

# Can Depression be Considered . . . a Silent Meltdown?



A recent study published in the *Journal of Abnormal Psychology* reports a 52% *rise* in incidence of major depression among 12 to 25-year-olds in the United States. The study followed over 200,000 teens (and 400,000 adults for comparison) from 2005-2017. <https://www.apa.org/news/press/releases/2019/03/mental-health-adults> Results indicate that nearly 5% of all children aged 0-17 in the U.S. have been diagnosed with depression – that’s 3.6 million children. Statistics that matter more, if your own child is in the count.

Diagnosing depression in children and teens can be challenging. Common symptoms of depression in children can appear as normal problems that are *not* depression. Subjective evaluations completed by both child and parent, and careful interviews by a professional counselor, can provide important information for diagnosis and treatment plans.

## Depression or Normal Issues?

- Lazy
- Irresponsible
- Over-reacting
- Angry
- Shy
- Nightmares
- Perfectionism
- Smiling through the Pain
- Too Quiet
- Sad
- Isolating
- Suppression of Feelings
- Too busy
- Anxious
- Addicted
- Grieving a Loss
- Misbehaving
- Clingy
- Insecure
- Low Self-esteem
- Cutting or other Self Harm
- Suicidal Thoughts or Plans
- ADHD, ADD
- Other Spectrum Disorders
- Other Cognitive Disorders

## General Symptoms of Depression

- **Sleep is poor/inconsistent:** Difficult to fall asleep, waking up several times during the night, waking up too early in wee hours, or staying awake most of the night.
- **Appetite is poor:** Either eating too many carbs and junk foods, or not eating, causing weight gain or loss and poor nutrition.
- **Focus and Concentration are poor:** Unable to focus and complete tasks that are difficult or distasteful. Schoolwork can suffer. Fun things hold the focus (like gaming for example).
- **Low Motivation:** Lack of interest in things that are usually considered enjoyable, and an avoidance of chores or other “work”.
- **Low Energy:** Compared to a few years ago, how does the energy level seem? Kids & teens use terms like “tired” and “bored”, to describe low energy, sadness and depression.
- **Emotional Problems:** Crying too much, highly anxious or worried, easily angered, shut down, having meltdowns, bottling up feelings while smiling through the pain, pressing through responsibilities and looking “normal” to others.

Depression is a complex topic. Consider three common categories.

1) **Situational depression** may involve a loss, grief issue, accident, traumatic event, disappointment, crisis, health problem, conflict or difficult problem. Often this type is the most treatable simply because situations change, and the depression lessens many times on its own. Sometimes with family and friend support, drawing on our spiritual resources, and processing what has happened, the problem is solved. Since our bodies produce serotonin, when the stress of the situation is over and settled, then the serotonin levels recover and the depressive symptoms lift.

2) **Environmental depression** is from accumulative *ongoing relentless stress*, over time, that negatively affects neurotransmitters which control sleep, appetite, focus, energy, motivation, and emotions. Many people live with depression, compensating and adapting, but never really functioning at their best. Long-term, untreated depression, may eventually require anti-depressant medication *for life* to manage symptoms.

3) **Biological depression** resulting from a physical problem prevents the brain from maintaining consistent or functional levels of neurotransmitters. Biological issues sometimes follow the generations, as there may be a hereditary propensity for some disorders (such as Bi-Polar Disorders). Traumatic Brain Injury (TBI), exposure to toxins, prescribed medications, drug abuse, and alcoholism are other examples of biologically based depression.

Where the symptoms of depression are written off as normal feelings, thoughts or behaviors, the “silent meltdown” may be happening. Academics, social life, family and activities may decline as the depression meltdown unfolds. Over-achievers may smile through depression, continuing to painfully meet demands of school, sports, friends and family. Urgent help is required by adults who are paying attention and are talking to their kids about what they see.

If you think your child may be suffering from depression, feel free to contact me to request an evaluation. I use the CDI (Children’s Depression Inventory) which is just 10 questions for K-4<sup>th</sup> graders, and 27 questions for 5<sup>th</sup> and 6<sup>th</sup> graders. For ages 12 - 17, the TJTA (Taylor-Johnson Temperament Analysis Profile) which is a more accurate indicator of depression and anxiety can be provided. Results of the CDI and the TJTA, are presented in graph form and discussed with parents and children.

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**“I have no greater joy than to hear my children walk in truth.” 3 John 4**