

insurance policies cover at least some of the costs of treatment for depression. There are also community counseling agencies that offer lower and sliding fee scales. Finances need not be a barrier to help.

Therapy, also referred to as counseling or psychotherapy, helps people understand themselves and cope with problems. It also helps identify and change negative thinking, behavior patterns, and relationships that contribute to depression.

Family therapy includes the depressed child's parents and siblings, and can be helpful in the treatment of depression. Professional help including parents does not mean that parents are the cause of their child's problem. Family therapy can provide support to the family and helps the whole family cope with the depressed child.

Medications for depression are called "antidepressants". There are many different kinds and they generally take a period of time to be effective. They are not mood elevators, nor are they habit forming. They do not make people happy, oblivious to the problems of living, or incapable of a wide range of emotions. Rather, they correct the biochemical functioning in the brain of a depressed individual. It is very important to stay in close communication with your physician to determine the most effective medication with the least side effects. The physician will monitor the benefits, side effects, dosage and need for the medication. Keep in mind that keeping follow-up appointments is important.



SUICIDE RISK:

Suicide risk is an important consideration with depressed children and adolescents. Teens using alcohol or drugs are much more at risk for suicide.

☛ **Do:** Take your child's suicidal statements or gestures seriously. Ask your child if he/she has thought about suicide and a suicide plan. (There is no reason to fear that bringing up the subject will put ideas in your child's head.) Encourage your child to talk openly to you. Listen and accept your child's feelings.

☛ **Don't:** Make your child feel guilty for having suicidal thoughts or deny their feelings with comments like, "you don't really want to kill yourself."

If your child reports suicidal thoughts, ask him/her to make a promise with you to refrain from hurting her/himself, even for a brief period of time so you can get additional help. Remove any lethal, accessible means to commit suicide (medications, firearms, knives), and make sure someone aware of the situation is with your child at all times. Do not leave your child unsupervised.

Immediate mental health consultation is needed when a child expresses suicidal thoughts. Contact your physician, therapist, mental health crisis line or hospital emergency room. Your school counselor or school social worker can support you in this.

A child attempting suicide should immediately be taken to a hospital emergency room for evaluation.

Some reasons kids give for considering suicide:

- ☛ To escape from an impossible situation.
- ☛ To make people understand how desperate they're feeling.

☛ To make people feel sorry or hurt for the way they've treated them.

☛ To show how much they love someone.

☛ To find out if someone really loves them.

☛ To be with a loved one who has died.

BOOKS FOR PARENTS:

When to Worry: How to Tell If Your Teen Needs Help—And What to Do About It by Lisa Boesky Ph.D.

When Someone You Love is Depressed by Laura Epstein Rosen, Ph.D. and Xavier Francisco Amador, Ph.D.

*A Parent's Survival Guide to Childhood Depression** by Dubuque

*Helping Your Depressed Teenager: A Guide for Parents and Caregivers** by Oster

*Lonely, Sad and Angry: A Parent's Guide to Depression** by Ingersoll and Goldstein

BOOKS FOR KIDS:

Kid Power Tactics for Dealing with Depression by Dubuque

*Ups and Downs: How to Beat the Blues and Teen Depression** by Klebanoff, Luborsky

*When Nothing Matters Anymore: A Survival Guide for Depressed Teens** by Cobain



Need help? Don't know where to start? To find help with housing, health care, food pantries, childcare, drug or alcohol abuse counseling, mental health issues, aging concerns, and many other human services. Dial 2-1-1 or go to www.ne211.org.

A resource provided by LPS School Social Workers... because families matter.

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DEPRESSION IN CHILDREN AND ADOLESCENTS



"Some days are okay, but sometimes all I want is to crawl back in bed and sleep for a long time. I mean a really long time."

"Nothing seems to matter anymore."

"I hate my life. I wish everybody would just leave me alone."

All young people feel sadness sometimes in their lives. This is a normal, healthy emotion. Depression, however, is more than just feeling sad, or "having the blues". Depression is a mood disorder that affects the whole body, including the way one feels, thinks and acts. Symptoms last for over two weeks and interfere with one's normal functioning. Depression is not a condition children will outgrow. Depression is a medical problem and not the result of personal weakness.

It can be hard to believe that children and adolescents can become depressed because childhood is viewed as a carefree and happy time. In reality approximately 5-10% of children and adolescents in the U.S. experience depression.

If untreated, depression can lead to problems with school performance and attendance, substance abuse, family and social relationships, and potential suicide. Also, because children are continuing to develop socially and emotionally, those who are depressed can experience long term effects to their development. Fortunately, depression is treatable.

CAUSES:

The onset of depression may or may not be linked with a life event. Depression is the result of an imbalance of certain chemicals in the brain. It can be triggered by major life changes, loss of relationships, chronic or major illness, use of alcohol and other drugs, or certain medications. Depression can also occur as a result of a build up of family and/or personal stress, trauma or unmet social, emotional or physical needs. Research shows that depression tends to run in families.

Triggers for childhood and adult depression can differ. Some issues that seem trivial to adults are major for children and adolescents. A series of less traumatic events can trigger the onset of childhood depression.

SYMPTOMS:

Depression can be difficult to identify in children and adolescents because symptoms can be confused with the normal phases which children outgrow. Identification during adolescence is especially challenging, as it is often a time of emotional turmoil, rebellion and experimentation. Following are common symptoms of depression.

☛ **Feelings:** Sadness, anger, emptiness, hopelessness, guilt, worthlessness, unloved, failure to enjoy humor or everyday

pleasures, persistent boredom, irritability, lack of emotional or facial expression.

☛ **Thinking:** Difficulty concentrating and making decisions, evaluate themselves more negatively, focus on negative events to the exclusion of positive ones, self-blame for failures without giving themselves credit for successes, set rigid standards for themselves, tend to self-punish more than self-reinforce, thoughts of death and suicide.

☛ **Behavior:** Weepiness, not wanting to go to school, difficulty maintaining grades, not completing school work, wanting to be alone most of the time, difficulty getting along with others, skipping school, dropping out of sports, hobbies or activities, drinking or using drugs.

☛ **Physical:** Headaches, stomachaches, joint or backaches, lack of energy, tiredness, difficulty falling or staying asleep, or sleeping too much, weight or appetite changes (significant gain or loss), unexplained physical symptoms, agitation, restlessness.

☛ **Age:**
Toddlers: Prolonged temper tantrums, loss of interest in activities, disturbed play.

School age: Quiet, withdrawn behavior or aggressive angry behavior, physical complaints/frequent trips to school nurse, interest in morose subjects or preoccupation with death, sudden unexplained weight gain or loss, inability to concentrate or perform schoolwork. Play includes acting out loss and rescue, and fantasies about super heroes. These children are inclined to use their toys and bodies in a reckless manner—throwing, jumping, or performing dangerous stunts.

Adolescents: Anger and moodiness, excessive crying, loss of interest in family, friends and activities, school failure/truancy, increased fatigue, sleeping during the day, difficulty getting up in the morning, less interest in appearance, feeling alone and misunderstood, writing with morbid themes or a preoccupation with music about death, problem or high risk behaviors, drug/alcohol use, running away.

☛ Gender:

Girls more often experience quietness, withdrawal, compliance, clinginess, heightened sensitivity, physical complaints.

Boys more often experience aggression or angry acting out. Boys identified with ADHD (Attention Deficit Hyperactivity) may also be depressed. Sometimes boys are misdiagnosed with ADHD when they are really depressed.

HOW PARENTS CAN HELP:

It is normal for parents to experience difficult feelings themselves when faced with depression in their child. Guilt, fear, anger, embarrassment, sadness, disappointment and hopelessness are common. It is important these feelings be recognized and understood, so as not to be a barrier to pursuing assessment and treatment.

☛ **Do:** Listen, teach your child words to help him/her express their feelings, let your child know you care and are worried and that he/she's not alone, support your child in developing social skills, provide your child with opportunities for physical activities, encourage journaling, set limits on expression of anger, get information about how others see your child, and **get help for your child.**

Treatment, whether therapy, medication or both takes some time to help. Meanwhile support your child in talking things over, avoiding extra stress, lowering expectations of self, healthy eating, and exercise.

☛ **Don't:** Make fun, ignore or dismiss your child's problems as unimportant, wait for the problem to "go away", react to anger with anger or allow destructive behavior.

☛ **Where to start:** School staff (school counselors, school social workers and psychologists), as well as your child's physician, or community counseling agency staff can help begin to assess, understand and address your child's needs. These resources can then also assist you in moving ahead to obtain a diagnosis and treatment for your child if needed.

PROFESSIONAL HELP:

Diagnosis and treatment of depression requires professional help. Research has shown that depressed children and their families can best be helped by using a combination of approaches including therapy, education, medication, and in serious cases, hospitalization. ***Eighty to ninety percent of all patients have a positive response to treatment.***

Therapists (counselors, social workers and psychologists) who are Licensed Mental Health Professionals can assess, diagnose and provide therapy for depression. Only MD's (physicians or psychiatrists) can assess, diagnose AND prescribe medication, but they usually do not provide "talk therapy". They often work together with a therapist in treating a patient with depression. Care for depression may need to be ongoing. Medicaid and most health
