“Just as things go wrong with the heart, the lungs, the liver, and the kidneys, things go wrong with the brain. And that is why we must ensure that our health system responds as readily to the needs of children’s mental health as it does to the needs of their physical well-being.”

—Surgeon General’s Report on Mental Health, 1999

Even as we emphasize the need for exercise and good nutrition for the physical well-being of children, we tend to overlook what the 2001 Report of the Surgeon General’s Conference on Children’s Mental Health calls “a public crisis in mental healthcare for infants, children, and adolescents.” The report pointed out that although “one in ten children and adolescents suffer from mental illness severe enough to cause some level of impairment,” only 20 percent receive specialized treatment.

Educators—and parents—don’t like to talk about mental illness; they prefer the gentler term of “emotional disturbance” (ED), the special education category designated by the federal Individuals with Disabilities Education Act (IDEA). But while learning disabilities (LD) and speech and language handicaps (SL) account for the majority of children in special education, less than 1 percent are ED.

The reason may be because the three major recognized forms of mental illness in children—depression, attention deficit hyperactivity disorder (ADHD), and post-traumatic stress disorder—are often misidentified or included in other special education categories. According to Steve Forness, who co-authored a study of children in ED classrooms, more than half were initially placed in the LD category. He points out that one of the major barriers to providing appropriate services for these children is in how schools define ED.

“[A] significant number appear to be misidentified in other categories of special education reserved for children with primary learning or language disorders,” he reports. “This may be due [in part] to school professionals’ or parents’ attempts to avoid the stigma of mental health disorders…”

What can schools do to overcome that stigma and provide effective support for an estimated 21 percent of students, ages 9 to 17, who have experienced signs and symptoms of mental disorders in the past year? Forness offers these suggestions:

- Train school professionals, especially classroom teachers, to recognize early symptoms of emotional and behavioral disorders;
- Modify the school definition of mental health disorders, which is more restrictive than definitions of other special education categories; and
- Develop a more proactive identification process for mental health disorders in school, in which children are screened for emotional or behavioral disorders early in their school careers.

There is much more information about this critical area of children’s health in the Report of the Surgeon General’s Conference on Children’s Mental Health. You can download the entire 61-page document at www.hhs.gov/surgeongeneral/topics/cmh/childreport.htm. It’s “must” reading.