

in Children's Behavior

Health and Behavior

Children's behavior is complicated and influenced by many factors: family, friends, school, the child's natural temperament, and behaviors they see modeled by others. Illness can also affect a child's behavior, and illnesses of the brain can directly affect a child's emotions and behaviors. When a child has a behavioral or emotional problem, it is important to consider all these factors.

DISORDERS OF THE BRAIN

NO SHAME, NO BLAME

Research on the brain has shown that many troubling behaviors once thought to be odd or the result of poor character may be related to malfunctions in brain chemistry or neurocircuitry. We now know that brain disorders are common in children and youth. Treatment at the onset of a developing problem can make a marked difference in the young person's ability to function. Early intervention can prevent long term consequences such as low self-esteem, poor school performance, and impaired social development.

NORMAL CHILDHOOD BEHAVIOR OR ILLNESS?

Most children experience fluctuations in mood and behavior as a result of normal developmental transitions. Healthy children can exhibit, on occasion, any of the symptoms of more serious behavioral and emotional disorders without needing much concern. However, when these symptoms appear over an extended period of time, it is wise to have the child checked by a doctor. For example, it is not normal for children to be painfully shy, constantly worried or unhappy, or frequently irritable or even violent. Most children will not outgrow these chronic symptoms; they need our help.

NO SHAME,

CHILDHOOD DEPRESSION

Red Flags focuses on the symptoms of depression for a number of reasons. The occurrence of depression can spike during adolescence, making it one of the most common childhood disorders. Depression can make a child's life miserable, affect academics, impair normal development, and even result in death for youngsters who become suicidal. Suicide is the second leading cause of death for young people between the ages of 11-24. Additionally, the symptoms of depression frequently overlap with other common childhood disorders. Symptoms of depression that last for an extended period of time and are interfering with the child's ability to function should prompt a request for an evaluation by a licensed professional to determine an accurate diagnosis.

NO BLAME

FACTS ABOUT CHILDHOOD DEPRESSION

- The symptoms of depression are recognizable and treatable.
- Untreated depression may disappear after 7-9 months, but it is more likely to return in more severe episodes.
- More children die from depression related suicide than from any other childhood disorder.
- Children with untreated depression are at high risk for substance abuse.
- Depression is a brain disorder attributed to a problem with the brain's circuitry or chemistry.
- Treatment for depression has an 80% success rate, higher than heart disease or diabetes.
- While depression can occur at anytime across the lifespan, it has a higher occurrence during adolescence.
- Early intervention is a key to effective treatment and the prevention of long term problems.
- 80% of depressed children go undiagnosed and untreated.

**INCREASED RISK
FACTORS
for CHILDREN and
ADOLESCENTS**

While depression can occur in any child or adolescent, certain factors increase the risk.

- Family history of depression, suicide, or other major mental illness
- Stressful life events
- Child abuse or witness to abuse
- Inconsistent and/or unstable caregiving
- Substance abuse
- Chronic illness in the child or family
- Problems with parents
- Poor social skills or unpopularity
- Mix of above factors

LEARNING PROBLEMS of DEPRESSED

children

Depression can affect a child's ability to learn. Teachers sometimes may notice symptoms before parents and can be very helpful in determining if a child could benefit from professional help. Learning problems can include:

- Difficulty concentrating, daydreaming
- Sleep disorders, inability to fall asleep at night, exhaustion, inability to get up in the morning, sleeping in class
- Difficulty with organization, time management, getting the right assignments, remembering to complete or turn in homework
- Attendance problems
- Resistance to help caused by embarrassment over above symptoms, frustration with previous efforts, and giving up
- Social problems such as heightened sensitivity to criticism, crying easily, extreme anxiety in social situations or over classwork or tests, low tolerance for frustration

other CHILDHOOD MENTAL ILLNESSES RELATED TO DEPRESSION

ATTENTION DEFICIT HYPERACTIVITY Disorder **ADHD**

ADHD is one of the most common childhood disorders. It is characterized by 3 types: Inattention, Hyperactivity, and Impulsivity. Inattention includes difficulty concentrating, forgetfulness, troubles with organization, losing or misplacing things, avoidance of tasks requiring long periods of concentration. Hyperactivity includes excessive fidgeting, difficulty staying still or seated, jumping from subject, rapid thoughts or speech. Impulsivity may be displayed in continual interruption of other's speaking or activities, taking needless or dangerous risks. These types may occur separately or in combination.

Generalized Anxiety

Anxious youngsters worry excessively about a variety of everyday problems such as grades, their safety or friendships. They can't relax, startle easily, and have difficulty concentrating. Often they have trouble falling asleep or staying asleep. Physical symptoms that often accompany the anxiety include fatigue, headaches, muscle tension, muscle aches, difficulty swallowing, trembling, twitching, irritability, sweating, nausea, lightheadedness, having to go to the bathroom frequently, feeling out of breath, and hot flashes. Anxiety disorders, when severe, can affect a child's thinking, decision making ability, and perceptions of the environment.

OBSESSIVE-COMPULSIVE DISORDER (OCD)

Children with this disorder feel compelled to repeat certain actions or rituals over and over again, such as washing their hands or erasing right through a piece of paper. They can be unusually worried about germs, illness, or cleanliness.

EATING *disorders*

Eating disorders are seen more often in girls but can also occur in boys. Anorexia, is a persistent and intense fear of weight gain. Children with this disorder lose weight from denying themselves food, compulsively exercising, and or bingeing and purging. Children with bulimia share the preoccupation with food seen in anorexia, but may alternate binge eating with forced vomiting.

DEPRESSION

RED FLAGS

A CHILD'S EMOTIONAL WELLNESS IS CRITICAL FOR LEARNING, MAINTAINING POSITIVE RELATIONSHIPS, AND OVERALL GOOD HEALTH.

Awareness of the following symptoms can help parents be alert to behavioral signs that may indicate the need for further evaluation. If you have concern that your child may be experiencing depression, put a check by any symptoms your child may exhibit. Note specific examples and take this list with you to a health care professional.

IN INFANTS AND TODDLERS:

- ❑ too little or too much crying, excessive whining
- ❑ sad or deadpan expression
- ❑ little motor activity
- ❑ lack of pleasure in developmentally appropriate activities
- ❑ lack of social interest
- ❑ failure to grow and thrive

IN SCHOOL-AGED CHILDREN

- ❑ frequent unexplained headaches, stomachaches, and/or fatigue
- ❑ overactivity or excessive restlessness
- ❑ frequent sadness
- ❑ low tolerance for frustration
- ❑ irritability
- ❑ lack of pleasure in previously enjoyed activities
- ❑ intense worrying, unfounded fearfulness
- ❑ trouble getting along with others

BEHAVIOR

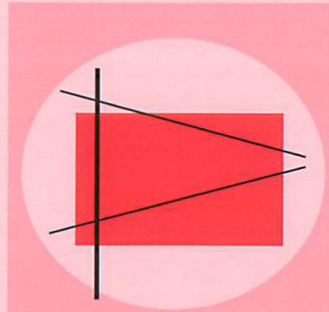
SEE A DOCTOR IF SYMPTOMS:

1. Occur in clusters rather than in isolated instances.
2. Occur frequently over a relatively long period—weeks to months.
3. Interfere with the child's ability to function.

in Children's Behavior

IN TWEENS AND TEENS

- ▶ frequent and unexplained headaches, stomachaches
- ▶ significant weight gain or loss
- ▶ feeling sad, hopeless, weepy, or empty
- ▶ unmerited feelings of being "bad" or "stupid"
- ▶ changes in sleep patterns/ problems with sleeping
- ▶ unprovoked anger or aggression
- ▶ refusal or reluctance to attend school, skipping school
- ▶ dropping out of favorite activities
- ▶ withdrawal, little interest in playing with others
- ▶ running away
- ▶ cutting, self-injury, threats of self-harm



With older children, you may wish to discuss this list with them to determine if professional intervention would be helpful.

- ▶ sudden drop in grades or change of behavior
- ▶ self-destructive behavior, including drug and alcohol use
- ▶ difficulty with relationships
- ▶ antisocial or delinquent behavior
- ▶ inattention to appearance or grooming
- ▶ risk taking behaviors with little thought of consequences
- ▶ extreme sensitivity to rejection or failure
- ▶ slowed physical responses or increased physical agitation
- ▶ social isolation

SELF- INJURY

Self-injury is a way some youth try to cope with the pain of strong emotions. Self-injury is defined by Wikipedia as "as the intentional, direct injuring of body tissue most often done without suicidal intentions... The most common form of self-harm is skin-cutting but self-harm also covers a wide range of behaviors including, but not limited to, burning, scratching, banging or hitting body parts, interfering with wound healing, hair-pulling (trichotillomania) and the ingestion of toxic substances or objects." Self-injury is a matter of serious concern and should be discussed with a mental health professional.

WHAT CAN PARENTS DO?

- If you suspect that your child may be suffering from depression or another mental disorder, the first step is to be alert to behaviors that are of concern. Write down how long these behaviors have been going on, how often and how severe they appear.
- Take your child to your physician or to a mental health professional for evaluation and diagnosis. Remember to bring your notes.
- Learn as much as you can about the diagnosis, using libraries, trusted websites, support groups such as Mental Health America or NAMI. See the last two pages of this booklet for additional resources.
- Ask questions about treatments and services.
- Talk to other families in your community. Remember that mental illnesses are "no fault" disorders and are among the best kept secrets in this country. Talking about them with other families and school personnel increases understanding and can open the door to compassionate help.
- Find and join family support organizations.
- If your child is in treatment, ask your provider to stay in contact with the school so that everyone can work together.

WHAT IS THE TREATMENT FOR DEPRESSION ?

Treatment for depression has three components:

❶ **Diagnostic evaluation**, which may include a physical to rule out other medical reasons for the behaviors, psychological testing, and consultation with parents, teachers, and other specialists.

❷ **A comprehensive treatment plan** which may include psychotherapy designed at helping the child and family understand and deal with the disorder, psychiatric medication when necessary to relieve symptoms and restore functioning, and ongoing evaluation and monitoring.

❸ **Family education and support**. Ideally, the family is included in all levels of treatment, serving as an ally to the professionals and the child. For this to occur, the family needs to be educated about the disorder, and receive instruction and support in its management.

treatment

WHO ARE TREATMENT PROFESSIONALS?

Children should be taken to experienced, qualified professionals. They include:

PSYCHIATRISTS. Medical doctors specializing in emotional and behavioral disorders. Generally responsible for evaluation, diagnosis, medication and coordinating treatment with other mental health professionals.

PSYCHOLOGISTS. Licensed master or doctoral level specialists in behavior, testing, and/ or psychotherapy

COUNSELORS/SOCIAL WORKERS. Umbrella term for licensed or unlicensed therapists or social workers who may utilize a range of counseling models to achieve desired outcomes. Generally not as rigorously trained psychologists, but may be exceptional in their specific area.

The choice of a treatment professional is personal and important since much of the success of the treatment depends on the trust level between the child, family, and the specialist. Parents and child are entitled to a specialist they can relate to and feel confident with. Even excellent, highly qualified providers may not work out with every child. If the child is not making progress, changing treatment professionals may be an option.

WHAT IS GOOD CARE?

Parents need to understand that the child's response to treatment may take some time. However, parents can expect a certain level of competency which includes:

- Timely access to providers for initial and follow-up visits
- Treatment consistent with current research
- Improvement over a reasonable period when following a treatment plan
- Involvement of parents, family members, school personnel, and other caregivers whenever possible and appropriate

CAN I AFFORD HELP FOR MY CHILD ?

Help is available whether you have insurance or not.

- If you do not have insurance: Many providers and community mental health centers accept payment on a sliding scale according to income. Make sure to discuss a payment plan before receiving services. Ask to speak with their billing staff to discuss your options. If you are unsure about how to access care, call your local Mental Health America, National Alliance for the Mentally Ill or your state or local Mental Health Services Board for help.
- If you have insurance: Check your provider booklet under Behavioral Health, Psychiatry or Psychologists for the names of groups or providers covered by your plan. It is often helpful to contact customer service to have mental health benefits explained prior to setting any appointments. Confirm co-pay amounts, if a referral is necessary and if there are any limitations for services.

GOOD CARE

BOOKS

Cobain, Bev., *When Nothing Matters Any More: A Survival Guide for Depressed Teens*. Minnesota: Free Spirit Publishing, 2007.

Fassler, David G., M.D. and Dumas, Lynn S. *"Help me, I'm Sad": Recognizing, Treating, and Preventing Childhood and Adolescent Depression*. New York: Viking, 1997.

Boesky, Lisa, *When to Worry: How to Tell if Your Teen Needs Help and What to Do About It*. New York: AMACOM, 2007.

WEBSITES

www.redflags.org

www.chadd.org

www.kidshealth.org/en/teens/your-mind/#catmental-health

www.dbsalliance.org

www.worrywisekids.org

<https://childmind.org>

VIDEOS

The following videos on childhood depression are available from Red Flags National, www.redflags.org

Thick 'n Thin: Understanding Childhood Depression (2008) 35 min.

Claire's Story: A Child's Perspective on Childhood Depression (1995) 49 min.

Also available free from www.erikaslighthouse.org:

Teen Depression: Real Stories of Hope and Health (2014), 18 min.

Real Teenagers Talking About Adolescent Depression (2011) 9 min.



Support Groups for Parents:

The following national organizations have local chapters across the United States. Call the national office to locate a chapter near you, or check your local phone books. Local hospitals and community mental health centers may also have informational and support groups for parents and for children.

Mental Health America

500 Montgomery St. • Suite 820 • Alexandria, VA 22314

Phone: 703-684-7722 www.mentalhealthamerica.net

Addresses all aspects of mental health and mental illness.

Federation of Families for Children's Mental Health (FFCMH)

12320 Parklawn Dr. • Rockville, MD 20852

Phone: 240-403-1901 www.ffcmh.org

Family run organization addressing the mental health needs of children and their families.

National Alliance for the Mentally Ill (NAMI)

3803 N. Fairfax Drive • Suite 100 • Arlington, VA 22203

Phone: 703-524-7600 www.nami.org/youth

A non-profit, grassroots organization of consumers, families and friends of people with severe mental illnesses with chapters across the United States.

For additional copies:

Red Flags National

www.redflags.org • 234-380-2449

LOCAL RESOURCES: