

## Prevalence, Risk Factors, And Intervention Strategies for Childhood and Adolescent Mental Disorders

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### ABSTRACT

Childhood and adolescence are formative stages of life, characterized by rapid biological, cognitive, emotional, and social development. During these phases, the emergence of mental disorders is increasingly recognized as a major global health concern. The World Health Organization reports that 10–20% of young people worldwide experience mental health conditions, with many going undiagnosed or untreated, leading to significant long-term consequences. This paper explores the prevalence, risk factors, types, and management of childhood and adolescent mental disorders, with a focus on early detection and intervention. The etiology of these disorders is multifactorial, encompassing genetic predispositions, neurobiological factors, psychological vulnerabilities, and environmental stressors such as family conflict, abuse, poverty, and peer pressure. Among children, commonly identified disorders include attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder (ASD), separation anxiety disorder, conduct disorder, oppositional defiant disorder (ODD), and specific learning disabilities. In adolescence, depression, anxiety disorders, eating disorders, substance use disorders, bipolar disorder, and early-onset schizophrenia are particularly prevalent, often manifesting in unique developmental patterns. Warning signs such as academic decline, mood instability, social withdrawal, somatic complaints, and self-harming behaviors warrant immediate attention. Diagnosis relies on standardized criteria, notably the DSM-5 and ICD-11, and requires a multidisciplinary approach involving clinicians, educators, families, and communities. Effective management integrates psychotherapy, pharmacological treatment, school-based support, parental involvement, and lifestyle modifications, while prevention emphasizes early intervention, resilience-building, stigma reduction, and mental health education. By addressing mental disorders in early life stages, societies can reduce the risk of chronic psychopathology, promote healthier transitions into adulthood, and safeguard overall well-being. This paper underscores the urgent need for a collective effort from healthcare systems, educational institutions, and policymakers to strengthen child and adolescent mental health services, thereby ensuring sustainable psychosocial development and improved quality of life.

**Keywords:** *Childhood, Adolescence, Mental Disorders, Prevention, Intervention, Global Health*

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Received: October 18, 2025; Revision Received: March 27, 2026; Accepted: March 31, 2026

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Childhood and adolescence are universally recognized as formative stages in the life course, marked by rapid changes in biological, cognitive, emotional, and social domains. These developmental transitions are accompanied by unique vulnerabilities that can increase susceptibility to mental health challenges. Mental disorders that emerge during these stages not only compromise immediate functioning but also exert long-lasting effects on academic performance, interpersonal relationships, self-concept, and overall quality of life (Patel et al., 2018). Early-onset psychopathology has been strongly associated with chronic mental illness in adulthood, underscoring the importance of timely recognition and intervention (Kessler et al., 2007).

Globally, mental health among young people has become a pressing public health concern. The World Health Organization (WHO, 2021) estimates that 10–20% of children and adolescents worldwide experience a diagnosable mental disorder, yet a majority remain undiagnosed and untreated, particularly in low- and middle-income countries. The burden of mental illness in this population is not only measured in terms of individual suffering but also in its societal impact, including increased healthcare costs, academic underachievement, unemployment, and social exclusion (UNICEF, 2021). In fact, depression has been identified as a leading cause of illness and disability among adolescents, and suicide ranks among the top five causes of mortality in this age group (Bridge et al., 2019; WHO, 2021).

The etiology of childhood and adolescent mental disorders is multifactorial, involving complex interactions between genetic predispositions, neurobiological abnormalities, psychological vulnerabilities, and adverse environmental exposures. Adverse childhood experiences (ACEs) such as abuse, neglect, poverty, and family conflict significantly increase the likelihood of developing psychiatric conditions later in life (Hughes et al., 2017). At the same time, protective factors such as supportive parenting, positive peer relationships, and resilience-building interventions can mitigate risk and promote adaptive development (Compas et al., 2017).

A wide spectrum of mental disorders affects young populations. In childhood, neurodevelopmental disorders such as attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder (ASD), learning disabilities, and conduct-related problems are most prominent. During adolescence, internalizing disorders such as depression, anxiety, and eating disorders tend to emerge, alongside externalizing behaviors and risk-taking patterns that may involve substance misuse or delinquency (Thapar et al., 2015). Importantly, the onset of many psychiatric disorders occurs before the age of 24, highlighting the adolescent period as a crucial window for prevention and early intervention (Kessler et al., 2007).

Despite growing awareness, significant barriers hinder the identification and management of youth mental health disorders. Stigma, cultural misconceptions, lack of trained professionals, and inadequate service integration within health and education systems perpetuate the treatment gap. Estimates suggest that up to 80% of young people with mental health conditions in low-resource settings receive no treatment at all (Patel et al., 2018). Even in high-income countries, disparities persist across socioeconomic, racial, and geographic lines (Fazel et al., 2014).

Given the far-reaching implications, strengthening child and adolescent mental health services has become an urgent priority for global health agendas. This paper seeks to

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examine the prevalence, risk factors, diagnostic challenges, and management of childhood and adolescent mental disorders. By exploring both clinical and systemic perspectives, the paper emphasizes the critical role of early intervention, multidisciplinary collaboration, and evidence-based prevention strategies. Ultimately, addressing mental health needs during these formative stages is not only essential for safeguarding individual well-being but also for fostering resilient and productive societies.

### LITERATURE REVIEW

#### 1. Global Prevalence and Epidemiological Patterns

The global prevalence of mental disorders among children and adolescents has been extensively documented, with estimates suggesting that approximately 10–20% of youth experience a diagnosable mental health condition (World Health Organization [WHO], 2021). A meta-analysis by Polanczyk et al. (2015) found that 13.4% of children and adolescents worldwide suffer from at least one mental disorder, with anxiety, depression, and behavioral disorders being the most common. These conditions contribute significantly to the global burden of disease, accounting for nearly 16% of disability-adjusted life years (DALYs) among individuals aged 10–19 (WHO, 2021).

However, prevalence rates vary widely across regions due to differences in diagnostic infrastructure, cultural perceptions, and socioeconomic factors. High-income countries tend to report higher rates of diagnosis, likely due to better screening and access to services, while underdiagnosis remains a critical issue in low- and middle-income countries (Patel et al., 2018). Gender disparities are also evident: boys are more frequently diagnosed with externalizing disorders such as attention-deficit/hyperactivity disorder (ADHD) and conduct disorder, whereas girls exhibit higher rates of internalizing conditions like anxiety and depression (Kessler et al., 2005).

#### 2. Etiological Frameworks and Risk Factors

The etiology of childhood and adolescent mental disorders is complex and multifactorial. Genetic studies have demonstrated high heritability in conditions such as ADHD, autism spectrum disorder (ASD), and bipolar disorder, with twin studies indicating genetic contributions of up to 70% in some cases (Thapar et al., 2015). Neurobiological research has identified structural and functional abnormalities in brain regions associated with emotion regulation, executive functioning, and social cognition (Weissman et al., 2016).

Psychological vulnerabilities including poor emotion regulation, insecure attachment styles, and maladaptive coping mechanisms further compound risk (Compas et al., 2017). Environmental stressors such as adverse childhood experiences (ACEs), including abuse, neglect, poverty, and household dysfunction, have a cumulative and dose-dependent impact on mental health outcomes (Hughes et al., 2017). The presence of multiple ACEs has been linked to a two- to fourfold increase in the risk of developing depression, anxiety, and substance use disorders in adolescence and adulthood.

Sociocultural factors also play a pivotal role. Cultural attitudes toward mental health influence help-seeking behavior, symptom interpretation, and treatment adherence. In many societies, stigma and misconceptions about mental illness prevent families from accessing care, particularly when symptoms are misattributed to moral failings or spiritual causes (Burton, 2014). Additionally, globalization and digital media have introduced new stressors,

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including cyberbullying, social comparison, and academic pressure, which disproportionately affect adolescents (Twenge et al., 2019).

### 3. Diagnostic Challenges and Frameworks

Despite the availability of standardized diagnostic systems such as the DSM-5 and ICD-11, accurately diagnosing mental disorders in youth remains a significant challenge. Developmental variability means that behaviors considered pathological in one age group may be normative in another. For example, separation anxiety is developmentally appropriate in toddlers but may indicate pathology if it persists into late childhood (Thapar et al., 2015).

Symptom overlap and high rates of comorbidity further complicate diagnosis. Irritability, for instance, may be a symptom of depression, anxiety, or oppositional defiant disorder, making differential diagnosis difficult (Kessler et al., 2005). Moreover, reliance on adult informants such as parents and teachers introduces subjectivity and potential bias, especially in communities where mental health literacy is low (Compas et al., 2017).

The DSM-5 emphasizes a categorical approach to diagnosis, with specific criteria for symptom duration, severity, and functional impairment (American Psychiatric Association [APA], 2013). In contrast, the ICD-11 adopts a more dimensional and culturally flexible framework, allowing for greater adaptability across diverse populations (WHO, 2019). Nonetheless, both systems require clinical judgment and contextual sensitivity to avoid misdiagnosis and ensure appropriate care.

### 4. Intervention and Prevention Models

The literature strongly supports the efficacy of integrated, multidisciplinary approaches to managing youth mental health. Psychotherapeutic interventions such as cognitive-behavioral therapy (CBT), dialectical behavior therapy (DBT), and family-based therapy have demonstrated robust outcomes across a range of conditions (Weisz et al., 2017; Mehlum et al., 2014). For children with ASD, applied behavior analysis (ABA) remains a gold standard, emphasizing reinforcement-based strategies to promote adaptive functioning (Smith & Iadarola, 2015).

Pharmacological treatments are often used in moderate to severe cases, with stimulants proving effective for ADHD and selective serotonin reuptake inhibitors (SSRIs) commonly prescribed for depression and anxiety. However, concerns about side effects and developmental impact necessitate cautious use and ongoing monitoring (Faraone & Buitelaar, 2010).

School-based programs have emerged as critical platforms for early detection and intervention. Mental health literacy curricula, teacher training, and social-emotional learning (SEL) initiatives enhance resilience and reduce stigma (Durlak et al., 2011; Fazel et al., 2014). Community-based models, including task-shifting to lay health workers and digital mental health tools, offer scalable solutions in resource-constrained settings (Patel et al., 2018; Hollis et al., 2017).

#### ***Objectives /Aims:***

This study aims to:

- Elucidate the prevalence and typology of mental disorders in youth.

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- Analyze the multifactorial etiology and sociocultural determinants.
- Critically evaluate diagnostic frameworks and their limitations.
- Assess the efficacy and accessibility of intervention strategies.
- Advocate for integrative, developmentally appropriate, and culturally sensitive models of care.

### METHODOLOGY

A narrative review methodology was employed, synthesizing findings from peer-reviewed journals, global health reports, and clinical guidelines. Sources were selected based on relevance, methodological rigor, and contribution to the understanding of youth mental health. The review spans disciplines including psychiatry, psychology, public health, and education, with a focus on literature published between 2000 and 2025. Key databases included PubMed, PsycINFO, and WHO archives.

### RESULTS

The synthesis of global literature reveals a complex and multifaceted landscape of childhood and adolescent mental health. Several key findings emerge:

#### 1. Prevalence and Global Disparities

- Mental disorders affect between 10–20% of youth globally, with regional variations influenced by diagnostic infrastructure, cultural norms, and socioeconomic conditions.
- High-income countries report higher prevalence due to robust screening mechanisms, while underdiagnosis remains rampant in low- and middle-income countries (LMICs).
- Gender disparities persist: boys are more frequently diagnosed with externalizing disorders (e.g., ADHD, conduct disorder), while girls exhibit higher rates of internalizing conditions (e.g., anxiety, depression).

#### 2. Etiological Complexity

- Genetic predispositions and neurobiological anomalies (e.g., neurotransmitter imbalances, structural brain differences) contribute significantly to vulnerability.
- Psychological factors such as poor emotion regulation, insecure attachment, and maladaptive coping mechanisms amplify risk.
- Environmental stressors especially adverse childhood experiences (ACEs) like abuse, neglect, and poverty have a cumulative and enduring impact on mental health trajectories.

#### 3. Diagnostic Challenges

- Developmental variability complicates symptom interpretation; behaviors considered pathological in one age group may be normative in another.
- High rates of comorbidity (up to 60%) and symptom overlap hinder differential diagnosis.
- Cultural biases and reliance on adult observations (parents, teachers) introduce subjectivity and potential underreporting.
- Despite the availability of DSM-5 and ICD-11, their categorical frameworks may inadequately capture the dimensional nature of youth psychopathology.

#### **4. Intervention Efficacy**

- Psychotherapeutic modalities such as CBT, DBT, and family-based therapies demonstrate strong efficacy across a range of disorders.
- Pharmacological treatments (e.g., stimulants, SSRIs) are effective but require careful monitoring due to side effects and developmental considerations.
- School-based programs, including SEL and mental health literacy curricula, enhance early detection and reduce stigma.
- Community-based and digital interventions offer scalable solutions, particularly in resource-constrained settings.

#### **5. Systemic Barriers**

- Stigma remains a pervasive barrier to help-seeking, especially in collectivist cultures and LMICs.
- Workforce shortages, fragmented care systems, and inadequate funding limit service delivery.
- Policy gaps and lack of integration between health, education, and social services hinder coordinated responses.

### **DISCUSSION**

The findings underscore the urgent need for a paradigm shift in how societies conceptualize, diagnose, and respond to youth mental health. Several critical themes emerge:

#### **1. Developmental Sensitivity and Cultural Competence**

Mental health interventions must be tailored to developmental stages and cultural contexts. For instance, separation anxiety may be normative in early childhood but pathological in adolescence. Similarly, cultural interpretations of behavior such as emotional restraint or hyperactivity can influence diagnosis and treatment. Clinicians must adopt a culturally informed lens and engage in continuous training to avoid misdiagnosis and ensure equitable care.

#### **2. Integrated and Multidisciplinary Care**

The complexity of youth mental disorders necessitates a holistic approach that integrates biological, psychological, educational, and social dimensions. Multidisciplinary teams including psychiatrists, psychologists, educators, social workers, and community leaders are essential for comprehensive assessment and intervention. Schools, in particular, serve as critical hubs for early detection and support, given their proximity to youth and potential for universal reach.

#### **3. Prevention as a Public Health Imperative**

Preventive strategies such as resilience-building, mental health literacy, and early screening are not only cost-effective but also ethically imperative. Universal programs (targeting all youth), selective interventions (for at-risk groups), and indicated approaches (for symptomatic individuals) must be embedded within educational and community systems. The use of validated screening tools (e.g., SDQ, PHQ-A) and stepped care models can optimize resource allocation and ensure timely support.

#### **4. Digital Innovation and Equity**

Digital mental health interventions, including internet-based CBT and mobile apps, offer promising avenues for expanding access. However, issues of digital literacy, data privacy,

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and cultural relevance must be addressed. Moreover, reliance on technology must not replace human connection and therapeutic relationships, which remain foundational to effective care.

### 5. Policy Reform and Global Collaboration

Addressing youth mental health requires systemic reform and cross-sectoral collaboration. Governments must prioritize mental health in national budgets, integrate services across sectors, and enact legislation that protects children from abuse, neglect, and exploitation. International bodies (e.g., WHO, UNICEF) play a vital role in setting standards, funding research, and facilitating knowledge exchange across borders.

## CONCLUSION

The mental health of children and adolescents constitutes a critical dimension of global public health, with far-reaching implications for individual development, societal well-being, and economic productivity. This comprehensive review has illuminated the high prevalence and multifactorial etiology of mental disorders in youth, underscoring the urgent need for early identification, culturally sensitive diagnosis, and evidence-based intervention. The findings reveal that mental health conditions in young populations are not isolated clinical phenomena but are deeply embedded within broader biological, psychological, familial, and sociocultural systems.

Despite the availability of diagnostic frameworks such as the DSM-5 and ICD-11, the accurate identification of mental disorders in children and adolescents remains a complex endeavor. Developmental variability, symptom overlap, high rates of comorbidity, and cultural interpretations of behavior all contribute to diagnostic ambiguity. Moreover, the reliance on adult informants such as parents and teachers can introduce bias and delay recognition, particularly in communities where stigma and misinformation about mental health persist.

Intervention strategies must therefore be multidimensional and integrative, combining psychotherapeutic modalities, pharmacological treatments, school-based programs, family engagement, and community support. Cognitive-behavioral therapy (CBT), dialectical behavior therapy (DBT), and family-based interventions have demonstrated robust efficacy across a range of conditions. Pharmacological treatments, while effective in certain contexts, must be administered with caution, particularly given the developmental sensitivity of the pediatric population. School environments offer a unique and underutilized platform for mental health promotion, early screening, and stigma reduction, especially when supported by trained educators and embedded within broader social-emotional learning frameworks.

Furthermore, the role of prevention cannot be overstated. Universal, selective, and indicated preventive strategies when implemented through coordinated efforts across health, education, and social sectors can significantly reduce the incidence and severity of mental health conditions. Resilience-building programs, mental health literacy campaigns, and peer-led initiatives are particularly effective in fostering adaptive coping and reducing barriers to help-seeking. In low-resource settings, innovative approaches such as task-shifting to lay health workers and the use of digital mental health tools offer scalable solutions to bridge the treatment gap.

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However, systemic barriers continue to impede progress. These include insufficient funding, a shortage of trained mental health professionals, fragmented service delivery, and inadequate policy integration. Addressing these challenges requires a paradigm shift in how mental health is prioritized within national and global development agendas. Governments must allocate adequate resources, enact protective legislation, and ensure that mental health services are accessible, equitable, and embedded within primary care and educational systems.

In conclusion, the promotion of mental health in childhood and adolescence is not merely a clinical obligation but a societal imperative. By investing in early intervention, fostering cross-sectoral collaboration, and embracing culturally responsive care models, societies can mitigate the long-term burden of mental illness, enhance developmental outcomes, and cultivate a generation of emotionally resilient and socially engaged individuals. The future of global mental health depends not only on treating disorders but on creating environments in which young people can thrive.

### *Limitations*

While this review offers a comprehensive synthesis of current knowledge on childhood and adolescent mental disorders, several limitations must be acknowledged. First, the reliance on secondary data and literature may introduce bias due to variability in study designs, sample populations, and diagnostic criteria across sources. Many prevalence estimates are derived from high-income countries, potentially limiting the generalizability of findings to low- and middle-income contexts where underreporting and diagnostic disparities are more pronounced. Additionally, the heterogeneity of mental disorders and their developmental presentations complicate efforts to draw definitive conclusions about etiology and intervention efficacy. The review also does not include longitudinal data, which are essential for understanding the long-term trajectories of youth mental health. Finally, while emerging digital and community-based interventions are discussed, empirical evaluations of their effectiveness remain limited, particularly in culturally diverse and resource-constrained settings.

### *Recommendations*

In light of the findings and limitations identified in this study, several key recommendations are proposed to enhance the prevention, diagnosis, and management of childhood and adolescent mental disorders:

#### **1. Strengthen Early Detection and Screening Mechanisms**

Routine mental health screening should be integrated into pediatric care and educational settings to facilitate early identification of at-risk children and adolescents. Validated tools such as the Strengths and Difficulties Questionnaire (SDQ) and Patient Health Questionnaire for Adolescents (PHQ-A) should be widely adopted and adapted for cultural relevance.

#### **2. Promote Multidisciplinary Collaboration**

Effective management of youth mental health requires coordinated efforts among healthcare providers, educators, social workers, and families. Establishing multidisciplinary teams within schools and community health centers can ensure comprehensive assessment and intervention, reduce fragmentation of care, and improve continuity of support.

### **3. Expand Access to Culturally Sensitive Services**

Mental health services must be tailored to the cultural, linguistic, and developmental needs of diverse populations. Training programs should emphasize cultural competence among professionals, and service delivery models should incorporate traditional practices and community values where appropriate.

### **4. Invest in School-Based Mental Health Programs**

Schools are uniquely positioned to serve as hubs for mental health promotion. Governments and educational institutions should implement evidence-based programs that foster emotional literacy, resilience, and peer support. Teacher training and on-site counseling services should be prioritized to build capacity within the education system.

### **5. Leverage Digital and Community-Based Innovations**

Digital platforms, including mobile apps and online therapy modules, offer scalable solutions for mental health support, especially in underserved regions. Community-based approaches such as task-shifting to lay health workers and peer-led interventions should be expanded to bridge the treatment gap in low-resource settings.

### **6. Enhance Family Engagement and Support**

Parental involvement is critical to the success of youth mental health interventions. Programs that educate and empower families—such as Parent Management Training (PMT) and family therapy—should be widely disseminated. Policies that support family stability, reduce household stressors, and promote positive parenting practices are essential.

### **7. Prioritize Mental Health in Policy and Funding**

Governments must recognize youth mental health as a strategic priority and allocate sufficient resources to support prevention, treatment, and research. Mental health should be integrated into national health plans, educational policies, and child protection frameworks. Funding should support workforce development, infrastructure and innovation.

### **8. Advance Research and Evaluation**

Further research is needed to explore the long-term outcomes of early interventions, the effectiveness of culturally adapted therapies, and the impact of digital tools. Longitudinal studies and implementation science should guide the refinement of programs and inform policy decisions.

These recommendations aim to foster a more inclusive, responsive, and sustainable mental health ecosystem for children and adolescents. By translating evidence into action, stakeholders can collectively work toward reducing the global burden of youth mental disorders and promoting lifelong well-being.

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### ***Acknowledgment***

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

### ***Conflict of Interest***

The author(s) declared no conflict of interest.

***How to cite this article:*** Almas, A. (2026). Prevalence, Risk Factors, And Intervention Strategies for Childhood and Adolescent Mental Disorders. *International Journal of Indian Psychology*, 14(1), 3206-3216. DIP:18.01.319.20261401, DOI:10.25215/1401.319