

A decorative border of black and white line art surrounds the central text. It features stylized flowers, leaves, and swirling vines. The top and bottom sections are particularly dense with floral motifs.

Mothering Matters

Parenting in Switzerland

THE TEEN YEARS
PART II

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CHILD AND TEEN DEPRESSION

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Depression may be defined as an illness when feelings of sadness, hopelessness, and despair persist and interfere with a child or adolescent's ability to function.

Depression can be part of a normal human emotion, but can also be regarded as a mental health concern depending on the intensity of such emotions, their persistence, and their tendency to interfere with an individual's ability to perform within daily life.

Some of the main causes of depression are: unresolved grief due to death, loss of relationship, loss of hopes and dreams, abandonment, a traumatic event/events, and emotional detachment from fear or inability to connect with another or others.

Thus, children under stress, experiencing loss, or who have attention, learning, conduct or anxiety disorders are at a higher risk for depression. Some studies seem to support the theory that teenage girls are at especially high risk, as well as minority youth.

As a parent, it is worth noting that depressed youth often have problems at home. In some cases, the parents are depressed as depression

tends to run in families. Over the past years, depression has become more common and is being diagnosed at increasingly younger ages. As the rate of depression rises, so does the teen suicide rate.

It is important to remember that the behavior of depressed children and teenagers may differ from the behavior of depressed adults. The characteristics vary, with most children and teens having additional psychiatric disorders, such as behavior disorders or substance abuse.

Signs of Depression

Professionals in the area of mental health recommend that parents become aware of signs of depression in their children. If one or more of these signals are evident, parents should seek help:

- ❖ Persistent boredom, low energy, and lack of motivation reflected by missed classes or not going to school.
- ❖ Social isolation, poor communication, lack of connection with friends and family: teens who used to spend a lot of time with friends may now spend most of their time alone and without interests.



- ❖ Low self-esteem and guilt: teens may take on blame for negative events or circumstances. They may feel like a failure and have negative views about their competence and self-worth.
- ❖ Frequent sadness, tearfulness, and crying for no apparent reason.
- ❖ Hopelessness, especially with the belief that a negative situation will never change.
- ❖ Pessimism about the future.
- ❖ Decreased interest in activities; inability to enjoy previously favorite activities.
- ❖ Frequent complaints of physical illnesses, such as headaches and stomachaches, vomiting, and menstrual problems.
- ❖ Extreme sensitivity to rejection or failure.
- ❖ Increased irritability, anger, or hostility: depressed teens are often irritable, taking out most of their anger on their family, and may attack others by being critical, sarcastic, or abusive.
- ❖ Significant alteration in eating and/or sleeping patterns. Sleep disturbance can be manifested as all-night television watching, difficulty in getting up for school, or sleeping during the day. Loss of appetite may become anorexia or bulimia. Eating too much may result in weight gain and obesity.
- ❖ Poor concentration: teens may have trouble concentrating on schoolwork, following a conversation, or even watching television.
- ❖ Talk of or efforts to run away from home.
- ❖ Thoughts or expressions of suicide or self-destructive behavior: children who are depressed may say they want to be dead or may talk about suicide. This is not worthy since there does exist a strong correlation between depression and suicide. Statements such as "I'm going to kill myself," should be taken seriously. Seek evaluation from a child and adolescent psychiatrist or other mental health professional.
- ❖ NOTE! Even if parents are uncomfortable talking about death, thinking that it might actually put ideas into their child's head, it is crucial to further enquire as to whether the child is depressed or thinking about suicide. Such exploration will offer assurance that you care and might potentially provide the child with the opportunity to talk about problems.



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- ❖ Alcohol and drug abuse: depressed teens may abuse alcohol or other drugs as a way to feel better.
- ❖ Self-Injury: teens who have difficulty talking about their feelings may show their emotional tension, physical discomfort, emotional pain, and low self-esteem with self-injurious behaviors.

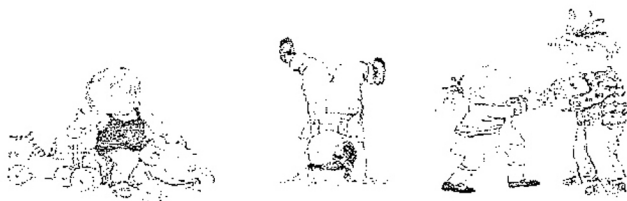
Suicide Warning Signs in Teenagers

According to world wide resource data, more and more teenagers try and succeed at suicide. In depressed teens who also abuse alcohol or drugs, the risk of suicide is even greater. Because of the very real danger of suicide, teenagers who are depressed should be watched closely for any signs of suicidal

thoughts or behavior. The warning signs include:

- ❖ Talking or joking about committing suicide.
- ❖ Saying things like, "I'd be better off dead," "I wish I could disappear forever," or "There's no way out."
- ❖ Speaking positively about death or romanticizing dying ("If I died, people might love me more").
- ❖ Writing stories and poems about death, dying, or suicide.
- ❖ Engaging in reckless behavior or having a lot of accidents resulting in injury.

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- ❖ Giving away prized possessions.
- ❖ Saying goodbye to friends and family as if for good.
- ❖ Seeking out weapons, pills, or other ways to kill themselves.

Tips for talking to a depressed teen

Offer support

Inform depressed teenagers that you're there for them no matter what. Do not ask lots of questions since they don't like to feel patronized or crowded; however, let them know that you're ready and willing to provide whatever support they need.

Be gentle but persistent

Don't give up if your adolescent shuts you out at first. Talking about depression can be very tough for teens. Be respectful of your child's comfort level while still emphasizing your concern and willingness to listen.

Listen without lecturing

STOP any urge to criticize or pass judgment once your teenager begins to talk. Do not offer unsolicited advice or ultimatums and always validate their feelings otherwise they will feel like you don't take their emotions seriously.

If your teen claims nothing is wrong, but has no explanation for what is causing the depressed behavior, you should trust your parental instincts. Denial is a strong emotion and teenagers may not believe that what they're experiencing is the result of depression. If you see depression's warning signs, seek professional help. Neither you nor your teen is qualified to either diagnose depression or rule it out.

Depression very much needs the intervention of a health professional, self help, and above all support from family and friends. Comprehensive treatment often includes both individual and family therapy.

There are several ways to find qualified mental health professionals, including the following: a referral from your child's primary care physician or your family doctor, enquire through professional organizations for referrals, search in the phone book for the listing of a local mental health association or community mental health center and call these sources for referrals, or ask family and friends.

Explore the treatment options. Expect a discussion with the specialist you've chosen about treatment possibilities for your son or daughter. There are a number of treatment options for depression in teenagers, including one-on-one talk therapy, group or family therapy, and medication. Talk therapy is often a good initial treatment for mild to moderate cases of depression. Over the course of therapy, your teen's depression may resolve itself. If it doesn't, medication may be warranted. However, do keep in mind that antidepressants should only be used as part of a broader treatment plan. †

Editors note:

Phone numbers for the Kinder- und Jugendpsych. Dienst des Kantons Zürich (KJPD):
 Region Bülach: 044/872-5656;
 Region Dietikon: 044/740-7890;
 Region Uster: 044/944-8877.