

COMPACT *Research*

# Teenage Mental Illness

Charles Cozic

Teenage Problems



# Contents

<b>Foreword</b>	<b>6</b>
<b>Teenage Mental Illness at a Glance</b>	<b>8</b>
<b>Overview</b>	<b>10</b>
<b>What Is Teenage Mental Illness?</b>	<b>22</b>
Primary Source Quotes	29
Facts and Illustrations	32
<b>What Causes Mental Illness in Teenagers?</b>	<b>36</b>
Primary Source Quotes	43
Facts and Illustrations	46
<b>What Problems Do Mentally Ill Teenagers Encounter?</b>	<b>50</b>
Primary Source Quotes	57
Facts and Illustrations	60
<b>Can Mental Illness in Teenagers Be Treated?</b>	<b>64</b>
Primary Source Quotes	71
Facts and Illustrations	74
<b>Key People and Advocacy Groups</b>	<b>78</b>
<b>Chronology</b>	<b>80</b>
<b>Related Organizations</b>	<b>82</b>
<b>For Further Research</b>	<b>86</b>
<b>Source Notes</b>	<b>88</b>
<b>List of Illustrations</b>	<b>90</b>
<b>Index</b>	<b>91</b>
<b>About the Author</b>	<b>96</b>

# Overview

**“About 20 percent of U.S. youth during their lifetime are affected by some type of mental disorder to an extent that they have difficulty functioning.”**

—National Institute of Mental Health, a federal government agency.

**L**ess than a century ago few people had ever heard of the term *child psychiatry*, a field of study then in its infancy. At that time, few schools and institutions specifically for mentally ill children existed, but they were slowly increasing in number. Social reformers, educators, legislators, and others recognized a need to improve the care of mentally ill children. Aside from cases of severe mental retardation, these advocates could only guess as to what actually caused some children to suffer from other mental disorders such as depression and schizophrenia. Some experts theorized that such illnesses were the result of childhood head injuries. Others maintained that mental illnesses might be inherited from a parent, or perhaps even be associated with moral weakness.

As the study and practice of child psychiatry increased, so too did the number of theories about childhood mental illnesses. For example, many early child psychiatrists discounted the notion that children or adolescents could fall victim to the type of depression, anxiety, and other mental disorders that plagued adults. According to British child psychiatrist Richard Harrington, “Until the 1970s it was believed that depressive disorders resembling adult depression were uncommon among the



*Depression is one of the most common mental illnesses experienced by teenagers. Some depressed teens benefit from doctor-prescribed medications. Those who seek relief in drugs without medical supervision expose themselves to serious mental and physical health risks.*



## Primary Source Quotes\*

# What Is Teenage Mental Illness?

**“Half of all the lifetime cases of mental illness begin by the age of 14 years, which means that mental disorders are chronic diseases of the young.”**

—American Academy of Pediatrics, “Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents,” 2008. [www.brightfutures.aap.org](http://www.brightfutures.aap.org).

The American Academy of Pediatrics is a national organization of pediatricians.

---

**“Some of what we see in uncooperative, unresponsive or disengaged adolescents may be early symptoms of a serious mental health problem. It’s certainly clear that teens can’t pay attention and do their best in class if they’re anxious, depressed or caught up in addiction.”**

—Laurie Flynn, “When We’re Waiting for ‘Superman,’ Mental Health Matters,” TeenScreen, October 7, 2010. <http://blog.teenscreen.org>.

Flynn is the executive director of TeenScreen, a Columbia University program that advocates mental health checkups for teens.

---

\* Editor’s Note: While the definition of a primary source can be narrowly or broadly defined, for the purposes of Compact Research, a primary source consists of: 1) results of original research presented by an organization or researcher; 2) eyewitness accounts of events, personal experience, or work experience; 3) first-person editorials offering pundits’ opinions; 4) government officials presenting political plans and/or policies; 5) representatives of organizations presenting testimony or policy.

# Related Organizations

## American Academy of Child and Adolescent Psychiatry (AACAP)

3615 Wisconsin Ave. NW

Washington, DC 20016

phone: (202) 966-7300 • fax: (202) 966-2891

e-mail: [communications@aacap.org](mailto:communications@aacap.org) • website: [www.aacap.org](http://www.aacap.org)

The AACAP is an organization of child and adolescent psychiatrists and other interested physicians that promotes efforts to prevent mental illnesses and assure proper treatment and access to services for children and adolescents. Its publications include *Facts for Families* fact sheets.

## Anxiety Disorders Association of America (ADAA)

8730 Georgia Ave.

Silver Spring, MD 20910

phone: (240) 485-1001 • fax: (240) 485-1035

website: [www.adaa.org](http://www.adaa.org)

The ADAA is a nonprofit organization dedicated to informing the public, health-care professionals, and media about the severity of anxiety disorders. It publishes position papers, the books *Facing Panic: Self-Help for People with Panic Attacks* and *Triumph over Shyness: Conquering Social Anxiety Disorder*, as well as educational brochures that may be downloaded.

## Child & Adolescent Bipolar Foundation (CABF)

820 Davis St., Suite 520

Evanston, IL 60201

phone: (847) 492-8519

e-mail: [cabf@bpkids.org](mailto:cabf@bpkids.org) • website: [www.bpkids.org](http://www.bpkids.org)

The CABF is a not-for-profit organization of families raising children and teens affected by depression, bipolar disorder, and other mood disorders. Its website offers podcasts, downloadable MP3 files, and an online message forum. Publications include the fact sheets *What Is Bipolar?*, *What Is Depression?*, and *Bipolar Facts*.

# For Further Research

## Books

- Wes Burgess, *The Bipolar Handbook for Children, Teens, and Families: Real-Life Questions with Up-to-Date Answers*. New York: Avery, 2008.
- Michael Greenberg, *Hurry Down Sunshine: A Father's Story of Love and Madness*. New York: Vintage, 2009.
- Michael Hollander, *Helping Teens Who Cut: Understanding and Ending Self-Injury*. New York: Guilford, 2008.
- Lara Honos-Webb, *The ADHD Workbook for Teens: Activities to Help You Gain Motivation and Confidence*. Oakland, CA: Instant Help, 2011.
- Cait Irwin, Dwight L. Evans, and Linda Wasmer Andrews, *Monochrome Days: A First-Hand Account of One Teenager's Experience with Depression*. New York: Oxford University Press, 2007.
- Carla Mooney, *Mood Disorders*, San Diego, CA: ReferencePoint, 2011.
- Peggy J. Parks, *Self-Injury Disorder*, San Diego, CA: ReferencePoint, 2011.
- Frederic G. Reamer and Deborah H. Siegel, *Teens in Crisis: How the Industry Serving Struggling Teens Helps and Hurts Our Kids*. New York: Columbia University Press, 2008.
- Lisa M. Schab, *Beyond the Blues: A Workbook to Help Teens Overcome Depression*. Oakland, CA: Instant Help, 2008.
- Timothy Sisemore, *Free from OCD: A Workbook for Teens with Obsessive-Compulsive Disorder*. Oakland, CA: New Harbinger, 2010.

## Periodicals

- Elizabeth Bernstein, "Worried About a Moody Teen?," *Wall Street Journal*, June 29, 2010.
- New York Times* and Alec Miller, "Teen Moodiness, or Borderline Personality Disorder?," February 25, 2010.
- Judith Newman, "Inside the Teenage Brain," *Parade*, November 28, 2010.

# Index

Note: Boldface page numbers indicate illustrations.

Adderall, 68–69

adolescence

- challenges of, 12, 22, 39
- challenges of diagnosing mental disorders in, 24
- stress during, 43
- sources of, **48**

American Academy of Child and Adolescent Psychiatry (AACAP), 33, 82

on attention deficit hyperactivity disorder, 53

on depression, 34, 52

on monitoring of medication side effects, 74

American Academy of Pediatrics, 21, 25–26, 29, 39

American Foundation for Suicide Prevention, 78

American Psychiatric Association, 78

American Psychological Association, 50

antidepressants, 68

- black box warnings on, 74
- combined with talk therapy, 72, 74
- suicidal thinking/behavior and, 69
- warning signs for, **76**

antisocial behavior, 28

anxiety disorders, 13, 25–26, 44, 58

- increased risks associated with, 61
- neurotransmitters associated with, 46

Anxiety Disorders Association of America (ADAA), 82

*Archives of General Psychiatry*

(journal), 37–38

Association for Behavioral and Cognitive Therapies, 66–67

attention deficit hyperactivity disorder (ADHD), 14, 27–28, 30

- association with disruptive behavior disorders, 62
- effects on school performance, 52–53

gender differences in, 32

genetic factors in, 38–39

medication for, 68–69, 74

side effects of, 68–69

prevalence among teens, by gender, **33**

prevalence of suicidal thoughts/attempts among children with, 45

results of brain imaging, 42

behavioral disorders, 12, 27, 28

association with attention deficit hyperactivity disorder, 62

*See also* attention deficit hyperactivity disorder

bipolar disorder, 12–13, 25, 30, 43

age of onset, 33

effects of depressive/manic episodes in teens, **61**

genetic factors in, 38

likelihood of developing, with affected parent/sibling, 47

prevalence among teens, by gender, **33**

Borchard, Therese J., 43

borderline personality disorder, 31

Bradley, Charles, 80

brain, 16