

More than a bad day

Children can suffer from depression, but there are many ways adults can help

Where to go for help

Parents and experts agree that our system of children's mental health services is inadequate and frequently difficult to access. But there are steps you can try.

- **Pediatricians** can help identify developmental issues and possible health problems and refer parents to a child therapist if necessary.
- **Health insurance plans** may provide mental health services and can refer you to therapists.
- **Mental health clinics** may provide assessments and treatment services. County clinics primarily serve children who are covered under Medi-Cal or Healthy Families. Nonprofit clinics may have a sliding fee scale.
- **Child or family therapists** usually meet with the child and the family. Therapists may use "play therapy," helping young children express their feelings by playing with dolls and other toys. At Warder's family's therapy sessions, they would discuss what was going well for her son and how to improve what wasn't working. Warder recommends that parents interview therapists until they find one they are comfortable with. The therapist might recommend a psychiatric assessment or anti-depressant medication.

RESOURCES

American Academy of Child and Adolescent Psychiatry,

- 800-333-7636, offers
- *Your child: What every parent needs to know*, a guide to emotional and social development from infancy through pre-adolescence. \$18, Harper Collins. Summary online at www.parentshandbooks.org/yourchild.htm.
 - "The Depressed Child," available free or online at www.aacap.org/publications/factsfam/depressd.htm.
 - "El niño deprimido," available free or online at www.aacap.org/publications/apntsFam/depressd.htm.

County mental health access hotlines provide information, resources, and referrals to mental health clinics and community-based organizations. For your county's hotline number, call 800-896-4042.

Wings of Madness provides on-line information and discussion on depression and related issues, www.wingsofmadness.com.

Rosa Warder became concerned when her 13-year-old son "stopped doing just about everything." She recalls, "he went from being a 4.0 student, playing several sports, with lots of activities and friends...[to] spending more and more time alone, being miserable. He was unwilling to get out of bed to go to school. He was also extremely irritable and began to talk about how life wasn't worth living." When she suggested activities, "Always before, there had been something else he wanted to do...but now, he said, 'I don't know' to everything," she says. She brought her son in to a family therapist, who recommended antidepressants as well as therapy.

"DRAMATIC CHANGES"

Parents and providers should be concerned if they see "dramatic changes in a child's behavior over a period of several weeks," says Nancy Ellinger, senior psychiatric social worker with the Berkeley Mental Health Department. Particularly if a child is "not getting excited about what they used to get excited about," adds Laurence Braslow, chief psychiatrist with Los Angeles Child Guidance Clinic.

For some children, like Warder's son, depression can come with puberty. But younger children—even infants and toddlers—can suffer from depression. Childhood depression can be triggered by "major changes and stress," says Cynthia Callahan, clinic manager of King's View Lake Street Center in Madera, such as the loss of a caregiver, a divorce, or family problems. Depression may also be related to underlying issues such as learning disabilities or mental health problems.

"You need to know the child, what is normal for them. Don't jump to conclusions," cautions Marsha Sherman, executive director of the California Child Care Health Program.

- Parents and providers should pay close attention if a child seems to be
- Persistently sad, crying more easily
 - Losing interest in play or school
 - Withdrawing from friends and family



HEIDI THOMPSON

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- Tired, with lower energy or concentration levels
- Irritable, such as being "touchy over small disappointments, [more likely to have] tantrums," says Braslow.
- Expressing low self-esteem, making disparaging comments about themselves
- Acting out "sad endings" in dramatic play. "Before, [a child might] play that Mommy and Daddy went on a picnic, and everyone had a great time," says Braslow. "Now they go on a picnic and Daddy might leave and the child is left alone. Play might become overwhelming and the child may throw toys or be aggressive."
- Having more frequent stomach aches or headaches
- Sleeping more or having problems sleeping
- Eating too much or not enough
- Appearing to regress, such as losing the ability to talk in sentences or bedwetting
- Talking about suicide, which should be "taken seriously and addressed immediately," says Callahan.

With infants and toddlers, signs for concern include a child who "looks sad or listless even when consoled," says Betsy Wolfe, clinical coordinator for the UCSF Infant/Parent Program. "They may frantically cling to their caregiver or stop trying to communicate." Wolfe adds that depression in infants and toddlers is nearly always connected with a change or loss of a caregiver or having a caregiver who is unable to respond to their needs. ■

What YOU can do

- **"Give the child extra attention;** don't just ignore [signs of depression]. Playing games with a child can make it easy for them to talk," says Sherman. "Read children's books [related to issues the child is experiencing], draw, play with play dough," recommends Callahan.
- **Ask questions** "and listen for clues," suggests Ellinger. "An elementary-age child might say 'I'm dumb.' Don't just reassure them, but ask 'What makes you think that? Did something happen?' If a child says 'Everything sucks,' ask 'What sucks the most?' Or ask about something specific that you've noticed."
- "Establish routines," says Sherman, "such as reading before bedtime to create a warm, loving environment. Reassure the child that problems are not their fault."
- **Look for possible causes of stress.** "Could the child be responding to changes between parents?" asks Stein. Also, "reevaluate the child's daily schedule of activities. Is their schedule too busy?"
- **Soothe infants and toddlers** by holding and rocking them, recommends Wolfe. Providers should "find out about routines. Are they being weaned suddenly? What kinds of foods do they like? Are they sleeping through the night? And work with the child to develop new routines."
- **Seek treatment,** particularly if you notice a child "starting to withdraw, act out, or make negative comments about themselves," says Ellinger. "Trust your guts," adds Warder, "if you think something might be wrong with your child...be persistent."