaching and guidance and improving family interactions. The therapy has shown significant reductions in behavior problems.\textsuperscript{15}

Endnotes

\begin{enumerate}
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\item ibid.
\item Centers for Disease Control, National Center for Injury Prevention and Control, data for 2006 accessed online at www.cdc.gov.
\item Children’s Mental Health: Facts for Policymakers, National Center for Children in Poverty, (November 2006).
\item Skowyra, Kathleen and Cocozza, Ph.D., Joseph J., National Center for Mental Health and Juvenile Justice, A Blueprint for Change: Improving the System Response to Youth with Mental Health Needs Involved with the Juvenile Justice System, (June 2006).
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