

From Dan Simone, LMHC ...

- Nationally 7% of Youth (grades9-12) make a suicide attempt, 15% of youth seriously consider suicide (Ctr for Disease Control & Prevention – website 2010)
- Connection to Suicide: Over 90% of suicides involve a Major Mental illness - Depression, BiPolar Disorder, or Substance Abuse Disorder. (Natl Inst of Mental Health –website, 2010)
- Warning signs of depression:
 - Depressed, irritable, empty or sad mood
 - Decreased interest in or enjoyment of once-favorite activities and people
 - Changes in appetite – significant weight loss or gain
 - Sleeping too much or too little
 - Physical agitation or slowness
 - Fatigue or loss of energy
 - Low self-esteem, feeling guilty
 - Decreased ability to concentrate, indecisive
 - Unexplained aches and pains
 - Drug or alcohol abuse
 - Recurrent suicidal thoughts or behavior

Source: *Depression and Bipolar Wellness Guide – Families for Depression Awareness*

Parenting Tips

- The Heisman analogy
- Normal Adolescent Development
 - Stress management
- Improving Communication
- Listen, Listen and Listen
- When conflict comes
- Respond vs. react
- Holding the line – When Conflict Comes
- Building Resiliency
- Lowering Stigma – Getting in and staying in treatment
 - Sooner is better than later
 - Work collaboratively – finding the right match
 - Manage expectations

From Dr. Kamireddi ...

- Depression is a medical illness that requires professional help.
- If left untreated, it is a lethal illness since over 40% of children and adolescents with depression have suicidal thoughts. Children with a mood disorder such as depression are 5x more likely to attempt suicide than children who are not affected by these illnesses.
- The good news is that depression is a treatable illness.

About 5% of children and adolescents in the general population suffer from depression. At any point in time, 1 in every 10 children and adolescents are affected by serious emotional disturbances. (Source: SAMHSA, www.mentalhealth.samhsa.gov, Mar 18, 2009)

- Depression also tends to run in families.
- Early diagnosis and treatment are essential for depressed children.
- Comprehensive treatment often includes both individual and family therapy along with the use of antidepressant meds.
- The response rate to a 1st antidepressant in children and adolescent with Major Depressive Disorder is about 50% - 60%. Of the approx. 40% to 50% of children and adolescents who do not respond to an initial med, a substantial number will respond to an alternate med.
- Ongoing evaluation and monitoring by a physician is essential since clinical decisions should be modified and reassessed based on the disease acuity, severity, history, and treatment response.
- Key is in recognizing that Depression is a treatable medical illness and treatment plan needs to be individualized for each child and his or her family for an effective and successful treatment.

From Dr. Steve ...

How do I find a counselor for my child?

There are four steps in getting the right counselor for your child.

First, whenever possible, avoid picking a name out of a book. Not all counselors do the same sort of work. Many specialize in working with children, adolescents, etc. Most counselors also have other areas of specialization, such as grief, divorce, anxiety, etc. Your child's pediatrician will know of good counselors in the community. Also, most schools have guidance counselors who frequently help parents find counselors. Either of these sources will get you started with a good list of counselors who may be helpful.

Second, take that list and check with your (or your child's) insurance company to see who is an approved "provider". Not all insurances have contracts with all counselors.

Third, call everyone on the list who is an approved provider to see if they are accepting new clients. Do not call one at a time, call everyone. Many counselors are very busy, so it is important to make as many contacts as possible. If you can be flexible (take an appointment earlier in the day) you have a better chance of getting in. Sometimes it helps to use the name of the person who had referred you to the counselor ("I got your name from.....").

Finally, even people who will try on dozens of shoes before deciding which is right often settle for the first counselor they meet. The list provided by your child's doctor or school will greatly increase your chances of finding the right counselor right away. However, it is very important to ask yourself (and perhaps your child) "Is this the right fit?" There is no perfect way of deciding this. Often a gut feeling will tell you if it's right. Meeting with more than one counselor before deciding may be helpful. Remember, meeting with a counselor for the first time can feel strange, even scary at times. After an initial meeting many people, especially kids, can "tell" if there will be a good fit.

Internet Resources

Groton-Dunstable Alliance for Youth (GDAY) is a non-profit independent coalition of parents, teachers, students, and community partners. We are committed to promoting safe, healthy and respectful decisions in order to reduce high risk behavior by the youth of Groton and Dunstable.

We believe that by creating community partnerships and programs we can significantly increase healthy decisions by youth and the associated positive outcomes. Through these efforts we will address the diverse needs of all youth and reinforce their value to our communities.

www.g-day.org/testsite/Resources.html

Families for Depression Awareness

Families that work together are best able to cope with depressive disorders. Our organization, Families for Depression Awareness, helps people in caregiver roles and people with depressive disorders understand the conditions, reduce stigma, and share issues.

www.familyaware.org/

Screening for Mental Health, Inc., (SMH)

SMH first introduced the concept of large-scale mental health screenings in 1991. SMH programs now include both in-person and online programs for depression, bipolar disorder, generalized anxiety disorder, post-traumatic stress disorder, eating disorders, alcohol problems, and suicide prevention.

www.mentalhealthscreening.org/index.aspx

Wayside Family and Youth Support Network

A support group for children with behavioral, emotional and learning challenges meets the 1st and 3rd Thursday of each month at 406 Mass Ave, Arlington (opposite the fire station) from 6:30-9:00 pm. Sponsored by Wayside Family and Youth Support Network, the group is confidential and free of charge. For more information contact Anne Sullivan at (781) 643-2580 x123 or anne_sullivan@waysideyouth.org

Parent's med guide – www.parentsmedguide.org

The use of medication in treating childhood and adolescent depression, information for parents and families.

To find a mental health provider in your community, go to www.mentalhealth.samhsa.gov/databases

From *Facts for Families: The Depressed Child*, The American Academy of Child & Adolescent Psychiatry, May, 2008.

The behavior of depressed children and teenagers may differ from the behavior of depressed adults. Child and adolescent psychiatrists advise parents to be aware of signs of depression in their youngsters.

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

- Frequent sadness, tearfulness, crying
- Decreased interest in activities; or inability to enjoy previously favorite activities
- Hopelessness
- Persistent boredom; low energy
- Social isolation, poor communication
- Low self esteem and guilt
- Extreme sensitivity to rejection or failure
- Increased irritability, anger, or hostility
- Difficulty with relationships
- Frequent complaints of physical illnesses such as headaches and stomachaches
- Frequent absences from school or poor performance in school
- Poor concentration
- 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 behavior

Overcoming Obstacles to Effective Treatment for Depression:

The Jeff Boczenowski Story

May 19, 2010

Program Handout

Helpful Hints for Parents

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