



Your Child's Mental Health: What to Know About Pediatric Depression

Most importantly, depression in children and teens is very treatable. The word depression has both an everyday meaning and a clinical meaning. Kids might complain of "feeling depressed" after a break-up or not making the school team. In these cases, they are using a common, everyday version of the word. At the same time, many childhood setbacks can prompt a clinical depression, and this is what doctors mean when they use the word.

The Key for Parents is To:

- 1) Know what to look for
- 2) Ask your child about what you notice
- 3) Bring any concerns to your pediatrician

What Does Depression Look Like?

Sometimes clinical depression seems to come out of the blue. A depressed child or teen is **regularly sad or irritable**. When doctors are concerned about depression, they look for changes in certain behaviors, including:

- Poor sleep
- Decreased interest in things that were previously enjoyable
- Low energy
- Guilty feelings
- Changes in appetite
- Changes in how often or how little someone moves his or her body
- Thoughts of suicide

While thoughts of suicide or self-harm are very concerning, your child can be depressed without having these thoughts. Even in the same child, depression can look different at different ages.

Younger kids with depression often express more physical discomfort, like complaining of stomachaches and headaches. They may also show increased separation anxiety.

Teens with depression start to show the more typical signs being irritable or feeling sad, as well as carbohydrate cravings (soda, juice, chips), extreme sensitivity to criticism, and increased sleep. Teens are also more likely to have suicidal thoughts.

What Should I Do If I Think My Child is Depressed?

If you are concerned about your child or notice them struggling from any of the behaviors above, ask them. You can say something like, "You seem more down lately. Is everything OK?" Despite what some people think, these kinds of questions do not cause harmful behavior. They *do* help your child know that you care about them. You might find that your child starts to look better after they share something that has been troubling them. They might even start to look better just because you asked.

If you still have questions, *call your child's pediatrician*. A simple, "I've noticed some changes in my child's behavior that don't seem typical for him/her," can start the conversation. Your pediatrician can help you to figure out if there's cause for concern. If there is, there are all sorts of treatments that work well, including talk therapy, medications, and school counseling. Which approach you and your child take is a group decision.

Remember, you know your child best. If you notice something different in their behavior, it's completely normal to have concerns. Take that opportunity to learn more by talking to your pediatrician or another trusted health care provider.

If you think your child is thinking about suicide, take them seriously, stay with them, and call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or contact the Crisis Text Line by texting GOT5 to 741741.

To learn more about mental health concerns by child age group, visit the Project TEACH Parent and Family Page: bit.ly/PTEACH-Family

To learn more about teen depression, visit the NY Office of Mental Health website: bit.ly/OMH-TeenDepression