

Everything I learned from children in 35 years working as a Child Psychiatrist

Christopher Bellonci, M.D., DFAACAP

Senior Policy Advisor, Baker Center for Children and Families

Assistant Professor, Harvard Medical School



HARVARD MEDICAL SCHOOL
AFFILIATE



JUDGE BAKER
CHILDREN'S CENTER



Part 1: The Challenge

- Some children are born with risks (genetic, intrauterine exposures to drugs or maternal illnesses, complications from the pregnancy or birth) and will go on to develop a behavioral health disorder.
- Recent global data indicate that **about 1 in 8 children worldwide experience a mental disorder in any given year**, which includes conditions such as anxiety, depression, and conduct disorder. This translates to roughly **12.5% of children** having a diagnosable behavioral or mental health condition at any point.
- By age 14, the proportion rises to **about 1 in 5 children and adolescents** (20%) having experienced a mental health condition. This figure reflects cumulative incidence over time, meaning many children will have had a disorder at some point before reaching adolescence.





Bad things can happen to children

- Globally, around 1 billion children **(1 in 3) experience some form of violence, abuse, or neglect each year**, according to UN and UNICEF estimates.
- 1.6 billion children **(2 in 3) regularly face violent punishment at home**, including physical and psychological aggression.
- 400 million children under age 5 regularly suffer physical punishment or psychological violence from caregivers.
- Neglect affects 1 in 5 children worldwide, making it the most common form of maltreatment.
- **Every 4 minutes, a child is killed by an act of violence.**



We live in a complex world: Global increases in anxiety, depression, self-harm, and loneliness are reported among youth across continents.

- Impacts of immigration: UNICEF estimates that **37–42 million children are “on the move” globally** — meaning they have migrated internationally or are displaced due to migration-related causes such as conflict, poverty, or climate change
- Poverty: Globally, around 412–417 million children **(1 in 5) live in extreme monetary poverty (under 3 euros/day)**
- Substance abuse: 25% of all U.S. children lived with at least one parent or primary caregiver who had a substance use disorder (SUD) in 2023
- Social Media: **almost half of children in Italy use a smartphone by age 10 and 90% by age 12**

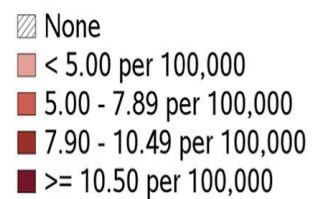
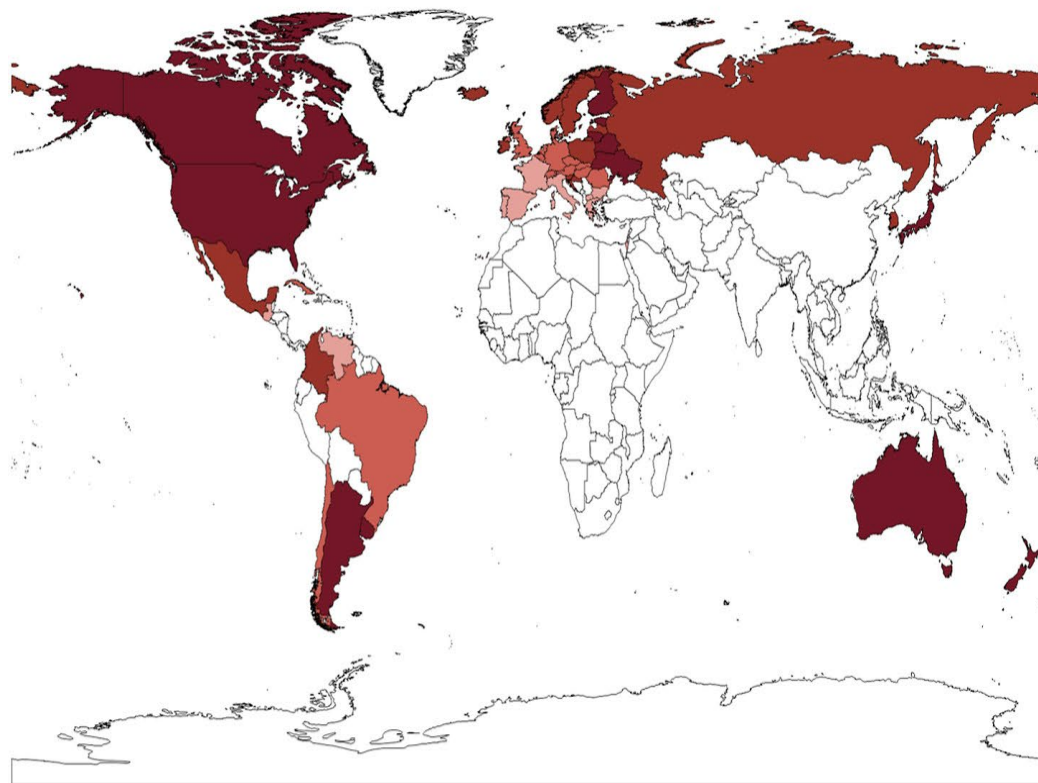
Global trends in Youth Suicide 1990-2020

- **Suicide is the third leading cause of death in young people**
- Suicide rates in **boys are 2-5 times higher than girls (although girls attempt suicide at higher rates)**
- 150,000 (preventable) deaths by suicide each year, most occurring in low and middle income countries.
- The most favorable trends and lowest suicide rates were in Southern Europe, with 3.1/100,000 persons in Italy (2020) and 3.5/100,000 persons in Spain (2021) among males, and 0.9/100,000 persons in Italy (2020) and 1.1/100,000 persons in Romania (2019) among females.
- Conversely, the highest rates were in Central-Eastern Europe, with 10.2/100,000 males in the Russian Federation (2019) and 10.0/100,000 males in Poland (2002).
- Obtaining this data is complex as it requires knowing the intent of the youth, i.e., was the “accident” or overdose a deliberate attempt to take their life



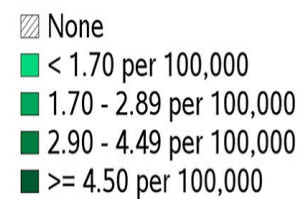
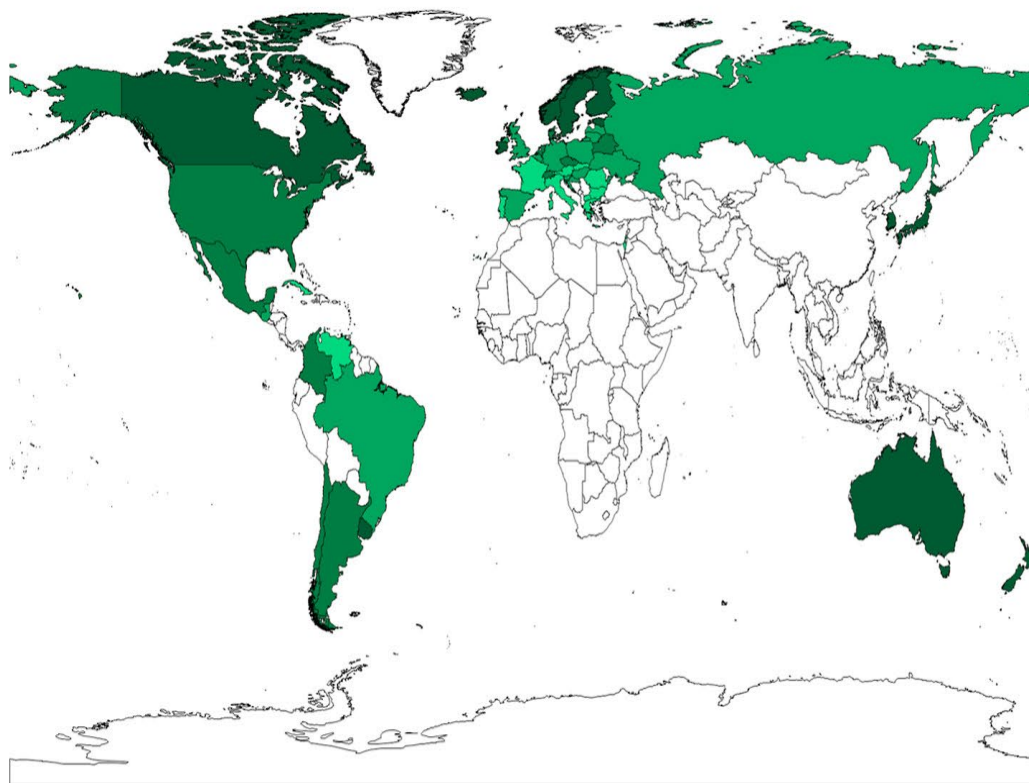
A

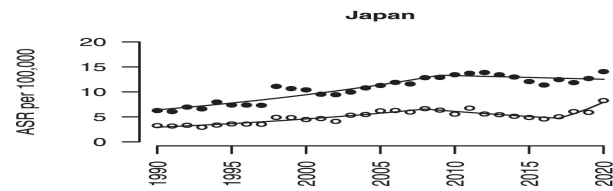
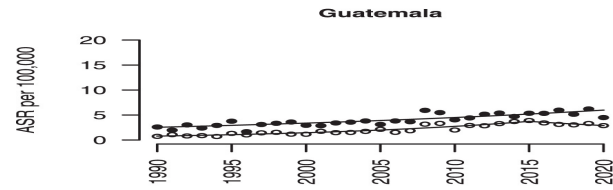
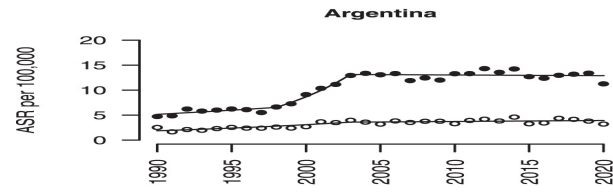
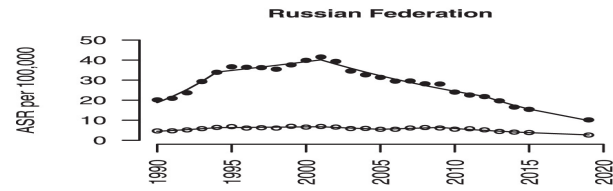
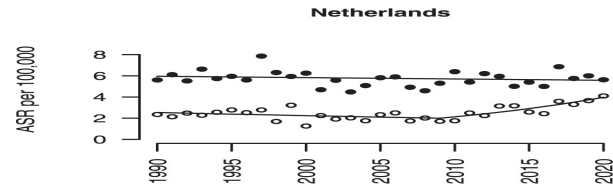
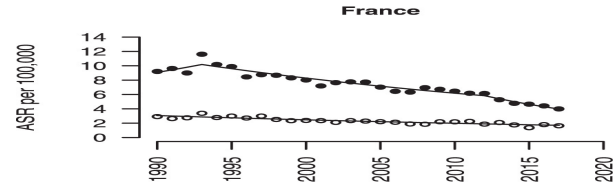
(males)



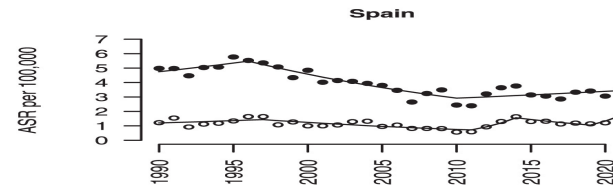
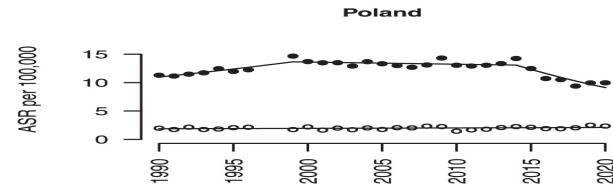
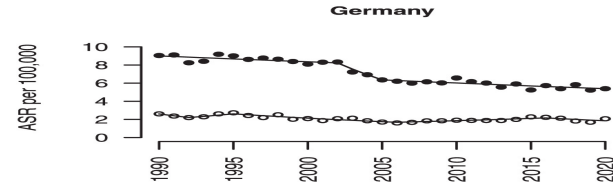
B

(females)

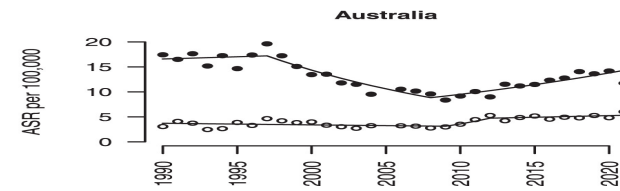
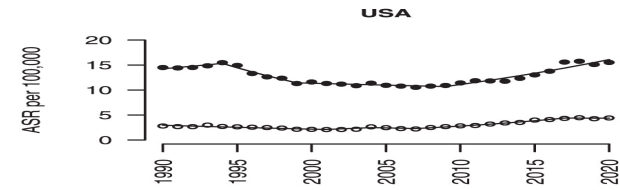
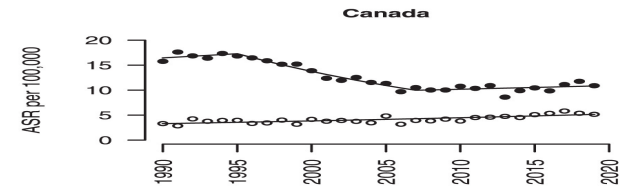
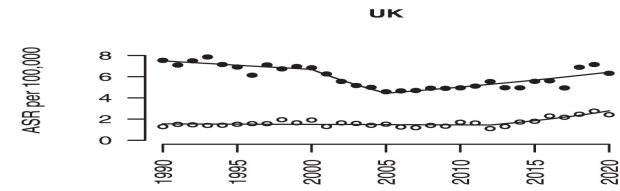
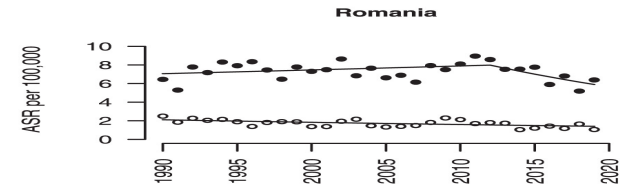
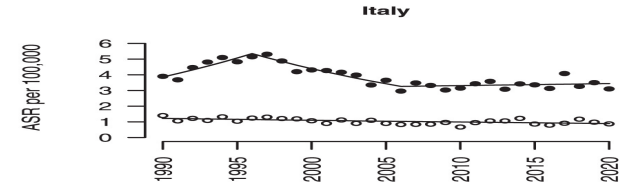
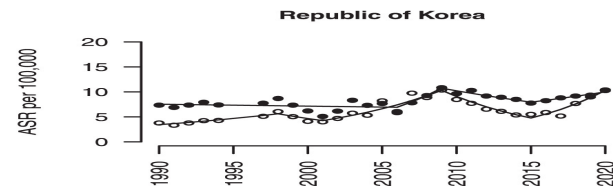
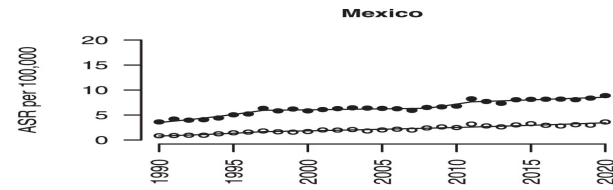
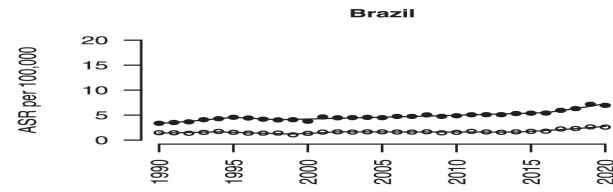


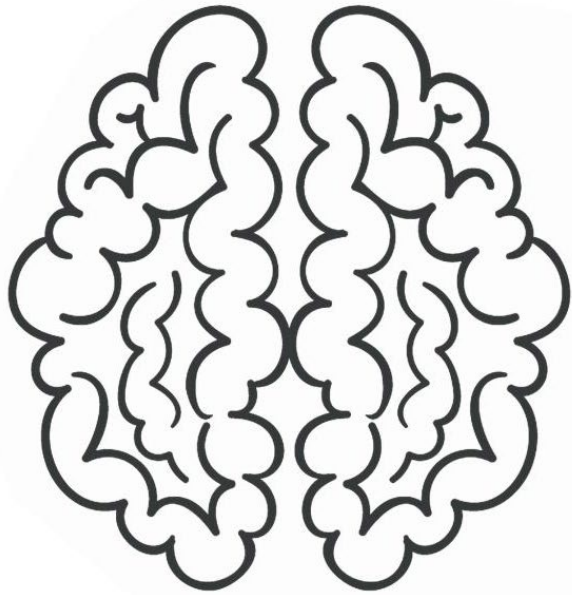


European countries



Other countries of the world





Chronic Stress and the Developing Nervous System

Impact of Chronic Stress

Chronic stress disrupts emotional regulation, attention, and learning in developing children, increasing mental health risks.

Sources of Stress

Children face ongoing pressures from academics, family economic insecurity, social comparison, and global uncertainties like climate anxiety.

Need for Recovery

Unlike short-term stress, chronic stress leaves little room for rest, causing emotional exhaustion and withdrawal in children.

Addressing Chronic Stress

Effective intervention requires changes in schools, families, and social policies to reduce chronic stress for children.



The Loss of Unstructured Childhood

Importance of Unstructured Play

Free play and self-directed exploration develop emotional regulation, creativity, and social skills in children.

Impact of Overscheduling

Increasingly scheduled lives limit spontaneous play, reducing children's autonomy and resilience to stress.

Play as a Mental Health Necessity

Play is a biological necessity essential for emotional health, not a luxury, according to UNICEF and researchers.



Digital Saturation and Social Comparison

Impact of Digital Overexposure

Excessive digital exposure in children links to **anxiety, depression, sleep disruption, and social withdrawal.**

Social Comparison and Algorithms

Algorithm-driven platforms foster **constant social comparison and exposure to adult-level content** among children.

Need for Developmental Boundaries

Balanced digital use with safeguards is essential to protect children's mental health and support development.



Adult Stress and Emotional Spillover

Caregiver Stress Impact

Caregiver stress and burnout increase emotional difficulties in children, affecting their mental health.

Economic and Social Pressures

Adults face economic insecurity and long hours, contributing to stress that children absorb emotionally.

Emotional Spillover Concept

Emotional spillover describes how adult distress becomes a background condition influencing childhood well-being.

Supportive Policies Importance

Family and workplace policies reducing adult stress indirectly protect and support children's mental health.



Regional Differences, Shared Stressors

Regional Mental Health Stressors

Children in high-income regions face academic pressure and digital exposure, while those in low-income areas face poverty and conflict.

Common Mental Health Outcomes

Despite different stressors, anxiety, depression, and emotional distress are common mental health outcomes worldwide.

Need for Adapted Interventions

Effective mental health responses must combine global understanding with local adaptation to address specific and universal challenges.



Part 2: Modern approaches to responding to challenging and challenged children

- We blame children. “You’re a bad, naughty, evil, shameful, SICK... child”
- We give them diagnoses. “You have a chemical imbalance, a brain disease, a broken mind...”
- Now that we have a diagnosis, we’re justified in giving them medications to treat their disease, 10-20 % of children worldwide take a psychotropic medication (even higher rates in US)
- If we’re lucky, we give them an evidence-based treatment that teaches them how to cope with the bad things that have happened to them (e.g. Trauma Focused Cognitive Behavioral Therapy or TF-CBT)

Part 3: How what I was taught in medical school kept coming up short and how I had to un-learn what I spent 26 years learning

- If something is wrong, it must be a disease which means I can treat it
- Medications?
 - Effect sizes are low and trials are of a short-duration
- Therapy?
 - Yes. All the evidence-based therapies I know teach skills to overcome what ails the child and helps them to cope.
 - TF-CBT, MATCH, CBT, DBT, etc...
 - But we don't have enough therapists trained in these therapies

Part 4: What I have since come to believe about children

- My faith doesn't allow me to believe children were born evil. Children have to be taught to hate, to hurt others, and to want to think themselves so worthless that they decide to harm themselves
- We can't change a child's genetics or undo what happened during pregnancy
- We can't undo the bad things that happened to a child
- Medications don't teach skills, at best they reduce the intensity of the symptoms which has its pros and cons
- Behavior is a form of communication. It is OUR job to translate their behavior as an expression of the pain they have experienced

Vulnerability + lived experience = behavior

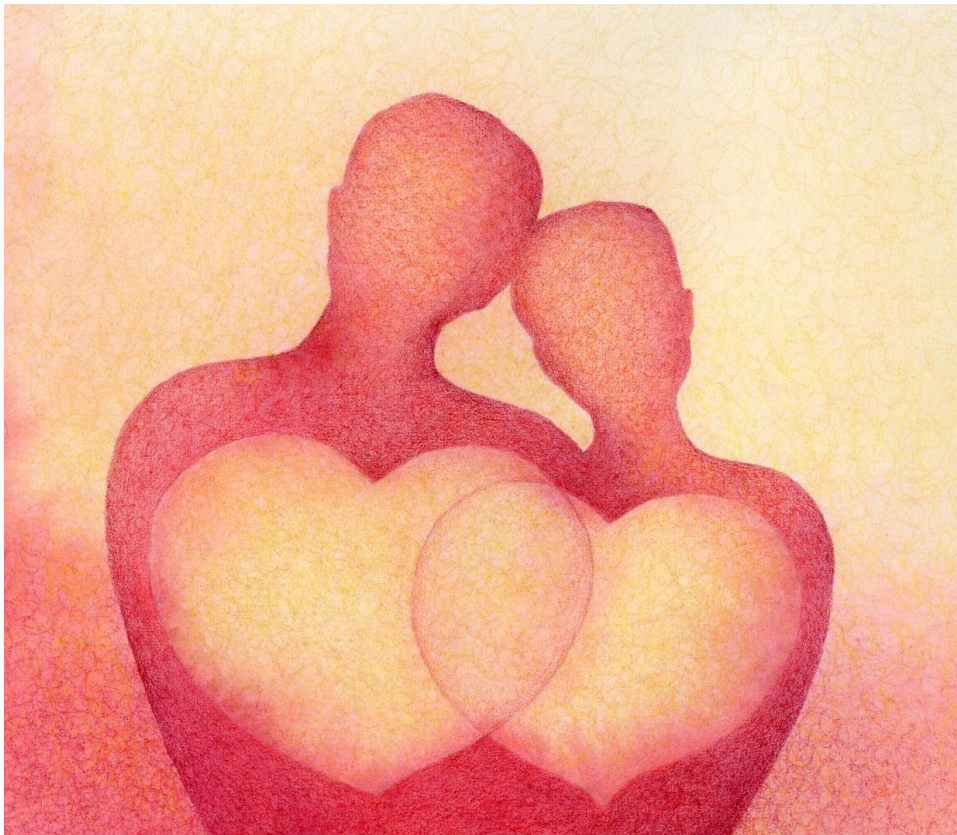
- Many children are trapped in a negative cycle of being born with genetic risks for developing a mental illness which is compounded by stressors known to increase that risk (poverty, housing instability or homelessness, exposure to violence within the family and community, substance abuse, migration, etc.).
- When you add risk factors like family history of mental illnesses with exposure to environmental stressors you get behavioral health disorders.
- Our job is to remove as many stressors as possible while teaching skills to cope with those that remain.

Part 5: So, what do we do?

- We listen, deeply, empathetically
 - Not “what is wrong with you?”
 - Instead, “what happened to you?”
- I believe children’s behavior makes sense in the context of their vulnerabilities and what happened to them and it is our job to translate their behavior
 - Do you agree?
- If you agree, then what we do and don’t do should come naturally



Connection as the Strongest Protective Factor



Supportive Relationships

Stable, caring adult relationships act as powerful buffers against mental health challenges in children.

Emotional Safety

Children who feel emotionally safe and heard develop stronger resilience to stress and adversity.

Connection as Intervention

Connection is a primary mental health intervention, emphasizing presence and empathy over perfection.

Strengthening Community Bonds

Enhancing relationships in families, schools, and communities improves children's mental health globally.



Protecting Childhood: Play, Rest, and Creativity

Core Childhood Elements

Play, rest, creativity, and social interaction are vital for healthy childhood development and emotional well-being.

Role of Caregivers

Parents, educators, and policymakers must create safe, supportive environments that nurture children's growth.

Balanced Expectations

Aligning expectations with children's developmental needs promotes mental health without lowering standards.

What we don't do:

- We don't judge (children or their parents)
- We don't pathologize (but we do identify and treat mental illnesses)
- We don't blame (but we DO hold children accountable for their actions)
- Children may do bad things but that doesn't make them a bad child

What we do

- We use medication to reduce the intensity of their symptoms until...
- ...they learn the skills to cope which we teach using an evidence-based therapy
- We love unconditionally
- We provide safety
- We model in our behavior towards children how people can and should care for each other
- We give children grace until they stop hurting, and learn how to heal and grow stronger in the broken places
- We offer HOPE



A Choice Before Us: Collective Responsibility and Hope



Recognizing Children's Distress

Societies must acknowledge children's mental health challenges with wisdom and compassion to create change.

Coordinated Community Action

Families, schools, healthcare, and governments must work together, guided by evidence and empathy.

Solutions Within Reach

Connection, prevention, and systemic change offer hope for protecting children's mental health.

Building Resilient Societies

Protecting mental health is a responsibility and opportunity to create humane, resilient future communities.

To do that, we **MUST**
care for ourselves before
we can care for them



Modeling Healthy Emotions

Children learn emotional management by observing adults' healthy coping, self-compassion, and help-seeking behaviors.

Impact of Adult Stress

Unmanaged adult stress can cause children to adopt anxiety as a default emotional state.

Supporting Adult Well-being

Improving children's mental health requires supporting adult wellness through policies, care access, and cultural change.

Interconnected Healing

Healing children and adults is interconnected work that involves fostering rest, connection, and emotional health.

Questions?



Christopher Bellonci
(cbellonci@jbcc.harvard.edu)