

# Stepping up efforts to home in on teen depression

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The teen years can be a time of stress, confusion and uncertainty. There

is pressure to fit in, to stand out and to succeed. So you can hardly blame adolescents for sometimes being moody, down, or wanting to be left alone.

New guidelines from the American Academy of Pediatrics are designed to help pediatricians identify more serious depression and [suicidal tendencies](#) so teens get the help they need to climb out of any dark holes before they get stuck.

In 2007, suicide was the third leading cause of death for adolescents ages 15 to 19. Now, it's second only to unintentional injuries and accidents.

"That is a big change, so it's important that we encourage pediatricians to screen their patients for suicide risk factors," said Dr. Lidiya Petrovic-Dovat, director of the Child and Adolescent Anxiety Disorders Program at Penn State Children's Hospital.

Dr. Chris Petersen, a child and adolescent psychiatrist at the Children's Hospital, said it's easy for pediatricians to get caught up in focusing on the issue that brought a child to their office, leaving out questions about other aspects of physical and mental health.

"The challenge is that the doctors have a short amount of time, so if a child comes in with strep throat, they focus on how to make them better from that," he said. The new guidelines would make questioning about mental health a routine part of every pediatric visit.

"Many children may feel guilty about feeling suicidal and may not tell anyone unless they are asked," he added. "To elicit a child's feelings we know that most pediatricians use their good communication skills in asking about safety issues when the need is apparent. This interaction makes it easier for a child to talk about difficult feelings."

Dr. Deepa Sekhar, a [pediatrician](#) at the Children's Hospital, said there is an increased awareness in pediatrics of the burden of [mental health](#) in children, with one in five experiencing some type of mental illness.

"We are starting to see a shift, and that is huge," she said.

Even a child without risk factors such as drug and alcohol abuse, a history of abuse, or a family history of suicide or mood disorders can consider and attempt suicide. Bullying and cyber bullying are newer [risk factors](#) for adults to be aware of.

Because pediatricians only see children once a year for routine preventive care, Sekhar said parents are integral to the success of efforts to improve identification of depression or suicidal tendencies among children.

"Look at their grades, their friends, how they are acting," she said. "Are they spending hours holed up in their room or are they down interacting with their families? If you notice a significant change in your child's behavior – weight gain or loss, appetite changes, not wanting to get up in the morning or not being able to fall asleep at night, the first thing to do is sit down and talk with them. You know them best."

Sekhar advises parents to take any jokes or comments about depression and suicide seriously and seek treatment for their child.

"Try to listen, acknowledge their feelings and start a discussion," she said. "Any parent with a teenager knows how challenging this can be. But as pediatricians, we can help guide that discussion and offer the appropriate support, treatments or referrals."

Provided by Pennsylvania State University

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