

Depression in Children and Adolescents

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Since October 8<sup>th</sup> is National Depression Screening Day, I thought it would be important to provide information regarding the prevalence rate, risk factors, signs and symptoms, evaluation, and treatment on the common mental health disorder. The following information was modified from Cash's (2004) article "Depression in children and adolescents: Information for parents and educators".

Depression is a serious health problem that can affect people of all ages, including children and adolescents. It is generally defined as a persistent experience of a sad or irritable mood as well as a loss of the ability to experience pleasure in nearly all activities. Depression can also include a range of other symptoms such as change in appetite, disrupted sleep patterns, increased or diminished activity level, impaired attention and concentration, and markedly decreased feelings of self-worth.

Major depressive disorder, often called clinical depression, is more than just feeling down or having a bad day. It is different from the normal feelings of grief that usually follow an important loss, such as a death in the family. It is a form of mental illness that affects the entire person. It changes the way the person feels, thinks, and acts and is not a personal weakness or a character flaw.

**Children and youth with depression cannot just snap out of it on their own.** If depression is left untreated, it can lead to other conditions (e.g., school failure, conduct disorder and delinquency, anorexia and bulimia, school phobia, panic attacks, substance abuse, or even suicide). With appropriate intervention, depression is very treatable.

## *Welcome to the Jericho High School's Psychology Corner!*

**For this month's article, I hope to provide the Jericho Community with useful information about a very common and treatable disorder known as Depression.**

**If you have any questions or concerns, please feel free to contact me, Dr. Largotta-Smith, at 516-203-3600 ext 3265.**

**The following article was obtained and modified from the National Association of School Psychologists (NASP) website:**

**[http://www.nasponline.org/resources/handouts/revise\\_dPDFs/depression.pdf](http://www.nasponline.org/resources/handouts/revise_dPDFs/depression.pdf)**

## Prevalence & Risk Factors

Research indicates that the onset of depression is occurring earlier in life today than in past decades and often coexists with other mental health problems such as chronic anxiety and disruptive behavior disorders. The following are some risk factors:

- ❖ Children and teens who are under stress, who have experienced a significant loss, or who have attention, learning, or conduct disorders are at greater risk for developing clinical depression.
- ❖ There is no difference between the sexes in childhood in vulnerability to depression. But during adolescence girls develop depressive disorders twice as often as boys.
- ❖ Children who suffer from major depression are likely to have a family history of the disorder, often a parent who also experienced depression at an early age. Depressed adolescents are also likely to have relatives who have experienced depression, although the correlation is not as high as it is for younger children.

## Signs & Symptoms

*Characteristics of childhood depression.* It is very important to mention that the way symptoms are expressed varies with the developmental level of the individual. The following characteristics that usually occur in children and adolescents may include:

- ❖ Frequent vague, nonspecific physical complaints (headaches, stomachaches)
- ❖ Frequent absences from school or unusually poor school performance
- ❖ School refusal or excessive separation anxiety
- ❖ Outbursts of shouting, complaining, unexplained irritability, or crying
- ❖ Chronic boredom
- ❖ Persistent sad and irritable mood
- ❖ Lack of interest in playing with friends
- ❖ Alcohol or drug abuse
- ❖ Withdrawal, social isolation, and poor communication
- ❖ Excessive fear of or preoccupation with death
- ❖ Extreme sensitivity to rejection or failure
- ❖ Unusual temper tantrums, defiance, or oppositional behavior
- ❖ Reckless behavior
- ❖ Difficulty maintaining relationships
- ❖ Regression (acting babyish, resumption of wetting or soiling after toilet training)
- ❖ Increased risk-taking behavior
- ❖ Significant change in appetite and body weight
- ❖ Difficulty sleeping or oversleeping

The presence of one or even all of these signs and symptoms **does not** necessarily mean that a particular person is clinically depressed. If several of the above characteristics are present, however, it could be a cause for concern and may suggest the need for professional evaluation/intervention.

***If you are concerned about someone in your family, please contact your family doctor, guidance counselor, psychologist, or social worker.***

## **Evaluation & Treatment**

### *Diagnostic evaluation*

The good news is that depression is **treatable**. Virtually everyone who receives proper, timely intervention can be helped. Early diagnosis and appropriate treatment are essential for depressed children and adolescents. Children who exhibit signs of clinical depression should be referred to and evaluated by a mental health professional who specializes in treating children and teens.

### *Treating depression*

A comprehensive treatment plan often involves educating the child or adolescent and the family about the illness, counseling or psychotherapy, on-going evaluation and monitoring, and, in some cases, psychiatric medication. Optimally this plan is developed with the family, and, whenever possible, the

child or adolescent participates in treatment decisions.

## **What Can We Do to Help**

It is important for all adults who have frequent contact with children and adolescents know the warning signs of depression. As a parent, do not hesitate to speak to your child, doctor, and/or school personnel, about your concerns. If a child admits to feeling suicidal, stay with the child and get professional help immediately. **School personnel can also provide important support by linking families with information and referral to community agencies.** In addition, parents, school personnel, and other adults may play key roles in monitoring the effectiveness of and helping to ensure compliance with treatment plans.

## **Useful Websites**

- ❖ National Alliance on Mental Illness (NAMI) – [www.NAMI.org](http://www.NAMI.org)
- ❖ National Institute of Health – [www.NIH.gov](http://www.NIH.gov)
- ❖ National Institute of Mental Health – [www.NIMH.nih.gov](http://www.NIMH.nih.gov)
- ❖ National Association of School Psychologists - [www.nasponline.org](http://www.nasponline.org)

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