

A Program of Screening
for Mental Health, Inc.

SOS: Get into the ACT!



Typical or Depressed?

Your child will experience many changes between the ages of 9–14 years. The “tween” years, those between childhood and adolescence, are often characterized by mood swings. A certain amount of moodiness is entirely normal for the tween. Because normal behaviors vary from one childhood stage to another, it can be difficult to tell whether a child is just going through a temporary “phase” or is suffering from depression. The depressed child may pretend to be sick, refuse to go to school, cling to a parent, or worry that the parent may die. Older children may sulk, get into trouble at school, be negative, grouchy, and feel misunderstood.



Major depression is one of the mental, emotional, and behavior disorders that can appear during childhood and adolescence. This type of depression affects a young person’s thoughts, feelings, behavior, and body. Major depression in children and adolescents is serious; it is more than “the blues.” Depression can lead to school failure, alcohol or other drug use, and even suicide. Young people with depression may have a hard time coping with everyday activities and responsibilities, have difficulty getting along with others, and suffer from low self-esteem. Adolescents with major depression are likely to identify themselves as depressed before their parents suspect a problem. The same may be true for children.

At any point in time 10 to 15 percent of children and adolescents have *some* symptoms of depression. Having a family history of depression, particularly a parent who had depression at an early age, increases the chances that a child or adolescent may develop depression. Once a young person has experienced a major depression, he or she is at risk of developing another depression within the next 5 years. This young person is also at risk for other mental health problems.

Depression is treatable. Early identification, diagnosis, and treatment help children reach their full potential. Children who show signs of depression should be referred to and evaluated by a mental health professional who specializes in treating children.

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Resilience and Middle School Children

Even without larger traumas, middle school can be an especially difficult time for many children as they struggle to meet extra academic demands and avoid new social pitfalls. They look to teachers and friends as well as to parents to make them feel safe.

Reinforce empathy and help your child keep perspective. When your child is a victim of the shifting social alliances that form in middle school, help him or her understand that other children may be feeling just as lonely and confused, and help her see beyond the current situation - alliances that shift one way may shift back again the next week in middle

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school. Talk with your child about your own feelings during times of extraordinary stress such as the death of a loved one. Your children probably are old enough to appreciate some gray areas in your own feelings, but you should leave no room for doubt when you talk about how you will do whatever it takes to keep them safe. If your family does not have a plan in place for emergencies, make one and share it with your child so he knows that there are decisive actions he can take in an emergency.

Enlist your children's help, whether it's a chore or an opinion about a family activity. Include your children in any volunteer activity you do. Make sure your children know how their actions contribute to the entire family's well-being. If your children know that they have roles to play, and that they can help, they will feel more in control and more confident.

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Make a Difference: Talk to Your Child About Alcohol

For young people, alcohol is the number one drug of choice. In fact, teens use alcohol more frequently and heavily than all other illicit drugs combined. Although most children ages 10-14 have not yet begun to drink, early adolescence is a time of special risk for beginning to experiment with alcohol. It is important to remember that alcohol is a powerful, mood-altering drug. Not only does alcohol affect the mind and body in often unpredictable ways, but teens lack the judgment and coping skills to handle alcohol wisely. As a result:

- Alcohol use also is linked with youthful deaths by drowning, fire, suicide, and homicide.
- Teens who use alcohol are more likely to become sexually active at earlier ages, to have sexual intercourse more often, and to have unprotected sex than teens who do not.
- Young people who drink are more likely than others to be victims of violent crime.
- Teens who drink are more likely to have problems with school.
- An individual who begins drinking as a young teen is four times more likely to develop alcohol dependence than someone who waits until adulthood to use alcohol.

The message is clear: alcohol use is very risky business for young people. And the longer children delay alcohol use, the less likely they are to develop any problems associated with it. That's why it is so important to help your child avoid any alcohol use. For tips about how to talk with your child about alcohol, go to <http://www.alcoholfreechildren.org/>.

Source: National Institute on Alcohol Abuse and Alcoholism.

Helping Yourself—Helping Your Depressed Child

Help Yourself. You are your child's first line of defense against depression. Here are some things that you can do to fortify yourself:

Remember that you did not cause your child's depression.

Ignore critical comments by well-meaning friends and relatives.

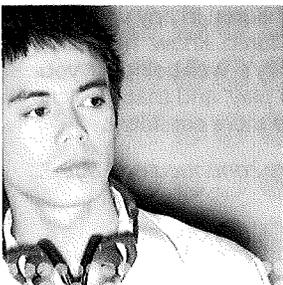
Take care of your physical health: exercise, eat well and get enough sleep.

Seek help if you can't eat or sleep, or if you develop anxiety or mood symptoms (many parents do).

Trust your instincts: get a second opinion if a professional's advice does not make sense to you.

Maintain hope: find spiritual solace and creative outlets.

Find support: join a parenting group or talk to parents of children with depression.



Help your child. Parents can use the following strategies to help their children cope with depression:

Talk to your child. Ask questions and be willing to listen.

Never make fun, minimize, or dismiss your child's feelings. They may seem trivial to you but, if they are making your child unhappy, they matter.

Be honest. If you are worried about your child, tell them so.

Share your feelings. Let your child know that they are not alone.

Get help for your child. Talk to your pediatrician, teacher, clergy or other trained professional. They can get you the help that you need.

Don't wait for the problem to go away. Although feelings of sadness can disappear, they can also get worse. A trained mental health professional can tell the difference.

Help your child" material adapted and used with permission of the American Association of Pediatrics.

Self-Injury

Self-injury is also termed self-mutilation, self-harm or self-abuse. The behavior is defined as the deliberate, repetitive, impulsive, non-lethal harming of one's self. Self-injury includes cutting, scratching, picking scabs or interfering with wound healing, burning, punching self or objects, infecting oneself, inserting objects in body openings, bruising or breaking bones, some forms of hair-pulling, as well as other various forms of bodily harm. These behaviors, which pose serious risks, may be symptoms of a mental health problem that can be treated.



Warning Signs.

Warning signs that someone is injuring themselves include:

unexplained frequent injury including cuts and burns, wearing long pants and sleeves in warm weather, low self-esteem, difficulty handling feelings, relationship problems, and poor functioning at work, school or home.

Incidence and Onset. Experts estimate the incidence of habitual self-injurers is nearly 1% of the population, with a higher proportion of females than males. The typical onset of self-harming acts is at puberty. The behaviors often last 5-10 years but can persist much longer without appropriate treatment.

Behavior Patterns. Many who self-harm use multiple methods. Cutting arms and legs is the most common practice. Self-injurers may attempt to conceal the resultant scarring with clothing and, if discovered, often make excuses as to how an injury happened.

Reasons for Behaviors. Self-injurers commonly report they feel empty inside, over or under stimulated, unable to express their feelings, lonely, not understood by others and fearful of intimate relationships and adult responsibilities. Self-injury is their way to cope with or relieve painful or hard-to-express feelings, and is generally not a suicide attempt. But relief is temporary, and a self-destructive cycle often develops without proper treatment.

Dangers. Self-injurers often become desperate about their lack of self-control and the addictive-like nature of their acts, which may lead them to true suicide attempts. The self-injury behaviors may also cause more harm than intended, which could result in medical complications or death.

Consult a mental health professional if your child is self-injuring.

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A child attempting suicide should immediately be taken to a hospital emergency room for psychiatric evaluation.

10 Tips for Building Resilience in Children & Teens

We all can develop resilience, and we can help our children develop it as well. It involves behaviors, thoughts and actions that can be learned over time. Following are tips to building resilience:

Make connections. Teach your child how to make friends, including the skill of empathy, or feeling another's pain. Encourage your child to be a friend in order to get friends. Build a strong family network to support your child through his or her inevitable disappointments and hurts. At school, watch to make sure that one child is not being isolated. Connecting with people provides social support and strengthens resilience. Some find comfort in connecting with a higher power, whether through organized religion or privately and you may wish to introduce your child to your own traditions of worship.

Help your child by having him or her help others. Children who may feel helpless can be empowered by helping others. Engage your child in age-appropriate volunteer work, or ask for assistance yourself with some task that he or she can master. At school, brainstorm with children about ways they can help others.

Maintain a daily routine. Sticking to a routine can be comforting to children, especially younger children who crave structure in their lives. Encourage your child to develop his or her own routines.

Take a break. While it is important to stick to routines, endlessly worrying can be counter-productive. Teach your child how to focus on something besides what's worrying him. Be aware of what your child is exposed to that can be troubling, whether it be news, the Internet, or overheard conversations, and make sure your child takes a break from those things if they trouble her. Although schools are being held accountable for performance on

standardized tests, build in unstructured time during the school day to allow children to be creative.

Teach your child self-care. Make yourself a good example, and teach your child the importance of making time to eat properly, exercise and rest. Make sure your child has time to have fun, and make sure that your child hasn't scheduled every moment of his or her life with no "down time" to relax. Caring for oneself and even having fun will help your child stay balanced and better deal with stressful times.

Move toward your goals. Teach your child to set reasonable goals and then to move toward them one step at a time. Moving toward that

goal - even if it's a tiny step - and receiving praise for doing so will focus your child on what he or she has accomplished, rather than on what hasn't been accomplished, and can help build the

resilience to move forward in the face of challenges. At school, break down large assignments into small, achievable goals for younger children, and for older children, acknowledge accomplishments on the way to larger goals.

Nurture a positive self-view. Help your child remember ways that he or she has successfully handled hardships in the past and then help him understand that these past challenges help him build the strength to handle future challenges. Help your child learn to trust himself to solve problems and make appropriate decisions. Teach your child to see the humor in life, and the ability to laugh at one's self. At school, help children see how their individual accomplishments contribute to the wellbeing of the class as a whole.

Keep things in perspective and maintain a hopeful outlook. Even when your child is facing very painful events, help him look at the situation in a broader context and keep a long-term perspective. Although your child may be too young to consider a long-term look on his own, help him or her see that there is a future beyond the current situation and that the future can be good. An optimistic and positive outlook enables your child to see the good things in life and keep going even in the hardest times. In school, use history to show that life moves on after bad events.

Look for opportunities for self-discovery. Tough times are often the times when children learn the most about themselves. Help your child take a look at how whatever he is facing can teach him "what he is made of." At school, consider leading discussions of what each student has learned after facing down a tough situation.

Accept that change is part of living. Change often can be scary for children and teens. Help your child see that change is part of life and new goals can replace goals that have become unattainable. In school, point out how students have changed as they moved up in grade levels and discuss how that change has had an impact on the students.

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...Signs of Depression

- Frequent sadness, tearfulness, crying
- Hopelessness
- Decreased interest in activities; or inability to enjoy previously favorite activities
- Persistent boredom; low energy
- Social isolation, poor communication
- Low self-esteem and guilt
- Extreme sensitivity to rejection or failure
- Increased irritability, anger or hostility
- Difficulty with relationships
- Frequent complaints of physical illnesses such as headaches and stomachaches
- Frequent absences from school or poor performance in school
- Poor concentration
- A major change in eating and/or sleeping patterns
- Talk of or efforts to run away from home
- Thoughts or expressions of suicide or self-destructive behavior

Source: AACAP, "The Depressed Child". For full article go to www.aacap.org.

Has Your Child Told You About the SOS Program?

The goal of the program is to help students identify signs of depression, self-injury, and suicide in themselves and others and respond to them effectively, as a medical emergency.

The main message of the program is

ACT: Acknowledge, Care, Tell:

- ⇒ **Acknowledge that you are seeing signs of depression, self-injury, or suicide in a friend and that it is serious.**
- ⇒ **Care—let your friend know that you care about him or her, and that you are concerned that he or she needs help you cannot provide.**
- ⇒ **Tell a trusted adult, either with your friend or on his or her behalf.**

Talk to your child today about the importance of recognizing when there is a problem and how you can help them.



Talk to Your Child: Suicide Warning Signs

Did you know that suicide is the third leading cause of death for 10-19-year-olds in the United States? A far greater number of youths attempt suicide each year. These are shocking statistics, but we also know that most youth who die by suicide suffer from a mental or substance use disorder or both. It is important to look for signs of substance abuse or depression and get professional help for your child if he needs it.

Besides substance abuse and mental illness, other risk factors include:

- Previous suicide attempts
- A family history of suicide
- Easy access to lethal methods such as guns or poisons
- Incarceration
- A stressful life event or loss
- Exposure to suicidal behavior in others

Suicide can occur in clusters, sometimes as a ripple effect of the suicide of a friend or a celebrity that receives widespread media coverage.

Be aware of the following "suicide signals" from your child:

- Complaints of being a bad person or feeling "rotten inside"
- Gives verbal hints such as "I won't be a problem for you much longer," "Nothing matters," "It's no use," and "I won't see you again"
- Puts her affairs in order; for example, gives away favorite toys, cleans her room, throws away important belongings, etc.
- Becomes suddenly cheerful after a period of depression
- Shows signs of psychosis (hallucinations or bizarre thoughts)
- Shows little interest in the future
- Acts in rash, hostile ways; often expresses rage

What To Do

Ask your child if he is depressed or thinking about suicide. Rather than putting dangerous thoughts into his head, asking shows him that you care and that he is not alone. Don't leave him alone. If you think your child has a mental illness or a substance abuse problem, get him the help that he needs even if he resists. Most important, take seriously any suicide attempt. If your child or someone else you know is thinking about suicide, call the National Suicide Prevention Lifeline number: 1-800-273-TALK (8255) to find a crisis center in your area.

Source: "A Family Guide to Keeping Youth Mentally Healthy and Drug Free" SAMHSA. For more information go to www.samhsa.gov.



Screening for Mental Health, Inc. (SMH) is a non-profit organization that provides educational screening programs limited to identifying symptoms of depression, bipolar disorder, generalized anxiety disorder, posttraumatic stress disorder, eating disorders, and alcohol use disorders. SMH does not participate in the advice or services given to users of SMH's screening programs. SMH does not provide any medical, psychological or professional services to its customers or users. For an accurate diagnosis of a mental health disorder, participants should seek an evaluation from a qualified healthcare professional. SMH employees, consultants and agents shall not be liable for any claims or damages, and expressly disclaim all liability of any nature for any action, or non-action, taken as a result of the information generated by the SMH website or any of its programs.



Additional Resources

www.aap.org
www.apahelpcenter.org
www.health.org
www.niaaa.nih.gov
www.nmha.org
www.pbskids.org/itsmylife
www.samhsa.gov
www.stopbullyingnow.hrsa.gov
www.toosmarttostart.samhsa.gov
www.alcoholfreechildren.org

Parents Med Guide—www.ParentsMedGuide.org

The use of medication in treating childhood and adolescent depression; information for parents and families.

To find a mental health provider in your community, go to www.mentalhealth.samhsa.gov/databases.

National Suicide Prevention Lifeline:

1-800-273-TALK

www.suicidepreventionlifeline.org



What is Cyberbullying?

Bullying is not just a schoolyard phenomenon anymore. The school bully can harass your child in, and from, the comfort of home. When this happens, your child becomes the victim of cyberbullying: sending or posting harmful or cruel text or images using the Internet or other digital communication devices.

Experts offer these pointers for parents:

- Tell your child you want to know if they are being cyberbullied. Reassure them that they won't lose computer or online access.
- Stress that they should not respond to the bully.
- Always print out and save cyberbullying messages.
- Teach your child never to post anything they wouldn't want others to read.
- Have your child change his/her screen name and give it only to those they trust. Rather than blocking bullies' screen names, have your child make a buddy list that includes only their friends' names.
- If the bully attends your child's school, show the printouts to school officials and work to resolve the conflict.
- If threats are made, call the police and the Internet Service Provider. Since cyberbullying often violates the Terms of Agreement and there are "zero tolerance" policies, the ISP will investigate and can cancel the bully's account.

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