The U.S. Surgeon General reports one of every ten children and adolescents has a diagnosable emotional or mental illness that warrants intervention. Five percent experience extreme impairment—what we call Serious Emotional Disorders, or SED’s.

SED’s are a group of psychiatric disorders in children and adolescents which cause severe disturbances in behavior, thinking and feeling. Some serious emotional disorders are classified as mental illnesses. Children and adolescents generally have from two to four diagnoses.

Typical behaviors associated with SED and mental illnesses include—

- Harms other people and/or property
- Has excessive energy with periods of sleeplessness
- Keeps your household in an uproar
- Is withdrawn and friendless
- Is in trouble with the law
- Engages in life-threatening behaviors, such as drug abuse, eating disorders or suicide attempts

To distinguish normal childhood behavior from symptoms of a serious emotional disorder or mental illness, consider—

- Duration. Has the behavior persisted for a long time?
- Intensity. Is the behavior extreme or frightening?
- Age. Is the behavior extremely inappropriate for your child’s age?
- Cultural Setting. Is the behavior highly unacceptable within your family and social culture?

As a parent, you may be tempted to ask, “What did I do wrong?” For most children’s serious emotional disorders and mental illnesses, the answer is, “Nothing.” Their causes are biological.

Even for disorders that are not biological in origin, casting blame and finding fault are not productive or curative. Instead recognize your child’s need for mental health care and concentrate on getting professional help, finding support and learning more about how to treat and cope with your child’s disorder.

If you believe your child may have a serious emotional disorder or mental illness—

- Seek a professional evaluation from a specialist in SED and mental illnesses in children. Ask your child’s pediatrician, school personnel or knowledgeable friends to recommend a qualified clinician.

- Educate yourself about your child’s right to an appropriate education. The Individuals With Disabilities Education Act (Public Law 101-476) mandates that all children with disabilities including mental health disabilities, be entitled to “a free appropriate public education... designed to meet their unique needs.” Work with your public school district to plan your child’s individualized education program.

- Advocate for more and better treatments and services. Join other parents, teachers and caring members of the community to educate educators and community leaders about SED and mental illnesses in children and adolescents.

- Remember you are not alone. Join a local NAMI North Carolina affiliate for support and information. To find the affiliate nearest you, call the NAMI North Carolina Helpline.
Disruptive Behavior Disorders are the most frequently diagnosed group of disorders in children and adolescents.

Attention deficit hyperactivity disorder (ADHD) is characterized by short attention span, impulsiveness and over-activity. These children are easily distracted, have difficulty organizing work or cooperating in activities and may have difficulty following through on requests.

Oppositional defiant disorder causes children to be argumentative with adults and frequently lose their temper. They often are angry, resentful and easily annoyed by others.

Conduct disorder is characterized by a repetitive and persistent pattern of behavior that violates the rights of others or the rules appropriate for the child’s age. The behavior is much more serious than ordinary pranks or mischief. Examples are stealing, frequent fighting and destruction of property.

AFFECTIVE DISORDERS, which alter moods, are among the most common psychiatric disorders in children.

Depression’s symptoms include:
- Feelings of sadness, hopelessness and irritability.
- Changes in eating (significant weight gain or loss).
- Sleeping too much or too little.
- Loss of interest in activities formerly enjoyed.
- Feelings of worthlessness and inappropriate guilt.
- Inability to concentrate or think.
- Recurring thoughts of death or suicide.

Bipolar disorder (manic-depression) causes swings between extreme high and low moods. Symptoms include:
- Boundless energy and need for activity.
- Decreased need for sleep.
- Grandiose ideas and poor judgment.
- Rapid and disorganized speech.
- Short temper and argumentativeness.
- Impulsive behavior.
- Possible delusional thinking.
- Rapid swings from elation to severe depression.

ANXIETY DISORDERS in children and adolescents usually are among these three most common types:
- Separation anxiety causes excessive apprehension about people to whom the child is attached, such as parents. Other symptoms are recurring nightmares, unrealistic worry that the person to whom the child is attached will be harmed and persistent reluctance or refusal to go to school.
- Anxiety disorder causes excessive, unrealistic worries about future events, an excessive need for reassurance, preoccupation with the appropriateness of past behavior and frequent physical complaints, such as headaches or stomachaches.
- Obsessive compulsive disorder (OCD) produces long bouts of repetitive thoughts, usually of an unpleasant nature, followed by ritual actions to relieve the anxiety. For example, a child may fear germs—an obsession—and have to wash his hands repeatedly—a compulsion. OCD is more common than once thought, with symptoms appearing as early as the preschool years.

SCHIZOPHRENIA is one of the most serious and disabling mental illnesses. Most often, its symptoms first appear as the child reaches the late teens or early twenties. The symptoms of schizophrenia may include:
- Poor reasoning, memory and judgement.
- Hallucinations (hearing and seeing things that aren’t there).
- Delusions (long-lasting, false beliefs).
- Loss of motivation and poor concentration.

TOURETTE’S DISORDER is a neurological disorder marked by sudden, rapid, involuntary movements and vocalizations (motor and vocal tics). Obsessions and compulsions are also common features.

SUICIDE is the third leading cause of death for American teenagers. Suicidal thoughts can occur with any serious emotional disorder in teenagers and children. A teenager planning to commit suicide may give away possessions, suddenly becoming cheerful after a long period of sadness or say things such as “I won’t be a problem for you anymore.” Take any such “hints” or suicide threats seriously and seek professional help immediately.

TREATMENTS for children with SED and mental illnesses usually combine medication therapy to help control symptoms with one or more of these treatment options:
- Individual, group or family therapy.
- Special education programs.
- Social skills and behavior training programs.
- Special schools, hospitals or residential facilities.

Cooperation and collaboration among an experienced clinician, school personnel and the family are the keys to developing a comprehensive and successful treatment strategy. Ideally, the program meets the child’s and family’s needs with as few restrictions as possible.

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☐ I want an Individual or Family Membership for one or more family members from my household. $35.00

☐ I want an Agency/Professional membership $50.00

☐ I want an Open Door Membership, for consumers, individuals and families with limited incomes. $3.00

☐ I want to help NAMI North Carolina with a donation. $_______

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Please send this form to NAMI North Carolina, 309 West Millbrook Rd., Suite 121, Raleigh, NC 27609.