



Commonly Asked Questions About Childhood Depression

One in every 33 children may have clinical depression at any given time. Shockingly, up to 66% of these young people are not getting any help for their condition, despite the fact that depression is a leading cause of suicide. Suicide is the third leading cause of death for 15-24 year olds and the sixth leading cause of death for 5-15 year olds. Substance abuse and addiction often manifest as depression, bipolar disorder, etc.

When depression emerges early in life, it often persists, recurs and continues into adulthood and may predict severe illness in adult life. In children it can lead to school failure, alcohol or other drug use, and even suicide. To prevent damage to a young person's academic, social, emotional, and behavioral functioning, it is imperative that their depression be diagnosed and treated early.



Symptoms of depression

Symptoms of child and adolescent depression vary in severity and duration and may be different from those in adults. Warning signs and symptoms may include:

- Missed school or poor school performance.
- Changes in eating and sleeping habits.
- Withdrawal from friends and activities once enjoyed.
- Persistent sadness and hopelessness.
- Problems with authority.
- Indecision, lack of concentration or forgetfulness.

- Poor self-esteem or guilt.
- Overreaction to criticism.
- Frequent physical complaints, such as headaches and stomachaches.
- Anger and rage.
- Lack of enthusiasm, low energy or motivation.
- Drug and/or alcohol abuse.
- Thoughts of death or suicide.
- Rapid mood swings between silliness and irritability or rages. [Symptoms resemble those of Attention Deficit/Hyperactivity Disorder (ADHD).]

Possible causes of depression

Depression may have a genetic component. However, certain life events, traumatic expert experiences, or troubling relationships can trigger or cause depression, such as:

- The loss of love or attention, either by death or prolonged absence, from someone on whom a child is dependent for care and nurturing.
- Disapproval or rejection by a caretaker.
- Having a parent with bipolar disorder or one who has been hospitalized for substance abuse or chronic physical illness.
- Poor academic performance.
- Being bullied by peers.
- Questioning one's sexuality and feeling "different" or unaccepted.

Complicating factors

To avoid feelings of depression, teens may experiment with drugs or alcohol, become sexually promiscuous, or exhibit aggres-

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sive or risk-taking behavior. Other factors that can cause or exacerbate depression include biological and physical changes associated with puberty and pressures common in adolescence. Young people who are depressed and exhibit additional symptoms, such as insomnia, panic attacks and delusions or hallucinations, are at particular risk for suicide.

What parents/adults/family can do

Parents and family members are usually the first to notice symptoms. If they suspect depression, they should seek help from a trained mental health pro-

fessional. Early identification, diagnosis, and treatment is critical.

- Seek help from a mental health professional that specializes in children and adolescents, or the child's doctor.
- Be alert to behaviors of concern, note how long and how often the behaviors occur and how severe they seem, and seek help.
- Learn more about depression and bipolar disorder and seek support from other families.
- If child is at risk for bipolar disorder, use of stimulants (including those for ADHD) and antidepressants can trigger mania and psychotic episodes.



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From the Director—

This is the first in a series of *Community Bulletins* produced by Rimrock's Center for Behavioral Health Studies. The series highlights research that is carried out in collaboration with National Health Care Organizations or practitioners providing information which is directly useful to the Behavioral Health field.

—David W. Cunningham

Mental Health Division