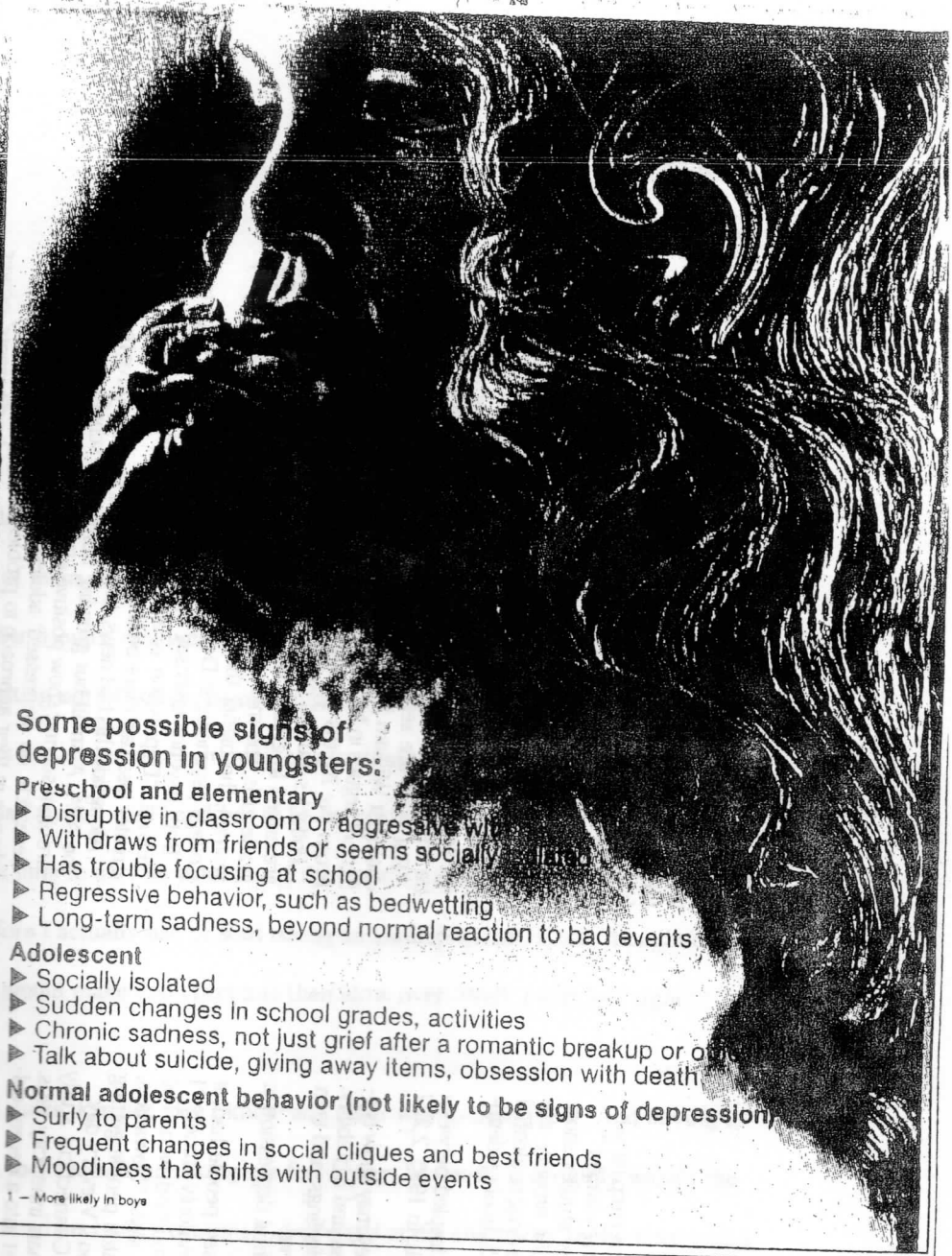


Childhood depression



Some possible signs of depression in youngsters:

Preschool and elementary

- ▶ Disruptive in classroom or aggressive with peers
- ▶ Withdraws from friends or seems socially isolated
- ▶ Has trouble focusing at school
- ▶ Regressive behavior, such as bedwetting
- ▶ Long-term sadness, beyond normal reaction to bad events

Adolescent

- ▶ Socially isolated
- ▶ Sudden changes in school grades, activities
- ▶ Chronic sadness, not just grief after a romantic breakup or other loss
- ▶ Talk about suicide, giving away items, obsession with death

Normal adolescent behavior (not likely to be signs of depression)

- ▶ Surly to parents
- ▶ Frequent changes in social cliques and best friends
- ▶ Moodiness that shifts with outside events

1 — More likely in boys

By Suzy Parker, USA TODAY

Rich or poor, more kids struggle with symptoms

By Marilyn Elias
USA TODAY

Youngsters in two environments — the prosperous, manicured suburbs of Connecticut and the state's grim inner-city neighborhoods — appear to be living on different planets.

But these kids have more in common than meets the eye: Depression is an equal-opportunity malady for U.S. youngsters, says Columbia University psychologist Suniya Luthar.

Her studies on 500 Connecticut adolescents

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affluent teens as poor ones. "It's surprising," Luthar says, "because lots of people think, 'What do well-off kids have to be depressed about?'"

Rich, poor or in between, kids all across the USA are experiencing symptoms of serious depression at higher rates than any generation in modern history, recent surveys suggest.

Youth depression will be a key topic of concern at the

Francisco this weekend.

Depression is hitting at younger ages than ever before, says social psychologist Ronald Kessler of Harvard Medical School, Boston. In his study of 8,098 Americans 15 to 54 years old, only 2% ages 45 to 54 reported symptoms of clinical depression by their late teens. Among those 15 to 24, 23% had serious depression before 20.

The rise probably doesn't reflect fading memory or reluctance to admit problems, Kessler

ter says, since there's no similar younger-generation jump for other mental illnesses. "Depression is just happening younger." And it can spawn other major problems. New studies show that youngsters who develop depression and/or anxiety are three to four times more likely than peers to have drug or alcohol abuse problems by their mid-20s. Yale Medical School epidemiologist Kathleen Merikangas will tell the APA. Suicide rates for U.S. children and teens quadrupled between 1950 and 1995, another sign of depression's toll. In 1995, 2,227 Americans under age 20 took their own lives.

Defining depression in kids can be tricky. They may show typical adult symptoms such as long-term sadness and irritability. But some children are unable to express their feelings, and teen depression can be mistaken for normal behavior.

There are no sure-fire answers to why youthful depression is on the upswing, but new findings offer clues. Kessler's survey finds that 62% of depressed people had at least one other mental disorder with kids is anxiety-driven. The world is just a much scarier place," Kessler says. "Nowadays, kids can watch people getting

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murdered on TV every day," Luther's Connecticut study shows suburban teens are more anxious than inner-city kids. "It's the enormous pressure to succeed, to get into a decent college," she speculates.

Greater isolation also may be spurring childhood depression. "Kids used to grow up in large, close-knit, extended families. And our grandparents sat in comforting spiritual furniture," says Martin E.P. Seligman, the APA's president. "Children are alone more now. Individualism is rampant, and it's not a good buffer against the defeats we all face."

There are some major findings on how depressed kids differ from healthier peers:

- ▶ Their parents are more likely to be divorced or at war
- ▶ Seriously depressed teens are seen by themselves and teachers as less socially adept than peers. They misread neutral scenarios as rejection, "and that makes them shy and withdrawn," University of Texas psychologist Kevin Stark says.
- ▶ Kids who believe bad experiences are the result of permanent causes in themselves, not changeable behaviors or conditions, are more apt to be depressed.
- ▶ There's a strong stress-depression link in teens.

Depression doesn't hit the two sexes equally after early adolescence. Between 11 and 15, girls' depression rates soar: by 18, they have about twice the depression rate of males. Past studies have found adolescent girls, like women, tend to dwell on problems more than males. This keeps women depressed longer.

New studies with 615 teens show that girls worry much more than boys about matters they can't control well — popularity, appearance, family problems, etc. — University of Michigan psychologist Susan Nolen-Hoeksema will report to the APA. Girls may be "constantly trying to solve problems they can't solve," she says. Female socialization to please and care for others may be one reason for the sex difference, she says.

But boys are seriously underdiagnosed for depression, psychologist William Pollack of McLean Hospital/Harvard Medical School argues in his new book, *Real Boys: Rescuing Our Sons*.

From the *Myths of Boyhood* (Random House, \$24.95). Pollack's studies on boys show traditionally macho attitudes are linked to greater depression. And in a new study of eighth-grade girls, the more girls endorse conventional femininity for women, the higher they score on depression scales. Wellesley College psychologist Deborah Tolman will tell the APA.

Both psychologists say rigid sex roles can squelch kids' true feelings. "Depression is about loss," Tolman says, "and what greater loss can there be than yourself?"

Alongside this bad news, there will be some positive reports at the APA. A small but growing number of school programs on problem-solving show positive effects in preventing depression. Research on depressed adolescents finds therapy stressing change in their approach to problems is highly effective.

The most potentially cheering news involves parents' power. They can make a negative or a huge positive difference. New studies find depressed kids more likely than peers to have guilt inducing, controlling, rejecting or uninterested parents. "Parents have to look at their own lives, too," says Los Angeles therapist Judith Harris. Kids who beat depression often have parents willing to listen with care and perhaps for the first time embrace a child who isn't the kid they'd hoped for. Harris says: "They may need to cultivate and praise other strengths in mediocre students. They may need to give extra support amid stressful transitions such as divorce.

New research with adolescents shows parents' key role. Yale University psychologist Susan Reyland says. As kids' perception of parental rejection increases, their psychological functioning declines. Reyland will tell the APA.

"What it says to us as parents is we have power. . . . Don't be misled into thinking peers are the main influence. Their relationship with parents is the most time-tested one. It's parents who give kids core feelings of goodness and lovability."

Depression: My Personal Experiences with the Disease

"I'm feeling depressed today." That phrase is one commonly used among teenagers when they are having a lousy day. But how many of them are actually clinically depressed? When someone is clinically depressed it is probable that his or her friends, relatives, and teachers do not know about it. People who are clinically depressed have trouble getting out of bed in the morning, but they learn how to put on a good front. When someone who has never had experience with depression thinks of someone who is depressed, they often think of someone who is a "mental case" and has to be hopped up on drugs. Oh yeah, the drugs. They are supposed to be magic little pills to cure all troubles- if the person stays on them forever. At least I thought that was how they were before I actually had to start taking an antidepressant. I, too, thought that depression was just something that would make you crazy and then blow over. Well, I was half right anyway.

Being clinically depressed sucks. I'm not sure I know any other way to describe it. And having to be on an antidepressant? Yeah, that sucks too. It is making me feel better; however, it certainly wasn't the end to all of my troubles. When I started becoming extremely depressed at the end of my sophomore year I didn't think too much about it. I tried to just get myself through school- with good grades, I might add, and hope for the best. I hung out with my friends all the time so I didn't have to feel as alone. I even decided to go to another school for my junior year, thinking that would switch things around. Boy, I was wrong. I hated my new school, my best friends had gone away to college, and I just hated life. Plain and simple. But it wasn't until I came down with mononucleosis that I really succumbed to my depression. There's nothing like giving a depressed person an illness that makes them weak, tired, and not wanting to leave the house. But my real troubles didn't start until I got over the mono.

When I was physically getting better, I was mentally getting worse. I was expected to hop up and face the world (including make-up work for two AP classes, and four honors classes). However, for some

reason, I was afraid to leave the house. I didn't enjoy hanging out or talking with my friends. I was afraid of school, and I started to withdraw from everyone around me. I knew I was depressed. ~~How~~ there was something really wrong with me. I would spend hours writing in my journal, crying for no reason, and just lying on the couch. I knew that I wasn't myself. But I didn't know how to change.

I was finally taken to a psychiatrist when I refused repeatedly to go to school. When the idea of school was suggested, I was thinking, Are you kidding me? Do you know what I have to face? So then came my first visit with Dr. Shin. And oh my, what an experience that was. Dr. Shin is a small, Asian man who speaks so fast he can't be understood. He made me feel nervous, and I was expected to open up and tell him everything? After about ten minutes talking together he suggested an antidepressant. But I was very adamant that I did not want to have to rely on a pill to make me happy. So then he suggested the drug Klonopin for my anxiety. Okay, I guess I could compromise with that. So after a couple days of coaxing, I eased back into school loopy on my Klonopin. When I got to class I couldn't focus, and I was extremely sleepy. I knew this wasn't going to work. Needless to say, I didn't stay in school for very long before I realized that I just wasn't going to be able to finish the year. My depression was getting worse, and the Klonopin only made me sedated. I started to take a turn for the worst, only I thought I was getting better.

I stopped going to school for the year. I hung out with my best friend who was taking a semester off of college. I started dating a really great guy. Sounds like every teenage girl's idea of a perfect life, right? Well, it certainly wasn't for me. I started feeling worse and worse. I stopped hanging out with my best friend, and good days were classified as whether I changed out of my pajamas or not. I decided it was time to visit Dr. Shin and get on one of those magic pills he was talking about. (Yeah, right. Magic.)

Dr. Shin put me on a low dose of Prozac. Prozac is an SSRI (selective serotonin reuptake inhibitor) which targets the neurotransmitter Serotonin in the brain. Clinical depression is a chemical imbalance in the brain, and antidepressants that are SSRIs are supposed to correct the imbalance and allow enough serotonin in the brain to make happy feelings. At least, that's how it was all explained to me by Dr. Shin. He also told me that I should be feeling better in a couple of weeks. So when a couple months rolled around and I was still feeling crummy, I just knew that the drug hoopla was just that: hoopla. I stopped taking the Prozac and returned to my depressed life. It wasn't until the next school year rolled around that I began to flirt with the idea of taking another antidepressant. Because boy, I needed one.

Unlike many teenagers, senior year was not the best year for me. My depression was getting worse and worse, I had nine credits to complete in order to graduate, and my home life was spiraling downward. My school attendance was horrible, and I was feeling completely hopeless about life in general. The days of going to Mr. Turner, the counselor, started to really add up. I knew I needed help on a deeper level. I got up the courage to tell my mom that I wanted to see Dr. Shin again. So I went, and this time he put me on a low dose of Zoloft. A very low dose. It didn't make me feel better at all, but I continued to take it thinking that it would kick in any day. But I was wrong, and I paid for it. My depression was getting even worse and at the end of February I had a breakdown. I didn't get out of bed for two weeks. I cried nonstop and I really hated life and, well, living. When I did leave the house, it was to go to a psychiatrist. A new psychiatrist, that is. So I went to Dr. Belitsky and she increased my dosage of Zoloft by 200 percent. I gradually got up to the new level of medicine, and wow. I started feeling completely different in about four weeks. My regular physician, along with my psychiatrist, decided that it would be best if I finished my schooling at home. I agreed. And along with Dr. Belitsky, Mr. Turner, my homebound teacher Ms. Hobbs, and my family, I have changed dramatically. My depression is under control and I am feeling great. So this new dosage of Zoloft- magic, right? Hardly. Finding an antidepressant that worked for me, combined with the right dosage, took a long time. It also took a strong support system to bring me back. But I am coming back.

Depression is not something to be taken lightly. Clinical depression is an actual disease, which a lot of people seem to not understand. My own personal experiences dealing with the disease span over the course of my high-school career. I know what it is like to not want to get out of bed, to not want to wake up in the morning. But it is a treatable disease. I have learned how to control my depression with an antidepressant, expressive writing in my journal, and a lot of informal talk-therapy with people close to me. I am not just some mental case hopped up on drugs. I am a bright, funny, 18 year old girl who has a loving boyfriend, family, and group of friends. Yes, I am clinically depressed. However, that does not define who I am. People need to learn how to treat depression as if it is a disease, and not just a temporary emotional state. I know I am not the only teenager who is dealing with depression, which is more so why it needs to be understood.