We recognize that children and adolescents are raised not only by parents but also by a wide array of caregivers. However, to make the reading easier, we are using the term “parents” to represent all caregivers of children and adolescents. We are using the term “child” to represent children from pre-school through adolescence.

Credits

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Thanks to the survivors of suicide whose personal tragedies have inspired us.

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Think about all the information you know about raising children! For instance, you know when they should receive well-baby check ups and why they need to be buckled up when riding in a car. You know how to contact poison control if they’ve swallowed something harmful and you know when they should be potty trained. You know the “going” rates for allowances, the kinds of foods that make them hyper and you even know the importance of talking to your older children about drugs and alcohol. But there is another subject that you need to be equally versed in – your child’s mental health.

Mental health is how we think, feel and act in order to face life’s situations. It is how we look at ourselves, our lives and the people we know and care about. It helps us determine how we deal with stress, relate to others, evaluate our options and make choices. Mental health affects our daily life as well as our future. Schoolwork, relationships and physical health can all be impacted by mental health. And like our physical health, our mental health changes. So as parents it’s important to be able to recognize changes in our children’s mental health and to know when our children need help.

Depression is one of the mental disorders that can appear during childhood and adolescence. Today 1 in 33 school-aged children and 1 in 8 adolescents suffers from clinical depression. This guide is designed to provide you with information about childhood depression. It will help you recognize the signs and symptoms of depression in your child and what you can do to act on your concerns.

All of us, including children and adolescents, have times during our lives when we feel sad or depressed and it is normal to feel that way sometimes. A depressed mood can be linked to specific events or it can be biologically based or it can be a combination of both. Clinical depression is more than just feeling “down” or “blue” or “sad.” You can tell when normal feelings have gone beyond “normal” when one or more of these are true:

- The feelings go on for an extended period of time
- The feelings continue to get worse
- Things that have worked in the past to help relieve the feelings aren’t working
- The feelings interfere with day-to-day functioning

Here, a teenage boy describes his experience of depression:

“It’s a coming-and-going thing. I don’t feel depressed all the time. Usually it takes something, no matter how minor, to really set it off, and I start feeling bad about something and I can’t do anything, and so today, everything’s been going pretty well, so I don’t feel bad at all. But on another day, I know, I might just not want to get up in the morning or do anything at all... just like everything’s worthless, like it’s just not worth it to even be. That’s about the best I can do. It seems like it’s a silly thing to even go through life and exist. And from one day to the next you’re always wondering if you’re going to make it to the next day -if you can stand it, if it’s worth trying to get to tomorrow. ... It’s just-just, I feel like... I feel mostly like I’m worthless, like there’s something wrong with me. It’s really not a pleasant feeling to know that you’re a total failure, a complete nothing, and I get the feeling that I didn’t do nothing right or worthwhile or anything.”

1 U.S. Department of Health and Human Services; Caring For Every Child’s Mental Health

2 Growing Up Sad, Childhood Depression and Its Treatment, by Leon Cytryn, MD and Donald McKnew, MD
What to Look for

Here are some common signs for depression, organized by age group:

**Preschool**
- Frequent unexplained stomach aches, headaches, and fatigue
- Over-activity or excessive restlessness
- Frequent sadness
- Low tolerance to frustration
- Irritability
- Loss of pleasure in previously enjoyed activities
- Tendency to portray the world as sad or bleak
- Frequent fights with others
- Withdrawal

**School Age**
- Excessive worrying or anxiety
- Unprovoked hostility or aggression
- Frequent and unexplained physical complaints
- Significant weight loss or gain
- Expressions of sadness or helplessness
- Low self-esteem
- Changes in sleep patterns
- Tearfulness
- Refusal or reluctance to attend school
- Changes in school performance
- Little interest in playing with others
- Poor communication
- Thoughts about or efforts to run away

**Adolescents**
- Persistent unhappiness, negativity, irritability, anger and rage
- Chronic worry, excessive fear & expressions of guilt
- Drop in school grades or conduct
- Withdrawal from friends and activities
- Difficulty with relationships
- Feelings of sadness and hopelessness
- Lack of enthusiasm, energy or motivation
- Overreaction to criticism
- Feelings of being unable to satisfy expectations
- Extreme sensitivity to rejection or failure
- Poor self-esteem
- Indecision, lack of concentration or forgetfulness
- Restlessness and agitation
- Changes in eating or sleeping patterns
- Increased substance abuse
- Problems with authority
- Self-destructive behavior
- Inattention to appearance
- Preoccupation with death and dying
- Suicidal thoughts, plans or attempts
1. **Document your concerns.**
   Keep a record of:
   ◆ The changes you’ve noticed.
   ◆ How long you’ve noticed the changes.
   ◆ How the changes impact your child.

2. **Talk with others** to see if they have noticed changes in your child.

3. **Talk with your child** about your concerns. When you are concerned about a child who may be depressed, it’s important to listen attentively to their concerns and not simply try to talk them out of their sad or unhappy feelings. As parents we often assume the role of “cheerleader” for our children. We are the ones to point out their positive attributes. We don’t want them to hurt or feel sad. How you talk and listen are critical – your child will be assessing how interested you really are in understanding his/her concerns.

   **Tips for talking with your child:**
   ◆ Without judgment, comment on the verbal and/or nonverbal behavior that you are concerned about: “I’ve noticed that you have been looking sad for several days.”
   ◆ Invite your child to talk about his/her feelings: “Tell me what’s going on.”
   ◆ Put yourself in your child’s place; respect his/her feelings.
   ◆ Allow your child to talk more than you do. Avoid interruptions or distractions.
   ◆ Avoid unkind words that ridicule, shame or label your child: “You get everything you want; what do you have to be depressed about.”

4. **Ask your child one question at a time and then wait for the answer; be comfortable with silence.**

5. **Avoid diagnosing and/or giving advice; express concern and offer reassurance.** “I’m on your side...we’ll get through this together.”

6. **Share a book, video or game about feelings to help open up the dialogue.** Create a color wheel and assign colors to feelings, use a drawing of a thermometer to gauge their feelings, or use a chart with expressions of feelings to check in with them.

7. **Help your child see that there are different ways of resolving his/her feelings.** Discuss the options. “You could go and talk with your teacher about the ‘D’ grade that you got on your last exam. Let’s practice how you would talk with your teacher,” or “We could get you a tutor,” or “I could help you study for the next exam.”

8. **Inform your older child about helpful resources that are available in the community, i.e. the school nurse or counselor, a teacher, the family doctor or a church group leader.** Communicate with these adults and create a support network by sharing your concerns.

9. **Develop a “plan of action”.** What does your child agree to do? What are you committed to doing? When will the two of you talk again? Do you need to seek professional help?

10. **Communicate love and acceptance of your child’s feelings and acknowledge the courage that it takes to talk about “hard things.”** Acknowledge your willingness to talk again.

4. **If you are still concerned** about your child, then it is time to seek help.
Resources for Evaluation and Assessment

An estimated 2/3 of all children with mental health problems are not getting the help they need. The good news is that depression can be treated.

Suggested resources for evaluation and assessment:

- Family doctor
- Psychiatrist
- Psychologist
- Social Worker
- Clergy
- Nurse/Nurse practitioner
- School resources: psychologist, counselor, nurse, teacher
- Mental health counselors/ agencies
- Crisis hotlines: 1-800-273-TALK
- Family service agencies
- Hospital emergency room
- Employee Assistance Program through your employer

To find specific local resources, look in your local phone book under the following headings:

- Mental health centers
- Mental health services
- Child & Adolescent guidance counselors
- Psychologists
- Social service organizations/agencies
- Social workers
- Counselors
- Physicians-Psychiatry
- Government agencies listings

About Treatment

The most important step toward overcoming depression — and sometimes the most difficult — is asking for help.³

By working with the treatment provider, a plan can be developed to meet your child’s needs. It is important to follow through with treatment recommendations.

Treatment may include:

- Counseling
- Family therapy
- Group therapy
- Behavior programs
- Special camp programs
- Medications
- Inpatient treatment

Remember that you may have to try one or more of these resources to get a fit that matches your child’s needs and your family’s financial circumstances.

³ National Institute of Mental Health
**Why Does Depression Sometimes Get Missed?**

- **Children and adolescents** don't always understand or express their feelings. So as parents we need to be able to recognize the warning signs, the changes in our children and when to seek help.

- **Not all health care practitioners** have been adequately trained to assess childhood depression. In fact, it has only been since 1980 that childhood depression was recognized as a health disorder.

- **Adults often assume that moodiness** is a normal part of adolescence. Teens do experience different moods but parents need to be able to recognize when feeling moody has progressed to depression. Depression is not a normal part of adolescence.

- **Depression is not a weakness** or character flaw. Depression is a health disorder and needs to be treated.

- **There is a myth that talking about depression** will only make it worse. Actually talking about depression acknowledges that there is a problem and may help a family recognize the need for help.

- **Lack of insurance or insurance coverage for mental health services** can be a barrier for the family of a depressed child. Washington State has Basic Health Insurance coverage available for children and adolescents. Call 800-560-9840 to see if your child qualifies.

- **Check with your insurance provider**, as there may be conditions that are covered. Ask your mental health provider for sliding fee scales.

**How to Help Your Older Child Help a Depressed Friend**

- **We know that it's common for older children and adolescents** to tell a peer about their feelings before they tell an adult. So here's how to advise your child if the situation comes up:

  - **Help your child understand what depression is.**

  - **Encourage your child to be a friend to the depressed peer.** A good friend will:
    - Listen and share their concerns and
    - Support their friend in seeking help.

  - **If the depressed peer is suicidal** and reluctant to seek help, insist that your child share their concerns with a professional. Tell your child that it is better to have a "mad" friend than a dead friend.

  - **Encourage your child to utilize support from any other trusted adult**, including family members, teachers, school counselors, school nurse, someone from your place of worship, coaches, scout leaders and youth activity directors. Let your child know that these other adults can contact you for resources and additional information.

  - **Check in with your child** on a frequent basis to assess the situation. Monitor not only the child you're concerned about, but also how your own child is handling things.
What to Do if Your Child Talks About Suicide or Wanting to End Their Life?

As a parent it’s hard to imagine a child getting to this point. As adults we may downplay or dismiss what we see and hear; we may worry that our child is just trying to get attention. Remember that most of the time suicide is not about wanting to die – it is about stopping the pain of living.

First, look for these warning signs:
- Current talk about suicide, or making a suicide plan
- Signs of serious depression, moodiness, hopelessness and withdrawal
- Strong wish to die, preoccupation with death, giving away prized possessions
- Increased alcohol and/or drug use
- Recent suicide attempt by a friend or family member
- Impulsiveness and taking unnecessary risks
- Perception that there is no one to talk to

If you are concerned, take action.

1. Show you Care

Let your child know you really care. Talk about your feelings and ask about his or hers. Listen carefully to what is being said.

Try saying:
- “I’m concerned about you…about how you feel.”
- “I care about you, and about how you’re holding up.”
- “I’m on your side…we’ll get through this.”

2. Ask the Question

Don’t hesitate to ask directly about suicide. Talking with your child about suicide won’t put the idea in their heads. Chances are, if you’ve observed any of the warning signs, they’re already thinking about it.

Be direct in a caring, nonconfrontational way. Get the conversation started by asking:
- “Are you thinking about suicide?” or
- “Do you want to die or do you just want the pain to go away?”

3. Get Help

Keep moving forward, together. Call for help. Try saying:
- “Together I know we can figure something out to make you feel better.”
- “It’s difficult to know what to do, but I know where we can get some help.”

If your child has expressed an immediate plan, or has access to a gun or other potentially deadly means:
- Do not leave him or her alone
- Get help immediately
- Remove the potentially deadly means from your home, at least temporarily during this crisis.
Books for Younger Children

- Glad Monster, Sad Monster, a Book about Feelings
  Ed Emberley & Anne Miranda
- Sad Days, Glad Days, a Story about Depression
  DeWitt Hamilton
- Let's Talk About Series
  Joy Berry
- How I Feel Series
  Marcia Leonard

Books for Teens about Depression, Suicide & Self-Injury

- When Nothing Matters Anymore, a Survival Guide for Depressed Teens
  Bev Cobain
- Living When a Young Friend Commits Suicide or Even Starts Talking About It
  Earl A. Grollman & Max Malikow
- Life Happens
  Kathy McCoy & Charles Wibbelsman
- Conquering the Beast Within
  Cait Irwin
- When Living Hurts
  Sol Gordon
- Recovering from Depression: A Workbook for Teens
  Mary Ellen Copeland & Stuart Copans
- The Power to Prevent Suicide: A Guide for Teens Helping Teens
  Richard Nelson & Judith Galas
- Self-Mutilation: A Helping Book for Teens Who Hurt Themselves
  Alicia Clarke

Books about Adolescent Depression & Suicide

- A Parent's Guide for Suicidal & Depressed Teens
  Kate Williams
- Lonely, Sad & Angry: A Parent's Guide to Depression in Children & Adolescents
  Barbara Ingersoll & Sam Goldstein
- Understanding Your Teenager's Depression: Issues, Insights & Practical Guidance for Parents
  Kathleen McCoy
- Help Me, I'm Sad: Recognizing, Treating, and Preventing Childhood and Adolescent Depression
  David Fassler & Lynne Dumas
- Helping Your Child Cope with Depression & Suicidal Thoughts
  Tonia Shamo & Philip Patros
- Coping with Depression in Young People: A Guide for Parents
  Carol Fitzpatrick & John Sharry

Books about Suicide and Suicide Prevention

- Night Falls Fast - Understanding Suicide
  Kay Redfield Jamison
- No One Saw My Pain: Why Teens Kill Themselves
  Andrew Slaby & Lili Garfinkel
- Suicide, The Forever Decision: For Those Thinking About Suicide and for Those Who Know, Love, or Counsel Them
  Paul Quinnett
- Making Sense of Suicide: An In-Depth Look at Why People Kill Themselves
  David Lester
Videos

Depression: On the Edge
“In the Mix”
114 E. 32nd Street #903
New York, New York 10016

Fatal Mistakes: Families Shattered By Suicide
American Foundation for Suicide Prevention
120 Wall Street, 22nd Floor
New York, New York 10003

Day for Night: Recognizing Teenage Depression
DRADA (Depression & Related Affective Disorders Association)
Meyer 3-181, 600 Wolfe Street
Baltimore, Maryland 21287-7381

A Cry for Help
Paraclete Press
39 Eldridge Road
Brewster, MA 02631

Web Resources

Information on Depression and Mental Health

♦ National Alliance for the Mentally Ill:
  http://www.nami.org/
♦ American Psychological Association (APA) HelpCenter:
  http://helping.apa.org/
♦ Center for Mental Health Services:
  http://www.mentalhealth.org/

Sites for Parents

♦ Washington State PTA:
  http://www.wastatepta.org
♦ Washington Department of Health, “What’s Up?”
  Information for Adults Who Care About Teens
  Adolescent Fact Sheets:
  http://www.doh.wa.gov/cfh/adolescenthealth.htm

Sites for Youth

♦ Go Ask Alice, a health question and answer Internet service at Columbia University:
  http://www.goaskalice.columbia.edu/
♦ “Why?”, an interactive movie exploring the risk and protective factors related to suicide:
  http://www.yssp.org/aboutSuicide/why.htm
For more information, please contact:

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