

CHILD & ADOLESCENT DEPRESSION

*A Parent's
Resource Booklet*



REAL MEDICINE™

Does My Child/Adolescent Have A Mental Health Disorder?

A very frightening and difficult thought for a parent to face. It's easier to explain away the subtle signs of an illness. "It's just a phase." "He'll grow out of it." "No one in our family has a mental illness."

The fact that the concern has sparked a question in a parent's mind may be very well justified. Today one in every ten children has a mental or behavioral disorder that interferes with his/her ability to learn in school or to just be a friend or loving son/daughter.

Can My Child/Adolescent Get Depressed?

Children/Adolescents who are under stress, have experienced serious setbacks or losses, or who are challenged by learning, attention or behavior disorders tend to be at greater risk of getting depressed. Adolescents and children may abuse alcohol and/or drugs to feel better; others may seem more angry and defiant at school and home than sad. They may talk about wanting to be dead or think about suicide. Parents should seek help through their doctor as soon as they think their child is wrestling with a depressive disorder.

What Is Wrong With You?

Does this question sound familiar? Do you find your child/adolescent has no energy or motivation, sulks around the house, or makes angry scenes when you try to get him/her to "JUST DO SOMETHING?" If your child/adolescent continuously displays irritability, sadness or hopeless behavior for more than two weeks, it may be due to clinical depression.

What Is Depression?

"A depressive disorder is an illness that involves the body, mood and thoughts. It affects the way a person eats and sleeps, the way one

feels about oneself, and the way one thinks about things. A depressive disorder is not the same as a passing blue mood. It is not a sign of personal weakness or a condition that can be willed or wished away. People with depressive illness cannot merely “pull themselves together and get better. Without treatment, symptoms can last for weeks, months, or years. Appropriate treatment, however, can help most people who suffer from depression.” *National Institute for Mental Health.*

Why Do Children/Adolescents Get Depressed?

Many environmental factors lead to depression. Sometimes children/adolescents get depressed because of a divorce in the family, major financial problems, a death of a family member or close friend, a messed up home life, a break up with a boy/girl-friend, a chronic illness, attention/conduct/learning disorders, family history, uncertainty of sexual orientation, exposure to toxins (i.e., lead) or an act of violence (i.e., sexual abuse, mugging).

Many biological factors also lead to depression. Sometimes there is a chemical imbalance in the brain, which regulates substances called serotonins that are responsible for regulating positive moods. Other factors are genetics, damage to the central nervous system (i.e., head injury) or some medications (e.g., Prednisone, Accutane, Ritalin, contraceptives).

Research has consistently shown that children/adolescents whose parents suffer depression have a greater than fifty percent chance of becoming depressed themselves.

Are There Different Kinds Of Depression?

There are two kinds of depressive illness; the sad kind, called major depression and manic-depression or bipolar disorder, when feeling down and depressed alternates with being elated and sometimes reckless.

What Are the Signs Of Depression That I Should Be Looking For In My Child/Adolescent?

Don't expect your child/adolescent to tell you how he feels. While he/she may talk of being unhappy, he/she won't say, "I'm depressed" the way adults do. Therefore, it is important to contact a health professional if your child/adolescent has had five or more of the following symptoms for more than two weeks:

- Looks and feels sad, just doesn't seem to have fun. He/she may cry a lot and the feeling just doesn't go away.
- Feels that nothing can go right, that nothing will change and that no one can help.
- May have a negative attitude or no feelings at all, most of the time.
- Shows little or no interest in things he/she used to like – music, sports, friends, and going out. He/she wants to be left alone most of the time.
- May express that he/she is stupid, ugly or worthless.
- Has a change in school performance. If a good student, grades may fall or he/she suddenly may want to stay home.
- Exhibits changes in sleeping and/or eating patterns. Is restless and tired most of the time.
- Is irritable and complains of aches and pains.
- Thinks about death or suicide.

Generally, depressed children may express irritability and frustration with temper tantrums and behavioral problems instead of verbalizing feelings. Children also show more symptoms of anxiety (fearful, nervous, experience separation anxiety, physical complaints).

Generally, depressed adolescents tend to display more sleep and appetite disturbances, confusion or "odd" thinking, thoughts of suicide and attempts, self-mutilation and impairment of functioning.

Can Depression Be Treated?

Treatment for depression is well defined and effective for most of those with the illness. The choice of treatment depends on the cause of the problem, the severity of the depression, and the presence of suicidal thoughts. Your child's/adolescent's doctor can rule out whether your child/adolescent has a medical illness that might present with some depressive symptoms. In some instances, he/she may be willing and capable of treating depression. Often, your doctor will refer you to a Mental Health Professional that will verify a suspected diagnosis and help a parent understand the different methods of treatment.

The first step in getting appropriate treatment is a complete physical and psychological evaluation. Certain medications, as well as some medical conditions, can cause symptoms of depression.

A good diagnostic evaluation will include an interview with both the child/adolescent and the parents regarding the child's symptoms (when they started, how long they have lasted, how severe they are, whether they have occurred before and if the child/adolescent was previously treated.) The child/adolescent and/or parent will be asked questions about alcohol and drug use, and if there have been any thoughts about death or suicide.

Questions will be asked about whether other family members have had a depressive illness, what treatments were received and whether they were effective.

Lastly, the doctor may ask you or your child/adolescent, depending on his/her age, to complete a questionnaire to determine the severity of the child's/adolescent's illness.

Treatment choice will depend on the outcome of the evaluation. There are a variety of antidepressant medications and psychotherapies available. Some children/adolescents do well with just the medication; others with the psychotherapy. Some do best with combined treatment: medication to gain quick symptom relief and psychotherapy to learn ways to deal with life's problems. It is important that there be family involvement in the treatment.

Are Anti-Depressant Medications Safe?

A large number of studies recently conducted by the Federal Government and pharmaceutical companies have clearly demonstrated the effectiveness of medications in relieving the symptoms of depression.

Taking anti-depressants can be compared to taking medicine for a horrible headache. A headache can make you irritable, distracted, and unable to enjoy or focus on activities making it difficult to get through the day. Medication takes away the headache so you can act like yourself again. The medication doesn't change who you are. Similarly, the medication for depression lets the child/adolescent be him/herself and lets him/her pursue and enjoy activities.

What Should I Know About Anti-depressant Medications?

Anti-depressant medications target chemical imbalances in the brain that are associated with depression. Your doctor will discuss with you which medication is best for your child/adolescent.

- Anti-depressant drugs are not habit forming. However, as with any medication taken for more than a few days, your doctor will want to check your child/adolescent to see if he/she is getting the right dose and if the medication is doing what it is supposed to do.
- The medication may cause a positive change in your child/adolescent and you may be tempted to stop the medication. It is important to continue taking the medication until your doctor tells you to stop. Some medications must be stopped gradually to give your child's/adolescent's body time to adjust.
- Never mix medications of any kind: prescribed, over-the-counter, or borrowed without consulting your doctor. Be sure to tell your dentist or any other doctor who prescribes medications for your child/adolescent that he/she is taking anti-depressants.

Some drugs, when taken with others, may cause severe and dangerous side effects.

- Parents should always ask the doctor for details about:
 - The purpose of the medication.
 - How long will it take before an effect will be seen.
 - How often the doctor will want to see the child/adolescent to evaluate the effectiveness of the medication or whether dosage changes may be needed.
 - Whether there are any precautions to be taken while taking the medication.

Is There Anything Else To Help Depression Besides Medication?

There are many forms of psychotherapy or “talking” therapies effectively used to help depressed children and adolescents. These involve different approaches, techniques and interventions. At times, a combination of the different approaches may be helpful. In some cases, a combination of medication with psychotherapy may be most effective. Different types of psychotherapy include:

Cognitive Behavior Therapy (CBT) helps improve a child’s/ adolescent’s moods and behavior by examining confused or distorted patterns of thinking. During CBT, the child/adolescent learns that thoughts cause feelings and moods, which can influence behavior.

Dialectical Behavior Therapy (DBT) can be used to treat older adolescents who have chronic suicidal feelings/thoughts, or engage in intentional self-harm. DBT emphasizes taking responsibility for one’s problems and helps the person identify how they deal with conflict and negative feelings.

Family Therapy focuses on helping the family function in more positive and constructive ways by exploring patterns of

communication. Family therapy sessions can include the child/adolescent along with parents, siblings and grandparents.

Group Therapy uses the power of group dynamics and peer interactions to increase understanding and improve social skills.

Interpersonal Therapy (IPT) is a brief therapy specifically developed for depression. The goals of IPT are to improve interpersonal functioning by decreasing the symptoms of depression.

Play Therapy involves the use of toys, blocks, dolls, puppets, drawings and games to help the child recognize, identify and verbalize feelings.

What Can I Do As A Parent To Help My Child/Adolescent?

The following are some common sense guidelines for parents to help their children/adolescents:

Reassure your child. Let him/her know that you are there for him/her and that, with proper treatment, he/she will soon be feeling better.

Let your child know that depression is not his/her fault. Acknowledge that depression is an illness which can/will get better.

It's not your fault, either. You're not a bad parent because of your child'/adolescent's illness.

Educate yourself thoroughly. Depression in a child/adolescent can be far more complex than adult depression and frequently occurs with other disorders or behaviors. Even the experts can be confused.

Monitor your child's/adolescent's progress very carefully, especially for any medication side effects or strange behavior.

Inform your child's/adolescent's teachers. You need to have your school on the same page as you. Schools are obliged to make special accommodations for your child/adolescent, if necessary, and can work with you on an individual educational program.

Get your spouse involved. This is especially true if you are separated or divorced or are a custodial parent.

What If My Child/Adolescent Mentions Suicide?

Four out of five teens who attempt suicide have given clear warnings. It is not true that people who talk about suicide do not attempt it. Suicidal thoughts, remarks, or attempts are ALWAYS SERIOUS. Pay attention to the suicide warning signs and GET HELP IMMEDIATELY:

- Suicide threats, direct and indirect
- Obsession with death
- Poems, essays and drawings that refer to death
- Dramatic changes in personality or appearance
- Irrational, bizarre behavior
- Overwhelming sense of guilt, shame or rejection
- Severe drop in school performance
- Giving away belongings

What Should I Do If My Child/Adolescent Talks About Suicide?

- In some situations you may need to call 911 or take your child/adolescent to the nearest emergency room.
- Seek Professional Help. It is essential to contact a physician or mental health professional. Also, alert key adults – family, friends, teachers and coaches.
- Pay Attention To Talk About Suicide. Ask direct questions and don't be afraid to have frank discussions. Silence is deadly! Ask if the child/adolescent has chosen a method.
- Trust Your Instincts. If the situation is serious, seek help immediately. Break a confidence if necessary. Never assume that a child/adolescent is just seeking attention.

- **Offer Help and Listen.** Listen, don't lecture. Encourage the child/adolescent to keep talking. If he/she can't talk with you, maybe he/she can talk to a sibling, aunt, friend, etc. Encourage him/her to describe how he/she feels. Don't get angry if he/she describes unhappy feelings.
- **Don't Ever Dare Him/Her To "Go Ahead."** You may think it's a bluff, but he/she may take the dare.
- **Assure your child/adolescent he/she can feel better.** Suicidal thoughts are only temporary and there are people who can help.
- **Know that early intervention is the key** to successful treatment for children/adolescents who suffer from depression.
- **Understand that treatment should be a team approach** including a psychotherapist, a child psychiatrist, parents, relatives, caregivers, school personnel, friends, neighbors and other significant people in the child's/adolescent's life.

Managing A Crisis

Two of the symptoms of depression, hopelessness and suicidal thoughts, are very serious and require having a plan of action if these symptoms occur.

Knowing resources that are available to you are critical. Community resources include 24-hour telephone crisis lines. Local crisis numbers are:

MACOMB COUNTY	586-307-9100
OAKLAND COUNTY	248-456-0909
WAYNE COUNTY	313-224-7000
ST. CLAIR COUNTY	810-985-7161

Other Resources:

- American Academy of Child and Adolescent Psychiatry (AACAP) 202-966-7300
www.aacap.org/index.htm
- American Psychiatric Association
www.psych.org
- Center for Mental Health Services 240-276-2130
www.samhsa.gov
- National Institute of Mental Health 866-615-6464
www.nimh.nih.gov
- Child and Adolescent Bipolar Foundation 847-256-8525
www.bpkids.org
- Eastwood Clinics Outpatient Clinicians for Psychotherapy 800-626-3896
- Providence Hospital and Medical Center Outpatient Behavioral Medicine
 Southfield 248-849-3301
 Providence Park Novi 248-465-4335
- Open Arms, a Support and Prevention Program for Grieving Children 313-369-5780
- SJH Physician Referral and Community Events 888-757-5463