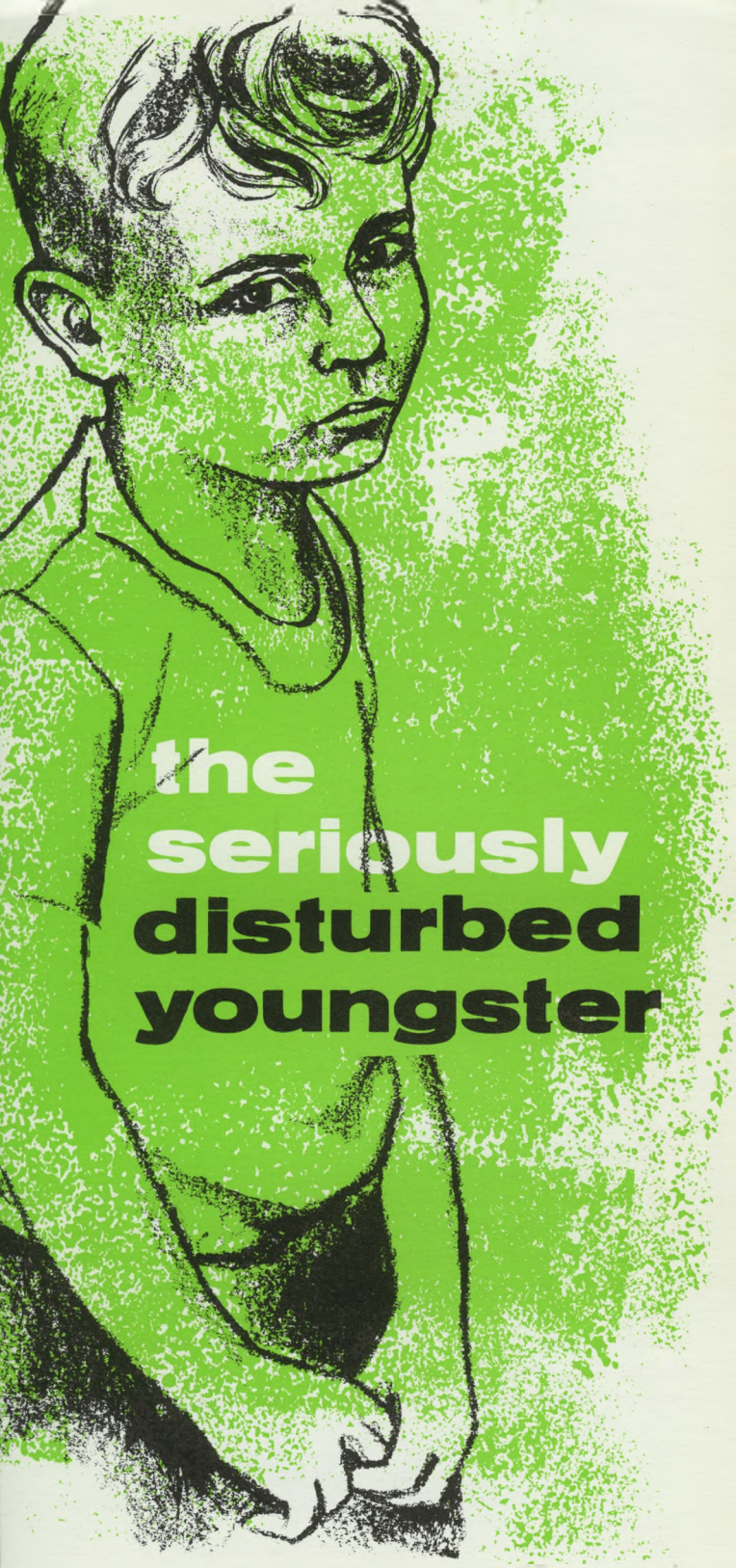

the seriously disturbed youngster

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the problem

There are many youngsters who face prolonged years of depression; disabling anxiety and fear; uncontrolled anger; social isolation; or absorption in a fantasy world of their own creation—unless they receive timely and appropriate help. These children are variously called mentally ill, emotionally disturbed, emotionally handicapped. Regardless of the specific symptoms of their emotional problems, they are all limited in their choice of emotional response. They are unable to establish adaptive and creative living patterns at home or at school although their intelligence may be normal or above average.

They may display complete withdrawal, overcompliance or aggressive and often self-destructive behavior. They alert us to their problems because of their inability to cope with situations or demands handled by other children of their age and because of their continued unhappiness.

WHY IS DIAGNOSIS DIFFICULT?

The range of behavioral patterns and mood disturbances that can indicate a serious emotional disturbance is great. A child may be aggressive, hyperactive, destructive or self-destructive, withdrawn, and nonverbal; he may be subject to swift changes in mood. Frequently he is angry, fearful, and unable to tolerate changes in routines. The problem is that these same symptoms may also indicate disorders such as mental retardation, deafness, or specific language and learning disorders. A process of differential diagnosis is necessary. Normal children can show any of these danger signs at times. The problem that recurrs often or which persists for prolonged periods demands careful professional attention.

THE FACTS

We do not know precisely how many such children there are or where they are. Estimates of prevalence of the problem depend on the definition of disturbance applied and on the degree of severity deemed necessary to make a diagnosis. Two to three percent[1] of all children have serious problems and are so disturbed as to require special education and other special services. An additional 8 to 10 percent would profit from some specialized services.

[1] Moss, J. W. Background papers on special programs for handicapped children and youth for the 1970 White House Conference on Children and Youth. In **Government research on children.** Washington, D.C., U.S. Government Printing Office, 1971.

the facts

In addition to the nearly 7,000 children under 18 years of age[2] admitted to public and private psychiatric hospitals each year, consider the following:

Over 500,000 children receive services in outpatient clinics each year.

Close to 90,000 additional children receive help through residential treatment centers, community mental health centers, and mental health day/night programs.

Boys are more susceptible to these problems than girls. The ratio in outpatient psychiatric clinics is about 3 to 1 for children under 10 and close to 2 to 1 for children 10 to 17.

One out of three children living in families with incomes at or below the poverty level has serious emotional problems.

WHAT IS BEING DONE IN TEXAS?

Many of the emotional disturbances of children first become evident when they reach school age. School mental health consultation is crucial. The frequency of parental and school referrals to child guidance centers and children's services of community mental health centers reflects the importance of these agencies to the community. Where such services are available children and families can often be helped before more serious problems arise. Public schools have also responded to the need with special education services. In 1972–73 public programs* for emotionally disturbed children were operated in all parts of Texas under the auspices of the Education Agency and over 6,000 children were served. When children do not respond to help in the community facilities and public schools, they may need services in a different setting. Then residential placement (treatment and education) or some combination of other services becomes vital.

These positive notes can be sounded:

Mental health consultation is being offered to schools to some extent through Texas Department of Mental Health and Mental Retardation community programs.**

Child guidance centers and other community-based children's mental health services have been established in most of the urban centers in Texas.

[2] White House Conference on Children. **Profiles on children: White House Conference on Children.** Washington, D.C., U.S. Government Printing Office, 1970.

* Source—Special Education Division, Texas Education Agency.

** Source—Texas Department of Mental Health and Mental Retardation. Exact figures are not available.

the hope

There are eight public hospital residential treatment centers for children in Texas: Austin, Big Spring, Kerrville, Rusk, San Antonio, Terrell, Wichita Falls, Vernon, Harlingen and Houston. The Children's Psychiatric Unit at the Austin State Hospital moved into new facilities in 1973 and is charged with providing a full range of services and continuing care for children through centers in nearby communities.

There were at least 14 private residential treatment facilities in 1972.[3]

An office of Early Childhood Development was established in 1971 in the Texas Department of Community Affairs to deal with matters related to assessing needs and encouraging development of comprehensive early childhood programs, with prevention of problems as a major thrust.

NEEDS FOR THE 70's

Hope for the future will come from preventive as well as intervention strategies. Four needed emphases are: 1) parent education and other supportive services to families; 2) mental health consultation and training for staffs of day care centers, nursery schools and kindergartens; 3) early intervention and education in high risk cases; 4) better preservice and inservice training for professional and non-professional staffs.

Specifically Texans need to:

Maintain and increase mental health consultation to public schools.

Maintain and increase public school special classes and other service opportunities for emotionally disturbed children.

Maintain and increase community-based children's mental health services and increase support for more comprehensive services through the centers.

Develop and increase programs of education for parenthood, parent education, and consultation to day care centers, nurseries, and kindergartens.

Ensure full implementation of the early childhood-special education classes for children ages 3 to 5 in the public schools.

Support community coordination of children's services for a full range of early identification, prevention, evaluation, treatment, and education efforts.

[3] Directory of Mental Health and Mental Retardation Services for Texas, 11th edition, Texas Department of Mental Health—Mental Retardation, 1972.

For a more comprehensive report on the problem, write to the Hogg Foundation for Mental Health, The University of Texas at Austin, Austin, Texas, 78712 for the pamphlet Children of the Evening.

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