MORE THAN THE BLUES

by Donna Laverde-Porzel

Editor's Note:
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Gradually society is beginning to accept depression as a serious illness in adults, but what about children? Do they get depressed too? Childhood is supposed to be an idyllic stage of life, what could a kid possibly get depressed about?

In the book, *Help Me, I'm Sad*, (Viking Penguin, 1997), child and adolescent psychiatrist David G. Fassler, along with co-author Lynne Dumas, point out that there was not even an official diagnosis for childhood depression until 1980. Prior to that, most people, including mental health professionals, believed that children were not emotionally mature enough to suffer from depression. If a child was upset the doctor might tell his mother to buy him an ice cream cone and he'd be fine. Now we understand that it is much more complicated than that. In fact the American Academy of Child and Adolescent Psychiatry (AACAP) conservatively estimates that 5 percent of children and adolescents in the general population suffer from depression at any given time. That's 3.4 million youngsters! Could one of them be your child?

Eight-year-old Jake* from Fairfax started having problems in first grade. His mom, Marlene, a nurse practitioner, was volunteering at Jake's school at the time, helping with reading group. "It was obvious to me that he was really struggling to read and falling behind," said Marlene. "Up until that point he had always been told he was wonderful. It was like he hit this brick wall at school, where he felt he wasn't good enough. He was very aware that he was not up to par with his peers."

According to Marlene, Jake was depressed for about six weeks. "He would get off the school bus and look like he had battle fatigue. He also started getting in trouble at school, which was out of character." At home Jake was withdrawn, sulky and belligerent. Marlene talked with her son's teacher and by mutual agreement a committee of specialists was called together to evaluate Jake. A battery of tests was given to her son which revealed that he was learning disabled and also suffered from Attention Deficit Disorder. He was placed in special classes at school and he started on Ritalin, a medication to help him better concentrate.

Marlene also began taking Jake to a clinical psychologist for therapy, to help build his self-esteem. Jake went for awhile, but it was not easy. "He was resistant to going and I was not impressed with the therapist so we stopped going. The medication helped him to focus more at school, so we tried just that for awhile."

But Marlene suspected that Jake was suffering from a low-grade depression. She found another therapist, hoping a relationship could develop before Jake was in crisis. "This time we hit gold," she says, "he gets along well with this therapist and the change is amazing. He is more self-assured and his whole demeanor is much lighter."

Marlene knows from experience that Jake could have more depressive episodes. Both she and Jake's father are prone to depression. "He has a tough road ahead and I want to give him all the support I can." When asked what advice she would give other parents, Marlene didn't hesitate, "Trust your instincts as a parent. If you suspect something is wrong, get help. While it's tempting to stick your head in the sand, don't do it. Things will only get worse."

The good news is that childhood depression is a treatable illness. And the sooner it is detected the better. But what exactly is depression? According to Dr. Fassler, depression is a

** The names in this article have been changed to protect privacy.*

disease characterized by feelings of intense sadness and/or worthlessness that are pervasive and sustained over a period of time.

These feelings may recur periodically and interfere with how the child functions. All children experience sadness at times, but depression is much more than the blues.

Certain children are more vulnerable to depression than others. Those kids with a family history of the disease are more likely to suffer from depression that those without, as are kids who have experienced trauma, such a serious illness or death in the family, a divorce, a car accident, etc. Children undergoing stressful changes such as a move to a new neighborhood or school, changing care givers, or a change in the family financial status are also more susceptible to depression.

Another high risk group are children who are repeatedly abused, physically, emotionally or sexually. Those kids whose temperament makes it difficult for them to adapt to change are at greater risk, as are kids who have parents that are substance abusers.

Children who are unpopular with their peers are another high-risk group, as are kids with learning disabilities. A mix of the above factors further increases the likelihood that a child will experience depression. Research shows that a child who has had one depressive episode is fifty percent more likely to have another episode than a child who has never had one.

If you suspect a problem, it's important to get professional help immediately. Start with your pediatrician who can rule out certain medical conditions, such as thyroid problems, hypoglycemia or hepatitis, all of which can produce symptoms that look like clinical depression. Once these conditions have been ruled out, your physician should be able to point you in the right direction. It may take some time to find a therapist both you and your child are comfortable with, but it will be well worth the effort. ■

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Know What To Look For

According to AACAP (American Academy of Child and Adolescent Psychiatry), parents should seek professional help for their school-age children if one or more of the following signs of depression persists:

- Frequent sadness, tearfulness, crying
- Hopelessness
- Decreased interest in activities; or inability to enjoy previous favorite activities
- Persistent boredom; low energy
- Social isolation
- Low self-esteem and guilt
- Extreme sensitivity to rejection or failure
- Increased irritability, anger or hostility
- Difficulty with relationships
- Frequent complaints of physical illnesses
- Frequent absence from school or poor performance
- Poor concentration
- A major change in eating or sleeping patterns
- Talk of or efforts to run away
- If a child talks about hurting him or herself, thinks or talks about suicide or self-destructive behavior, seek professional help immediately.

For more information, see the Resource Section under Emotional Disabilities (ED) on p. 85.

The following books also may help parents with questions about childhood depression:

Help Me I'm Sad: Recognizing, Treating and Preventing Childhood Depression by David Fassler.

Growing Up Sad: Childhood Depression and Its Treatment by Leon Cytryn.

Lonely, Sad and Angry: A Parent's Guide to Depression by Barbara Ingersol, Ph.D. & Sam Goldstein, Ph.D.