A Parent’s Guide To Recognizing And Treating Depression In Your Child

Working Together To Prevent Youth Suicide
Washington State PTA
Youth Suicide Prevention Program
WA State Youth Suicide Prevention Committee

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We recognize that children and adolescents are raised not only by parents but also by a wide array of caregivers. However, to make the reading easier, we are using the term “parents” to represent all caregivers of children and adolescents. We are using the term “child” to represent children from pre-school through adolescence.

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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>4</td>
</tr>
<tr>
<td>What To Look For</td>
<td>6</td>
</tr>
<tr>
<td>What Can You Do If You Recognize The Signs</td>
<td>8</td>
</tr>
<tr>
<td>Where Can I Turn For Evaluation And Assessment?</td>
<td>10</td>
</tr>
<tr>
<td>Treatment</td>
<td>11</td>
</tr>
<tr>
<td>Why Does Depression Sometimes Get Missed?</td>
<td>13</td>
</tr>
<tr>
<td>How To Help Your Older Child Help A Depressed Friend</td>
<td>14</td>
</tr>
<tr>
<td>What Do You Do If A Child Talks About Suicide or Wanting To End Their Life?</td>
<td>15</td>
</tr>
<tr>
<td>Resources</td>
<td>17</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>19</td>
</tr>
</tbody>
</table>
Think about all the information you know about raising children! For instance, you know when they should receive well-baby checkups and why they need to be buckled up when riding in a car. You know how to contact poison control if they’ve swallowed something harmful and you know when they should be potty trained. You know the “going” rates for allowances, the kinds of foods that make them hyper and you even know the importance of talking to your older children about drugs and alcohol. But there is another subject that you need to be equally versed in - your child’s mental health.

Mental health is how we think, feel and act in order to face life’s situations. It is how we look at ourselves, our lives and the people we know and care about. It helps us determine how we deal with stress, relate to others, evaluate our options and make choices. Mental health affects our daily life as well as our future. Schoolwork, friendships and physical health can all be impacted by mental health. And like our physical health, our mental health changes. So as parents it’s important to be able to recognize changes in our children’s mental health and to know when our children need help.

Depression is one of the mental disorders that can appear during childhood and adolescence. Today 1 in 33 school-aged children and 1 in 8 adolescents suffers from clinical depression. This guide is designed to provide you with information about childhood depression. It will help you recognize the signs and symptoms of depression in your child and what you can do to act on your concerns.

All of us, including children and adolescents, have times during our lives when we feel sad or depressed and it is normal to feel that way sometimes. A depressed mood can be linked to specific events or it can be biologically based or it can be a combination of both. Clinical depression is more than just feeling “down” or

**Resources**

**For Younger Children**
- *Glad Monster, Sad Monster, A Book About Feelings*<br>By Ed Emberley and Anne Miranda
- *Sad Days, Glad Days, A Story About Depression*<br>By DeWitt Hamilton
- *Let’s Talk About Series*<br>By Joy Berry

**For Older Children and Teens**
- *Depression Is the Pits, But I’m Getting Better, A Guide For Adolescents*<br>By E. Jane Garland, M.D.
- *Conquering the Beast Within, How I Fought Depression And Won…And How You Can, Too*<br>By Cait Irwin
- *When Nothing Matters Anymore, A Survival Guide For Teens*<br>By Bev Cobain, R.N.C.

**Websites for Children and Adolescents**
2. Don’t hesitate to ask directly about suicide. Talking with your child about suicide won’t put the idea in their heads. Chances are, if you’ve observed any of the warnings signs, they’re already thinking about it. Be direct in a caring, non-confrontational way. Get the conversation started by asking “Are you thinking about suicide?” or “Do you want to die or do you just want the pain to go away?”

3. Keep moving forward, together. Call for help. Try saying:
   “Together I know we can figure something out to make you feel better.”
   “It’s difficult to know what to do, but I know where we can get some help.”

If your child has expressed an immediate plan, or has access to a gun or other potentially deadly means, do not leave him or her alone; get help immediately. Remove the potentially deadly means from your home, at least temporarily during this crises.

“blue” or “sad”. You can tell when normal feelings have gone beyond being “normal” when:
- The feelings go on for an extended period of time;
- The feelings continue to get worse;
- Things that have worked in the past to help relieve these feelings aren’t working; and/or
- The feelings interfere with day-to-day functioning.

Here is a teenage boy describing his experience of depression:

“It’s a coming-and-going thing. I don’t feel depressed all the time. Usually it takes something, no matter how minor, to really set it off, and I start feeling bad about something and I can’t do anything, and so today, everything’s been going pretty well, so I don’t feel bad at all. But on another day, you know, I might just not want to get up in the morning or do anything at all…just like everything’s worthless, like it’s just not worth it to even be. That’s about the best I can do. It seems like it’s a silly thing to even go through life and exist. And from one day to the next you’re always wondering if you’re going to make it to the next day -if you can stand it, if it’s worth trying to get to tomorrow…. It’s just-just, I feel like- I feel mostly like I’m worthless, like there’s something wrong with me. It’s really not a pleasant feeling to know that you’re a total failure, a complete nothing, and I get the feeling that I didn’t do nothing right or worthwhile or anything.”

¹ U.S. Department of Health and Human Services; Caring For Every Child’s Mental Health
² Growing Up Sad, Childhood Depression and Its Treatment, by Leon Cytryn, MD and Donald McKnew, MD
What To Look For

We have broken down the signs for depression by age group:

**Preschool**
- Frequent unexplained stomachaches, headaches, and fatigue
- Over-activity or excessive restlessness
- Frequent sadness
- Low tolerance to frustration
- Irritability
- Loss of pleasure in previously enjoyed activities
- Tendency to portray the world as sad or bleak
- Frequent fights with others
- Withdrawal

**School Age**
- Frequent and unexplained physical complaints
- Significant weight loss or gain
- Expressions of sadness or helplessness
- Low self-esteem
- Excessive worrying or anxiety
- Changes in sleep patterns
- Tearfulness
- Unprovoked hostility or aggression
- Refusal or reluctance to attend school
- Changes in school performance
- Little interest in playing with others
- Poor communication

What Do You Do If Your Child Talks About Suicide or Wanting To End Their Life?

As a parent it’s hard to imagine a child getting to this point. As adults we may downplay or dismiss what we see and hear; we may worry that your child is just trying to get attention. Remember that most of the time suicide is not about wanting to die – it is about stopping the pain of living.

**First, look for these warning signs:**
- Current talk about suicide, or making a suicide plan
- Signs of serious depression, moodiness, hopelessness and withdrawal
- Strong wish to die, preoccupation with death, giving away prized possessions
- Increased alcohol and/or drug use
- Recent suicide attempt by a friend or family member
- Impulsiveness and taking unnecessary risks
- Perception that there is no one to talk to

**If you are concerned, take action:**

1. Let your child know you really care. Talk about your feelings and ask about his or hers. Listen carefully to what is being said. Try saying
   - “I’m concerned about you…about how you feel.”
   - “I care about you, and about how you’re holding up.”
   - “I’m on your side…we’ll get through this.”
How To Help Your Older Child Help A Depressed Friend

We know that it’s common for older children and adolescents to tell a peer about their feelings before they tell an adult. So here’s how to advise your child if the situation comes up:

♦ Help your child understand what depression is.

♦ Encourage your child to be a friend to the depressed peer. A good friend will:
  - Listen and share their concerns and
  - Support their friend in seeking help.

♦ If the depressed peer is suicidal and reluctant to seek help, insist that your child share their concerns with a professional. Tell your child that it is better to have a “mad” friend than a dead friend.

♦ Encourage your child to utilize support from any other trusted adult, including family members, teachers, school counselors, school nurse, someone from your place of worship, coaches, scout leaders and youth activity directors. Let your child know that these other adults can contact you for resources and additional information.

♦ Check in with your child on a frequent basis to assess the situation. Monitor not only the child you’re concerned about, but also how your own child is handling things.

Thoughts about or efforts to run away
Hyperactivity
Frequent disobedience or aggression
Easily frustrated, frequent crying, overly sensitive
Suicidal thoughts

Adolescents
Drop in school grades or conduct
Withdrawal from friends and activities
Difficulty with relationships
Feelings of sadness and hopelessness
Lack of enthusiasm, energy or motivation
Overreaction to criticism
Feelings of being unable to satisfy expectations
Extreme sensitivity to rejection or failure
Poor self-esteem
Indecision, lack of concentration or forgetfulness
Restlessness and agitation
Changes in eating or sleeping patterns
Increased substance abuse
Problems with authority
Self-destructive behavior
Inattention to appearance
Persistent unhappiness, negativity, irritability, anger and rage
Chronic worry, excessive fear & expressions of guilt
Preoccupation with death and dying
Suicidal thoughts, plans or attempts
**What Can You Do If You Recognize The Signs**

1. Document your concerns. Keep a record of:
   ❥ The changes you’ve noticed.
   ❥ How long you’ve noticed the changes.
   ❥ How the changes impact your child.

2. Talk with others to see if they have noticed changes in your child.

3. Talk with your child about your concerns. When you are concerned about a child who may be depressed, it’s important to listen attentively to their concerns and not simply try to talk them out of their sad or unhappy feelings. As parents we often assume the role of “cheerleader” for our children. We are the ones to point out their positive attributes. We don’t want them to hurt or feel sad. How you talk and listen are critical - your child will be assessing how interested you really are in understanding his/her concerns. Here are some tips:
   ❥ Without judgment, comment on the verbal and/or non-verbal behavior that you are concerned about: “I’ve noticed that you have been looking sad for several days.”

   ❥ Invite your child to talk about his/her feelings: “Tell me what’s going on.”

**Why Does Depression Sometimes Get Missed?**

- Children and adolescents don’t always understand or express their feelings. So as parents we need to be able to recognize the warning signs, the changes in our children and when to seek help.

- Not all health care practitioners have been adequately trained to assess childhood depression. In fact it has only been since 1980 that childhood depression was recognized as a disease.

- Adults often assume that moodiness is a normal part of adolescence. Teens do experience different moods but parents need to be able to recognize when feeling moody has progressed to depression. Depression is not a normal part of adolescence.

- Depression is not a weakness or character flaw. Depression is a health disorder and needs to be treated.

- There is a myth that talking about depression will only make it worse. Actually talking about depression acknowledges that there is a problem and may help a family recognize the need for help.

- Lack of insurance or insurance coverage for mental health services can be a barrier for the family of a depressed child. Washington State has Basic Health insurance coverage available for children and adolescents. Call 1-800-826-2444 to see if your child qualifies. Check with your insurance provider, as there may be conditions that are covered. Ask your mental health provider for sliding fee scales.
Treatment

The most important step toward overcoming depression—and sometimes the most difficult—is asking for help. By working with the treatment provider, a plan can be developed to meet your child’s needs. It is important to follow through with treatment recommendations. Treatment may include:

♦ Counseling
♦ Family therapy
♦ Group therapy
♦ Behavior programs
♦ Special camp programs
♦ Medications
♦ Inpatient treatment

Remember that you may have to try one or more of these resources to get a fit that matches your child’s needs and your family’s financial circumstances.

♦ Put yourself in your child’s place; respect his/her feelings.

♦ Allow your child to talk more than you do. Avoid interruptions or distractions.

♦ Avoid unkind words that ridicule, shame or label your child: “You get everything you want; what do you have to be depressed about.”

♦ Ask your child one question at a time and then wait for the answer; be comfortable with silence.

♦ Avoid diagnosing and/or giving advice; express concern and offer reassurance. “I’m on your side….we’ll get through this together.”

♦ Share a book, video or game about feelings to help open up the dialogue. Create a color wheel and assign colors to feelings, use a drawing of a thermometer to gauge their feelings, or use a chart with expressions of feelings to check in with them.

♦ Help your child see that there are different ways of resolving his/her feelings. Discuss the options. “You could go and talk with your teacher about the ‘D’ grade that you got on your last exam. Let’s practice how you would talk with your teacher.” or “We could get you a tutor.” or “I could help you study for the next exam.”

3 National Institute of Mental Health
Inform your older child about helpful resources that are available in the community, i.e. the school nurse or counselor, a teacher, the family doctor or a church group leader. Communicate with these adults and create a support network by sharing your concerns.

Develop a “plan of action”. What does your child agree to do? What are you committed to doing?” When will the two of you talk again? Do you need to seek professional help?

Communicate love and acceptance of your child’s feelings and acknowledge the courage that it takes to talk about “hard things”. Acknowledge your willingness to talk again.

4. If you are still concerned about your child, then it is time to seek help.

Where Can I Turn For Evaluation Or Assessment?

An estimated 2/3 of all children with mental health problems are not getting the help they need. The good news is that depression can be treated. Here is a list of suggested resources for evaluation and assessment:

- Family doctor
- Psychiatrist
- Psychologist
- Social Worker
- Clergy
- Nurse/Nurse practitioner
- School resources: psychologist, counselor, nurse, teacher
- Mental health counselors/agencies
- Crisis hotlines 1-800-SUICIDE
- Family service agencies
- Hospital emergency room
- Employee Assistance Program through your employer

To find specific resources, look in your local phone book under the following headings:

- Mental health centers
- Mental health services
- Child & Adolescent guidance counselors
- Psychologists
- Social service organizations/agencies
- Social workers
- Counselors
- Physicians-Psychiatry
- Government agencies listings