

**Oregon**  
**Department of Human Services**  
**Addictions & Mental Health Division**

**Child Mental Health**  
**FACT SHEET**

**Children's Mental Health Disorders are Widespread in Oregon**

- ✓ **12.83%** of the children (age 17 and under) in Oregon experience moderate to severe mental health disorders.
- ✓ There are approximately 900,000 children living in Oregon. Of those children, state analysis<sup>1</sup> indicates that **107,916 children experience moderate mental illness and 7,554 are afflicted with more severe mental health disorders.**

**A Fraction of the Children Needing Services Receive It**

- ✓ About **1/3** of these children receive public mental health services. **37,467 children ages 17 and younger were served** in the Oregon public mental health system in the fiscal year 2005-2006.<sup>2</sup>

**Consequences of Unrecognized Child Mental Disorder:**

- ✓ **Completed suicides**
  - Oregon has a **higher** youth suicide rate than the national rate. It is the **second** leading cause of death in youth ages 15-24 in Oregon.
- ✓ **Heightened Family Stress**
  - Children with mental health disorders require more services and support.
  - The mental health system can be challenging to navigate.
  - Disruptions in parental employment occur.
  - There may be mental health challenges for parents and siblings.
- ✓ **Long term Impacts**
  - The onset of **severe mental health disorders interferes with critical periods of development** during childhood and adolescence.
  - When those necessary developmental tasks are interrupted in adolescence they often **do not develop** later in life.
  - This results in long-term impacts on the individual's capacity to function as an adult, and the likely **need for mental health services in adulthood.**<sup>3</sup>

---

<sup>1</sup> Prevalence data compiled by the Addictions & Mental Health Division DHS

<sup>2</sup> It is crucial to realize that many children with moderate and even severe mental illness do not receive assessment, diagnosis and/or treatment for the mental health disorders they experience. Numbers of children treated in private sector, or not treated, are not available.

<sup>3</sup> Kim-Cohen, J., Caspi, A., Moffitt, T.E., Harrington, H., Milne, B.J., Poulton, R., Prior Juvenile Diagnoses in Adults With Mental Disorder, *Arch Gen Psychiatry*, Vol. 60, July 2003

- ✓ **Multiple service system involvement**
  - **60.5 %** of Oregon's children *involved in the mental health system* in 2005-2006 received **services from three or more child serving systems** (i.e., mental health, child welfare, juvenile justice, developmental disabilities, alcohol and drug treatment, education).
  - Close to **10%** received services from all **six** systems serving children.
  - **50% of children in the child welfare system have mental health problems**<sup>4</sup>
  - More than **80% of children in foster care have developmental, emotional or behavioral problems**<sup>5</sup>
- ✓ **Learning Problems**
  - Children with mental health disorders are **more likely to require special education**.
  - Children with mental health disorders are **50% more likely to drop out** of school.
  - Oregon has a **four-year high school dropout rate of 13.7%** for the 2005-06 school year. This means if a student began high school in a class of 1000, by the time the student graduated, 137 students in their class dropped out.
- ✓ **Juvenile Justice Involvement**
  - **2 out of every 5** youth served in Oregon public mental health systems are referred to Juvenile Justice for alleged commission of misdemeanor or felony crimes.
  - Youth are **three times less likely to be arrested in the year after treatment** than in the year before treatment.
  - Youth with mental health /addiction treatment needs are **re-referred** to juvenile authorities at a rate of **70%**.
  - Youth with mental health/addiction treatment needs accrue nearly **twice** as many referrals to Juvenile Justice as other youth.
  - The most common psychiatric disorders among youth involved with Juvenile Justice are disorders that are known to be **treatable**<sup>6</sup>. Therapies that have been identified to treat these disorders are both evidence-based and effective.

***Recovery from mental health disorders can occur for many more children, with the availability and support for earlier intervention. Minimally, children who need mental health services should be served when mental health disorders are less severe, at younger ages, and be able to remain in their communities.***

---

<sup>4</sup> Burns, B. et. al. (2004). Mental health need and access to mental health services by youths involved with child welfare: A national survey. *Journal of the American Academy of Child and Adolescent Psychiatry*, 43(8), 960-970.

<sup>5</sup> <http://www.cwla.org/programs/bhd/mhdefault.htm>

<sup>6</sup> Cannabis Abuse, Disruptive Behavior Disorder, ADHD, Adjustment Disorder, Mood Disorder, and/or Alcohol Abuse or Dependence.

