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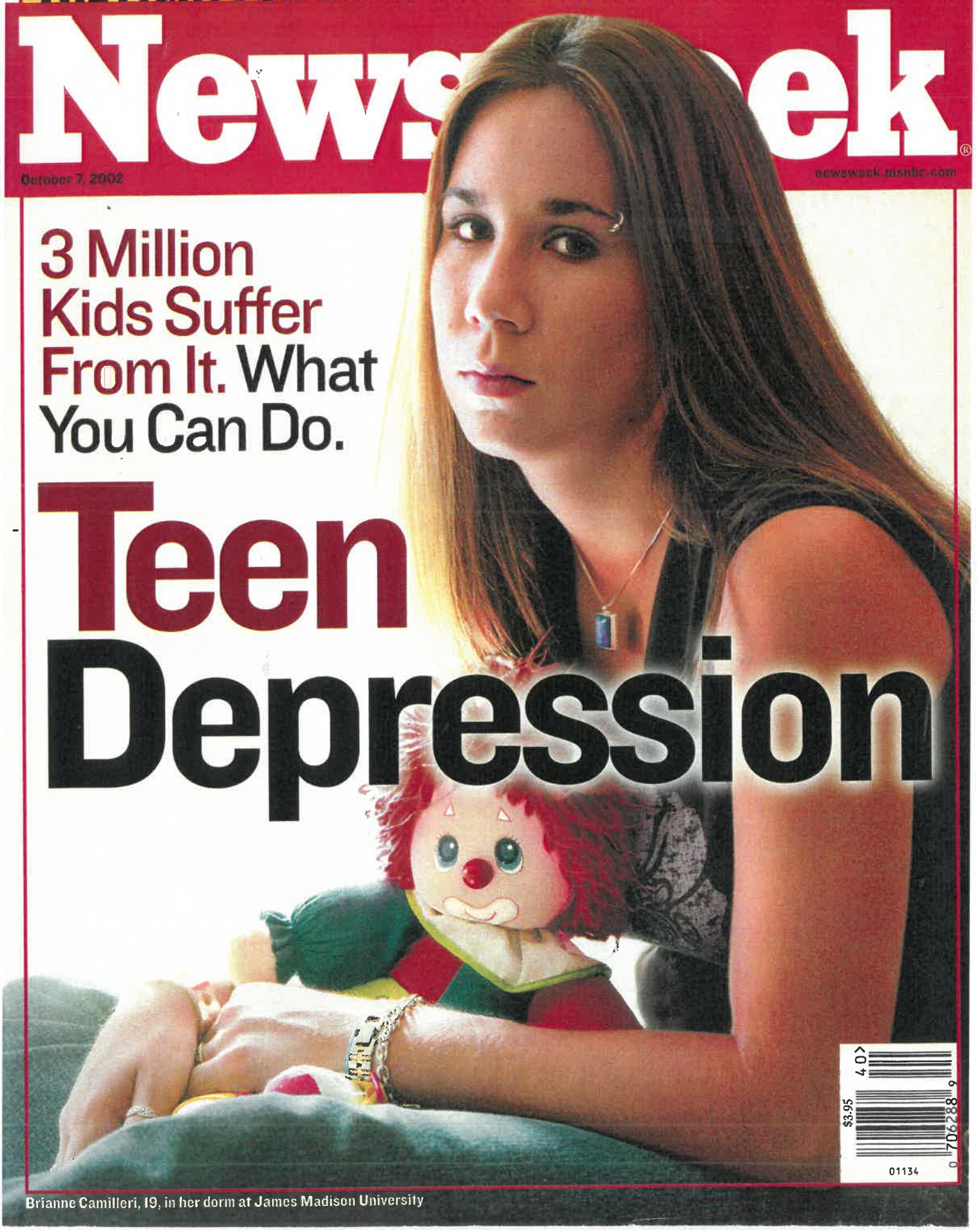
3 Million Kids Suffer From It. What You Can Do.

Teen Depression



Brianne Camilleri, 19, in her dorm at James Madison University

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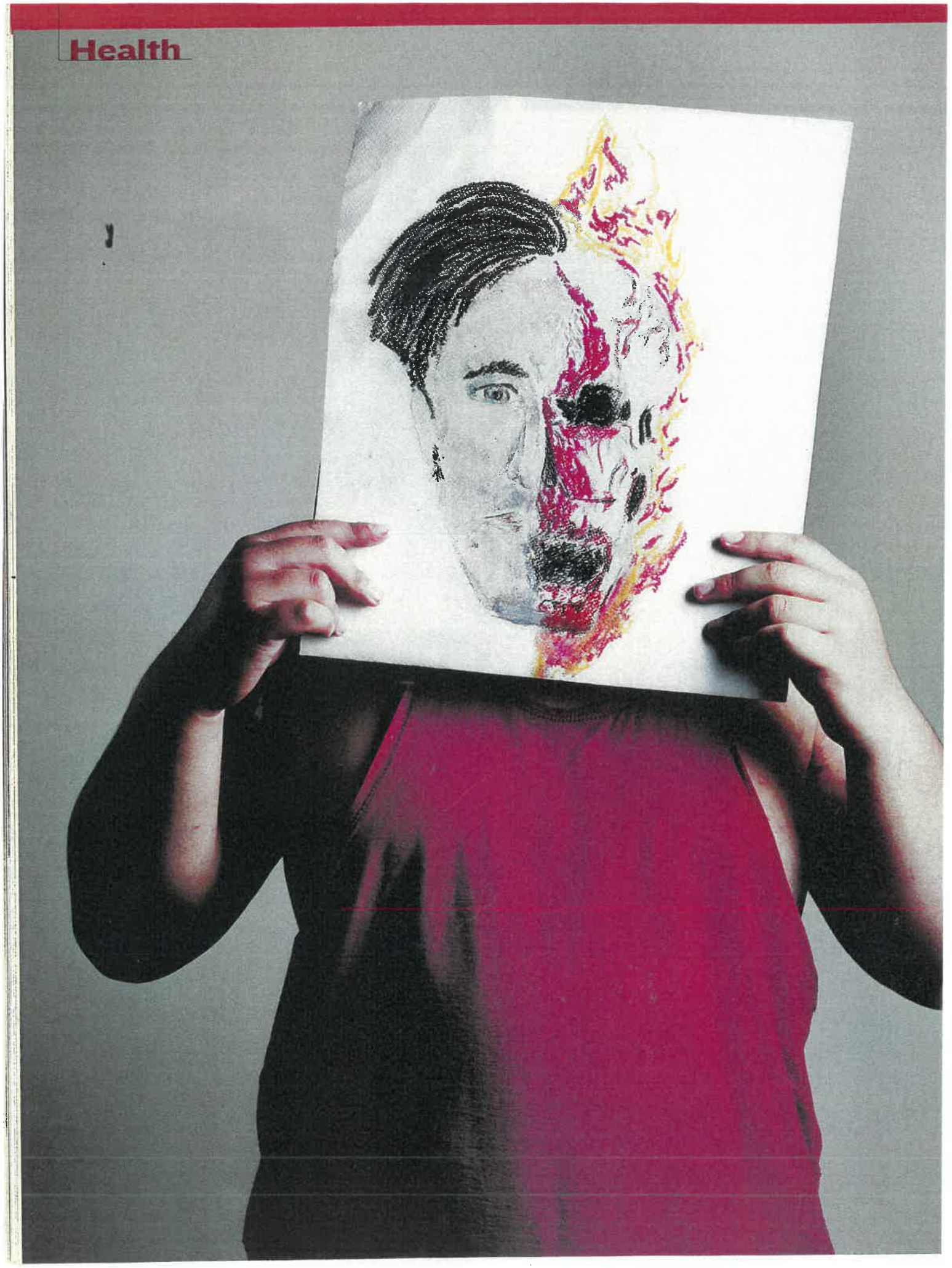


YOUNG AND DEPRESSED

Ten years ago this disease was for adults only. But as teen depression comes out of the closet, it's getting easier to spot—and sufferers can hope for a brighter future.

BY PAT WINGERT AND BARBARA KANTROWITZ

BRIANNE CAMILLERI HAD IT ALL: TWO INVOLVED parents, a caring older brother and a comfortable home near Boston. But that didn't stop the overwhelming sense of hopelessness that enveloped her in ninth grade. "It was like a cloud that followed me everywhere," she says. "I couldn't get away from it." Brianne started drinking and experimenting with drugs. One Sunday she was caught shoplifting at a local store and her mother, Linda, drove her home in what Brianne describes as a "piercing silence." With the clouds in her head so dark she believed she would never see light again, Brianne went straight for the bathroom and swallowed every Tylenol and Advil she could find—a total of 74 pills. She was only 14, and she wanted to die.

A few hours later Linda Camilleri found her daughter vomiting

Gabrielle Cryan, 19
NEW YORK, N.Y.

In her junior year in high school, she became obsessed with death. Prozac and talk therapy helped put her emotions in perspective, even during the September 11 attacks. "I live near Rockaway, and so many people here were affected," she says. "I was feeling bad—in the same way everyone was feeling bad." For her, that was a victory.

PHOTOGRAPHS BY ETHAN HILL FOR NEWSWEEK

Ariel Jastromb, 17
HIGHLAND PARK, ILL.

Depression and anorexia were twin demons until she finally hit bottom the summer after her sophomore year in high school and had to be hospitalized because she had become suicidal and delusional. "It was a slow, weird descent into madness," she says. Now on three different medications, she feels reborn and ready for college.

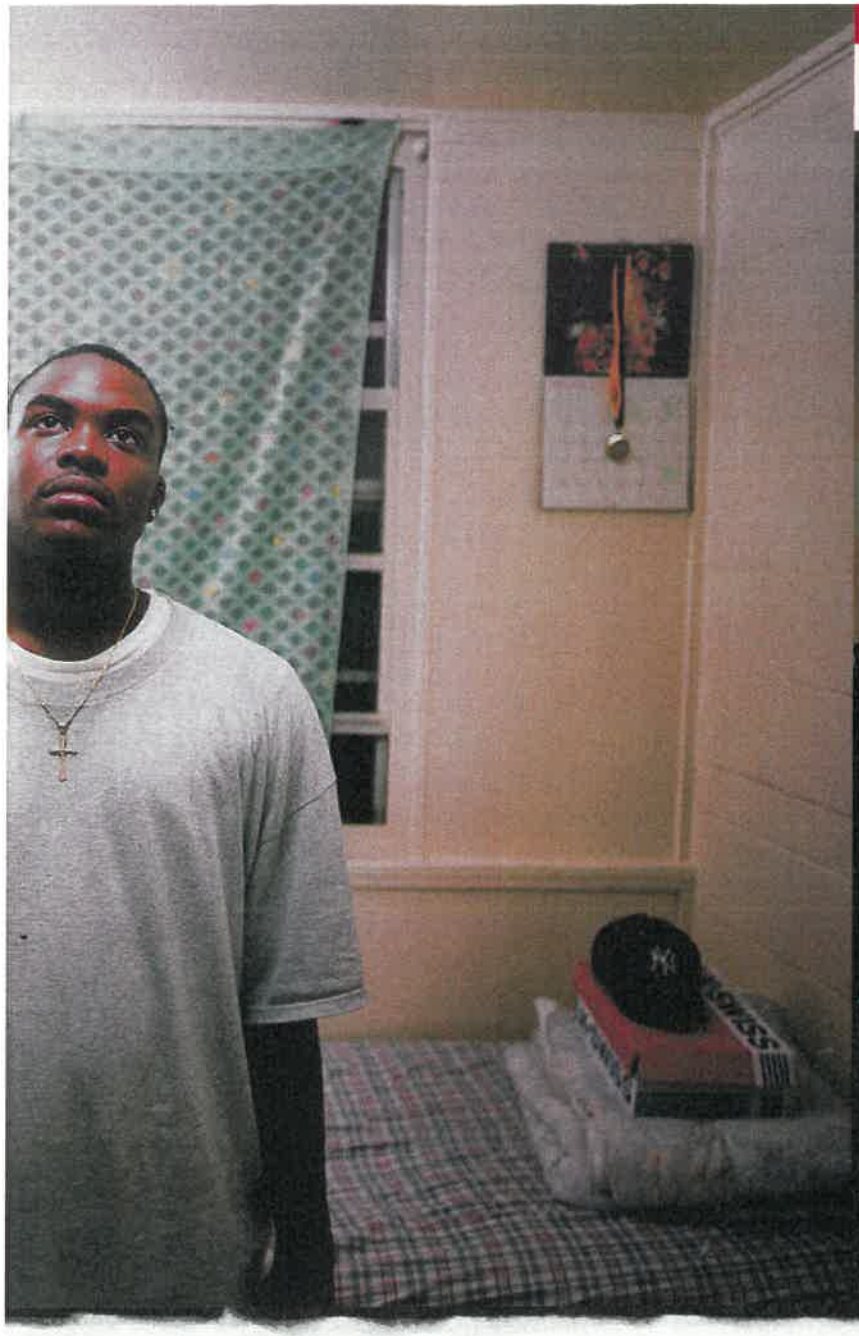
Jonathan Haynes, 18
SAN ANTONIO, TEXAS

He had just about every risk factor for depression. Both parents were crack addicts, his family was homeless, and he was a drug dealer when he was barely in his teens. Then, during a stint in jail, he finally received the psychiatric treatment he needed. Someday, he says, "I want to be a counselor for kids. I can relate to them because I've been through a lot."

all over the floor. Brianne was rushed to the hospital, where she convinced a psychiatrist (and even herself) that it had been a one-time impulse. The psychiatrist urged her parents to keep the episode a secret to avoid any stigma. Brianne's father, Alan, shudders when he remembers that advice. "Mental illness is a closet problem in this country, and it's got to come out," he says. With a schizophrenic brother and a cousin who committed suicide, Alan thinks he should have known better. Instead, Brianne's cloud just got darker. After another aborted suicide attempt a few months later, she finally ended up at McLean Hospital in Belmont, Mass., one of the best mental-health facilities in the country. Now, after three years of therapy and antidepressant medication, Brianne, 19, thinks she's on track. A sophomore at James Madison University in Virginia, she's on the dean's list, has a boyfriend and hopes to spend a semester in Australia—a plan that makes her mother nervous, but also proud.

Brianne is one of the lucky ones. Most of the nearly 3 million adolescents struggling with depression never get the help they need because of prejudice about mental illness, inadequate mental-health resources and widespread ignorance about how emotional problems can wreck young lives. The National Institutes of Mental Health (NIMH) estimates that 8 percent of adolescents and 2 percent of children (some as young as 4) have symptoms of depression. Scientists also say that early onset of depression in children and teenagers has become increasingly common; some even use the word "epidemic." No one knows whether there are ac-

"If you become depressed at 25, you have coping skills. But at 11, there's a lot you need to learn, and you may never learn it."
—**DR. DAVID BRENT**, professor of child psychiatry at the University of Pittsburgh



Brandon Butler, 19
SHREVEPORT, LA.

When he was in seventh grade, an uncle committed suicide by shooting himself in the head, and Butler found the body. He thinks that triggered his depression, which became worse as he dealt with the realization that he is gay. Coming out eased his mood temporarily, but the real turnaround came after therapy. "I'm still working on myself," he says.

tually more depressed kids today or just greater awareness of the problem, but some researchers think that the stress of a high divorce rate, rising academic expectations and social pressure may be pushing more kids over the edge.

This is a huge change from a decade ago, when many doctors considered depression strictly an adult disease. Teenage irritability and rebelliousness was "just a phase" kids would outgrow. But scientists now believe that if this behavior is chronic, it may signal serious problems. New brain research is also beginning to explain why teenagers may be particularly vulnerable to mood disorders. Psychiatrists who treat adolescents say parents should seek help if they notice a troubling change in eating, sleeping, grades or social life that lasts more than a few weeks. And public awareness of the need for help does seem to be increasing. One case in point: HBO's hit series "The Sopranos." In a recent episode, college student Meadow Soprano saw a therapist who recommended antidepressants to help her work through her feelings after the murder of her former boyfriend.

Without treatment, depressed adolescents are at high risk for school failure, social isolation, promiscuity, "self-medication" with drugs or alcohol, and suicide—now the third leading cause of death among 10- to 24-year-olds. "The earlier the onset, the more people tend to fall away developmentally from their peers," says Dr. David Brent, professor of child psychiatry at the University of Pittsburgh. "If you become depressed at 25, chances are you've already completed your education and you have more resources and coping skills. If it happens at 11, there's still a lot you need to learn, and you may never learn it." Early untreated depression also increases a youngster's chance of developing more severe depression as an adult as well as bipolar disease and personality disorders.

For kids who do get help, like Brianne, the prognosis is increasingly hopeful. Both antidepressant medication and cognitive-behavior therapy (talk therapy that helps patients identify and deal with sources of stress) have enabled many teenagers to focus on school and resume their lives. And more effective treatment may be available in the next few years. The NIMH recently launched a major 12-city initiative called the Treatment for Adolescents With Depression Study to help determine which regimens—Prozac, talk therapy or some

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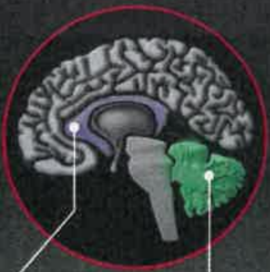
Teen Angst: Sick or Just Sullen?

The dramatic social and biological changes that occur during adolescence are enough to wreak havoc on even the healthiest teen. But if moodiness interferes with daily activities, it can be an early sign of depression. A guide for teens and parents:

A Healthy Teen Brain

Brain development continues through adolescence, providing the architecture for important reasoning skills.

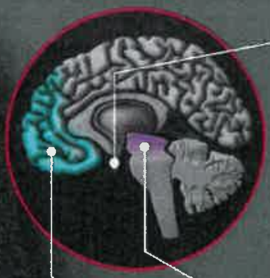


Corpus callosum: Involved in self-awareness and intelligence, this cable of nerves keeps growing until the early 20s.

Cerebellum: Coordinates learning and may fine-tune social tasks; structural changes in this region peak at the age of 18.

Trouble Spots

Scientists aren't sure if brain changes during adolescence lead to depression, but they've identified possible sources for the moodiness and rash behaviors that can become pathological.



Pituitary gland: Sex hormones released during puberty help explain the intensity of teen emotions and may spark more serious mood disorders.

Frontal lobe: This region, which governs rationality, stays underdeveloped throughout the teen years, possibly limiting judgment skills.

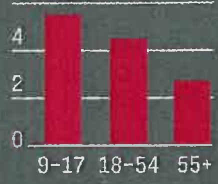
Amygdala: Compared with adults, teens rely heavily on this emotional center when making some decisions. This may lead to impulsiveness.

The Trends

Depression rates jump after puberty, especially among girls. And up to 7% of severely depressed teens commit suicide.

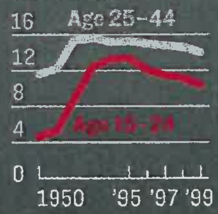
Depression by Age

6% of population



Suicide by Age

Per 100,000 residents



Maturity Milestones

Teens must navigate a series of developmental hurdles as they approach adulthood.

Self-image: Learning to separate from parents and establishing their own identity.

Relationships: Honing interpersonal skills and forming a supportive social network.

Goals: Establishing educational and personal objectives for family and career.

Sexuality: Adjusting to the changes of puberty.

Types of Depression

- **Major depression:** Usually begins in the late teens, but has been diagnosed in children as young as 4.
- **Dysthymic disorder:** Chronic mild depression. Starts in early childhood and can last for decades.
- **Bipolar disorder:** Older teens cycle between mania and deep depression. Young teens and children can experience both symptoms at once.
- **Double depression:** Victims alternate between major depression and dysthymic disorder.

Warning Signs

If five or more of these symptoms persist for two or more weeks, they may indicate teen depression:

- Vague physical complaints, such as headaches.
- Frequent absences from school or a drop in grades.
- Bouts of shouting or crying.
- Reckless behavior.
- Extreme sensitivity to rejection or failure.
- Loss of interest in friends.

—JOSH ULICK

combination—work best on 12- to 18-year-olds. Brent is conducting another NIMH study looking at newer medications, including Effexor and Paxil, that may help kids whose depression is resistant to Prozac. He is trying to identify genetic markers that indicate which patients are likely to respond to particular drugs.

Doctors hope that the new research will ultimately result in specific guidelines for adolescents, since there's not much evidence about the effects of the long-term use of these medications on developing brains. Most antidepressants are not approved by the FDA for children under 18, although doctors routinely prescribe these medications to their young patients. (This practice, called "off-label" use, is not uncommon for many illnesses.) Many of the drugs being tested—like Prozac and Paxil—are known as SSRIs, or selective serotonin reuptake inhibitors. They regulate how the brain uses the neurotransmitter serotonin, which has been connected to mood disorders.

Outside the lab, the hardest task may be pinpointing kids at risk. Depressed teens usually suffer for years before they are identified, and fewer than one in five who needs treatment gets it. "Parents often think their kid is just being a kid, that all teens are moody, oppositional and irritable all the

PHOTO—NO CREDIT. BRAIN ILLUSTRATIONS BY KEVIN HAND FOR NEWSWEEK

time," says Madelyne Gould, a professor of child psychiatry at Columbia University. In fact, she says, the typical teenager should be more like "Happy Days" than "Rebel Without a Cause." Even adults who make a career of working with kids—teachers, coaches and pediatricians—can misread symptoms. On college campuses, experts say, cases of depression are too often misdiagnosed as mononucleosis or chronic-fatigue syndrome. That's why many kids still suffer unnoticed, even though more schools are using screening tools that identify kids who should be referred for a professional evaluation (sidebar). Often it's only the overt troublemakers—disruptive or violent kids—who get any attention. "In most cases, if a child is doing adequately in school, is getting decent grades, but seems a little depressed, there's a great likelihood that the child won't come to the attention of the teacher, counselor administrator or school psychologist," says Phil Lazarus, who runs the school-psychology training program at Florida International University and is chairman of the National Association of School Psychologists' emergency-response team.

And finding the right help can be as difficult as identifying the kids who need help. There are currently only about 7,000 child and adolescent psychiatrists around the country, far fewer than most mental-health experts say is required. The shortage is most acute in low-income areas and there are severe consequences in communities with more than enough traumatic circumstances to trigger a major depression. At the age of 13, Jonathan Haynes of San Antonio was clearly on a dangerous path. His parents, both crack addicts, were homeless—a major risk factor for depression. Haynes did what he says was necessary to survive: sold crack himself, and broke into houses and cars. But his life began to improve in the most unlikely place: jail. In 1999, his parents, by then drug-free, encouraged him to get help. Still high from the marijuana he had smoked that day, Haynes turned himself in to police. At Southton, the county's maximum-security facility for juveniles, he was diagnosed and prescribed antidepressants. Now 18, Haynes works as a cook and lives with his family on San Antonio's East Side. "I got my priorities straight," he says. "I gotta stay strong. I got strong parents. That helps. Ever since I got out of Southton, I've been off the streets."

In his case, it seems clear that traumatic family events contributed to his illness. But more often the trigger for adolescent depression is not so obvious. Scientists are studying a combination of factors, both internal and external. The hormonal surges of puberty have long been shown to affect moods, but now new research says that changes in brain structure may also play a role. During adolescence, the brain's gray matter is gradually "pruned," and unused brain-cell connections are cleared out, creating superhighways that allow us as adults to focus and learn things more deeply, says Dr. Harold Koplewicz, author of "More Than Moody: Recognizing and Treating Adolescent Depression." The link between this brain activity and depression isn't clear, but Koplewicz says the pruning happens between the ages of 14 and 17, when rates of psychiatric disorders increase significantly.

Scientists also believe that there's a genetic predisposition to depression. "The closer your connection to a depressed family member—a depressed father rather than a depressed uncle, for example—the

Hana Asazuma-Cheng, 21
BELMONT, MASS.

In 1993, when she found out she had lupus, she spiraled into a depression that went far beyond despair over chronic illness. In her journal, she wrote: "I haven't been truly happy since I can't remember at all. I'm dead." Now, after therapy, she's turning that journal into a book to help other teens.

"Parents often think their kid is just being a kid—that all teenagers are moody, oppositional and irritable all the time."
—MADELYNE GOULD, professor at Columbia University

greater an individual's likelihood of suffering depression," says John Mann, chief of the department of neuroscience at Columbia University. Negative experiences, such as growing up in an abusive home or witnessing violence, increases the probability of a depressive episode in kids who are at risk. Doctors around the country reported an influx of young patients after last year's terrorist attacks, although it's too soon to tell whether this will translate into significantly higher numbers of youngsters diagnosed with major depression. Lisa Meier, a clinical psychologist in Rockville, Md., a Washington, D.C., suburb, says the attacks made many kids' worst fears seem all too real. "Prior to September 11, if a child said they were afraid a bomb would drop on their house, that was very clinically significant, because it was an atypical fear," Meier says. "It's not atypical anymore."

Many depressed adolescents have a long history of trouble, which often includes misdiagnosis and a lot of trial-and-error therapy that can aggravate the social and emotional problems caused by the depression. Morgan Willenbring, 17, of St. Paul, Minn., has suffered from depression since he was 8, but school officials first thought he had attention-deficit disorder. "I think that's because they see that a lot," says his mother, Kate Meyers. "They tend to lump together what they see as acting-out behavior." It took more than two years to figure out a good treatment regimen. Desipramine, one of the older antidepressants, didn't work. Then Willenbring spent six years on Wellbutrin, which was effective but problematical because he needed to take it three times a day. "It's very easy to forget, which was not helping," he says. When he missed too many doses, he had trouble concentrating and got into fights at home. But a month ago he switched to a once-a-day drug called Celexa and says he's doing better. He even managed to get through breaking up with

ON CAMPUS

College therapists say they're seeing more kids asking for help. But they worry most about the ones they can't reach.

The Doctors Are 'In'

BY JULIE SCELFO

Rhonda Venable's first appointment last Monday was with a severely depressed sophomore who's worried he's too promiscuous. After the session, Venable, associate director of Vanderbilt University's counseling center, met with a bipolar teenager, assessed an anxious student for signs of schizophrenia and arranged emergency hospitalization for an upperclassman threatening suicide. "It was very much an ordinary day," says Venable.

Long gone are the sleepy college counseling centers of decades past where therapists administered career-aptitude tests and offered tip sheets for handling roommate conflicts. Today, acknowledging their role on the front lines of the teen-depression crisis, counselors and psychologists at the nation's colleges and universities are doing more to try to help the rising numbers of students they see with clinical depression and other acute mental illnesses. According to a national survey conducted last year, 85 percent of college counseling centers are reporting an increase in the number of students they see with "severe psychological problems," up from 56 percent in 1988. Nearly 90 percent of centers hospitalized a student in 2001, and 80 of the 274 responding schools said they had at least one student suicide last year.

STUDENT AID: A 'stress-free zone' at Ball State in Indiana

The influx of cases is forcing counselors to change the way they run their centers. Many schools are adopting a triage system where new patients are seen right away to determine who can wait for an appointment and who needs immediate care. They are also hiring more therapists and expanding mental-health facilities. Changes at Vanderbilt are typical: the counseling staff—along with the number of consultation rooms—has more than doubled over the past decade. The highly publicized suicide of Elizabeth Shin at MIT in 2000 and an ensuing lawsuit brought against the school by her parents have caused school officials around the country to re-examine their policies about when parents will be notified of their child's mental health. "We try to maintain as much confidentiality as possible," says Dr. Morton Silverman, director of the University of Chicago's counseling center, "but we do see the importance of involving parents under certain circumstances." For the first time this year, the University of Chicago sent a letter to the parents of all incoming first-years describing when the school can and cannot share information without student consent.

Thanks to new medications with fewer debilitating side effects, kids with serious illnesses can go away to school. But these students require hours of therapy and, often, afterhours care. "We work closely with the residential-life staff because there will be occasions where someone will actually have to get students up and out of bed," says Venable, who is on call 24 hours a day.

The real challenge, though, is identifying the depressed kids who may not ask for help. At Ball State University in Indiana, counselors set up "stress-free zones" equipped with massage chairs and stress-relieving toys to attract students who might be uncomfortable visiting a therapist's office. At Eastern Illinois University, the counseling center sponsors an event during finals week called "kissing and petting," where students can spend time with animals on loan from a local shelter and indulge in free Hershey's Kisses. David Onestak, who runs the EIU center, says he'll do anything to get depressed kids to walk through his door. Here's hoping that "anything" will be enough.

PHOTOGRAPH BY KATIE MURRAY FOR NEWSWEEK

his longtime girlfriend without missing a day of school.

The results of the NIMH study may help make life easier for youngsters like Willenbring. The lead researcher, Dr. John March, a professor of child psychiatry at Duke University, says there is already evidence from other studies supporting short-term behavioral therapy and drugs like Prozac and Paxil. But that regimen works only in about 60 percent of cases, and almost half of those patients relapse within a year of stopping treatment. "We're hoping [the study] will tell us which treatment is best for each set of symptoms," March says, "and whether the severity of symptoms biases you toward one treatment or another."

Until the results of that study and others are in, parents and teenagers have to weigh the risk of medication against the very real dangers of ignoring the illness. A recent report from the Centers for Disease Control found that 19 percent of high-school students had suicidal thoughts and more than 2 million of them actually began planning to take their own lives. One of them was Gabrielle Cryan. In 1999, during her junior year at a New York City high school, "I obsessed about death," she says. "I talked about it with everyone." With her parents' help, she found a therapist just before the start of her senior year who " put a name to what I'd been feeling," says Cryan. "My therapist made me realize it, face it and get over it." She also received a prescription for Prozac. Although she had some hesitations about Prozac, "it really did help me," she says. So did the talk therapy. "The first part of the healing process—and I know this sounds corny—was becoming more self-aware," she says. The therapy helped her see that "everything was not a black-and-white situation." Before therapy, little things would throw her into a funk. "I couldn't find my shoe and the whole week was ruined," she says now with a laugh. "They taught me to get some perspective." And while her depression now is "nonexistent," she knows that she may have to face it again in the future. "We're all a work in progress," Cryan says. "But I've picked up a lot of tools. When I feel symptoms coming on, I can reach out and help myself now." Stories like hers are the successes that lead others out of the darkness.

With BRIAN BRAIKER in Boston, KAREN SPRINGEN in Chicago and ELLISE PIERCE in Dallas

ADVICE

In a new book, Dr. Harold Koplewicz helps families sort out normal adolescent irritability from real illness

'It's Hard for Parents To Understand'

As the founder and director of the New York University Child Study Center, Dr. Harold Koplewicz has seen firsthand the pain that depression brings to families. His new book, "More Than Moody: Recognizing and Treating Adolescent Depression," describes current therapeutic approaches and new research, which he discusses with NEWSWEEK's Barbara Kantrowitz.

How does depression manifest itself differently in teens and adults?

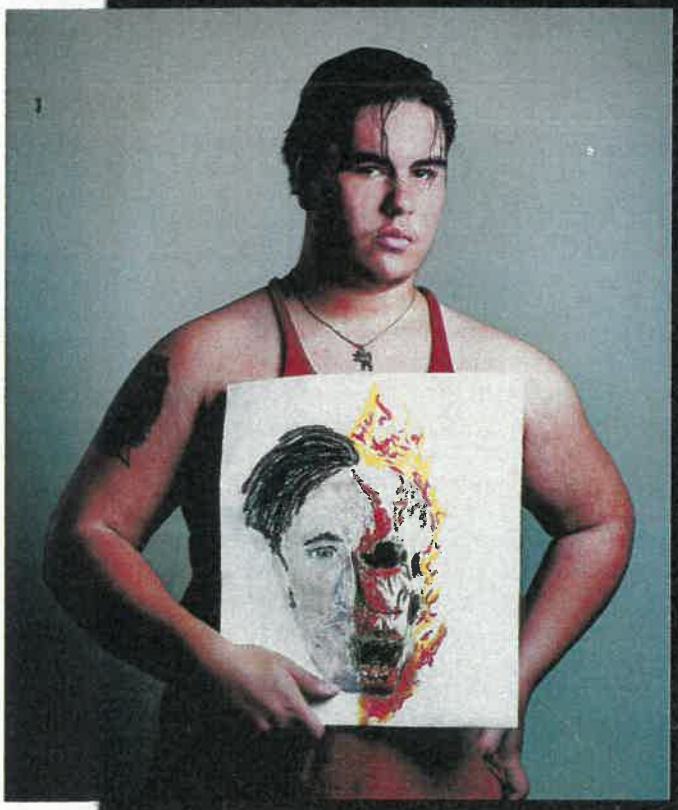
Depressed teenagers are more reactive to the environment than depressed adults. In addition, they act irritable. In classical depression, you are depressed all—or almost all—of the time. Depressed teens' moods are much more changeable. If an adult male gets depressed and you take him to a party, he is still depressed. In fact, he may depress others at the party. A teenage boy who is depressed and gets taken to a party might brighten, might actually want to have sex. If pursued, he might enjoy himself. But if he goes home alone, he is likely to become very depressed again. These mood changes are very hard for parents to understand.

Most teenagers are moody. When should parents start to worry?

Parents have to know their children. Adolescence is not a good time to introduce yourself. Money should have been put in the bank earlier. Then, during adolescence, it's a continuation of a close relationship. You understand what your child's sleep habits are like, what his energy level is like, what her concentration is like, so you can observe when changes in usual behavior last for a month. Then I would get an evaluation.

What would you tell parents who feel guilty when their children are depressed?

Parents want their children to be happy so much that they feel somehow responsible if their child is not. I would emphasize that depression is a real illness. Depression [is] such a misused term. We're not talking about demoralization, or about being dispirited. We're talking about a real illness that has neurobiological underpinnings and that parents



Eric Suarez Jr., 17
BROOKEVILLE, MD.

Hospitalized five times in the last six years, Suarez has been diagnosed with bipolar disorder, a form of depression. He takes nine medications a day, some for symptoms of the disorder and others to combat side effects of the drugs themselves. Listening to music and creating his own art have become major passions (he's holding his own work, also on the opening page).

have to take as seriously as diabetes.

Where should parents go for help? Do you think there are enough resources?

There are so many barriers to getting a teenager help. In our nation, it's nothing less than a tragedy that only one out of five teenagers who suffer from depression gets any help. It's even worse if you are a kid from a lower socioeconomic group. The first thing to do would be to go to your pediatrician or your school psychologist who can refer you to a child psychiatrist or a child psychologist. Diagnosis is the most important issue here. I would explore the Web site of the American Academy of Child and Adolescent Psychiatry and get the name of a board-certified child psychiatrist. I would go to a university-affiliated medical center. I would call the local medical school. I would go to the American Psychological Association and ask for a child psychologist. After the diagnosis, I would ask for a treatment plan, keeping in mind that more than one approach can work. There is talk therapy, specifically cognitive behavioral therapy and interpersonal therapy, which requires specialized training and has been shown to be effective. Medications can also work.

Are the medications normally prescribed safe for developing brains?

We've been using these drugs for many years, but there is still a question out there. I think the benefits outweigh the risks. The jury is still out, but some animal studies have even shown that taking the medication may actually prevent future episodes of depression, but this is all preliminary. Parents also need to be informed about the risk of not taking medicine. We're starting to learn that with each successive episode, patients are more at risk for another depressive episode. Each episode may affect brain development negatively. Therefore, the benefits of taking medication outweigh the risks. There are real costs to the illness which should affect how we think about the risks of treatment.

What's the biggest myth about teens and depression?

I think we still have trouble believing that children and teenagers can get depressed. Twenty years ago, the prevailing theory was that depression in teens, like moodiness, was normal and that teenagers who weren't depressed were abnormal. Now we know that's not accurate. Another myth: depression is reserved for the poor. It turns out to be an equal-opportunity disorder.