



## DEPRESSION IN CHILDREN

### **Problem:**

Depression is more than just “feeling blue” or having a bad day. It is different from feelings of grief or sorrow that follow a major loss, such as a death in the family. It’s not a personal weakness or a character flaw. Children and teens with clinical depression cannot simply “snap out of it.”

Depression is a serious health problem that affects feelings, thoughts and action, and can appear as a physical illness. As many as one in eight teens and one in 33 children have clinical depression. Fortunately, depression in youth is treatable. The behavior of depressed children and teenagers may differ from the behavior of depressed adults.

### **Signs and Symptoms:**

If one or more of these signs of depression persist, parents should seek help.

- Frequent sadness, tearfulness, crying
- Hopelessness
- Decreased interest in activities or inability to enjoy previously favorite activities
- Persistent boredom, low energy
- Social isolation, poor communication
- Low self esteem and guilt
- Extreme sensitivity to rejection or failure
- Increased irritability, anger or hostility
- Play that involves excessive aggression towards self or others, or that involves persistently sad themes
- Difficulty with relationships
- Frequent complaints of physical illnesses such as headaches and stomachaches
- Frequent absences from school or poor performance in school
- Poor concentration, indecision or forgetfulness
- A major change in eating and/or sleeping patterns
- Talk of or efforts to run away from home
- Thoughts or expressions of suicide or self destructive behaviors

## **Recommendations:**

- Know the warning signs for depression and note the duration, frequency and severity of troubling behavior.
- Get accurate information from libraries, hotlines, the Internet and other sources.
- Take your child to a mental health professional or their primary care physician for an evaluation and diagnosis if he or she is exhibiting several of the warning signs. The evaluation may include psychological testing, laboratory tests and consultation with other specialists.
- Ask questions about treatments and services. A comprehensive treatment plan may include psychotherapy, ongoing evaluation and in some cases, medication. Optimally, the treatment plan is developed with the family and whenever possible, the child.

## **Resources:**

- Primary care physicians
- Local mental health centers/providers
- Others who can help include psychiatrists, psychologists, nurses, professional counselors, social workers, school counselors and counselors in faith based organizations
- Tennessee Voices for Children  
[www.TNvoices.org](http://www.TNvoices.org)
- NAMI Tennessee  
[www.NAMITN.org](http://www.NAMITN.org)
- 211 Social Services Help Line  
[www.211tn.org](http://www.211tn.org)
- TENNderCare  
[www.tennessee.gov/tenncare/tenndercare](http://www.tennessee.gov/tenncare/tenndercare)  
1-866-311-4287
- Youth Villages  
[www.youthvillages.org](http://www.youthvillages.org)
- Tennessee Department of Mental Health and Developmental Disabilities (TDMHDD)'s Best Practice Guidelines for Children and Adolescents at [http://tennessee.gov/mental/omd/clinical\\_docs/bpg.pdf](http://tennessee.gov/mental/omd/clinical_docs/bpg.pdf). Go to Mood Disorders page 72.
- Statewide Crisis Intervention Line  
If you or someone you know is in a crisis now, seek help immediately.  
1-800-809-9957
- National Suicide Prevention Lifeline  
If you or someone you know is exhibiting signs and symptoms of suicide.  
1-800-273-TALK (8255)

Adapted from the American Academy of Child and Adolescent Psychiatry and Mental Health America Fact Sheet