

Will this depression return in the future? Depression is a part of the human condition (Seligman, 1975). Where it presents a problem is the interference in quality of life and the ability to function at a normal level. After successfully completing treatment, young people often recognize the warning signs of depression and if it returns they are better equipped to seek help before it becomes severe.

Why does the youth in my care have to take anti-depressive medication? In very severe or chronic cases, the severity of the depression impacts the ability to function in day-to-day activities. A successful pharmacological treatment plan helps the youth to stabilize their mood swings so they may concentrate on treatment and daily functioning.

Will this medication have to be taken forever? This is a question that can only be answered over time by a prescribing professional trained in adolescent mental health issues.

The youth in my care presented many of the signs previously listed, but seemed to grow out of them over a few weeks' time. Is this normal? In many cases of very mild depression, people are able to come to terms with the issues on their own.

This is not intended, nor should it be used, as an assessment instrument or treatment planner. The purpose of this publication is to provide a brief overview of current options available for the treatment of depression.

Resources

Statewide Crisis Call Center = (877) 885-4673- available 24 hours

Clark County

Suicide Prevention Center of Clark County (702) 731-2990

Lincoln County

Family Crisis Center (Volunteer Staffing) (775) 962-5888 (days)
(775) 962-5262 (evenings)

Nye County

Mental Health Crisis Line (800) 992-5757

References

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DEPRESSION

Exploring Treatment Options

This is not intended, nor should it be used, as an assessment instrument or treatment planner. The purpose of this document is to provide basic information regarding treatment of depression in school-age children and adolescents.

Depression is regarded as the major psychiatric disorder of our time, affecting approximately sixteen million people in North America (National Institute of Mental Health [NIMH], 1994). This disorder affects at least 6% of the youth population per year (NIMH, 1999). Young women tend to experience depressive episodes more frequently than young men. Nationally, of every 100,000 adolescents, almost three thousand typically experience depressive symptoms, and there will be eight to ten suicides out of this group (Brown, 1999). The Nevada Division of Child and Family Services (DCFS) recorded 448 episodes of treatment for depression among 2,089 youth in out-of-home placement in Clark County between July 1997 and June 1999 (Thomas, 1999), affecting one out of every five youth in foster care.

Depression in youth is caused by a variety of events (see UNCE Fact Sheet 99-70 "Recognizing Depression in Youth"). Typically most youth are able to come to terms with this event and get on with their lives. Occasionally, the process deteriorates to the point that the youth is overwhelmed and no longer able to cope without professional help. In severe cases it can lead to thoughts or acts of personal harm or suicide.

It is not uncommon for young people to be preoccupied with issues of mortality and to contemplate the effect their death would have on those around them. **However, any statements involving suicidal thought must be taken seriously and acted upon immediately (See Resources on back page).**

Characteristics of Depression by Age Group

The following is a brief overview of warning signs of depression that may be observed in each age group. If there is any doubt about what is observed, it is very important to consult a trained mental health practitioner for evaluation and possible treatment.

Ages 6-12	Ages 12-18
<p>As children reach school age, symptoms of depression will begin to be more identifiable than those of younger children. The child may attempt to verbalize his or her feelings of sadness and helplessness. Usually children in this age group do not have the vocabulary to express how they are feeling.</p> <ul style="list-style-type: none"> • A dramatic decline in performance—school work, chores or sports. • Avoidance of activities that have been enjoyable in the past. • Sudden changes in eating patterns—either over- or under-eating. • Low self-esteem—may refer to themselves as dumb or stupid. • Volatile mood—easily angered over trivial events. May go into rages that quickly subside. • Apathy—not seeming to care about anything. • Thoughts of threats of suicide—<u>this must be taken seriously and acted upon quickly.</u> 	<p>Even adolescents who are not depressed go through periods of unhappiness, loneliness, and dissatisfaction with adults or themselves, experimentation with drugs or alcohol, and emotional turmoil. This is an intensely stressful time in their development. As with younger children, adolescents may exhibit outward signs due to a lack of verbal ability or comfort in expressing their feelings.</p> <ul style="list-style-type: none"> • Sudden changes in eating patterns—over- or under-eating. • Fatigue with no apparent cause—wants to sleep at unusual hours—difficulty with normal sleep pattern. • Volatile mood—easily angered over trivial events—may go into rages that quickly subside. • Social withdrawal - moodiness – irritability - alienation from peers. • Intense self-consciousness—more pronounced than the normal self-consciousness exhibited by adolescents • Substance abuse—drugs, alcohol or both. This may be an attempt at self-medication to ease the pain caused by what they are experiencing—more severe than casual experimentation. • Sexual acting out beyond the normal experimentation of adolescents. This may include extreme promiscuity, unsafe practices or self-degrading behavior. • Thoughts or threats of suicide—<u>This must be taken seriously and acted upon quickly.</u>

The more signs presented at one time, the more likely a serious problem is developing.

Diagnosis may consist of a clinical assessment using a recognized testing instrument that measures depression, such as the Children’s Depression Inventory and Beck’s Depression Inventory for adolescents. When these tests are positive, an interview series may be conducted with the youth, care providers and collateral informants such as teachers or caseworkers.

Treatment Options After a Proper Diagnosis

After evaluation by an appropriate mental health professional, a decision will be made as to what course of treatment is best suited for the youth. This will vary from one youth to the next, depending upon the level or severity of the depression (see UNCE Fact Sheet 99-70 for explanation), resources available to the care-giver (this is especially true in more rural or isolated settings), and agency policy if the youth is in out-of-home placement.

For youth who are suffering from a “bad mood”, or the usual turbulence of teen life, treatment planning may be as simple as letting the youth work through issues on their own. In the case of situational depression, it will usually involve “talking therapy” with a trained professional who will use one of a variety of commonly practiced treatment models to help the youth work through their feelings and come to terms with the events that have caused them to feel as they do. The majority of mild depressions in children and youth respond to supportive psychotherapy with active listening, advice and encouragement. Issues of alcohol and drug abuse may have to be addressed by referral to appropriate professionals specializing in the treatment of substance abuse and self-medication.

In more severe or chronic cases, a combination of talking therapy, supplemented with anti-depressive medication administered under the guidance of a psychiatrist experienced in youth treatment, may be part of the treatment plan. The purpose of the medication is to allow the youth to stabilize their emotions so they can begin to work with their therapist on coming to terms with the issues leading to depression. When medications are involved, **it is critical to maintain communication with the prescribing professional.** **Under no circumstances should one discontinue the medication, change the dosage, or take a different medication without consulting with and receiving approval from the professional in charge of this case. Doing this may result in severe complications or reactions.**

The Treatment Process

Ideally, the treatment processes is a partnership between the client, therapist, prescribing professional (where medications are involved) and care provider or case manager. The open communication resulting from this relationship will encourage the youth to continue treatment and ultimately achieve success in overcoming this illness.

Treatment sessions are usually structured, with varying degrees of prescribed activity and “homework” assignments (Lewinsohn & Clarke, 1999). In most cases, treatment results in progress for depressed youth in a relatively short period of time (1-2 months) and with a finite number of therapy sessions. It is important to note that when medications are involved, the process may take longer due to the time needed to achieve the optimum dosage or appropriate medication for a particular youth. This is when the communication process is most critical.

Some Frequently Asked Questions Regarding Treatment

Does Depression last forever? In most cases, progress can be seen a few short weeks after treatment begins.