

# Teen Depression

  
Families for  
Depression Awareness



- Mental Health Resources

Riverside Emergency Services

1-781-769-8674 (24 hours a day)

Referral Information for Alcohol and Drug Abuse

1-800-327-5050 (24 hours a day)

Contact Walpole High Guidance, Mrs. Doherty  
Adjustment Counselor and Mr. Ferro, School  
Psychologist for referral information

1-508-660-7257

**Walpole High utilizes the SOS program. This is a Psycho-educational program that provides information to students, teachers and the community about depression and suicidality. The main goals of the program are to:**

- 1. Decrease suicide and attempts by increasing knowledge and adaptive attitudes about depression.**
- 2. Encourage individual self-seeking and help-seeking on behalf of a friend**
- 3. Help youth understand that depression is a treatable illness**



## (Continued)

- ACT-Acronym that is central to the SOS program!
- Acknowledge, Care and Tell

Acknowledge that you are seeing signs of depression or suicide that is serious

Care, let your friend know you care about them and and that you are concerned enough to seek help

Tell a trusted adult that you are worried about your friend or yourself

## Statistics

**Depression is common** - by the end of their teen years, 20% will have had at least one depressive episode.

**Depression often begins in adolescence** - the average age of onset for depression is 14 years old.

**Depression is treatable** - more than 70% of teens improve with a combination of medication and therapy.

**80% of teens don't receive help.**



## Untreated Depression Can Lead To:

- Substance abuse (24% to 50%)
- Academic failure
- Bullying: 30% for those bullied, 19% for those doing the bullying
- Other disorders (e.g. Eating disorder, OCD, BPD, etc.)
- Suicide: 90% of suicides are result of mental illness

## Five Leading Causes of Death

For People Age 15-24 years old, 2007

1. Accidents	15,897
2. Homicide	5,551
<b>3. Suicide</b>	<b>4,140</b>
4. Cancer	1,653
5. Heart Disease	1,084

## Massachusetts Statistics for Suicidal Behavior Among High School Students (2003)

- 28% of students reported feeling sad or hopeless for two weeks or more in the past year
- 16.3% have seriously considered suicide in the past year.
- 12.5% made a suicide plan.
- 8.4% attempted suicide.
- 2.8% received medical attention for a suicide attempt
- Sexual minority youth attempted suicide 5 times more often than other youth and made a suicide attempt with injury 7 times more often.

## In the News Recently

- Two suicides at MIT in 2011
- Taunton has lost 22 residents to suicide in the last 3 years.
- A 12 year old boy in New Bedford died by suicide in February.
- A senior died by suicide in Saugus in 2011.

## What Can We Do?

- **Recognize Depression:** Depression is common, especially in teens. It is a biological disorder that can affect anyone. Most importantly, it can be treated and no one has to suffer.
- **Educate:** By educating families, individuals, and communities about depression we can teach people to recognize the signs and symptoms of depressive disorders and help more people get identified and access help.
- **Raise Awareness:** Talking about depressive disorders also helps to combating the stigma associated with them. Stigma stops many people from getting help.

# What is Depression?

## **Mood:**

- Sad, depressed
- Helpless, hopeless worthless

## **Cognitive/Behavioral**

- Agitation, irritability
- Poor memory, concentration, judgment and decision making
- Withdrawal from activities, social isolation\*\*

## **Physical**

- Aches, pains, and other physical symptoms\*\*
- Eating too much or too little
- Sleeping too much or too little
- Lethargic, tired

Symptoms must be present for most of the day, every day for at least two weeks. If you or your loved one have been thinking about death or suicide, call your doctor today.

## Causes of Adolescent Depression

- **Biological disorder that is triggered by external events**
  - **Genetic component**
- Adolescents are vulnerable:
  - Hormonal changes
  - Increased pressure and expectations
  - Family dynamics/dysfunction
  - Neurological immaturity
    - Judgement, impulsivity, understanding consequences
    - \*Increases risk of suicide
- Abandonment, sexual orientation, substance abuse, bullying, relationship failures, trauma, homelessness or “under-housed”

# Adolescent Depression is Different!

- Look for CHANGES in function
- Look for CHANGES in behavior
  - Drop in grades/school failure
  - New friends/No friends
  - Social conflict
  - Gives up activities
  - Withdraws
  - Acting out at home and/or school
  - Angry, irritable



## Signs and Symptoms

1. Impulsive, reckless
2. Bored
3. Physical complaints
4. Changes in appetite and sleep
5. Helpless, hopeless, worthless
6. Irritable, angry, agitated
7. Thoughts of suicide
8. Preoccupied with thoughts of isolation, alienation, death
9. Failure in school, drop in grades, excessive absences
10. Drug use, tobacco use
11. Running away, being truant in school
12. Strong genetic link
13. Likely to have a lifelong course



# Signs and Symptoms in Children ages 8-12

1. **Somatic complains are the number 1 symptom**
2. Bored
3. Loss of pleasure/enjoyment in activities
4. Temper/ outbursts/ unexpected crying spells
5. Irritability/ aggression
6. Hopelessness
7. Shut down
8. Socially withdrawn

## Red Flags for Suicide

- Withdrawal
- Thoughts of suicide
- Preoccupied with thoughts of isolation, alienation, death
- Impulsive behavior
- Saying good-bye
- “People will be better off without me”
- Giving things away
- Aggressive, outbursts of rage
- **ACCESS to a LETHAL MEANS.** An accessible gun is the biggest indicator for a successful suicide in males.

## Toll of Depression on Adolescents

- Treatment is often delayed for many years due to under-diagnosis
- Affects
  - Development of healthy social skills
  - Development of healthy emotional skills/relationships
  - Suicide
  - Learning and school achievement—preparation for employment

## Bipolar Disorder

Also known as manic depression is depression alternating with elated or irritable moods and increased energy. Individuals with bipolar disorder experience extreme depression and mania.

- Bipolar disorder runs in families.
- More than two-thirds of people with bipolar disorder have at least one close relative with the condition or with major depression.
- Fifty percent of people with bipolar disorder do not realize they are ill.
- It is essential that family members and friends report manic symptoms to the doctor so that they can make an accurate diagnosis.

## Symptoms of Bipolar Disorder

Symptoms of Depression	Symptoms of Mania
Feeling miserable and sad daily	Elevated, expansive, or irritable mood
Giving up activities once enjoyed Social Isolation	Inflated self-esteem or grandiosity Unrealistic goals and expectations
Anger and irritability	Decreased need for sleep
Trouble concentrating or remembering things	Extremely talkative, “pressured” speech
Fatigue	Racing thoughts, flight of ideas
Feeling guilty or worthless daily	Distractibility
Sleeping too much or too little	Increased activity or agitation “bossy” and belligerent
Eating too much or too little	Excessive involvement in pleasurable activities
Have medically unexplained aches and pains	Risky behaviors Sex. Drugs, Accidents
Thinking of death or suicide	*Mixed Episodes and Rapid Cycling

# Bipolar Disorder in Teens and Adolescents

- First episode of BPD is typically depression
- Screen family of BPD
- Anti-depressant use in a vulnerable person can switch them to a manic episode
- Teens are more likely to be:
  - Rapid Cyclers
  - Have Mixed Episodes
- It is RARE for depression to exist without other co-morbid conditions
  - BPD, ADHD, Substance abuse
  - Anxiety, OCD, Eating Disorders



## Videos

[http://www.youtube.com/watch?v=Lm0VZX2\\_Ir8](http://www.youtube.com/watch?v=Lm0VZX2_Ir8)

Example of a manic episode

<http://www.youtube.com/watch?v=9s2W89KRY-Y>

2:00 mark-4:30. Teens talking about depression

<http://www.youtube.com/watch?v=Gc2Nox6PMnc&feature=related>

Delusional perception 0:42 seconds.

# Getting Help

## When to get help:

- Any suicidal thoughts, behavior, talk.
- When signs last for most of the day, all day for 2 weeks or more.
- When mood or behaviors interfere with teen's ability to function at home or school.

## Where to get help:

- If the child is suicidal, take them to the emergency room.
- If the child is in crisis and will not go to the hospital, bring help to them. Walpole is served by Riverside Community Care who have a **Crisis Stabilization Service**. They can be reached at **1-769-8674**. They can send a mobile crisis team out to conduct an evaluation.
- Primary Care Physicians - they can screen the child for depression, or ask for a referral to a child psychiatrist or mental health clinician.

# Treatment

## Why get treatment?

- Depressive episodes can be shortened with treatment.

Left untreated, an episode of depression typically lasts 6-9 months.

- Future episodes of depression can be avoided with treatment.

20-40% of untreated teens will have another episode within 2 years

70% of untreated teens will have another episode by adulthood.

- Unstable moods often lead to substance use.
- Untreated mental illnesses can lead to suicide.

The Department of Mental Health estimates that 90% of children and adolescents who commit suicide have a diagnosable mental disorder.

- **Because depression is a treatable medical condition.**

Studies show a 40% recovery rate in patients treated with medicine alone

This number jumps to 80% when therapy involves a combination of medicine and talk therapy.

# Treatment

**Before you start thinking about types of treatment...**

**Step 1: Make sure the child is safe.** Are they suicidal? If yes, focus on keeping them safe and stabilizing them - either in the hospital or at home. **Never leave them alone.**

**Step 2: Get a professional evaluation.** You may need to fight for attention from mental health workers as the system is heavily overloaded. **Don't take no for an answer.** Good treatment depends on an accurate diagnosis. Rule out other problems like thyroid, learning disability, etc.

An evaluation typically involves a full family history, child development history, performance in school, relationships with friends/family, life stressors, and a full medical history.

## Treatment (cont.)

- The most effective treatment is a combination of talk therapy and medication.
- Finding the right medications and the right therapist can take time.

## What Can Parent's Do? Be pro-active

- Be available/present (carpool!)
- Be non-judgmental
- Maintain open communication
- Do enjoyable things together
- Maintain connections/communication with their child's friends and their parents
- Maintain good communication with school staff
- Listen carefully/pay attention to warning signs
- Talk to their child and describe the BEHAVIOR that concerns them

## When you're not the parent

- Your role is to encourage parents and kids to get help
- Be non-judgemental—this is NOT their fault
- Describe the behavior or symptoms you are concerned about, you see signs of depression.
- You are not a clinician, suggest they should get a professional evaluation.
  - Start with the pediatrician or PCP
- Keep a list of mental health clinicians and community resources to refer them to.
- If appropriate their faith community can be a good resource

## When a Teen Refuses

“I can handle this myself” “I’m not crazy” “I don’t want to be locked up in a hospital” “I don’t want to take meds” “This will go away” “I don’t want to talk about it”

- Remind the child that you need to work together.
- Advocate for a professional evaluation.
- Be persistent and make sure the child gets the treatment they deserve.
- Reach out to others (clinicians, other family members, other school staff, teachers, etc) to have them talk to the child.
- **Deal with depression just as you would any other illness.**

## Things You Can Say

- I care about you and I am worried about you
- I think you are struggling with your emotions and you are hurting
- I would like to get you help so you can feel better
- I would like to get you help so you can .....
- I want you to be safe

# Make your community's mental health as important as their physical health.

- Depression, bipolar disorder, anxiety and other mental disorders can affect ANYONE.
- Just like physical problems, they can be diagnosed and effectively treated
- When you are concerned about your child's moods, behaviors or changes in personality, ask for help.
- The stigma associated with mental health conditions is a massive barrier to talking openly about it, and keeps us from recognizing and the symptoms and getting help.
- Mental health problems affect the whole family, and entire communities.
- Encourage your friends, neighbors, and community to learn more and be involved in recognizing and treating this conditions.

## Health and Wellness

- Teach prevention
- Exercise is a magic bullet!
  - Teens who are active have less depression than teens who are not
  - Have fun!
  - Eating well
  - Sleeping well
  - Being engaged in meaningful activities
  - Stress management



## Health and Wellness

- Teach teens
  - Signs of depression
  - Causes of depression
  - It is NOT your fault
  - Where/how to get help
  - Words to use
  - How to help their friends
  - **To be ACTIVE in changing attitudes about depressive disorders. Community Service & Exposure help to reduce stigma!**

## Community Resources:

- **Private insurance can be much more difficult for families to access services. Encourage families to contact their insurance carriers and the Department of Mental Health to advocate for services for their child.**

# Stigma

- Stigma is manifested by bias, distrust, stereotyping, fear, embarrassment, anger, and/or avoidance.
- Stigma leads others to avoid living, socializing or working with, renting to, or employing people with mental disorders.
- It reduces people's access to resources and opportunities (e.g., housing, jobs) and leads to low self-esteem, isolation, and hopelessness.
- It deters the public from seeking, and wanting to pay for, care.
- In its most overt and egregious form, stigma results in outright discrimination and abuse.
- It deprives people of their dignity and interferes with their full participation in society.

# What Helps Erase Stigma?

- Education alone is NOT enough.
- Exposure to people with mental health conditions can help.
- Exposing and dispelling the rumors and myths surrounding mental health. For example;
  - People who attempt and complete suicide are weak, or “gave up.”
  - People can “snap out of” depression.
  - People with mental health conditions are dangerous.
- Not tolerating stigma when it happens;  
ie; the “retard” movement.

# Get Your Community Involved

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**Questions?**

## Resources

- American Academy of Child and Adolescent Psychiatry
- American Foundation for Suicide Prevention
- The Child and Adolescent Bipolar Foundation
- National Federation of Families for Children's Mental Health
- National Alliance on Mental Illness
- National Mental Health Association