

Depression

Although all children may be sad at one time or another, depression is characterized by periods of sadness or feeling “down” that last for a longer period of time (more than 2 weeks) and interfere with a child’s ability to function on a daily basis.

SIGNS AND SYMPTOMS

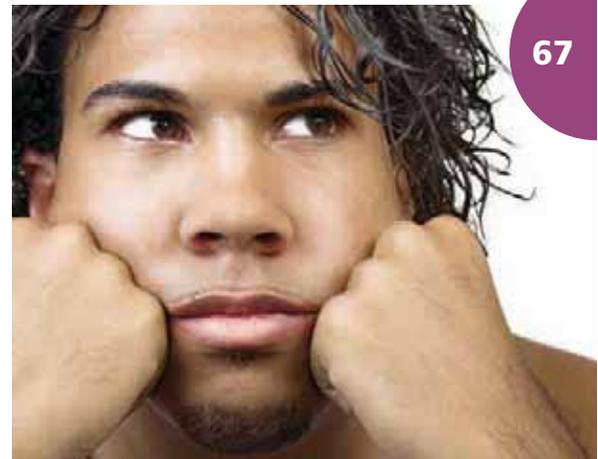
Typical signs and symptoms of depression include:

- Frequent sadness, tearfulness, or crying
- Hopelessness
- Decreased interest in activities or inability to enjoy previously favorite activities
- Persistent boredom
- Little energy
- Social isolation or poor communication
- Low self-esteem
- Feeling guilty
- Extreme sensitivity to rejection or failure
- Increased irritability, anger, or hostility
- Difficulty with relationships
- Frequent complaints of physical illnesses, such as headaches and stomachaches
- Frequent absences from school or poor performance in school
- Poor concentration
- Major changes in eating or sleeping patterns
- Talk of or efforts to run away from home
- Thoughts or expressions of suicide or self-injurious behaviors

EVALUATION AND DIAGNOSIS

Depression affects all aspects of a child’s life and in some unfortunate cases can be fatal. For this reason, it is essential that depression be diagnosed quickly. Depression is not difficult to diagnose once a parent, teacher, or other caregiver recognizes it. If you aren’t sure, be cautious and bring your child in for an evaluation. Depression can be diagnosed anytime in childhood or adolescence. If you think your child has depression, your child may need a comprehensive psychiatric evaluation or psychotherapy evaluation. For more information, turn to **MENTAL HEALTH EVALUATIONS (p39)**.

Unlike adults, children who have depression may not appear sad, tearful, or melancholy. Children express their depression in a variety of ways.



About 5 out of 100 children suffer from depression at some point in their childhood or adolescence.

TYPICAL CO-EXISTING DIAGNOSES

Common mental health diagnoses that co-exist with depression include:

- Anxiety Disorders (p48)
- Attention Deficit Hyperactivity Disorder (ADHD) (p52)
- Oppositional Defiant Disorder (ODD) (p82)
- Substance Abuse and Dependence (p94)

TREATMENT

Depression is treatable and is best treated when diagnosed early. A variety of different types of mental health specialists can treat your child, including child and adolescent psychiatrists, advanced practice registered nurses, and psychotherapists. For more information on mental health specialists, turn to page 106 in

MENTAL HEALTH SUPPORT.

Suggested treatment options include individual psychotherapy (particularly, cognitive behavioral therapy and interpersonal psychotherapy), family psychotherapy, psychoeducation, and anti-depressant medications (in particular, Serotonin Reuptake Inhibitors or SRIs). For more information, turn to **MENTAL HEALTH TREATMENT (p147).**

If depression is affecting the child's ability to learn, adjustments may need to be made in his or her education program. For more information on the school system, turn to page 118 in **MENTAL HEALTH SUPPORT.** Treatment is most successful when ongoing support is provided to the child, family, and school.

RESOURCES

Depression and Bipolar Support Alliance
800-826-3632
www.ndmda.org

DepressedTeens.com
www.depressedteens.com

Help Me, I'm Sad: Recognizing, Treating, and Preventing Childhood and Adolescent Depression (1998)
By David G. Fassler and Lynne Dumas

Suicide

Many children feel strong emotions as they grow up, including stress, self-doubt, confusion, and a number of pressures related to success and their future. For some children, these pressures lead them to believe that suicide is their only way out.

A child at risk for suicide typically shows the signs and symptoms of depression. Typical signs and symptoms include:

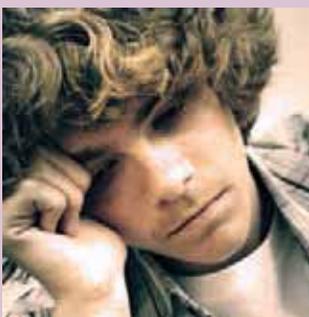
- Change in eating and sleeping habits
- Withdrawal from friends, family, and regular activities
- Violent or rebellious behavior
- Running away
- Excessive drug and alcohol use
- Neglect of his or her personal appearance
- Change in his or her normal personality
- Persistent boredom
- Difficulty concentrating
- Decline in the quality of schoolwork
- Frequent complaints about physical symptoms, such as stomachaches, headaches, or fatigue
- Loss of interest in activities he or she used to enjoy
- Not accepting of praise or rewards

In addition, a child who is planning to commit suicide may:

- Complain that he or she is a bad person or feels rotten inside
- Begin to give verbal hints of committing suicide by saying things like:
 - » I won't be a problem for you much longer
 - » Nothing matters
 - » It's no use
 - » I won't see you again
- Put his or her affairs in order (for example, give away favorite possessions, clean his or her room, or throw away important belongings)
- Become suddenly cheerful after a period of depression
- Show signs of psychosis

If your child is at risk of committing suicide, the first step in treatment is to develop a plan to keep your child safe. A mental health specialist will work with you and your child to develop a safety plan. Once the threat of suicide is reduced, the next phase of treatment focuses on addressing any underlying mental illness. Children can return to a healthy life after having suicidal thoughts. The support and encouragement from family members and professionals is critical to recovery.

Recognizing the warning signs of suicide is critical to prevention. If you are concerned that your child may be suicidal, seek help immediately even if you do not think he or she will act on his or her feelings. Turn to **CRISIS SITUATIONS (p213) at the end of the guide.**



RESOURCES

National Suicide Prevention Hotline
800-273-TALK (8255)
www.suicidepreventionlifeline.org

Night Falls Fast: Understanding Suicide (2001)
By Kay Redfield Jamison

Samaritans of Rhode Island
401-272-4044 (Providence)
800-365-4044 (Statewide)
www.samaritansri.org