

Section III

In this section, you will find samples of fact sheets provided by organizations listed in Section I.

A. Mental Health and Psycho-Social Problems

General Handouts:

- > **Children and Adolescents with Mental, Emotional, and Behavior Disorders**
- > **Cultural Competence in Serving Children and Adolescents with Mental Health Problems**
- > **Child and Adolescent Mental Health**

B. Specific Types of Problems

- > **Adolescent and Young Adult Unintentional Injury**
- > **Adolescent and Young Adult Violence**
- > **Anxiety Disorders in Children and Adolescents**
- > **Children and Depression**
- > **Children Who Can't Pay Attention/ADHD**
- > **Children of Alcoholics**
- > **Child Abuse - The Hidden Bruises**
- > **Child Sexual Abuse**
- > **Children on TV Violence**
- > **Conduct Disorder in Children and Adolescents**
- > **Dealing with and Anxious Child**
- > **Defusing Violent Behavior**
- > **Children and Masturbation**
- > **Girl Power! Dealing with the Mental Health of Girls**
- > **Learning Disabilities**
- > **Major Depression in Children and Adolescents**
- > **Responding to Child Sexual Abuse**
- > **Services in School for Children with Special Needs: What Parents Need to Know**
- > **Substance Abuse**
 - Inhalants**
- > **Teens: Alcohol and other Drugs**
- > **Teen Suicide**

C. Programs and Processes

- > **Anxiety Disorders: The Role of Therapy in Effective Treatment**
- > **Effective HIV/STD and Teen Pregnancy Prevention Programs**
- > **How Therapy Helps People Recover from Depression**
- > **How to Find Help Through Psychotherapy**
- > **Managing Traumatic Stress**
- > **Promising Adolescent Pregnancy Program**
- > **Providing Substance Abuse Treatment in Language Other than English**

A. Some General Handouts Discussing Mental Health and Psychosocial Problems

- > Children and Adolescents with Mental, Emotional, and Behavioral Disorders**
- > Cultural Competence in Serving Children and Adolescents with Mental Health Problems**
- > Child and Adolescent Mental Health**

Children's Mental Health Facts

Children and Adolescents with Mental, Emotional, and Behavioral Disorders

[Mental, Emotional, and Behavioral Disorders Are Real](#)

The Disorders:

[Anxiety Disorders](#), [Severe Depression](#), [Bipolar Disorder](#), [Attention-deficit/Hyperactivity Disorder](#), [Learning Disorders](#), [Conduct Disorder](#), [Eating Disorders](#), [Autism](#), [Schizophrenia](#)

[Treatment, Support Services, and Research: Sources of Hope](#)

[Other Fact Sheets in this Series](#)

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Mental, Emotional, and Behavioral Disorders Are Real

Young people can have mental, emotional, and behavioral problems that are real, painful, and costly. These problems, often called "disorders," are sources of stress for children and their families, schools, and communities.

The number of young people and their families who are affected by mental, emotional, and behavioral disorders is significant. It is estimated that as many as one in five children and adolescents may have a mental health disorder that can be identified and require treatment.

Mental health disorders in children and adolescents are caused by biology, environment, or a combination of the two. Examples of biological factors are genetics, chemical imbalances in the body, and damage to the central nervous system, such as a head injury. Many environmental factors also can affect mental health, including exposure to violence, extreme stress, and the loss of an important person.

Families and communities, working together, can help children and adolescents with mental disorders. A broad range of services is often necessary to meet the needs of these young people and their families.

The Disorders

Below are descriptions of particular mental, emotional, and behavioral disorders that may occur during childhood and adolescence. All can have a serious impact on a child's overall health. Some disorders are more common than others, and conditions range from mild to severe. Often, a child has more than one disorder (U.S. Department of Health and Human Services, 1999).

Anxiety Disorders

Young people who experience excessive fear, worry, or uneasiness may have an anxiety disorder. Anxiety disorders are among the most common of childhood disorders. According to one study of 9- to 17-year-olds, as many as 13 of every 100 young people have an anxiety disorder (U.S. Department of Health and Human Services, 1999). Anxiety disorders include:

- Phobias, which are unrealistic and overwhelming fears of objects or situations.
- Generalized anxiety disorder, which causes children to demonstrate a pattern of excessive, unrealistic worry that cannot be attributed to any recent experience.
- Panic disorder, which causes terrifying "panic attacks" that include physical symptoms, such as a rapid heartbeat and dizziness.
- Obsessive-compulsive disorder, which causes children to become "trapped" in a pattern of repeated thoughts and behaviors, such as counting or hand washing.
- Post-traumatic stress disorder, which causes a pattern of flashbacks and other symptoms and occurs in children who have experienced a psychologically distressing event, such as abuse, being a victim or witness of violence, or exposure to other types of trauma such as wars or natural disasters.

Severe Depression

Many people once believed that severe depression did not occur in childhood. Today, experts agree that severe depression can occur at any age. Studies show that two of every 100 children may have major depression, and as many as eight of every 100 adolescents may be affected (National Institutes of Health, 1999). The disorder is marked by changes in:

- Emotions—Children often feel sad, cry, or feel worthless.
- Motivation—Children lose interest in play activities, or schoolwork declines.
- Physical well-being—Children may experience changes in appetite or sleeping patterns and may have vague physical complaints.
- Thoughts—Children believe they are ugly, unable to do anything right, or that the world or life is hopeless.

It also is important for parents and caregivers to be aware that some children and adolescents with depression may not value their lives, which can put them at risk for suicide.

Bipolar Disorder

Children and adolescents who demonstrate exaggerated mood swings that range from extreme highs (excitedness or manic phases) to extreme lows (depression) may have bipolar disorder (sometimes called manic depression). Periods of moderate mood occur in between the extreme highs and lows. During manic phases, children or adolescents may talk nonstop, need very little sleep, and show

unusually poor judgment. At the low end of the mood swing, children experience severe depression. Bipolar mood swings can recur throughout life. Adults with bipolar disorder (about one in 100) often experienced their first symptoms during their teenage years (National Institutes of Health, 2001).

Attention-deficit/Hyperactivity Disorder

Young people with attention-deficit/hyperactivity disorder are unable to focus their attention and are often impulsive and easily distracted. Attention-deficit/hyperactivity disorder occurs in up to five of every 100 children (U.S. Department of Health and Human Services, 1999). Most children with this disorder have great difficulty remaining still, taking turns, and keeping quiet. Symptoms must be evident in at least two settings, such as home and school, in order for attention-deficit/hyperactivity disorder to be diagnosed.

Learning Disorders

Difficulties that make it harder for children and adolescents to receive or express information could be a sign of learning disorders. Learning disorders can show up as problems with spoken and written language, coordination, attention, or self-control.

Conduct Disorder

Young people with conduct disorder usually have little concern for others and repeatedly violate the basic rights of others and the rules of society. Conduct disorder causes children and adolescents to act out their feelings or impulses in destructive ways. The offenses these children and adolescents commit often grow more serious over time. Such offenses may include lying, theft, aggression, truancy, the setting of fires, and vandalism. Current research has yielded varying estimates of the number of young people with this disorder, ranging from one to four of every 100 children 9 to 17 years of age (U.S. Department of Health and Human Services, 1999).

Eating Disorders

Children or adolescents who are intensely afraid of gaining weight and do not believe that they are underweight may have eating disorders. Eating disorders can be life threatening. Young people with anorexia nervosa, for example, have difficulty maintaining a minimum healthy body weight. Anorexia affects one in every 100 to 200 adolescent girls and a much smaller number of boys (National Institutes of Health, 1999).

Youngsters with bulimia nervosa feel compelled to binge (eat huge amounts of food in one sitting). After a binge, in order to prevent weight gain, they rid their bodies of the food by vomiting, abusing laxatives, taking enemas, or exercising obsessively. Reported rates of bulimia vary from one to three of every 100 young people (National Institutes of Health, 1999).

Autism

Children with autism, also called autistic disorder, have problems interacting and communicating with others. Autism appears before the third birthday, causing children to act inappropriately, often repeating behaviors over long periods of time. For example, some children bang their heads, rock, or spin objects. Symptoms of autism range from mild to severe. Children with autism may have a very limited awareness of others and are at increased risk for other mental disorders. Studies suggest that autism affects 10 to 12 of every 10,000 children (U.S. Department of Health and Human Services, 1999).

Schizophrenia

Young people with schizophrenia have psychotic periods that may involve hallucinations, withdrawal from others, and loss of contact with reality. Other symptoms include delusional or disordered thoughts and an inability to experience pleasure. Schizophrenia occurs in about five of every 1,000 children (National Institutes of Health, 1997).

Treatment, Support Services, and Research: Sources of Hope

Now, more than ever before, there is hope for young people with mental, emotional, and behavioral disorders. Most of the symptoms and distress associated with childhood and adolescent mental, emotional, and behavioral disorders can be alleviated with timely and appropriate treatment and supports.

In addition, researchers are working to gain new scientific insights that will lead to better treatments and cures for mental, emotional, and behavioral disorders. Innovative studies also are exploring new ways of delivering services to prevent and treat these disorders. Research efforts are expected to lead to more effective use of existing treatments, so children and their families can live happier, healthier, and more fulfilling lives.

Many of these research studies are funded by Federal agencies within the Department of Health and Human Services, including the:

- National Institutes of Health
 - *National Institute of Mental Health*
 - *National Institute of Child Health and Human Development*
 - *National Institute on Drug Abuse*
 - *National Institute on Alcohol Abuse and Alcoholism*
- Substance Abuse and Mental Health Services Administration
 - *Center for Mental Health Services*
 - *Center for Substance Abuse Prevention*
 - *Center for Substance Abuse Treatment*
- Administration for Children and Families
- Health Resources and Services Administration

Related activities are taking place within the:

- Department of Education

- Department of Justice

This is one of many fact sheets in a series on children's mental health disorders. All the fact sheets listed below are written in an easy-to-read style. Families, caretakers, and media professionals may find them helpful when researching particular mental health disorders. To obtain free copies, call 1-800-789-2647 or visit <http://www.mentalhealth.samhsa.gov/child>.

Other Fact Sheets in this Series are:

Order Number	Title
CA-0000	Caring for Every Child's Mental Health Campaign Products Catalog
CA-0004	Child and Adolescent Mental Health
CA-0005	Child and Adolescent Mental Health: Glossary of Terms
CA-0007	Children and Adolescents With Anxiety Disorders
CA-0008	Children and Adolescents With Attention-Deficit/Hyperactivity Disorder
CA-0009	Children and Adolescents With Autism
CA-0010	Children and Adolescents With Conduct Disorder
CA-0011	Children and Adolescents With Severe Depression
CA-0014	Facts About Systems of Care for Children's Mental Health

Important Messages About Children's and Adolescents' Mental Health

- Every child's mental health is important.
- Many children have mental health problems.
- These problems are real and painful and can be severe.
- Mental health problems can be recognized and treated.
- Caring families and communities working together can help.

Mental Health Resources on the Internet

Centers for Disease Control and Prevention
www.cdc.gov

ClinicalTrials.gov, National Institutes of Health
<http://clinicaltrials.gov/>

Substance Abuse and Mental Health Services Administration
<http://www.mentalhealth.samhsa.gov>

National Institute of Mental Health

www.nimh.nih.gov

For information about children's mental health, contact SAMHSA's National Mental Health Information Center:

Toll-free: 800-789-2647

Fax: 301-984-8796

TDD: 866-889-2647

Systems of Care

Some children diagnosed with severe mental health disorders may be eligible to obtain comprehensive and community-based services through systems of care for children's mental health. Systems of care help children with serious emotional disturbances and their families cope with the challenges of very difficult mental health, emotional, or behavioral problems. To learn more about systems of care, call 301-443-1333, or to request a free fact sheet on systems of care, call 1-800-789-2647.

Endnotes

U.S. Department of Health and Human Services. (1999). *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services.

National Institutes of Health. (1999). *Brief Notes on the Mental Health of Children and Adolescents*. Retrieved September 5, 2001, from the World Wide Web:
http://www.kidneeds.com/diagnostic_categories/articles/mental.pdf.

National Institutes of Health. (2001). *Fact Sheet: Going to Extremes, Bipolar Disorder*. Bethesda, MD: National Institutes of Health.

National Institutes of Health. (1997). Press Release: Progressive Brain Changes Detected in Childhood Onset Schizophrenia. Retrieved September 5, 2001, from the World Wide Web:
<http://www.schizophrenia.com/family/childbrainchange.htm>.

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Cultural Competence in Serving Children and Adolescents With Mental Health Problems

All cultures practice traditions that support and value their children and prepare them for living in their society. This way, cultures are preserved for future generations.

Culturally competent mental health service providers and the agencies that employ them are specially trained in specific behaviors, attitudes, and policies that recognize, respect, and value the uniqueness of individuals and groups whose cultures are different from those associated with mainstream America. These populations are frequently identified as being made up of people of color--such as Americans of African, Hispanic, Asian, and Native American descent. Nevertheless, cultural competence as a service delivery approach can be applied to systems that serve all persons, because everyone in the society has a culture and is part of several subcultures, including those related to gender, age, income level, geographic region, neighborhood, sexual orientation, religion, and physical disability.

Culturally competent service providers are aware and respectful of the importance of the values, beliefs, traditions, customs, and parenting styles of the people they serve. They are also aware of the impact of their own culture on the therapeutic relationship and take all of these factors into account when planning and delivering services for children and adolescents with mental health problems and their families.

Goals and Principles of Cultural Competence

Culturally competent "systems of care" provide appropriate services to children and families of all cultures. Designed to respect the uniqueness of cultural influences, these systems work best within a family's cultural framework. Nine principles govern the development of culturally competent programs:

1. The family, however defined, is the consumer and usually the focus of treatment and services.
2. Americans with diverse racial/ethnic backgrounds are often bicultural or multicultural. As a result, they may have a unique set of mental health issues that must be recognized and addressed.
3. Families make choices based on their cultural backgrounds. Service providers must respect and build upon their own cultural knowledge as well as the families' strengths.
4. Cross-cultural relationships between providers and consumers may include major differences in world views. These differences must be acknowledged and addressed.
5. Cultural knowledge and sensitivity must be incorporated into program policymaking, administration, and services.
6. Natural helping networks such as neighborhood organizations, community leaders, and natural healers can be a vital source of support to consumers. These support systems should be respected and, when appropriate, included in the treatment plan.
7. In culturally competent systems of care, the community, as well as the family, determine direction

In a "System of Care," local organizations work in teams-with families as critical partners-to provide a full range of services to children and adolescents with serious emotional disturbances. The team strives to meet the unique needs of each young person and his or her family in or near their home. These services should also address and respect the culture and ethnicity of the people they serve. (For more information on systems of care, call 1.800.789.2647.)

and goals.

8. Programs must do more than offer equal, nondiscriminatory services; they must tailor services to their consumer populations.
9. When boards and programs include staff who share the cultural background of their consumers, the programs tend to be more effective.

Ideally, culturally competent programs include multilingual, multicultural staff and involve community outreach. Types of services should be culturally appropriate; for example, extended family members may be involved in service approaches, when appropriate. Programs may display culturally relevant artwork and magazines to show respect and increase consumer comfort with services. Office hours should not conflict with holidays or work schedules of the consumers.

Developing Cultural Competence

Although some service providers are making progress toward cultural competence, much more needs to be done. Increased opportunities must be provided for ongoing staff development and for employing multicultural staffs. Improved culturally valid assessment tools are needed. More research will be useful in determining the effectiveness of programs that serve children and families from a variety of cultural backgrounds.

For many programs, cultural competence represents a new way of thinking about the philosophy, content, and delivery of mental health services. Becoming culturally competent is a dynamic process that requires cultural knowledge and skill development at all service levels, including policymaking, administration, and practice. Even the concept of a mental disorder may reflect a western culture medical model.

At the Policymaking Level

Programs that are culturally competent:

- appoint board members from the community so that voices from all groups of people within the community participate in decisions;
- actively recruit multiethnic and multiracial staff;
- provide ongoing staff training and support developing cultural competence;
- develop, mandate, and promote standards for culturally competent services;
- insist on evidence of cultural competence when contracting for services;
- nurture and support new community-based multicultural programs and engage in or support research on cultural competence;
- support the inclusion of cultural competence on provider licensure and certification examinations; and
- support the development of culturally appropriate assessment instruments, for psychological tests, and interview guides.

At the Administrative Level

Culturally competent administrators:

- include cultural competency requirements in staff job descriptions and discuss the importance of cultural awareness and competency with potential employees;
- ensure that all staff participate in regular, inservice cultural competency training;
- promote programs that respect and incorporate cultural differences; and
- consider whether the facility's location, hours, and staffing are accessible and whether its physical appearance is respectful of different cultural groups.

At the Service Level

Practitioners who are culturally competent:

- learn as much as they can about an individual's or family's culture, while recognizing the influence of their own background on their responses to cultural differences;

- include neighborhood and community outreach efforts and involve community cultural leaders if possible;
- work within each person's family structure, which may include grandparents, other relatives, and friends;
- recognize, accept, and, when appropriate, incorporate the role of natural helpers (such as shamans or curanderos);
- understand the different expectations people may have about the way services are offered (for example, sharing a meal may be an essential feature of home-based mental health services; a period of social conversation may be necessary before each contact with a person; or access to a family may be gained only through an elder);
- know that, for many people, additional tangible services--such as assistance in obtaining housing, clothing, and transportation or resolving a problem with a child's school--are expected, and work with other community agencies to make sure these services are provided;
- adhere to traditions relating to gender and age that may play a part in certain cultures (for example, in many racial and ethnic groups, elders are highly respected). With an awareness of how different groups show respect, providers can properly interpret the various ways people communicate.

Achieving Cultural Competence

To become culturally competent, programs may need to:

- assess their current level of cultural competence;
- develop support for change throughout the organization and community;
- identify the leadership and resources needed to change;
- devise a comprehensive cultural competence plan with specific action steps and deadlines for achievement; and
- commit to an ongoing evaluation of progress and a willingness to respond to change.

Important Messages About Children's and Adolescents' Mental Health:

- Every child's mental health is important.
- Many children have mental health problems.
- These problems are real and painful and can be severe.
- Mental health problems can be recognized and treated.
- Caring families and communities working together can help.
- Information is available; call 1.800.789.2647.

This fact sheet is based on a monograph, *Towards a Culturally Competent System of Care*, authored by Terry L. Cross, Karl W. Dennis, Mareasa R. Isaacs, and Barbara J. Bazron, under the auspices of the National Technical Assistance Center for Children's Mental Health at Georgetown University in Washington, D.C., and funded by the National Institute of Mental Health (1989).

For free information about children's and adolescents' mental health--including publications, references, and referrals to local and national resources and organizations--call 1.800.789.2647; (TDD) 301.443.9006.

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Child and Adolescent Mental Health

Mental Health Is Important

Mental health is how people think, feel, and act as they face life's situations. It affects how people handle stress, relate to one another, and make decisions. Mental health influences the ways individuals look at themselves, their lives, and others in their lives. Like physical health, mental health is important at every stage of life.

All aspects of our lives are affected by our mental health. Caring for and protecting our children is an obligation and is critical to their daily lives and their independence.

Children and Adolescents Can Have Serious Mental Health Problems

Like adults, children and adolescents can have mental health disorders that interfere with the way they think, feel, and act. When untreated, mental health disorders can lead to school failure, family conflicts, drug abuse, violence, and even suicide. Untreated mental health disorders can be very costly to families, communities, and the health care system.

Mental Health Disorders Are More Common in Young People than Many Realize

Studies show that at least one in five children and adolescents have a mental health disorder. At least one in 10, or about 6 million people, have a serious emotional disturbance.¹

The Causes Are Complicated

Mental health disorders in children and adolescents are caused mostly by biology and environment. Examples of biological causes are genetics, chemical imbalances in the body, or damage to the central nervous system, such as a head injury. Many environmental factors also put young people at risk for developing mental health disorders. Examples include:

- Exposure to environmental toxins, such as high levels of lead;
- Exposure to violence, such as witnessing or being the victim of physical or sexual abuse, drive-by shootings, muggings, or other disasters;
- Stress related to chronic poverty, discrimination, or other serious hardships; and
- The loss of important people through death, divorce, or broken relationships.

Signs of Mental Health Disorders Can Signal a Need for Help

Children and adolescents with mental health issues need to get help as soon as possible. A variety of signs may point to mental health disorders or serious emotional disturbances in children or adolescents. Pay attention if a child or adolescent you know has any of these warning signs:

A child or adolescent is troubled by feeling:

- Sad and hopeless for no reason, and these feelings do not go away.

In this fact sheet, "Mental Health Problems" for children and adolescents refers to the range of all diagnosable emotional, behavioral, and mental disorders. They include depression, attention-deficit/hyperactivity disorder, and anxiety, conduct, and eating disorders. Mental health problems affect one in every five young people at any given time.

"Serious Emotional Disturbances" for children and adolescents refers to the above disorders when they severely disrupt daily functioning in home, school, or community.

- Very angry most of the time and crying a lot or overreacting to things.
- Worthless or guilty often.
- Anxious or worried often.
- Unable to get over a loss or death of someone important.
- Extremely fearful or having unexplained fears.
- Constantly concerned about physical problems or physical appearance.
- Frightened that his or her mind either is controlled or is out of control.

Serious emotional disturbances affect 1 in every 10 young people at any given time.¹

A child or adolescent experiences big changes, such as:

- Showing declining performance in school.
- Losing interest in things once enjoyed.
- Experiencing unexplained changes in sleeping or eating patterns.
- Avoiding friends or family and wanting to be alone all the time.
- Daydreaming too much and not completing tasks.
- Feeling life is too hard to handle.
- Hearing voices that cannot be explained.
- Experiencing suicidal thoughts.

A child or adolescent experiences:

- Poor concentration and is unable to think straight or make up his or her mind.
- An inability to sit still or focus attention.
- Worry about being harmed, hurting others, or doing something "bad".
- A need to wash, clean things, or perform certain routines hundreds of times a day, in order to avoid an unsubstantiated danger.
- Racing thoughts that are almost too fast to follow.
- Persistent nightmares.

A child or adolescent behaves in ways that cause problems, such as:

- Using alcohol or other drugs.
- Eating large amounts of food and then purging, or abusing laxatives, to avoid weight gain.
- Dieting and/or exercising obsessively.
- Violating the rights of others or constantly breaking the law without regard for other people.
- Setting fires.
- Doing things that can be life threatening.
- Killing animals.

Comprehensive Services through Systems of Care Can Help

Some children diagnosed with severe mental health disorders may be eligible for comprehensive and community-based services through systems of care. Systems of care help children with serious emotional disturbances and their families cope with the challenges of difficult mental, emotional, or behavioral problems. To learn more about systems of care, call the National Mental Health Information Center at 1-800-789-2647, and request fact sheets on systems of care and serious emotional disturbances, or visit the Center's web site at <http://www.mentalhealth.samhsa.gov>

Finding the Right Services Is Critical

To find the right services for their children, families can do the following:

- Get accurate information from hotlines, libraries, or other sources.
- Seek referrals from professionals.
- Ask questions about treatments and services.

- Talk to other families in their communities.
- Find family network organizations.

It is critical that people who are not satisfied with the mental health care they receive discuss their concerns with providers, ask for information, and seek help from other sources.

Important Messages About Child and Adolescent Mental Health:

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Mental Health Resources on the internet:

Centers for Disease Control and Prevention
www.cdc.gov/mentalhealth/

ClinicalTrials.gov, National Institutes of Health
www.clinicaltrials.gov

Food and Drug Administration
www.fda.gov

Substance Abuse and Mental Health Services Administration
www.samhsa.gov

- A Family Guide to Keeping Youth Mentally Healthy and Drug Free
<http://family.samhsa.gov>
- SAMHSA's National Mental Health Information Center
<http://www.mentalhealth.samhsa.gov>

National Institute of Mental Health

www.nimh.nih.gov

- Child and Adolescent Mental Health
<http://www.nimh.nih.gov/healthinformation/childmenu.cfm>

Endnotes

¹ U.S. Department of Health and Human Services. (1999). *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services.

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