

Mental Health Disparities in Children and Youth With Chronic Illness and Disabilities

Introduction

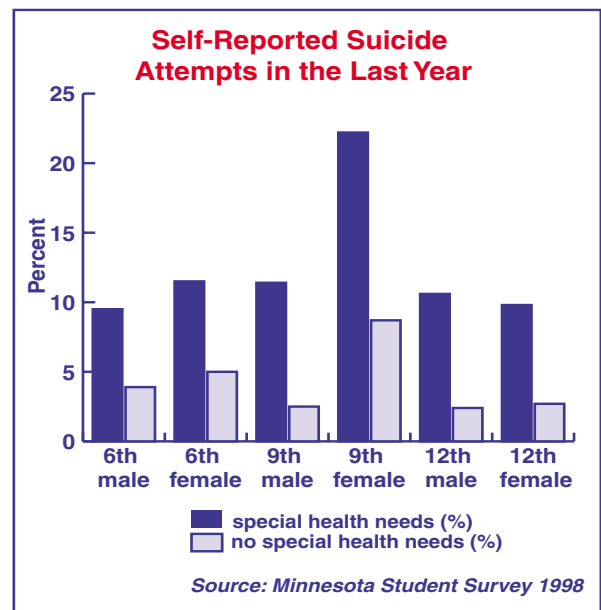
More than 200,000 children in Minnesota have what are referred to as “special health needs.” These children have chronic conditions resulting in the need for health care and health related services beyond what is needed by their same-aged peers. Reliance on things such as medication, special diets or special equipment, or limitations in functioning at school, home or in the community are a few examples of such differences. Most of these children have hidden conditions such as attention deficit/hyperactivity disorder (ADHD), asthma or epilepsy; for some, the condition is more visibly apparent such as cerebral palsy or cleft lip and palate.

The 1998 Minnesota Student Survey of sixth, ninth and twelfth graders asked, “Do you have a mental or physical condition or other health problem that has lasted at least 12 months?” Students responding yes to this question represent 12 percent of the adolescent population. The disparities in responses between this group of students and their same-aged peers on items indicating social, emotional and behavioral health are striking.

What Students Told Us

- Twenty-three percent of the students with special health needs report feeling almost more stress or pressure than they could take. This compares to 11 percent of the students who do not identify themselves as having special health needs.

- Twenty-two percent to thirty-two percent (depending on grade and gender) of the students with special health needs felt “quite a bit” to “extremely” discouraged or hopeless at some point in the 30 days preceding the survey. This compares to findings of 9 percent to 16 percent for their same age peers.
- Thirteen percent of the students with special health needs report having tried to kill themselves in the last year. Four percent of students without special health needs report having tried to kill themselves in the last year.
- Sixty-two percent of 6th grade boys with special needs had been physically assaulted on school property compared to 49 percent of their peers without special needs.
- Students with special health needs are at three times the risk of non-familial sexual abuse than their healthy peers.



Why This Issue is Important

- A caring school climate, feeling safe, interpersonal competence, sense of control over one's own life and a positive view of one's personal future are all building blocks of healthy development that help young people grow up healthy, caring and responsible.¹ As previously shown, these assets are often missing in the lives of many children with special health needs.
- The results of the Minnesota Student Survey indicate that students with special health needs experience more violence at school and consequently feel less safe than their same-aged peers. Being the victim of school violence increases some students' isolation because their peers do not want to lose status by associating with them or because they do not want to increase the risks of being bullied themselves. Being the victim of violence as a child may lead to depression and poor self esteem. To protect themselves, children may skip school, cut classes or become aggressive themselves. Just as children who are "bullies" continue that pattern into adulthood, so too, the victims continue their pattern into adulthood.²

Potential Strategies to Deal With the Problem

- Recognizing and accepting that children and youth with special health needs have a very high risk of also having mental health issues is an important step in beginning to address the problem.
- In addition to efforts directed toward eliminating unfair or biased treatment because of ethnicity, gender, race and sexual orientation, schools must also direct efforts at eliminating unfair treatment based on health status.
- Professionals serving children with special health needs (physicians, nurses, teachers, coaches, psychologists and social workers) need to address mental health needs during their encounters with these children.

- Violence and "bullying" cannot be tolerated as "typical behavior" when the consequences for both victim and perpetrator are so devastating and long lasting.
- Careful attention must be paid to promoting developmental assets in children with special needs particularly in the areas of interpersonal competence, personal power and a positive view of the future.

Conclusion

Children with special health needs are an easily identifiable population at increased risk for low self-esteem, victimization by peers, social isolation, and depression. Strategies that will promote internal assets and a safe and caring school and community environment encompassing the needs of this specific group should be implemented.

References

- ¹ Search Institute, *40 Developmental Assets*, 1997
- ² Ohio State University Press Release *Study Finds Characteristics That Identify Bullies and Victims*, 5/19/1997

About MCSHN...

Minnesota Children with Special Health Needs (MCSHN) exists to improve the quality of life for children with chronic health problems or disabilities and their families. We seek to achieve that outcome through collaboration with families, providers of care, payers and purchasers and policy makers.

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