

Youth Behavioral Health 101

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Learning Objectives

- Identify risk & protective factors for mental illness in youth
- Explore the special considerations of diagnosing mental illness in youth
- Discuss common pediatric mental illness diagnoses



Agenda / Contents

1 Childhood Development & Mental Health

2 Risk & Protective Factors

3 Pediatric Mental Illness Diagnosis

4 Childhood Mental Disorders

5 Resources & Conclusion



Chapter 1

Childhood Development & Mental Health



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Defining “Mental Illness” in Youth

- “Youth” = age 2-17
- Mental health disorders in children = delays/disruptions in developing age-appropriate **thinking**, **behaviors**, **social skills** or **regulation of emotions**
- Cause distress & disrupt ability to function in various environments



Youth Mental Health

Mental health is not merely the absence of disease or a mental health disorder. It includes...

- ✓ **emotional well-being**
- ✓ **psychological well-being**
- ✓ **social well-being**

Involves the ability to...

- Develop fulfilling family & peer relationships
- Adapt to change
- Develop skills to navigate school & community
- Utilize appropriate coping mechanisms
- Have their needs met- ask for and receive help



Childhood Development Summarized

Social

Cognitive

Emotional

Sexual

Physical



The Early Years

Before age 5

90% of a child's brain development happens

90%

Brain development
before age 5



10%

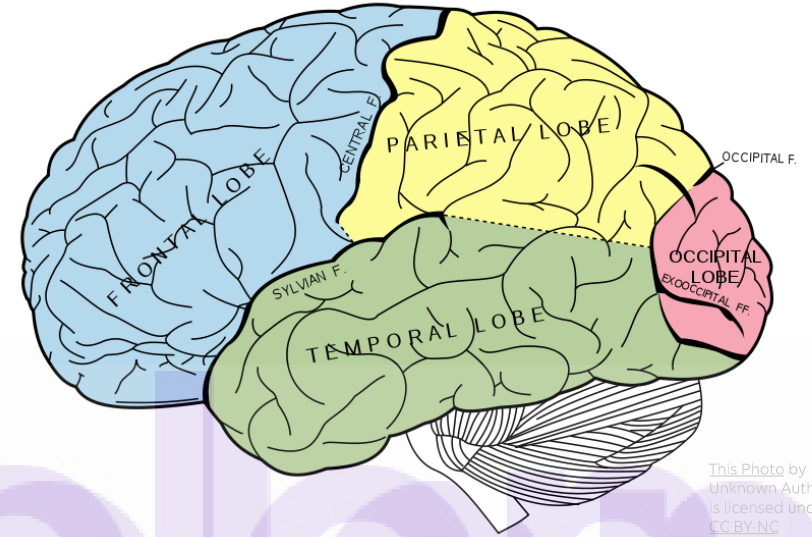
Brain
development
after age 5

Source: Harvard Center for the Developing Child



The Developing Brain

- Brain systems responsible for speech, movement, cognition etc.
- Brains are “plastic” – moldable, flexible
- Disruptions to development cause impairments
- How well a brain develops depends on...



Genes

Proper nutrition starting in pregnancy

Exposure to toxins, infections or injury

The child's experiences with other people and the world



Chapter 2

Risk & Protective Factors



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Risk Factors

- Risk factors are circumstances that increase the likelihood of a negative outcome

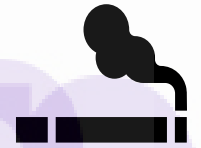
Protective Factors

- Protective factors are circumstances that decrease the likelihood of a negative outcome



Adverse Childhood Experiences (ACEs)

- potentially traumatic events that occur in childhood (0-17 years)
- aspects of environment that threaten safety, stability, and bonding
- 1998: CDC-Kaiser study
 - Impact of ACEs on physical & mental health
 - 17,000 adults
 - Survey on ACEs experienced prior to age 18



SM



10 Types of ACE in Original Kaiser/CDC Survey

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD CHALLENGES



Mental Illness



Parent Treated Violently



Divorce



Incarcerated Relative



Substance Abuse

60% of adults
report experiencing
at least ONE ACE
as a child (CDC)



Additional Risk Factors

- Poverty, Food-Insecurity, Homelessness
- High-Crime Environment
- Trauma: War, Terrorism, Natural Disasters
- Racial, Ethnic, Sexuality, Gender or Religious Discrimination
- Death/Loss of a Caregiver
- Physical Illness or Disability
- Bullying



Potential Consequences of ACE's

- ACEs can have lasting, negative effects on health, well-being, and opportunity including:
 - increased risk of **injury, STIs, teen pregnancy**, a wide range of **chronic diseases** including **mental illnesses**

!!! TOXIC STRESS !!!

Attention

Decision-making

Learning

Response to stress

Healthy Relationships

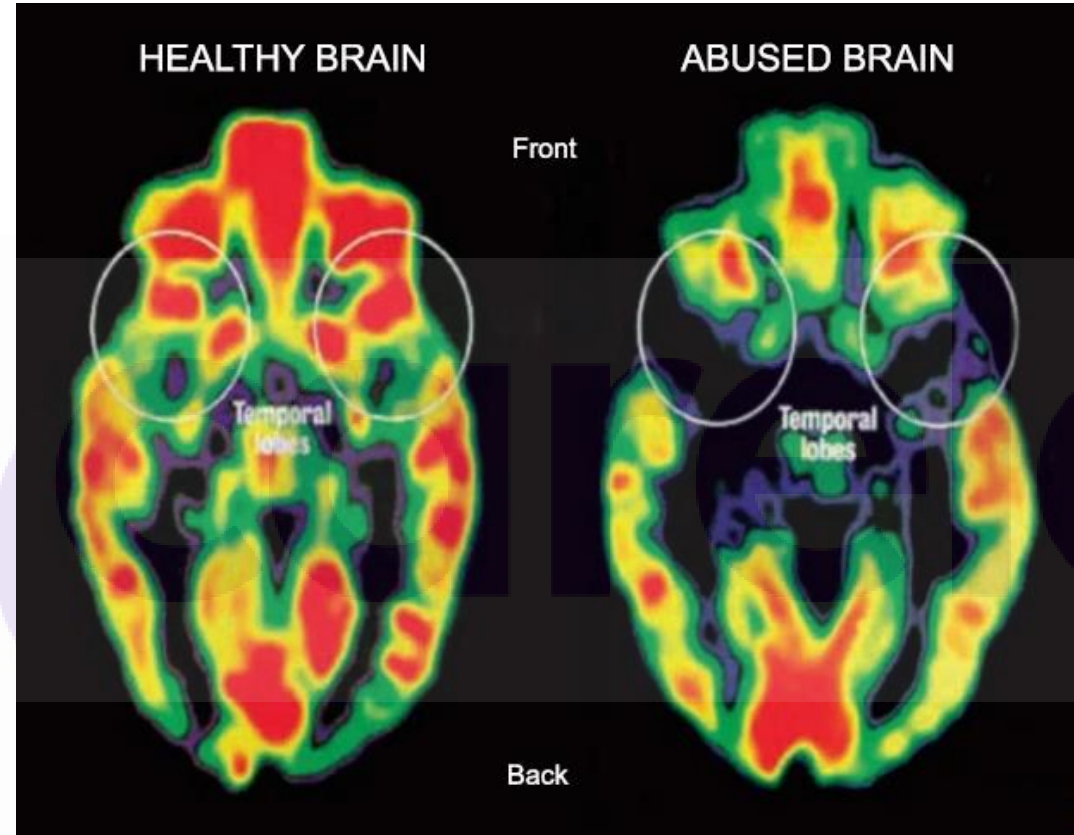
Instability as Adults



Trauma & the Brain

LEFT:

Healthy child brain showing fully functional brain activity



RIGHT:

Brain of a child orphaned & neglected in infancy shows limited activity, especially in temporal lobes.



At Risk Youth Populations

21% of **low-income** children and youth ages 6 to 17 have mental health disorders

50% of youth in the **child welfare system** have mental health disorders

67-70% of youth in the **juvenile justice system** have a mental health disorder

Just **13%** of children and **youth of color** receive mental health services each year, compared with **31%** of **white youth**.

Youth with **learning disabilities**, **Autism Spectrum Disorder** and **physical disabilities** such as Cerebral Palsy have increased risk for depression, anxiety and suicide.

The Trevor Project's 2023 U.S. National Survey found that **41%** of **LGBTQ+ young people** seriously considered attempting suicide in the past year.



Biological Factors



Heredity:

- Many mental disorders run in families
- Disorders (or a vulnerability to the disorders) might be passed through genes



Biology:

- Abnormal functioning of brain regions
 - emotion, thinking, perception, and behavior
- Head/ brain trauma
- Illness / infection



Protective Factors

- Individual or environmental characteristics, conditions, or behaviors that reduce the effects of stressful life events
- Increase ability to avoid risks, promote social and emotional competence

Coping & Problem-Solving Skills

Connection / Relationships

Engagement with School & Community

Physical & Psychological Safety

High Self-Esteem



Resilience in Childhood



Resilience = the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress

- Protective factors increase resilience
- Risk factors potentially decrease resilience
- Risk & Protective factors are usually cumulative



Chapter 3

Pediatric Mental Illness Diagnosis



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Hesitancy in Youth Mental Health Care

- Fear of labeling, stigma
- Subjectivity in diagnosis
- Concerns about medicating children
- Lack of research
- Myths / misconceptions
 - Children will “grow out” of mental illnesses
 - Mental illnesses are the result of bad parenting

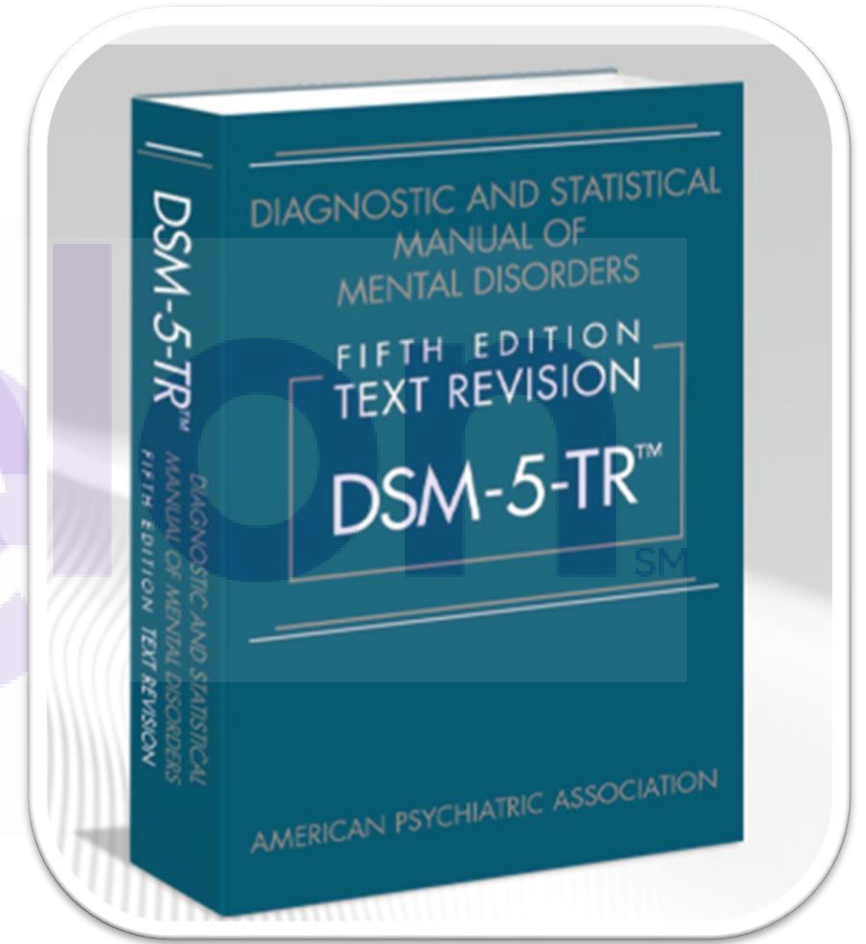


Behaviors Vs. Symptoms

- Diagnosing mental illness in children can be difficult
- Many behaviors that are seen as symptoms of mental disorders can occur as a normal part of a child's development

Behaviors become symptoms when they...

- ✓ occur very often
- ✓ last a long time
- ✓ occur at an unusual age
- ✓ cause significant disruption to the child's and/or family's life



Warning Signs Include...

Unsafe behavior or threats to self or others

Have lost interest in things that they used to enjoy

Changes in sleep patterns & energy levels

Increased time spent alone; avoid social activities with friends or family

Fear gaining weight; diet or exercise excessively

Engage in self-harm behaviors (e.g., cutting or burning their skin)

Hearing or seeing things that other people cannot

Often talk about fears or worries

Complain about frequent physical symptoms with no known medical cause

Struggle academically or decline in grades

Frequent tantrums

Are in constant motion, unable to sit still

Using substances (alcohol, drugs, tobacco)



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Diagnostic Considerations

Conversations with
child and their
caregivers

Gathering information
(school, pediatrician)

Diagnostic
Assessments

Psychological
Testing

- Various considerations outside clinical presentation
- Not all behaviors or symptoms will lead to diagnosis of mental illness
- A child may have more than one diagnosis
- Diagnosis can change over time based on changes in presentation, new information



Video: A Journey to Diagnosis



[Click here to view
video via YouTube](#)



Chapter 4

Childhood Mental Disorders



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Prevalence

17% of youth (age 2-17) experience
a mental health disorder (CDC, 2019)

 **1 in 6**



Youth Mental Health & Drug Use Statistics

High School students in **2023**...

- **4 in 10** (40%) students felt **persistently sad or hopeless**
- Nearly **one-third** (29%) experienced **poor mental health**
- **1 in 5** (20%) students **seriously considered attempting suicide**
- Nearly **1 in 10** (9%) **attempted suicide**
- **22%** of high school students **drank alcohol** during the past 30 days (*relative to survey*)
- **17%** of high school students **used marijuana** during the past 30 days (*relative to survey*)
- **10%** of high school students had ever **used certain illicit drugs** (*cocaine, inhalants, heroin, methamphetamines, hallucinogens, or ecstasy*)



Childhood and Adolescent Disorder Categories

Mood

Externalizing

Anxiety / Trauma

**Neuro-
Developmental**

Eating

Substance Use



Mood Disorders

- Not just a “bad mood”
- Thoughts & feelings can be intense, difficult to manage
- Persistent; chronic or episodic
- Can be difficult to recognize & diagnose in young people

Depressive Disorders

- Major Depressive Disorder (Episodic)
- Persistent Depressive Disorder (Chronic)
- Sadness, low energy, irritability, inability to feel pleasure

Bipolar Disorder

- Episodes of Depression and Mania
- Intense cyclical shifts in mood & energy levels
- Genetic component



Externalizing Disorders (*Disruptive, Impulse-Control, and Conduct Disorders*)

- Behavioral patterns that violate societal norms and/or rights of others; trouble regulating behaviors & emotions
- Commonly co-occurring with neuro-developmental, mood, trauma disorders
- More common in males

Oppositional Defiant Disorder

- Frequent and persistent pattern of anger, disobedience, defiance, vindictiveness
- Child persistently at odds with authority figures
- Average age of onset: 6-8

Conduct Disorder

- Pervasive disregard for societal norms and the rights of others
- Emotional & physical violence, cruelty, criminal behavior; lack of empathy
- Onset: late childhood or early adolescence

Intermittent Explosive Disorder

- Frequent episodes of intense, uncontrollable anger or aggression with little/no cause
- Lack of control over behavior, low frustration-tolerance
- Leads to high risk of self-harm & suicide

Disruptive Mood Dysregulation Disorder (DMDD)

- Chronic irritability & severe temper outbursts
- Potential violence
- Newer diagnosis; presents before age 10



Externalizing Disorders: Differential Diagnosis



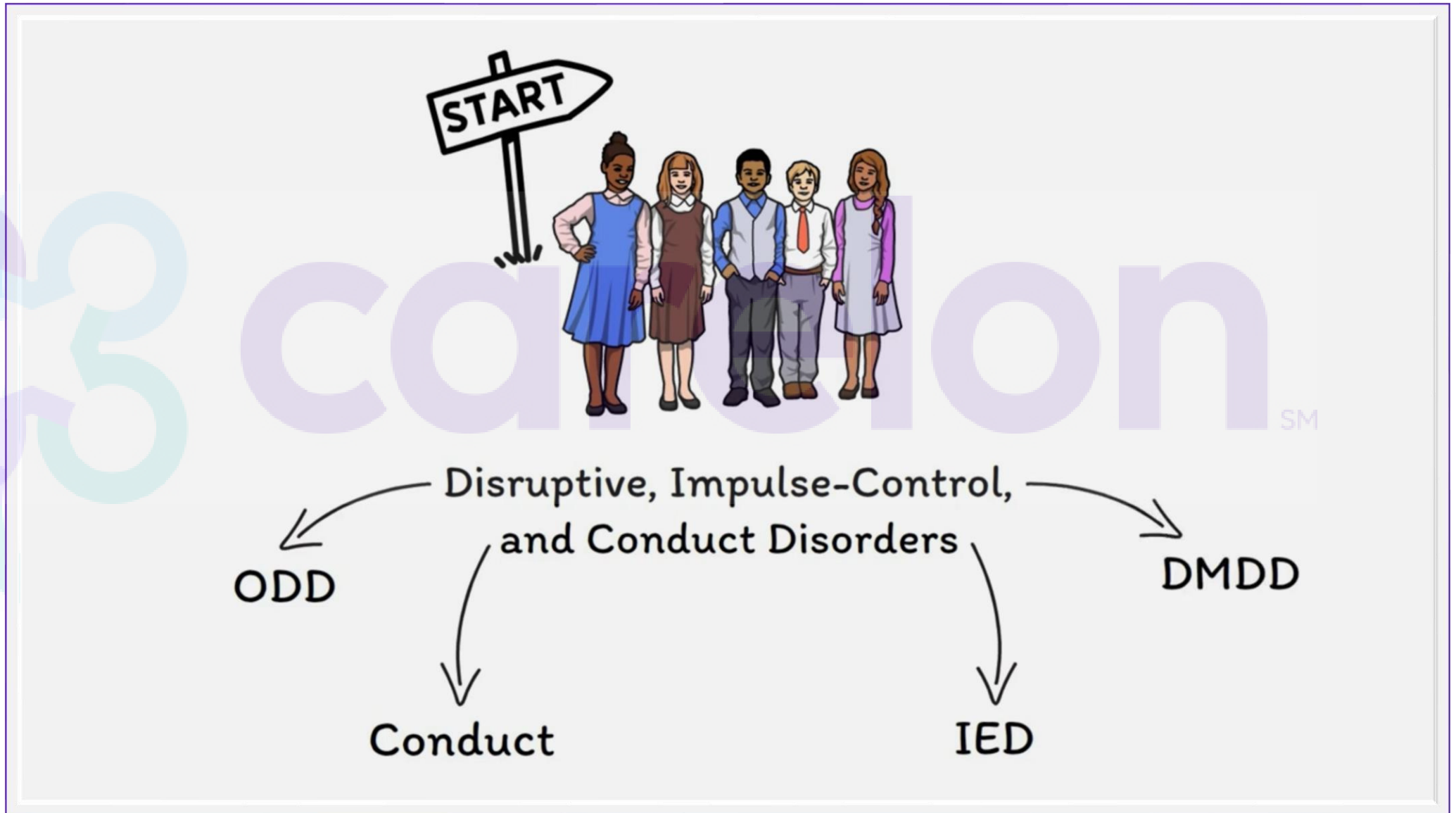
[Click here to view video via YouTube](#)

Emotion

Consistency

Intention

Severity



Anxiety / Trauma Disorders

- Chronic symptoms of anxiety & stress interfere with functioning
- Disorder causes the child distress
- 7-8% of youth ages 3-17 have an anxiety disorder

Generalized Anxiety Disorder

- Pervasive, unwarranted worry about everyday things
- In kids, often focused on school or sports
- Self-critical, constantly seeking approval

Post-Traumatic Stress Disorder

- Brought on by exposure to traumatic or disturbing event
- Intense fear, anxiety
- Re-enacting the trauma during play
- Dreams/nightmares, Emotional numbness or irritability

Reactive Attachment Disorder

- Caused by severe lack of caregiving / attachment; neglect
- Withdrawal, anxiety, inability to connect or seek comfort
- May act out against new caregivers



Video: RAD Adoption Story



[Click here to view
video via YouTube](#)



Eating Disorders

- Persistent disturbance of eating behaviors resulting in altered consumption/absorption of food; impairing functioning
- High mortality rate
- Most common in adolescent & college-age females

Anorexia Nervosa

- Severe weight loss / dangerously low body weight
- Food restriction and/or purging to maintain low weight
- Distorted body image; fear of weight gain

Bulimia Nervosa

- Binge / purge cycles – vomiting, laxative abuse
- Can be “healthy” weight or overweight
- Purging causes physical & dental problems

Binge Eating Disorder

- Episodes of eating very large amounts of food in short periods
- Compulsive, uncontrollable eating
- Feelings of guilt, shame following binges



Video: Madi's Bulimia Story



[Click here to view
video via YouTube](#)



Children's Hospital Colorado

Madi's Story



Neuro-Developmental Disorders

- Developmental deficits leading to impairments in personal, social, academic, and/or occupational functioning
- Usually manifest early in childhood, many have genetic component
- Often co-occur with each-other

Tourette's & Tic Disorders

- Involuntary movements or sounds called “tics”
- Blinking, twitching, repetitive sounds, etc.
 - Motor Tic Disorder
 - Vocal Tic Disorder
 - Both = Tourette's

Autism Spectrum Disorder

- Deficits in communication and social skills, restricted or repetitive behaviors.
- Language delays, hyper/hypo sensitivity, lack of social skills, little eye contact, difficulty expressing thoughts or emotions

Attention Deficit Hyperactivity Disorder

- Unusual difficulty concentrating on tasks, sitting still, controlling impulses
- Predominantly inattentive, hyperactive or combined types
- #1 diagnosed of all childhood disorders



Substance Use Disorders

- Use of substance is excessive, uncontrollable, affecting functioning, causing risky or dangerous behaviors
- May or may not involve tolerance / addiction
- **30-50% of Substance Use Disorders begin in childhood or adolescence**

Alcohol Use Disorders

- Drinking in large amounts
- Persistent desire or craving to drink
- Continued use despite negative effects
- Significant physical danger

Drug Use Disorders

- Caffeine; cannabis; hallucinogens; inhalants; opioids; sedatives, hypnotics; stimulants; tobacco; and other/unknown
- Chronic over-use, persistent cravings
- Continued use despite negative effects & danger

Dual Diagnosis

- Existence of Mental Illness and a Substance Use Disorder(s)
- Common with mood, anxiety, trauma & behavioral disorders
- “Self-medicating”
- Negative cycle



Chapter 5

Resources & Conclusion



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Key Takeaways

- Mental Health is just one piece of overall wellness in kids & teens
- Risk factors & protective factors both affect likelihood of mental illness
- Mental health in youth is trending poorly- meaning reported prevalence is worsening with time
- Parents, caregivers, educators & healthcare workers must be vigilant in screening for warning signs of mental health struggles & disorders
- Even if there is no diagnosis, kids may need help managing emotions & behaviors- help is available!
- Most disorders / symptoms can be well managed with the right treatment



Article / Web Resources



[Addressing the Mental Health Needs of Ethnic Minority Youth](#)



[LGBTQ Youth 2023 Survey](#)



[Children's Mental Health](#)



[Teen & Young Adult Mental Health](#)



[Child Development Theories](#)



[CDC Youth Risk Behavior Survey Report](#)



Video Resources



Adverse Childhood Experiences



Childhood Trauma & the Brain



Early Childhood Mental Health



How Trauma Affects Health Across a Lifetime



References

- American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM) V-TR
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- <https://www.cdc.gov/ncbddd/childdevelopment/early-brain-development.html>
- <https://www.mhanational.org/recognizing-mental-health-problems-children>
- <https://www.verywellmind.com/child-development-theories-2795068>
- <https://www.mayoclinic.org/healthy-lifestyle/childrens-health/in-depth/mental-illness-in-children/art-20046577>
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- <https://childmind.org/topics/disorders/>
- <https://www.alcohol.org/teens/>
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- https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Teens-Alcohol-And-Other-Drugs-003.aspx
- <https://iacapap.org/content/uploads/J.10-History-Child-Psychiatry-update-2018.pdf>

