

# Common Childhood Disorders

DEPRESSION  
ATTENTION-DEFICIT/HYPERACTIVITY  
DISORDER (ADHD)  
CONDUCT DISORDER

For parents, the key to handling mental disorders of children is to recognize the problem and seek appropriate treatment. These disorders have specific diagnostic criteria and treatments, and a complete evaluation by a mental health provider can determine whether a child needs help. Some of the mental disorders commonly seen in children are depression, ADHD, and conduct disorder.

## Depression

As many as one in 10 children between ages six and 12 experience persistent feelings of sadness—the hallmark of depression. Since children may not be able to express or understand many of the core symptoms that would indicate depression in adults, parents should be aware of some key behaviors—in addition to changes in eating or sleeping patterns—that may signal depression in children:

- \* **A sudden drop in school performance**
- \* **Loss of interest or pleasure in activities once enjoyed**
- \* **Outbursts of shouting, complaining, unexplained irritability, or crying**
- \* **Thoughts of death or suicide**
- \* **Expressions of fear or anxiety**
- \* **Aggression, refusal to cooperate, antisocial behavior**
- \* **Use of alcohol or other drugs**
- \* **Constant complaints of aching arms, legs, or stomach with no apparent cause**

Treatment is essential for children struggling with depression so that they can be free to develop necessary academic and social skills. Treatment involves psychotherapy either alone or in combination with medication. During psychotherapy, children learn to express their feelings and to develop ways of coping with their illness. Some children also respond to antidepressant medications, but use of these medications must be closely monitored. Psychiatric medication should not be the only form of treatment, but should be part of a comprehensive program.

## Attention-Deficit/Hyperactivity Disorder (ADHD)

The main features of ADHD include hyperactivity, impulsiveness, and an inability to sustain attention or concentration. These symptoms occur at levels that cause significant distress and impairment and are far more severe than typically found in children of similar ages and developmental levels. More common in boys than in girls, this disorder often develops before age seven, but is usually diagnosed between ages eight and 10.

Children with ADHD:

- \* **Have difficulty finishing any activity that requires concentration**
- \* **Don't seem to listen to anything said to them**
- \* **Are excessively active—running or climbing at inappropriate times, squirming in or jumping out of their seats**
- \* **Are very easily distracted**
- \* **Talk incessantly, often blurting out responses before questions are finished**
- \* **Have serious difficulty waiting their turn in games or groups**
- \* **May have specific learning disabilities**

Treatment can include the use of medications, psychotherapy and special educational programs to help a child keep up academically. Between 70% and 80% of children with ADHD respond to medications, which allow them a chance to improve their attention span, perform tasks better, and control impulsive behavior. Psychotherapy enables children to cope with their disorder and the reaction of others to it. An essential component of psychotherapy involves the work of the child psychiatrist with both the child and the parents to develop techniques for behavior management.

## Conduct Disorder

Children with conduct disorder exhibit behavior that shows a persistent disregard for the norms and rules of society. Conduct disorder is one of the most frequently seen mental disorders in adolescents.

Because the symptoms are closely tied to socially unacceptable or violent behavior, many people confuse this illness with either juvenile delinquency or the turmoil of the teen years. However, young people with conduct disorder often have underlying problems that have been missed or ignored, such as attention deficit disorder, depression, epilepsy or a history of head and facial injuries. Children who have demonstrated at least three of the following behaviors over six months should be evaluated for possible conduct disorder:

- \* **Stealing**
- \* **Constantly lying**
- \* **Deliberately setting fires**
- \* **Skipping school**
- \* **Breaking into homes, offices, or cars**
- \* **Deliberately destroying others' property**
- \* **Displaying physical cruelty to animals or humans**
- \* **Forcing others into sexual activity**
- \* **Often starting fights**
- \* **Using weapons in fights**

Appropriate treatment for conduct disorder is essential. Aimed at helping young people realize and understand the effect their behavior has on others, treatment includes behavior therapy and psychotherapy, in either individual or group sessions. For youngsters who have depression or ADHD, in addition to conduct disorder, use of medications as well as psychotherapy can lessen the symptoms of conduct disorder.

## Resources

For more information, please contact:

**American Psychiatric Association (APA)**

1000 Wilson Blvd.  
Suite 1825  
Arlington, VA 22209  
703-907-7300  
www.healthyminds.org

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

3615 Wisconsin Ave., N.W.,  
Washington, DC 20016-3007  
202-966-7300  
www.aacap.org

**National Mental Health Association (NMHA)**

2001 N. Beauregard Street,  
12th Floor  
Alexandria, VA 22311  
800-969-NMHA (6642)  
www.nmha.org

**National Alliance for the Mentally Ill (NAMI)**

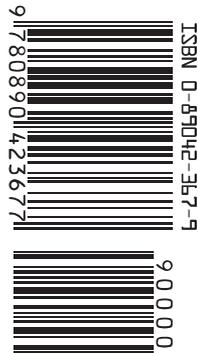
Colonial Place Three  
2107 Wilson Blvd.,  
Suite 300  
Arlington, VA 22201-3042  
703-524-7600  
Information Helpline:  
1-800-950-NAMI (6264)  
www.nami.org

**Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)**

National Resource Center  
on AD/HD  
8181 Professional Place,  
Suite 150,  
Landover, MD 20785  
800-233-4050  
www.chadd.org

One in a series of brochures designed to reduce stigmas associated with mental illnesses by promoting informed factual discussion of the disorders and their psychiatric treatments. This brochure was developed for educational purposes and does not necessarily reflect opinion or policy of the American Psychiatric Association. For more information, please visit [www.healthyminds.org](http://www.healthyminds.org).

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TALK  
FACTS  
ABOUT

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