DEPRESSION AND BIPOLAR SUPPORT ALLIANCE

"BP Me" by Kareem, age 13, from *The Storm in my Brain: Kids and Mood Disorders*, 2003.

Depression & youth

Mental illnesses do affect schoolchildren. Here's what to look for and how to get help.

By Heidi Ernst

Parents are packing lunches again and sending their backpack-laden kids back to school. They wonder if their child will make friends. They wonder if their child will be treated kindly and act the same to others. And after a decade's barrage of violence at schools, they wonder, even, if their child will be safe.

Not as many, most likely, wonder if their child will be diagnosed with depression or a related mental illness. But research shows that two teens in every classroom of 24 experienced a major depressive episode in the past year, and children as young as preschoolers show signs.

The signs at any age can be difficult to spot. Then finding a diagnosis and getting the right treatment—not to mention dealing with the stigma—can seem insurmountable. With a collection of resources ranging from faith communities and teachers to counselors and doctors, though, families can intervene before a child harms himself or others. Together they can begin to fight the illness.

And it is a medical disorder, as defined by the National Institutes of Medicine and most scientific and research organizations.

"You did not cause this illness. It is not your fault," the reader is told on a page in *The Storm in my Brain*, a booklet for kids from the Chicago-based Depression and Bipolar Support Alliance. The alliance's president, Sue Bergeson, who was consecrated as a Lutheran deaconess at Valparaiso [Ind.] University, said, "Depression results from a combination of genetic, biochemical, environmental and psychological factors. Parts of the brain responsible for regulating mood, thinking, sleep, appetite and behavior appear to function abnormally."

Unless more people understand the genesis of depression and related disorders, the collective battle against them will be a losing one, said Gary E. Nelson. The United Methodist minister and pastoral counselor wrote *A Relentless Hope: Surviving the Storm of Teen Depression* (Cascade, 2007) to openly share his family's battle against son Tom's depression.

"This isn't teens just being moody teens; we're talking about medical illnesses," Nelson said. "That's the radical perspective shift that parents and other adults have got to make if we're going to fight this."

Trying to get that word out goes all the way to Capitol Hill, where Lois Capps, a member of Grace Lutheran Church, Santa Barbara, Calif., is a U.S. representative. Perhaps the only school nurse ever to be elected to Congress, she is a champion of mental-health parity, which has a majority of support in the House and Senate. "Whether a broken bone or brain disorder, all illnesses should be considered the same for insurance qualifications," Capps said. "[And] in the health-care system, it needs to be clear that depression cuts across all ages."

Indeed, more than 2 million teens alone experienced a major depressive episode in the past year, according to a May report from the Substance Abuse and Mental Health Services Administration, with 12.7 percent of all teen

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females and 4.6 percent of males reporting conditions—a depressed mood or loss of interest or pleasure lasting two weeks or longer.

Symptoms are different in everyone, and they can be especially difficult to link to depression in teens, whose normal behavior can be crabby or moody. Common signs include tiredness, self-mutilation, and changes in weight or grades. Bergeson added that depression is a "spectrum illness," so some people will live with mild depression and others may live with deep depression followed by intense mania.

Like teens, signs in younger children can reflect what is normal for their age, making diagnosis difficult. But they might be more irritable than usual or complain of boredom, or, on the manic side, fight or be unable to sit still and therefore diagnosed—or misdiagnosed—with attention deficit disorder or attention deficit hyperactivity disorder.

Nelson became tuned in when Tom, then 14, hurled three fastballs into the wall after they had a disagreement. Tom began to lie. He became more belligerent. And Nelson found an essay Tom had written that said he felt as if he was "being beaten from the inside."

Tom also attempted suicide. In fact, more than 90 percent of people who die by suicide have depression or another diagnosable mental or substance-abuse disorder, according to the Suicide Prevention Action Network USA, founded by Gerald and Elsie Weyrauch, members of the Lutheran Church of the Resurrection, Marietta, Ga.

Although suicidal thoughts or attempts aren't present with every depressed young person, it is something to watch for. Literally: If you see something, say something. It could save one life—or more, if that person is capable of mass violence.

It takes the proverbial village to watch our young people. Parents might see signs first, or they might be too close to notice. Staying involved is one key. And families can chart their mental-health tree. The Nelsons have a history of depression, and there is widespread anecdotal evidence of genetic links though definitive scientific studies have not been completed.

Parents need to take depressive behavior observations to any number of professionals right away. Schools psychologists can be among the first. They are trained as mental-health professionals to watch critically for signs of mood disorders and violence. Also at school, art and English teachers—while not medical professionals—can help determine through their expressive assignments if changing, disturbing works are a pattern.

Making an appointment with the child's medical doctor for testing is critical. And if parents aren't satisfied, they need to make another appointment or find another doctor. "It's extremely important that if something is going on, you seek treatment early," Bergeson said. "The longer it takes to get treatment, the more likely the child will have this chronic illness his whole life."

Treatment and support for depression or a mood disorder comes in many forms, from psychotherapists to medication to art therapists—and often a combination of these and others. Pastoral counselors, mental-health professionals with theological training, understand a patient's "faith commitment and use that as a resource for support and care," said Douglas Ronsheim, a Presbyterian minister and executive director of the American Association of Pastoral Counselors.

What of the faith and support of congregations? The possibilities are endless and openness is crucial. Gather and advertise resources, or plan events for Mental Health Month (in May) or Suicide Prevention Month (in September). Pastors can preach about depression. Confirmation and Sunday school teachers can be trained to watch for signs of mental illness and violence. Youth groups and adult forums can learn about suicide prevention and mental health.

Be creative. Which is what Nelson said about families combating depression: "The point is not to tell parents everything to do but to get them to turn on their creativity in not just how to control their child but how to work with him to fight through this illness." □

Ernst is a journalist in Santa Fe, N.M.; **www.ernstwrite.com**.

A few warning signs

Take note especially if these symptoms last two weeks or longer, then get help. For more, plus a list of resources for families and congregations, go to this article at **www.thelutheran.org/feature/september.**

In young children

Loses interest in regular activities.
Cries more easily or becomes clingy.
Can't concentrate on games or in school.
Sleeping or eating patterns, or moods, change.
Gets angry or defiant.
Appears healthy but complains of feeling ill.

In adolescents

Is very tired or can't sleep.
Engages in harmful behavior.
Isolates from family and friends.
Becomes surly with parents.
Has a drop in academic performance.
Loses or gains weight.