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The MECA Study (Methodology for Epidemiology of Mental Disorders in Children and Adolescents) estimated that almost 21 percent of U.S. children ages 9 to 17 had a diagnosable mental or addictive disorder associated with at least minimum impairment (see Table 3-1). When diagnostic criteria required the presence of *significant* functional impairment, estimates dropped to 11 percent. This estimate translates into a total of 4 million youth who suffer from a major mental illness that results in significant impairments at home, at school, and with peers. Finally, when *extreme* functional impairment is the criterion, the estimates dropped to 5 percent.

# Depression and Suicide in Children and Adolescents

In children and adolescents, the most frequently diagnosed mood disorders are major depressive disorder and bipolar disorder. Because mood disorders such as depression substantially increase the risk of suicide, suicidal behavior is a matter of serious concern for clinicians who deal with the mental health problems of children and adolescents.

The incidence of suicide attempts reaches a peak during the mid-adolescent years, and mortality from suicide, which increases steadily through the teens, is the third leading cause of death at that age.

The evidence is strong that over 90 percent of children and adolescents who commit suicide have a mental disorder.

Among girls, the most significant risk factor is the presence of major depression, which, in some studies, increases the risk of suicide 12-fold. The next most important risk factor is a previous suicide attempt, which increases the risk approximately threefold. Among boys, a previous suicide attempt is the most potent predictor, increasing the rate over 30-fold. It is followed by depression (increasing the rate by about 12-fold), disruptive behavior (increasing the rate by twofold), and substance abuse (increasing the rate by just under twofold)

Stressful life events often precede a suicide and/or suicide attempt. These stressful life events include getting into trouble at school or with a law enforcement agency; a ruptured relationship with a boyfriend or a girlfriend; or a fight among friends. They are rarely a sufficient cause of suicide, but they can be precipitating factors in young people.

**Table 3-1. Children and adolescents age 9–17 with mental or addictive disorders, combined**

Anxiety Disorders	13.0 %
Mood Disorders	6.2 %
Disruptive Disorders	10.3 %
Substance Use Disorders	2.0 %
Any Disorder	20.9 %

A major depressive disorder is associated with personal distress, and if they last a long time or occur repeatedly. It can lead to a circumscribed life with fewer friends and sources of support, more stress, and missed educational and job opportunities. The psychological scars of depression include an enduring pessimistic style of interpreting events, which may increase the risk of further depressive episodes and suicide.

Mentally healthy children and adolescents enjoy a positive quality of life; function well at home, in school, and in their communities.

There is now good evidence that *both* biological factors and adverse psychosocial experiences during childhood influence-but not necessarily “cause” the mental disorders of childhood

Psychosocial experience such as adverse experiences may occur at home, at school, or in the community. A stressor or risk factor may have no, little, or a profound impact, depending on individual differences among children and the age at which the child is exposed to it. , as well as whether it occurs alone or in association with other risk factors.

Risk factors for developing a mental disorder or experiencing problems in social-emotional development include

- Prenatal damage from exposure to alcohol, illegal drugs, and tobacco
- Low birth weight
- Inherited predisposition to a mental disorder or a difficult temperament
- External risk factors such as poverty, deprivation, abuse and neglect; unsatisfactory relationships; parental mental health disorder; or exposure to traumatic events

# Biological Influences on Mental Disorders

It seems likely that the roots of most mental disorders lie in some combination of genetic and environmental factors

Through research, we are trying to understand and predict the forces that will keep children and adolescents mentally healthy and maintain them on course to become mentally healthy adults

Specific treatments and services are available for children and adolescents with mental disorders, but we cannot forget that these disorders emerge in the context of an ongoing developmental process and shifting relationships within the family and community.

It is important to underscore the often heard admonition that “children are not little adults.” Children must be seen in the context of their social environments, that is, family, peer group, and their larger physical and cultural surroundings.

What places some at risk for mental illness and what protects some but not others, despite exposure to the same risk factors?

# Prevention

Childhood is an important time to prevent mental disorders and to promote healthy development, because many adult mental disorders have related antecedent problems in childhood

# Primary Mental Health Project

The Primary Mental Health Project (PMHP) is a 42-year-old program for early detection and prevention of young children's school adjustment problems. PMHP currently operates in approximately 2,000 schools in 700 school districts nationally and internationally.

# PMHP has four key elements:

- (1) a focus on primary grade children
- (2) systematic use of brief objective screening measures for early identification of children in need
- (3) use of carefully selected, trained, closely supervised nonprofessionals (called child associates) to establish a caring and trusting relationship with children
- (4) a changing role for the school professionals that features selection, training, and supervision of child associates, early systematic screening, and functioning as program coordinator, liaison, and consultant to parents, teachers and other school personnel.

Significant improvements were detected in children's grades, achievement test scores, and adjustment ratings by teachers and child associates. PMHP represents a successful mental health intervention that does not require highly trained and skilled mental health professionals.

# Other Prevention Programs and Strategies

These and other prevention trials demonstrate that positive adaptation and social-emotional well-being in children and youth can be enhanced, and that risk factors for behavioral and emotional disorders can be reduced, by intervening in home, school, day care, and other settings. Programs have focused not only on mental health but also on problem behaviors.

Given the process of development, it is not surprising that these disorders in some youth are known to wax and wane, such that some afflicted children improve as development unfolds, perhaps as a result of healthy influences impinging on them. Similarly, other youth, formerly only “at risk,” may develop full-blown forms of disorder, as severe and devastating in their impact on the youth and his or her family as are the analogous conditions that affect adults.

The science of mental health in childhood and adolescence is a complex mix of the study of development and the study of discrete conditions or disorders

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