

## TEEN DEPRESSION

By Janet Wallace

Greg's parents are worried. Once a good student who enthusiastically participated in sports, these days Greg's grades are poor and he recently dropped out of soccer. His "uniform" of choice is black clothing. A poem he wrote for English class (one of the few assignments he completed) is somber and morbid. Music--filled with nihilistic themes--is his primary preoccupation, blasting from the place he spends most of his time: his dark, cluttered bedroom. When his mother, Barbara, happens to get up in the middle of the night, she often finds Greg in front of the TV. He complains that he "can't get to sleep." Jim, Greg's father, is especially disturbed about the arguments. "Most of our conversations end with a blow-up. When I try to talk to him about the concerns I have, we end up yelling, with one or both of us slamming doors."

Heather has been leaving her dinner plate untouched. Her mother, Susan, suspects she's losing weight. Heather's parents divorced two years ago, and Susan knows this situation has taken its toll on her daughter. "She seems to be sleeping more than usual--a lot, actually. But teenagers do that, don't they? I can't talk to her. Sometimes I'll walk into a room and find her crying. When I ask her about it, she says it's nothing."

Two kids, two different challenges? Maybe not. It's possible that both Greg and Heather are suffering from depression.

The teen years are synonymous with emotional turmoil, dark introspection, ultra-sensitivity, and high drama. No wonder teenage depression can fool astute parents and competent doctors alike. Often it takes a trained eye to determine whether you're dealing with normal teenage angst--a temporary but expected developmental stage-- or clinical depression.

Many researchers assert that mood disorders in childhood, which include depression, are one of the most under-diagnosed group of illnesses in psychiatry. Why? The following are some probable reasons:

- Children are not always able to verbalize how they feel.
- Depressed adolescents can behave differently from depressed adults.
- Many physicians think of depression as an adult illness.
- Parents may write off symptoms as "normal teenage stuff."

### Symptoms

As we take a look at the symptoms of depression, we can see that Greg and Heather exhibit various combinations of the following checklist (taken from the American Academy of Child and Adolescent Psychiatry and the Weinberg Criteria):

- Persistent sadness
  - statements of sadness, loneliness, hopelessness, and/or pessimism
  - appearance of sadness, unhappiness, etc.
- Beliefs of persecution
- Negative; difficult to please
- Feelings of being worthless, dumb, ugly, etc.
- Inability to enjoy previously enjoyed activities
- Breaking off friendships
- Activity level change (increase or decrease)
- Consistently sleeping more or less than usual
- Persistent boredom, low energy, or poor concentration
- A major change in eating patterns (bulimia or anorexia may be involved)
- Hypersensitivity; cries easily
- Increasing tendency toward lying, thoughtlessness, carelessness, or sloppiness
- Frequent bouts of irritability, anger or violent behavior

Gordon Baldwin, Ph.D. is in private practice and also works part time with children at the While House Counseling Center through San Juan Unified School District. He says that you won't necessarily see depression in kids presenting as sadness, although that

may very well be a part of it. What he sees, and what parents and teachers most often notice, is “irritability, continual crankiness and a tendency to fume at everything. For me,” says Dr. Baldwin, “that tends to be the ‘benchmark’--not that I’d give a diagnosis on just that. I look at [those behaviors] as a big red flag.”

Since teens and contrariness often go hand-in-hand, Dr. Baldwin reminds parents and teachers that “the key is when these behaviors begin to really disrupt their functioning a school and their relationships with the people that are important to them.”

### **Who is at Risk?**

According to *NARSAD Research Newsletter, Winter 1996*, “There is emerging evidence that major depression can develop in pre-pubescent children and that it is a significant clinical occurrence among adolescents.” A large proportion of adults, studies have shown, experience the onset of major depression during adolescence or early adulthood. In fact, says NARSAD, “seven to fourteen percent of children will experience an episode of major depression before age 15.”

Certain factors predispose a child or teenager to depression:

- children with a family history of mental illness or suicide, or abuse (physical, emotional or sexual)
- children under stress
- children who experience loss (through death, divorce or abandonment)
- children with a chronic illness, or an attentional, learning, or conduct disorder.

Recent evidence strongly supports a brain chemistry imbalance in those who suffer from depression. In autopsies performed on suicide victim’s brains, low levels of serotonin have been measured, along with other brain chemical anomalies.

### **Boys vs. Girls**

According to *Your Child’s Emotional Health* authored by the Philadelphia Child Guidance Center, 1993, gender factors are definitely present in depression. Teenage girls suffer much higher rates of depression than teenage boys, in both major depression (severe, long-term) and dysthymia (mild, long-term).

“Scientists suspect that hormonal changes may be partly to blame, but also feel that cultural factors play a big role as well. Females--particularly teenage females--are apt to worry much more about personal appearance and pleasing others than are males. In addition, the roles that

society casts for women are far more limited. To make matters worse, girls are much more culturally conditioned than males to internalize their anger.

“Some scientists believe that as a result of gender-related differences in *experiencing* depression, there are also gender-related differences in *responding* to depression,” says the Philadelphia Child Guidance Center.

“Depressed boys may be more inclined to adopt ‘rejecting’ behaviors, such as breaking off friendships, ceasing to care about schoolwork, or cursing the world; while depressed teenage girls may be more apt to adopt ‘self-punishing’ behaviors, such as bingeing on food, starving themselves, or lamenting their faults and failures.”

### **The Ultimate Threat: Suicide**

An estimated 2,000 teenagers commit suicide each year in the U.S., making it the primary cause of death, after accidents and homicide. The suicide rate for adolescents has increased in the last decade by over 200%.

According to David Schaffer, M.D. of Columbia University, incidence of teen suicides peaks at age fifteen. Ninety percent of those who commit suicide have a psychiatric diagnosis--most often a form of mood disorder like depression--and/or substance or alcohol abuse. Additionally, teens who suffer from depression will often turn to drugs and alcohol as a way to “medicate” their depression.

Typically, an episode of major depression coupled with suicidal thoughts is triggered by a situational factor, such as a poor adjustment to a new school, a major failure in peer relationships, crisis in the family, or extreme dissatisfaction with one’s performance or behavior. Take the case of Sarah, who was showing some early warning signs of depressive behaviors, but it was a single “stressful” incident that pushed her over the edge.

“Sarah had been dealing with a lot of stresses during her eighth grade year,” says her father Ted. “She was taking honors classes and adjusting to a new school. She’s always been a bit shy, so she wasn’t initiating any social contacts. She’d often decline invitations, giving ‘too much homework’ as her excuse. We’d had some red flags: before each swim meet last summer, Sarah starting having panic attacks. She was unhappy and irritable at home. Very little, it seemed, could make her smile. But the catalyst that sent her spinning into full-blown clinical depression caught my wife and me completely by surprise. It was when some grunge-rock star committed

suicide. Sarah carved his initials in her arm and began talking about killing herself.”

As parents, we may underestimate the stresses that seem to overwhelm our teen. To us, their problems look trivial. To the teenager, he or she may not be able to see the dilemma as a temporary setback. Things may appear hopeless and irreversible.

Any teen who even hints at taking his or her life should be considered at risk for a suicide attempt and parents should intervene as quickly as possible.

### **Treatment**

If you suspect your child may be suffering from depression, it is important to act without delay. Prompt treatment is essential, because early onset places children at a greater risk for multiple episodes of depression throughout their lives. Left untreated, a depressed teen can undergo some very painful--and dangerous--experiences.

Once a child has been diagnosed with either major depression or dysthymia, both psychotherapy and medication are often advised, say experts. Yet, using anti-depressant medication for children is still a hotbed of controversy. Currently, no antidepressant medications have FDA approval for children. However, many doctors say they are being urged to find quick solutions for children and adults that don't involve expensive therapy sessions. They complain that this is counter to their training and that they shouldn't give medication without learning more about what's causing the depression and how it can be turned around. According to Kenneth H. Gordon, a Pennsylvania child psychiatrist (as quoted in *The Philadelphia Inquirer, January 1998*), “The HMO would like to say, ‘Just give them a pill’ and have them come back in three months. That's not going to work from my experience. I don't think that I've ever had someone who only needs medicine.”

Certainly, the decision to use antidepressants is an individual one and should be carefully considered.

Katie, who was diagnosed with major depression at age 13 describes her own treatment. “The antidepressants really turned me around and lifted me out of my suicidal thinking. I know they are still a help to me, but there are times--even now that I'm on medication--that something will happen at school or with my friends and I'll feel myself going into a downward spiral. My thinking kind of fans the flames and makes everything worse. The psychologist I saw for three years taught me how to catch myself in time whenever this happens. So it's really the antidepressant *and* the coping skills I learned that are helping me.”

Katie, by the way, is my own daughter. She came back from the depths of the dark and lonely nightmare of depression and is now a healthy, happy seventeen year old who is looking forward to college in the fall. Thanks to the help she is receiving, Katie is learning to live a normal, productive life

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