



Your Child's Emotional Health

How can I tell if my child is depressed?

Let your child's doctor know if your child has one or more of the following:

- Feeling persistently sad or blue
- Trouble with friends and family
- Becoming more irritable
- Having trouble sleeping (too much or too little)
- Eating too much or too little
- Loss of interest in usual activities
- Talking about suicide or death
- Using drugs, alcohol or other substances
- Change in school performance

What is the right treatment for my depressed child?

Your child's doctor can help you to choose the best type of treatment for your child.

Effective treatments include:

- Therapy (talk therapy)
- Pharmacotherapy (medication)

Your doctor may suggest that your child see a mental health specialist. Mental health specialists can include psychologists, clinical social workers, mental health counselors, and psychiatrists. These specialists may help with evaluation, testing, and treatment. This process will take time, patience, and dedication.

In order for your child to receive the best care, it is important that your child's doctor works together with your mental health specialist. It will also be helpful to discuss the situation with the school nurse, social worker or counselor: The school may be able to provide additional resources for support. With your permission, your child's doctor, mental health specialist, and school professionals may share information about your child's care in order to provide the best support possible.

Education helps children, adolescents and families to understand how depression can affect them and what treatments work. Treatment may include recommendations for exercise, relaxation strategies, social skills support as well as cognitive behavioral therapy.

Cognitive behavioral therapy (CBT) is the best way to teach children and adolescents about how the way they think about things can affect how they feel, and how they feel can affect how they act (behave). Ask the mental health specialist what kind of therapy he or she practices and how it might help.

Pharmacotherapy (medications) may be an effective and necessary part of a treatment plan that includes education and therapy. Be sure that talk to your child's doctor about how to properly administer the medication, what side effects to watch for and what benefits to expect. Children taking medication should see their doctor regularly and immediately report worsening of depressive symptoms or side effects.

What should I do in a crisis?

If you have concerns that your child is at risk for self-harm or harming others, contact your doctor or one the telephone numbers below immediately. If you or your child are experiencing a life-threatening emergency, call 911 or your local emergency services number.

Crisis Hotlines:

- Crisis Connection: (612) 379-6363 or (866) 379-6363
- National Suicide Prevention Lifeline: (800) 273-TALK (8255)

Where can I find more information?

Your child's doctor and mental health specialist can provide you with additional information. The websites below can also provide additional information that may help you support your child as he or she continues with professional treatment.

- American Academy of Child and Adolescent Psychiatry: www.aacap.org
- General pediatric health information: www.kidshealth.org
- Guide to depression medications: www.parentsmedguide.org
- Massachusetts General Resource Center:
www.massgeneral.org/schoolpsychiatry
- Suicide Awareness Voices of Education (SAVE): www.save.org
- Children's Physician Network: www.cponline.org ("For Families")

Remember...

Parents, doctors, mental health specialists and school professionals work together to help your child. Your child's doctor and mental health specialist can help you to understand your child's behavior. Some parents feel sad, embarrassed, angry, or afraid about their child's need for mental health treatment. It is important that you take action and share these feeling with your family, child's doctor and mental health specialists, as well as your own health care provider. This is an important part of helping your child.

Depression & Anxiety Medications in Children and Adolescents

What changes should I expect to see in my child?

The goal of antidepressant and anti-anxiety medication is to make a child more comfortable and help them feel “more like himself/herself”. The primary objective is to decrease the symptoms of depression and anxiety enough so that they are able to return to a normal, productive routine, even if symptoms do not completely disappear with medication alone.

How can I help monitor my child during treatment?

Most antidepressant/anti-anxiety medications have some temporary mild side effects (such as drowsiness or upset stomach) when a child or teen first begins taking them. These can often be addressed by simple changes such as taking the medication at night when these effects are less likely to impact daily activities. Occasionally, some children and teens may have uncommon physical and/or emotional reactions to medications. Parents should be attentive to signs of increased emotionality, agitation, panic, aggressiveness, or impulsivity. If you see these symptoms, consult your doctor immediately.

While regular doctor’s appointments are important, the frequency of monitoring should be suited to the needs of the child and family. If you and your child’s physician do not see evidence of improvement in your child’s health within 6-8 weeks, your doctor should reevaluate the treatment plan and consider changes.

How long should my child continue taking these medications?

Once a patient’s symptoms are well controlled, the same treatment is usually continued for a minimum of an additional 6 to 9 months to help prevent symptom recurrence. Youth who have a family history of mood disorders, severe depression, a slow and difficult response to treatment, a history of chronic depression, and/or multiple depressive episodes may benefit from continuing treatment for 1-2 years or more. We don’t know yet which patients are most likely to benefit from longer treatment. Your child’s doctor will work with you and your child to determine the best time to stop antidepressant treatment.

No patient should abruptly stop taking antidepressant medications. Suddenly stopping medication raises the possibility of negative discontinuation effects such as agitation or increased depression, especially if a child has been prescribed a higher dose of the medication. If you are thinking of changing or stopping your child’s antidepressant treatment, you should always consult with your child’s physician before taking such action.

It is very important to monitor for symptoms of depression and anxiety after treatment stops, and to contact your child’s doctor if they do return.

Do antidepressants increase the risk of suicide?

Children and adolescents with depression are much more likely to think about suicide and to attempt it than are other children. Early recognition and access to effective treatment are essential keys to reducing suicide in children and youth. Since depression is often a major contributor to completed suicide, it is worth considering treating depression with antidepressant medication particularly if combined with cognitive behavioral therapy (CBT). This combination treatment usually results in the fastest and most complete response.

Research suggests that any increased risk of suicidal thoughts or behaviors is most likely to occur during the first three months of treatment, with some studies showing that the risk is highest in the first 3-6 weeks. Teens especially should know about this possibility, and the patient, parents, and physician should discuss a safety plan (for example, whom the child should immediately contact) if thoughts of suicide occur.

Although not all suicidal children have depression, untreated depression greatly increases the risk of suicide. The Food and Drug Administration (FDA) described an increase in reports of suicidal thoughts and/or behaviors in children and adolescents taking antidepressants. But, there were no suicides in the cases they studied. Autopsies of teenagers who have committed suicide show that very few of them had traces of an antidepressant, making the link between antidepressant use and suicide even weaker.

Between 1992 and 2001, there was a large increase in the number of adolescents being prescribed SSRI antidepressants. During that time the rate of suicide among American youth ages 10–19 actually dropped by more than 25 percent. This was the first time in nearly 50 years that the suicide rate declined in young people.

What is a black box warning?

A “black box warning” is a cautionary label placed on some medications. The Food and Drug Administration (FDA) uses it to alert prescribing doctors and patients that special care should be taken using a medication. Black box warnings may apply to patients with particular medical conditions, or to patients within a certain age range.

In 2004, the FDA reviewed detailed reports of 24 clinical trials involving more than 4,400 children and adolescents who had been prescribed antidepressants. No suicides occurred in any of these trials. The FDA concluded that more of the children and teens receiving an antidepressant medication spontaneously reported that they thought about suicide or made a suicide attempt than did those who received a placebo.

Since the FDA warning, the rate of prescription of antidepressants in youth in both the US and Canada has decreased substantially. In parallel, there has been an increase in completed suicides in youth. Although a causal link cannot be established, many experts argue that this is evidence that antidepressants are effective in preventing suicide in youth.