Fighting Childhood Depression

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References


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I will never forget the day my family sat and reviewed the results of the psychological tests of my 12-year-old son Nicholas. For more than eight years, we had wondered, blamed, worried, and suspected there was more to this child than Attention Deficit Disorder (ADD). At age 10, he had put a toy gun to his head and, overcome with feelings of sadness and anger, told me if the gun were real, he would use it. Finally, shortly afterwards, a diagnosis was confirmed—clinical depression.

I felt an incredible sense of relief. If we could put a name to the problem, we could also find a solution. My journey to understand everything I could about childhood depression started in one bookstore, then another. Next came the library and countless interviews with mental health professionals, parents, educators, physicians, and, of course, kids. What this research revealed was fascinating, as well as scary.

A depressed mood is a common and universal part of human experience. It can occur at any age and has various causes. Children can report or display feelings of unhappiness, sadness, dejectedness, or irritability, but most children recover from these brief and normal moods or emotional states. For others, however, depression can be severe and long-lasting and can interfere with all aspects of daily life, ranging from school achievement to family relationships.

At any given time, as many as one in every 33 children and as many as one in every eight teens may have clinical depression. Children under stress who experience loss or who have attention, learning, or conduct disorders are at higher risk for depression.

Incidence of depression and the associated risk of suicide increase significantly during adolescence; suicide is the third leading cause of death for 15- to 24-year-olds and the sixth leading cause of death for five-to 14-year-olds. And yet, less than a third of the children under age 18 with a serious emotional disturbance receive any mental health services, and often the services provided are inappropriate, according to the Children's Defense Fund. Because childhood depression may coexist with other disorders, such as anxiety disorders or ADD, recognizing and diagnosing it can be difficult.
In this country alone, as many as six million children and adolescents suffer from this invisible illness. The suicide rate is rising, as are other difficulties associated with the disease-like drug and alcohol use, eating disorders, learning problems, and socially deviant behavior. Despite the pervasiveness of the problem, no one is talking about it. Yet depression is one of the most treatable mental illnesses.

More often than not, the first signs of depression may appear in the classroom setting. By being aware of the symptoms and learning strategies to help these children, educators can play a key role in helping to tackle this national health crisis.

Clinical depression goes beyond sadness. It's not having a bad day or coping with a major loss, such as the death of a parent, grandparent, or even a favorite pet. It's not a personal weakness or a character flaw. Individuals suffering from depression cannot simply "pull themselves up by their bootstraps."

Depression is a form of mental illness that affects the whole body, affecting the way one feels, thinks, and acts. It is one of the mental, emotional, and behavior disorders that can appear during childhood and adolescence.

Hard to Detect

Why is depression so difficult to detect in children? As a society, we have a difficult time thinking of young boys and girls as being depressed. It defies every stereotype of a joyful, carefree childhood. That's why it is so difficult to diagnose. But perhaps a more compelling reason may be that childhood depression may look different from adult depression. Depressed children may, in fact, wear two faces.

To visualize this dichotomy, imagine a turtle and a dragon. Some children, like turtles, are withdrawn, quiet, and compliant. These children may be described by parents as sensitive and shy. They may cling to their parents or other familiar adults, act dependent, have vague physical complaints, pretend to be sick or refuse to go to school, or worry that their parents may die. They probably sit in the back of the classroom at school and don't make waves. Since there are 35 other children in the class, our little "turtles" may be seen as a blessing, not a concern.

On the other side are the "dragons." These children appear to be aggressive, angry kids. They can drive their families to distraction. They may refuse to participate in family and social activities or sulk. They may have a difficult time getting along with friends. They often act out at school and get lots of attention-from teachers, counselors, school psychologists, and administrators. They may become negative, restless, or grouchy, or complain that no one understands them. They may stop paying attention to their appearance. There is a tendency to categorize "dragons" in the ADD/Attention Deficit Hyperactive Disorder basket since the symptoms and behaviors are similar.

School staff may provide the first line of defense in the war against childhood depression. Here are specific things that can be done to help generate awareness of this illness and support these children.

1. Know the signs. Be alert to the signs of depression and suggest further evaluation for children exhibiting these symptoms, identified by the American Academy of Child & Adolescent Psychiatry: persistent sadness or hopelessness; inability to enjoy previously favorite activities; increased irritability, anger, or rage; frequent complaints of physical illnesses, such as headaches and stomachaches, which do not get better with treatment; frequent absences from school or poor performance in school; persistent boredom; continuing low energy or motivation; poor concentration; a major change in eating or sleeping patterns; poor self-esteem; a tendency to spend most of one's time alone; suicidal thoughts or actions; abuse of alcohol or other drugs; difficulty dealing with everyday activities and responsibilities.
School staff and parents should note the behaviors that concern them, how long they have been going on, how often they occur, and how severe they seem. Then they should seek the advice of the child's pediatrician or family physician. Early diagnosis and treatment are essential for depressed children and can lead to better long-term health.

* 2. Spread the word. Share information on childhood depression with others—family members, community members, and children themselves.
   * • Ask your school psychologist, guidance counselor, or school nurse to conduct training programs for school staff on this subject.
   * • Conduct an educational program for parents at a PTA meeting.
   * • Encourage your local newspaper to write a story about childhood depression, including the signs, symptoms, and treatment options.
   * • Join forces with your local chapter of the National Mental Health Association to conduct a community education program on childhood depression. Contact NMHA, Information Center, 1021 Prince Street, Alexandria, VA 22314. Telephone 1-800-969-6642 for the name of a local contact.
* 3. Give your students a "feeling" vocabulary. Sometimes kids don't express their feelings because they simply don't know the proper words to do so. Work with your school librarian to find books, posters, and games you can use to help students understand and label their feelings.
* 4. Really listen. Busy adults sometimes are half-hearted listeners. Take a few minutes to really connect with your students or children. Use elements of "active listening":
   * • Maintain eye contact. Look at the child, not the papers you're trying to grade or the other tasks you're trying to complete.
   * • Show your attentiveness through your body language. Lean toward the child. Nod your head to let the child know you heard what was said. Sit close when you are talking. You're less likely to be distracted.
   * • Resist the temptation to offer immediate comments or solutions. Keep quiet and listen, rather than giving quick solutions or the ever popular "I've tried to tell you this before" lecture. Give the child enough time to talk through any problems or concerns and perhaps even come up with some solutions.
   * • Affirm the child's comments. Use phrases which acknowledge that you are listening or restate what you heard the child say. Simply paraphrase what you heard, without offering an interpretation. This ensures the child that you are tuned in, and it gives the child a chance to correct any miscommunication.

Adolescents with major depression are likely to identify themselves as depressed before their parents suspect a problem. The same may be true for children.

* 5. Be a positive role model. Demonstrate healthy ways to express emotions of all kinds—from affection to anger to frustration. Let your students know that all emotions are OK. It's the manner of expression that is acceptable or not.
* 6. Boost your students' self-esteem. Help bolster a child's poor self-image by zeroing in on the positive attributes and ignoring as many negative things as you can. Try focusing on:
   * • the child's intrinsic goodness—Reinforce attributes of caring, gentleness, patience, and sensitivity in children who are aggressive and angry, and reinforce assertiveness, socialization, and emotional expression in those who are withdrawn, quiet, and compliant.
   * • the child's effort—Not trying and giving up are common ailments of kids who are feeling down in general—and down on themselves in particular. Praise the child for trying something new or sticking with a tough assignment.
   * • the child's intentions—Rather than focusing on the outcome, look at what the child intended.
* 7. Tame the "dragon." Some kids are angry and irritable. They are masters of oppositional behavior and power struggles. This is a case where an ounce of prevention may save you from a pounding headache. The best way to stay out of the war zone is by being consistent. All kids feel most secure in an environment where the limits are clearly defined and consistently applied by: establishing a routine and working within it; making a rule and sticking to it; stating a consequence and reinforcing it.
8. Just do it. Provide students with opportunities for physical outlets. Physical exertion releases natural endorphins, which have an emotionally uplifting effect. (Long-distance runners experience a kind of "high" from this effect.) When your students are feeling stressed or anxious, suggest a five-minute "power break." Jumping rope, doing jumping jacks, or running in place can provide a needed bit of relief.

9. Don't lose sight of the child. Some children are oppositional, negative, and angry. Others may be unresponsive and flat. But no matter how prickly or off-putting the behavior maybe, on the inside, every depressed child is a deeply saddened and distressed boy or girl crying for warmth and love, attention, and reassurance. Be tender. Let these children know that you're sensitive to their feelings.

10. Look for positive signs. You will know a child's making progress when the periods of anger, withdrawal, or noncompliance occur with less frequency, show less intensity, are of shorter duration, or require a greater level of stimulus to bring them on. In other words, the child is able to cope better with the little disappointments and frustrations.

Don't look for perfection. Even the most well-adjusted kids will have bad days. Be aware of self-fulfilling prophecies. Kids know if you expect them to respond in negative ways, and they will live up to your expectations.

The statistics of those afflicted with childhood depression are frightening, but the odds are with us. Depression is one of the most treatable forms of mental illness, with an 80% to 90% chance of improvement for those individuals who receive treatment.

All kids want to be happy. And with the kinds of help and hope that are available today through mental health research and aggressive intervention, the next generation may not have to face down the burden of childhood depression.

PHOTO (BLACK & WHITE): "I know it's the quality time that really counts. That's what I'm looking for."

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By Susan E. Dubuque, From NJEA Review


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