

WHEN IS YOUR CHILD MORE THAN JUST SAD?

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FIRST, LET'S TALK ABOUT WHAT CHILDREN ARE GOING THROUGH RIGHT NOW

- We have all been impacted by this pandemic, which is now almost a year long.
- Depression symptom prevalence is more than 3-fold higher during the COVID-19 pandemic than before. Lower income, having less than \$5000 in savings, and having exposure to more stressors were associated with greater risk of depression symptoms during COVID-19.
- One's mental health is sensitive to traumatic events, and the social and economic consequences of these events. This pandemic is considered to be a collective trauma for us all.
- However, some are at greater risk than others to suffer:
 - Low socioeconomic status
 - Crowded households
 - Domestic feuding and violence
 - Substance abuse
 - Prior mental health problems
 - Job loss and loss of income, home and food insecurity
- Parenting stress can lead to negative interactions, including harsh discipline and being less responsive to children's needs. It is crucial for parents to be aware of their stress level, and try to manage it.

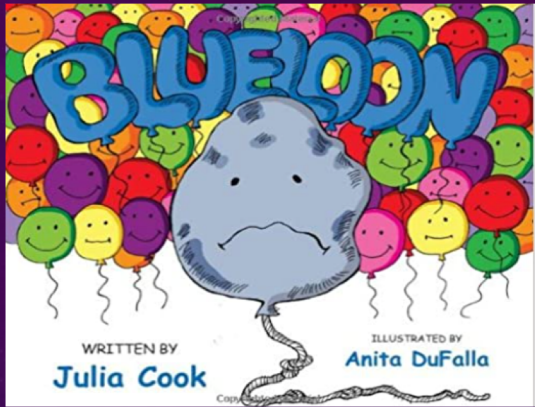


IMPACT ON YOUNG CHILDREN

- Challenges they are facing:
 - Change in routine
 - Insecurity and safety concerns
 - Loss of normal events, celebrations, socialization
- Common symptoms you may observe during the pandemic:
 - Increase in fears and worries, fear of germs, more hand washing
 - Clinginess, difficulty with separation
 - Sleep disruption
 - Decrease in motivation
 - Stomachaches
 - Regression: bedwetting, thumb sucking, fear of the dark
 - Thoughts of suicide, writing of suicide, “I wish I were dead”

CAN YOUNG CHILDREN BE CLINICALLY DEPRESSED?

- YES! Especially if they are stuck, and symptoms last 2 weeks or longer. But usually not until teen years.
 - Unusual sadness or irritability, persisting even when circumstances change
 - Loss of interest in activities they once enjoyed
 - Reduced feelings of anticipation
 - Changes in weight
 - Shifts in sleep patterns
 - Sluggishness
 - Harsh self-assessment (“I’m ugly. I’m no good. I’ll never make friends.”)
 - Feelings of worthlessness, hopelessness
 - Thoughts of or attempts at suicide

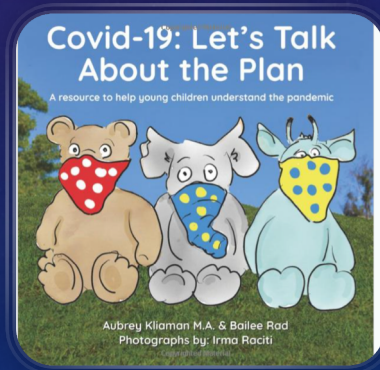
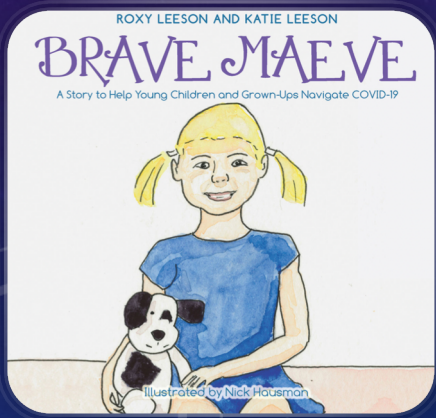


WHAT TO DO TO HELP YOUR YOUNG CHILD

- Lots of nurturance, love, acceptance, listening, affirming. Emotional check-ins. Give them time and space to talk.
- Try to give structure and scheduling to their day
- Challenge “catastrophic” thinking: it’s ok to be upset, many children feel as you do, life will sometimes present us with events we cannot control. Let’s talk about what we CAN control, and how we can make the best of this situation we are in together.
 - Engage together in fun activities
 - Movement and exercise
 - Cooking, following recipes, You Tube cooking videos
 - Online classes: <https://www.si.edu/kids> (Smithsonian), <https://www.exploratorium.edu/education/teaching-resources> (Exploratorium), <https://kids.nationalgeographic.com/> (National Geographic), <https://ny.pbslearningmedia.org/> (PBS).

EXPLAINING THE VIRUS TO YOUNG CHILDREN:

<https://www.apa.org/pubs/magination/kids-guide-coronavirus-ebook.pdf>



YOUR ELEMENTARY SCHOOL CHILD

- Common symptoms you may see during the pandemic:
 - Nervousness, anxiety, trouble with sleep, nightmares
 - Somatic symptoms
 - Irritability, behavioral difficulties
 - Difficulty concentrating, trouble with motivation, school refusal
 - Problems with remote learning
- Steps you can take:
 - Listen, take time to talk, limit exposure to news, use appropriate materials to offer explanations:
<https://www.brighthorizons.com/family-resources/talking-to-children-about-covid19> ,
<https://www.cincinnatichildrens.org/patients/coronavirus-information/videos-for-kids-parents>
<https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/kids-covid-19/art-20482508>.
 - Keep a daily routine and schedule. Time out for movement, fun, healthy snacks
 - Designate space for school if learning remotely
 - Talk about emotions and moods

SYMPTOMS OF DEPRESSION IN CHILDREN

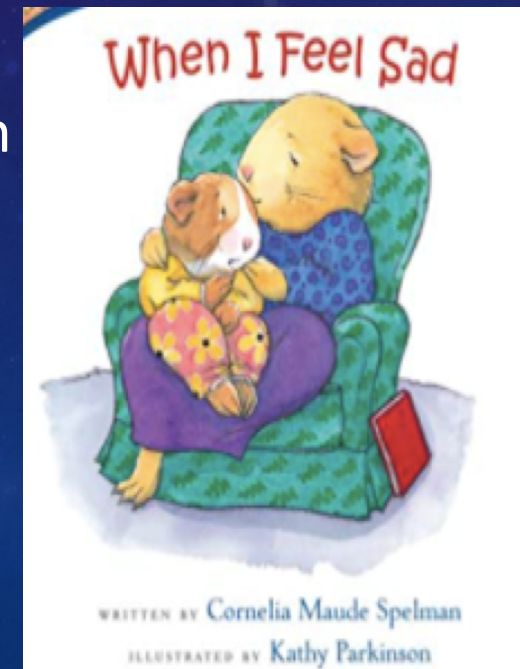
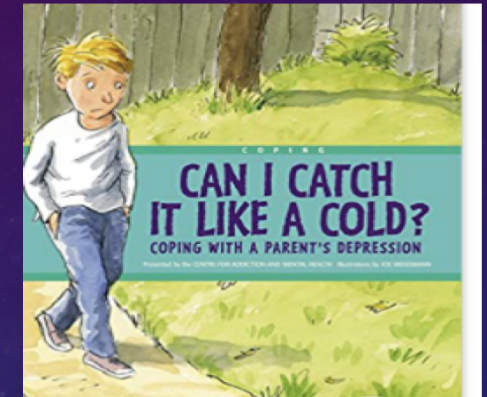
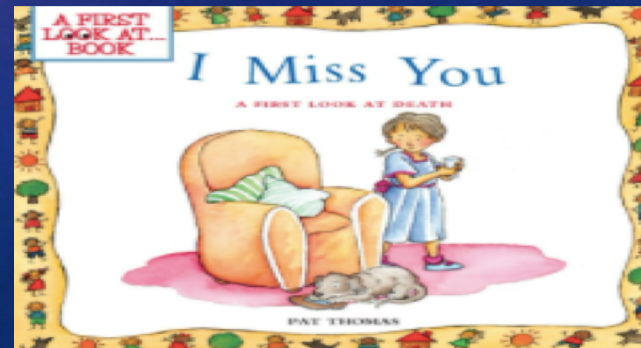
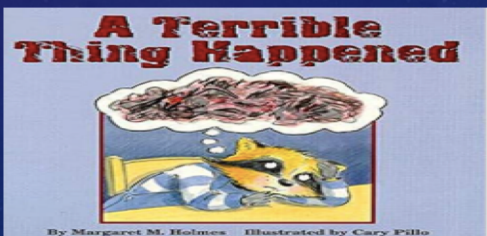
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- Remember: symptoms should persist, at least two weeks, and usual functioning is interfered with.
 - Remember: Take time to talk about feelings, do not minimize their feelings, challenge negative thinking, avoid “catastrophic” thinking.



BOOKS TO START CONVERSATIONS

Mood and Sadness and Loss

- *When I Feel Sad*, by Cornelia Spelman
- *I Miss You*, by Pat Thomas
- *One Wave At a Time*, by Holly Thompson
- *Can I Catch It Like a Cold*, Centre for Addiction and Mental Health
- Trauma
 - *A Terrible Thing Happened*, by Margaret Holmes
 - *The War That Saved my Life*, by Kimberly Bradley



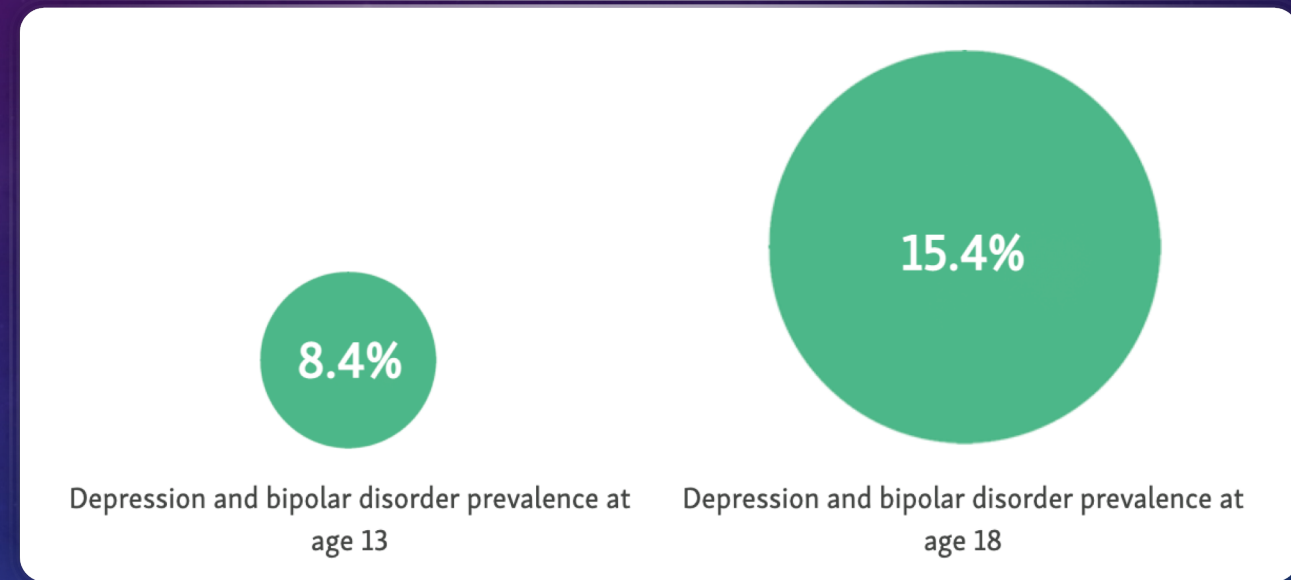
TEENAGERS IN THE PANDEMIC

- Teens face many challenges during “normal” times: transitioning out of childhood, developing autonomy and independence by separating more from parents, developing an identity of their own.
- To accomplish these developmental challenges, relationships outside of the family are crucial. Socialization means everything during adolescence.
- In addition, socialization is crucial for LEARNING.
- This is why the pandemic has had such a big impact on our teens.
- Pushing against authority, often a normal phase of adolescence, can suddenly have dire consequences.
- They need a lot of affirmation for what they are going through, as well as talk of hope and optimism and future planning.

OUR TEENS ARE HIGHLY VULNERABLE TO DEPRESSION

Agitated, bored, withdrawal, lack of motivation, sadness, anxiety, worry about the future, behavioral problems, irritable, snippy, poor grades, lack of fun in usual activities.

- Half of all psychiatric disorders occur by the age of 14. Teens are at increased risk for anxiety disorders and mood disorders.
- Depression and bipolar disorder affect 14.3% of youth age 13-17.
- Adolescent girls are more than twice as likely to experience depression than boys, 15.9% vs 7.7%.
- Depression can interfere with all aspects of a child's life, resulting in absences from school, trouble socializing with peers, and, in severe cases, thoughts of suicide. Depression is diagnosed when negative feelings, lack of interest in previous activities, and physical symptoms like fatigue and insomnia persist for at least 2 weeks. Onset is usually in adolescence.



TALKING WITH YOUR TEEN

- 1. LISTEN! Give your full attention. Try not to comment or judge or criticize.
- 2. Try to find out what they are most concerned about, what is on their mind.
- 3. VALIDATE how they are feeling, especially dealing with losses during the pandemic. Talk about shaming and how the rules and safety precautions you follow as a family are what matter.
- 4. Try to recall how you felt as a teen, and how you wanted your parents to communicate with you.
- 5. Remember that talking about suicide or self-harm does not plant ideas in their head, but rather gives valuable information that can save their life.
- 6. Look up facts together, let them know that you may not have all the answers, but you can find answers together.
- Always let them know that professional help is available, both in school as well as privately.

SUICIDE: 2ND LEADING CAUSE OF DEATH AGES 10-19.

- In 2017, there were 47 percent more suicides among people aged 15 to 19 than in the year 2000.
- Nationwide Children's Hospital study: from 1999-2014 the suicide rate increased three-fold among girls between the ages of 10-14.
- Signs:
 - Isolation from friends and family
 - Problems eating or sleeping
 - Mood swings
 - Reckless behavior
 - Dropping grades
 - Increased use of alcohol or drugs
 - Giving away belongings
 - Talking about feeling hopeless or trapped
 - Talking about being a burden to others or not belonging
 - Talking about suicide or wanting to die
 - Writing or drawing about suicide, or acting it out in play

- A psychiatric disorder, particularly a mood disorder like depression, or a trauma– and stress-related disorder.
- Prior suicide attempts increase risk for another suicide attempt.
- Alcohol and other substance use disorders, as well as getting into a lot of trouble, having disciplinary problems, engaging in a lot of high-risk behaviors.
- Struggling with sexual orientation in an environment that is not respectful or accepting of that orientation. The issue is not whether a child is gay or lesbian, but whether he or she is struggling to come out in an unsupportive environment.
- A family history of suicide is something that can be really significant and concerning, as is a history of domestic violence, child abuse or neglect.
- Lack of social support. A child who doesn't feel support from significant adults in her life, as well as her friends, can become so isolated that suicide seems to present the only way out of her problems.
- Bullying. We know that being a victim of bullying is a risk factor, but there's also some evidence that kids who are bullies may be at increased risk for suicidal behavior
- Stigma associated with asking for help. One of the things we know is that the more hopeless and helpless people feel, the more likely they are to choose to hurt themselves or end their life. Similarly, if they feel a lot of guilt or shame, or if they feel worthless or have low self-esteem.
- Barriers to accessing services: Difficulties in getting much-needed services include lack of bilingual service providers, unreliable transportation, and the financial cost of services.
- Cultural and religious beliefs that suicide is a noble way to resolve a personal dilemma.
- ANY RECENT LOSS, BREAK-UP, PARENTAL DIVORCE.

BIPOLAR DISORDER

- Many children, and especially adolescents, experience mood swings as a normal part of growing up, but when these feelings persist and interfere with a child's ability to function in daily life, bipolar disorder could be the cause. Bipolar disorder, also known as manic-depression, is a mood disorder marked by extreme changes in mood, energy levels and behavior.
- Symptoms can begin in early childhood but usually emerge in adolescence or adulthood. Until recently, young people were rarely diagnosed with this disorder. Yet up to one-third of the 3.4 million children and teens with depression in the United States may actually be experiencing the early onset of bipolar disorder, according to the American Academy of Child and Adolescent Psychiatry. Doctors now recognize and treat the disorder in young people, but it is still an under-recognized illness.
- Children with bipolar disorder usually alternate rapidly between extremely high moods (mania) and low moods (depression). These mood shifts can produce irritability with periods of wellness between episodes, or the young person may feel both extremes at the same time. Parents who have children with the disorder often describe them as unpredictable, alternating between aggressive or silly and withdrawn. Children with bipolar disorder are at a greater risk for anxiety disorders and attention-deficit hyperactivity disorder. These "co-occurring" disorders complicate diagnosis of bipolar disorder and contribute to the lack of recognition of the illness in children.

SYMPTOMS OF MANIA

- Severe changes in mood—from unusually happy or silly to irritable, angry or aggressive. Rapid speech, going from one topic to another rapidly.
- Unrealistic highs in self-esteem. May feel indestructible.
- Dangerous behaviors, explosive outbursts.
- Great increase in energy level. Sleeps little without being tired. May not sleep at all.
- Excessive involvement in multiple projects and activities. May move from one thing to the next and become easily distracted.
- Increase in talking. Talks too much, too fast, changes topics too quickly, and cannot be interrupted. This may be accompanied by racing thoughts or feeling pressure to keep talking.
- Risk-taking behavior such as abusing drugs and alcohol, attempting daredevil stunts, or being sexually active or having unprotected sex. Excessive spending of money.

TREATMENT

- 1. Cognitive Behavioral Therapy: thoughts, feelings and behaviors are all connected. Behavioral Activation
- 2. Dialectical Behavioral Therapy: mindfulness, distress tolerance, managing negative emotions, problem-solving skills
- 3. Interpersonal Psychotherapy: improving relationships, improve communications, strategies for managing conflicts.
- 4. Mindfulness: observing thoughts without judgment, stopping self-critical thinking, positive self-talk.
- Medication for Depression. Prozac (8 and older), Lexapro (12 and older).
- Medication can be up to 70% efficacious
- Medication for Bipolar: Mood Stabilizers and Antipsychotics.

CAN WE FIND A SILVER LINING?


- So much to think about, so many important conversations to have with our children:
 - The suffering of others, the inequities of our society
 - The need to talk about compassion, injustice, what are the values that matter?
 - Changing helplessness to strength: how can we do this together?
 - How have others overcome adversity? What makes a person more resilient?
 - This is a time to really think about what matters, who are your true friends, how can you embrace your educational goals, how can you learn new skills?
 - And what can we be grateful for?

UniqueTeachingResources.com



**Not all superheroes have capes,
some have Teaching Degrees.**



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