

South Dakota State University
**Open PRAIRIE: Open Public Research Access Institutional
Repository and Information Exchange**

Extension Extra

SDSU Extension

6-1-2009

Thriving in Today's Times: Childhood and Adolescent Depression

Ann Michelle Daniels
South Dakota State University

Follow this and additional works at: http://openprairie.sdstate.edu/extension_extra

Recommended Citation

Daniels, Ann Michelle, "Thriving in Today's Times: Childhood and Adolescent Depression" (2009). *Extension Extra*. Paper 445.
http://openprairie.sdstate.edu/extension_extra/445

This Other is brought to you for free and open access by the SDSU Extension at Open PRAIRIE: Open Public Research Access Institutional Repository and Information Exchange. It has been accepted for inclusion in Extension Extra by an authorized administrator of Open PRAIRIE: Open Public Research Access Institutional Repository and Information Exchange. For more information, please contact michael.biondo@sdstate.edu.



Thriving in Today's Times: Childhood and Adolescent Depression

*Ann Michelle Daniels, Extension family life, parenting, and child care specialist
Department of Human Development, College of Family and Consumer Sciences, SDSU*

IMPORTANT: This is an informational fact sheet. The purpose of this publication is to provide basic information. It is not intended to be used for assessment or treatment of depression. If you suspect a child or teen is depressed, please contact a mental health professional immediately.

Susan hears her mother yelling for her to get out of bed. Susan knows she should get up—she can't afford to miss school again. But she just doesn't care. She doesn't want to see her friends or go to school. In fact, she doesn't want to do anything but sleep. As her mom continues to yell, Susan gets angrier and angrier and finally throws her clock radio against the wall.

Does Susan live at your house? All children and teens experience stress. They have times of sadness or the "blues." In fact, it is normal for older children and teens to be moody. Sometimes, however, moodiness can be dangerous. You have to know when moodiness is normal and when it isn't.

Depression isn't reserved only for adults. Depression can affect a child or teen's appetite, sleep cycle, concentration, self-esteem, and relationships. It is not a child or teen being "difficult" on purpose, nor is it something the young person can "just snap out of." Depression is a medical issue that must be addressed.

Depression is linked to childhood and adolescent suicides and runaways (National Mental Health Association). Suicide is the third leading cause of death in young people aged 15 to 24 and the fifth leading cause of death in 5- to 14-year-olds. A child or teen that has gone through depression may be at risk for adult depression as well.

Depression affects approximately 2.5% of children and 8.3% of adolescents in the U.S. (National Institute of Health). It is imperative that parents understand the risk factors and symptoms of depression and know when, how, and where to get treatment.

Children and teens are at risk for depression, according to the National Institute of Mental Health (NIMH), if any of the following occur or are true:

- a family member has experienced depression
- a stressful experience
- loss of a parent or loved one
- a romantic breakup
- attention, conduct, or learning disorders
- trauma or natural disasters
- the subject is an adolescent girl (adolescent girls are twice as likely to experience depression than adolescent boys)

With the economic crisis and increased talk of job loss and home foreclosures it is important to recognize the symptoms of childhood and adolescent depression.

The NIMH and the National Mental Health Association list these major symptoms and signs of childhood and adolescent depression:

- frequent physical complaints (commonly headaches or stomachaches)

(List continues on page 2)

- persistent irritable or foul mood, outbursts of anger, yelling, or crying
- lack of interest in peer or other social relationships
- reckless behavior
- alcohol and drug abuse
- withdrawal from friendships and recreational activities
- loss of interest or poor performance in school or truancy
- changes in sleep cycle and chronic fatigue
- difficulty concentrating, loss of energy, and forgetfulness
- significant change in appetite (either overeating or not eating enough)
- recurring thoughts of suicide
- persistent sadness and hopelessness
- feelings of worthlessness or excessive guilt

Not all children or teens who show these symptoms are depressed. When diagnosing depression, a mental health professional or doctor will take into consideration the youth's age, life experiences, and behavior. He will look for expression of several of the above symptoms for at least 2 or more weeks.

The most important way you can help a depressed child or teen is by recognizing the symptoms and asking for help. Professional help is imperative when it's children and adolescents who are depressed.

Initially, you may turn to your child's or teen's teachers, doctor, or religious leader. You can also talk to other family members or friends who may have experienced depression. But don't stop there if you are convinced that this is a serious slide into depression. Consult one the community sources listed by The American Academy of Child and Adolescent Psychiatry:

- local mental health associations

- local health department
- local doctor's office
- local hospitals or clinics
- universities

Starting now, with or without signs of depression, and carrying on through any full-blown trauma that may result, offer all the emotional support you can, because, even without obvious signs and symptoms, these are stressful times we all live in. Listen and offer encouragement. Help your child or teen understand depression and explain that it is not "their fault." Let them know that children and teens from all social backgrounds can experience depression. Depression is not a weakness or failure; depression is an illness that can be treated by medications or psychotherapy or both.

Explain—and don't forget to believe—that depression is not a hopeless situation. Childhood and adolescent depression can be cured if diagnosed and treated early.

REFERENCES

- "Being prepared: knowing where to find help for your child." 1999. Facts for Families, American Academy of Child and Adolescent Psychiatry No. 25.
- "Clinical depression and children/adolescents." 1998. National Mental Health Association. Reprinted by National Network for Child Care. nccc.org.
- "Comprehensive psychiatric evaluation." 2001. Facts for Families, American Academy of Child and Adolescent Psychiatry No. 52.
- "Depression in children and adolescents: a fact sheet for physicians." 2000. Office of Communications and Public Liaison, National Institute of Mental Health.
- Surgeon General's Report on Mental Health. 1998. Chapter 3, Children and Mental Health.

Original ExEx14062 publication title (July 2002):

Farming, Ranching, and Stress: It's a Family Issue: #5: Childhood and Adolescent Depression



South Dakota
Cooperative Extension Service

South Dakota State University, South Dakota counties, and U.S. Department of Agriculture cooperating. South Dakota State University is an Affirmative Action/Equal Opportunity Employer and offers all benefits, services, education, and employment opportunities without regard for race, color, creed, religion, national origin, ancestry, citizenship, age, gender, sexual orientation, disability, or Vietnam Era veteran status.

EXEX14062 Access at <http://agbiopubs.sdstate.edu/articles/ExEx14062.pdf> or at <http://sdces.sdstate.edu/thriving/>