

# Depression in Children and Youth: Guide for Caregivers



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## **Where to Get This Handout**

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This handout can be downloaded from <http://www.drcheng.ca> in the Mental Health Information section. Your comments are encouraged as they will help ensure this handout is helpful!

## **Purpose of This Handout**

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This handout provides basic information for family, friends and loved ones who know a child or youth with major depression.



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## “Something’s different about David...”

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*David used to be happy and busy with sports and friends, and enjoyed doing school. Since this school year started however, he’s lost interest in doing things he used to enjoy. He seems more irritable all the time, never wanting to do anything, except stay hidden away in his room and play video games. He still goes out with his friends, and seems to have a good time, though he doesn’t seem to go out as much now as he used to, and he’s stopped playing as many sports. He seems really negative and critical, putting himself down as well as others. What’s happening with David? Is it just a phase? Is he just trying to avoid his chores and responsibilities? Or is there something else going on?*

## Overview of Depression?

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Everyone gets sad from time to time, but normal sadness goes away in a short while, and it doesn’t seriously get in the way of life. When the sadness is so severe that it starts getting in the way of normal life, it may be a condition known as depression.

Depression (also known as clinical depression, major depression, or major depressive disorder) is a serious condition where a person has problems with depressive moods and thoughts, physical symptoms and function.

Symptoms include problems with...

- Mood such as feeling down, blue, sad, depressed, or feeling more irritable, angry and easily upset
- Thoughts such as low self-esteem (“I’m no good”, “I can’t do anything right”), hopelessness (“Things aren’t ever going to get any better”), and sometimes even thoughts that life isn’t worth living anymore
- Physical changes such as problems with
  - Energy
  - Concentration
  - Appetite (eating less than usual, or having cravings and eating more than usual)
  - Sleep (being unable to sleep, or needing more sleep than usual).
- Function, so a person has trouble functioning at school, work or home.

## What Types of Depression Are There?

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Type of Depression	Description
Major Depression (also known as Major Depressive Disorder or Episode, or clinical depression)	Problems with mood (such as sadness or irritability) <u>plus</u> physical symptoms (such as problems with sleep, appetite, concentration, energy), lasting for over 2-weeks.
Winter depression (also known as Seasonal affective disorder or SADS)	Type of depression that happens from lack of sunlight, usually seen in the fall and winter. Treatments include light therapy (to restore loss of sunlight) or antidepressant medications.
Dysthymia or Dysthymic Disorder (also known as Minor Depression)	A milder form of depression, but because is milder, is often not picked up, and thus can cause lots of problems with mood and get in the way of life. Consists of problems with

	mood (such as sadness or irritability) that have lasted at for at least the past 1-2 years, with some physical symptoms
Premenstrual Mood Syndrome (PMS) or Premenstrual Dysphoric Disorder (PMDD)	Problems with mood that can happen in certain girls or women, where they get mood swings or depressed moods around their periods. Various strategies, including hormones.
Adjustment Disorder	Problems with mood (or behavior) that happen after a stress, due to troubles 'adjusting' to the stress. Not as severe as full-blown depression, because the person doesn't have all the full physical changes seen in major depression.

## **How Common is Depression?**

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### **For all mental health conditions (including depression, anxiety, alcohol and substance use):**

- Over one-year, about 24% (1 in 4) of people will experience a mental health condition, which might include depression, anxiety, alcohol or substance use problems (Ontario Health Survey, Mental Health Supplement, 1992). In other words, think about 4 people that you know – chances are that one of them has had depression, anxiety, alcohol/drug problems, or some other form of mental health condition, over the past year.

### **For depression:**

- Lifetime risk for depression: 7.9-8.6% of adults will have major depression during their lifetime in Canada (Health Canada). In other words, think about 10 people that you know – chances are that one of them has had depression over their life.
- At any single point in time
  - ~ 2% of children and youth are depressed (Statistics Canada, 2002).
  - ~ 6.3% of adults are depressed (aged 15-64 in the National Population Health Survey)

### **For suicide, which is closely linked to depression:**

- **In Canada, suicide is the second highest cause of death for youth aged 10-24.** Each year, on average, 294 youths die from suicide in Canada, which highlights the seriousness of this condition (Canadian Mental Health Association). **In other words, people can die from untreated depression, and it is a condition that needs to be taken seriously.**

**The bottom line -- depression is a common and serious condition.**

## **What Causes Depression?**

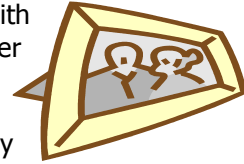
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There are many different things that can contribute to depression. For some people, it appears to be more physical causes, e.g. with seasonal or winter depression. For others, there may be stresses with school, family or friends which contribute. In most cases, there probably is some combination of physical and non-physical stresses which contribute.

Causes that affect the Body, Mind or Spirit:

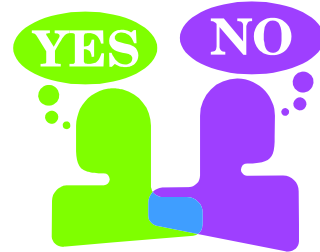
1. Body (Physical or Biological)

- Medication conditions: infections such as 'mono' (mononucleosis), thyroid problems, nutritional deficiencies such as low B12, low iron.
- Family history: If other people in the family have had problems with conditions such as depression or mood, then there may be a higher risk that other family members may get depressed. On the other hand, if it is known what was helpful to those other family members (e.g. medications if any), then those similar treatments may be helpful for the person who is currently depressed.
- **Thus, to overcome the depression, it is thus important to find ways to ensure a healthy lifestyle (getting enough sleep, having a healthy diet), and dealing with any medical problems. In some cases, medications may help with the physical part of depression.**



## 2. Mind (Psychological, Social)

- Low self-esteem: having low-self-esteem can make one more vulnerable to getting depression.
- Perfectionistic traits, or excessive expectations: although there may be advantages to having high standards, having overly high expectations on oneself can be a risk for depression.
- Interpersonal or social factors
  - Stresses with relationships with family, friends, or boyfriends/girlfriends, or husbands/wives/partners
  - Stresses with school, or work
- **Thus, to overcome the depression, it is important to find ways to improve self-esteem, reduce perfectionism, and help deal with any stresses in relationships, school, work or home.**



## 3. Spirit (Problems with hope or meaning)

- Any things that happen which damages a person's sense of hope or meaning in life, may contribute to depression.
- **Thus, to overcome depression, it is important to find things that give a person hope and meaning in his/her life, such as spirituality and religion.**

## Positives from Having Had Depression

Although it can feel devastating to have depression, or to know a loved one dealing with depression, it is important to keep things in perspective and always try to see the positive side of things. In fact, many people who overcome their depression report being stronger as a result of having overcome it. *"I feel stronger now, because I had to learn new ways to cope..." "I'm much better at knowing when I'm stressed, so I don't let things build..." "I know who my true friends and family are....." "Seeing the support from friends and family has given me a new strength..." "I'm much more sensitive to the feelings of those around me, especially those who might have depression..."*

## What Can Be Done About Depression?

Fortunately, depression is treatable, and there are numerous treatments they been proven effective. Depression can be overcome – it is possible to feel better.

## ***Take Care of the Body and Brain***

**Get enough sleep, which usually means at least 8 hrs a night for a teenager.** Many studies show a link between lack of sleep and depression. In fact, one study looking at teen depression showed that parents who set bedtimes of midnight or earlier had teens with 24% less likelihood of depression (Ganwisch, 2009). In addition, teenagers who reported sleeping 5 or less hours per night were 71% more likely to report depression, as compared to teens who reported sleeping 8 or more hours per night.

**Eat a healthy diet.** Many studies show that having a healthy diet and regular meals (breakfast, lunch, dinner and snacks) is important for mental health. Missing meals will worsen concentration and function. In particular, studies show that children with healthy diets have better mental health (Oddy, 2009), such as healthy diets with:

- Red, yellow and leafy green vegetables
- Fresh fruit and legumes
- Wholegrains and fish

Children with unhealthy diets, on the other hand, had more problems with mental health and behaviours. Unhealthy diets were those with burgers, pies, sausage rolls, confectionary, red meat, refined grains, full-fat dairy food, dressings and sauces.

**Make sure there aren't any medical problems contributing to depression.** There are medical conditions that can mimic or cause depression. If your child is depressed, make sure that your child is seen by a doctor. Conditions that can contribute to depression include problems with hormones, low iron, or low vitamin B12 or folate.

Omega 3 fatty acids have been shown in a few studies to be helpful for depression (with 1-2 g daily of EPA; some studies recommend no more than 2-4 g daily) (Nemets et al., 2002; Peet et al., 2002; Su et al., 2003; Marangell et al., 2003); a more recent study in children (Nemets et al., 2006) showed that dosages of EPA/DHA in either 400 mg/200 mg daily or 190 mg/90 mg daily may be helpful.

**Getting enough exercise.** Many studies show that exercise (usually aerobic) can improve depression. One study showed that after 16-weeks, exercise treatment was equally as effective as medications in reducing depression in patients with major depressive disorder (Blumenthal, 1999.)

Most health organizations (e.g. Heart and Stroke Foundation, or American Cancer Society) recommend at least 30-60 minutes of physical activity daily.

**Get enough sunlight.** Studies show that there is a link between lack of sunlight (and thus lack of vitamin D) and depression. Although the exact amount of sunlight is not known, it would be relatively harmless (and make common sense) to combine being outside with exercise, and thus, try to exercise outside at least 2-3 times a week, for at least 15-20 minutes. And yes, wear appropriate sunscreen lotion.

In countries where there is a lack of sunlight in the winter, it is often recommended to take vitamin D supplements. The Vitamin D council recommends that "*Well adults and adolescents should take 5,000 IU per day.*"

**Antidepressant medications.** In some specific cases of depression, antidepressant medications may be helpful in restoring the normal function of neurotransmitters such as serotonin, norepinephrine or dopamine. More information about this later on...

### ***Take Care of the Mind***

- Cognitive strategies
    - Being aware of “depression thoughts”, and using more positive self-talk or thoughts instead
      - E.g. realizing is that the symptoms of depression, such as thoughts of being worthless or hopeless, ARE SYMPTOMS OF THE DEPRESSION, AND DO NOT REPRESENT THE PERSON WITH DEPRESSION!
  - People, or Interpersonal strategies
    - Getting connection or affiliation with others
      - Getting support from others – letting them know what you need, and telling them whether you just want them to listen, or to give you advice
    - Getting or Control / Autonomy in one’s life
      - Dealing with stresses in one’s life
    - Getting a pet, e.g. dog or cat
      - The unconditional love that people give and receive from animals is a powerful healing force, and forms the basis for pet therapy, also known as animal-assisted therapy (Voelker, 1995; Draper, 1990)
  - Problem-solving to deal with typical stresses (such as school, family, peers, friends, teachers, bosses)
    - Identify the problem
    - Identify how you’d like to see things different
    - Identify how to make that happen
  - Break down problems into little, easier to deal with parts
  - Time management
  - Identify your priorities
  - Spend time on those
  - Figure out what things help your mood and do more of those things
  - Figure out what things make your mood worse and either do less of those things, or change them
- Leisure and relaxation
    - Listening to music
    - Reading a good book



### ***Take care of the Spirit***

- Rebuilding hope and meaning
- Find things that give you hope and meaning, which may include religious activities
- Connecting with spiritual supports by connecting with a religious community (e.g. church, synagogue, mosque, temple), or by connecting with religious support (e.g. priest, rabbi, imam or other religious leader)
- After you find what gives you hope and meaning, fill your life with those things

## **Medication Treatment**

Studies show that certain medications may be helpful in depression. In practice, medications are not generally recommended first, but are only recommended after non-medication treatments have been tried first. In addition, evidence suggests that in some instances, combining medication and psychotherapy is more helpful than either alone (March, 2004).

There are certain situations where medications may be particularly helpful, which include: family history of depression, and response to medication. Anecdotally, increased cravings for serotonin (e.g. cravings for carbohydrates such as bread, pasta or sweets) may possibly predict a good response to serotonin medications.

Typical examples of medications include

- Serotonin medications such as specific serotonin reuptake inhibitors (SSRIs): Fluoxetine (Prozac), Sertraline (Zoloft), Citalopram (Celexa), Fluvoxamine (Luvox), Clomipramine (Anafranil).
- Bupropion SR (Wellbutrin SR)
- Mirtazapine (Remeron)

*Health Canada ([www.hc-sc.gc.ca](http://www.hc-sc.gc.ca)) has issued an advisory that people under 18 taking antidepressants should consult their treating physician to confirm that for their particular situation, the benefits of taking medication outweigh any potential risks.*

## **Helping Someone Overcome Depression**

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### ***Helpful Attitudes in Dealing with Depression***

- **Don't Confuse the Person who is Depressed for the Depression**

*"When I was depressed, I had low self-esteem, and I had dark thoughts about hurting myself. Worse, others around me got angry at me for having those dark thoughts. But when I realized, and my family realized that those thoughts were the depression, and not me, it gave me hope."*

When someone is feeling depressed, they and others around them may forget how to distinguish between themselves and the depression.

For example, when a person with depression complains about not wanting to do anything, it is natural for others to get upset, and say, "He's just being lazy!" Similarly, a person who is depressed may also confuse him or herself with the depression, and have thoughts such as, "I'm worthless and hopeless."

It is important to realize that those negative, depressive thoughts **are the depression. It's not the person who is depressed.**

It may be helpful for caregivers to say the following to the person who is depressed: "Those thoughts (e.g. of feeling worthless, or of wanting to hurt yourself) are the depression speaking. Its not you. When we get over this depression, those thoughts will be gone, and you'll be the same, happier person you used to be. I'm going to be here to help you get over those thoughts."





Depression is like the cloud that hangs over the depressed person, and loved ones...



Recognizing depression as being separate from your loved ones will help everyone overcome the depression.

### **General Advice**

- **Help the person with depression to get help** -- If phone calls are needed for counseling, drug recovery, doctor's appointments, etc, encourage them to make these calls, or even call that professional to leave information. Drive them to appointments if you can.
- Encourage them to talk to other people as well as to you. Offer to go along with them to an (adult) friend they can trust.
- **Listen.** Take extra time to listen to the person with depression. Don't jump to giving advice, because often the other person may simply just want you to listen.
  - In general, it may be tempting to do the following, but try to avoid them, because usually they just push the other person farther away...
  - Thus
    - Don't criticize, judge or minimize
    - Avoid saying things like
      - ~~"If only you'd listened to me..."~~
      - ~~"You're a lazy..."~~
      - ~~"That's nothing. I had to deal with a much tougher challenge..."~~
      - ~~"How can you be depressed? After all we've done for you... You have everything... You have more than I had when I was your age..."~~
- **Ask that permission for their permission to help, BEFORE you go helping**
  - Use assertive communication skills to express your concern, with as many "I feel \_\_\_" or "I \_\_\_" statements as possible



- "I care about you."
  - "How can I be supportive?"
  - "Do you want me to just listen, or do you want my advice too?"
  - "Is it okay if I give you my opinion? My advice?"
  - "Can we talk sometime?"
  - "I'm very worried about you"; "I'm noticing that you appear (different than your usual self lately)."
- **Validate**, which means that after you have listened, just acknowledge that other person's experience. Say: "I hear you", "It sounds rough", etc. Don't say, "You can't be feeling depressed", or "I've had it much tougher than you ever did". Take the other person's problems seriously, even if it's something that wouldn't be a big deal to you.
  - Thank the person for opening up to you, "Thanks for telling me how you've been feeling."
  - Ask them what you can do to help, "What can I do to help? How can I be a support?"
  - Forming an alliance if the person gives an unhealthy goal. If it's something unhealthy that they suggest, find out what underlying healthy goal is. For example, if they want to cope with self-cutting, then ask, "What does the cutting do for you?" They will usually reply, "It helps me feel better." Agree with the healthy goal: "I want the same thing, I want you to feel better, and I'm willing to work with you to find healthy ways to do it." Although you may want to tell the person, "You shouldn't cut" or "You shouldn't do this or that", that often ends up driving the person away.
  - Let them know that they are not alone, and that you will help them get over this. "You are not alone – I'm going to be with you until we get over this."
  - **Let them know you care.** They may try to put you off. That's the depression, not that person. Stay in touch. Invite them to do things with you. Don't force them to be cheerful. Stick with them.
  - **Help the person problem-solve**
    - "What's happening that makes you feel that way?"
    - "What do you wish could be different?"
    - Typical problems that lead to depression are loss of:
      - Hope and meaning
      - Connection with others (Affiliation), e.g. through loss of a relationship, a breakup, or conflict
      - Control over their life (Autonomy or agency), e.g. losing a job
    - Thus, the way to help an individual is to help that person find other ways to regain their:
      - Hope and meaning
      - Connection with others
      - Control over their life
  - **Expect your help to be rejected or rebuffed.** If you are trying to communicate or support someone struggling with depression, don't be surprised if the responses you get are irritable and negative. Don't take them personally. That's the depression that getting you upset, not that person.

- **Giving hope** -- Try to give them hope and remind them what they are feeling is the depression (not them). Examples include:
  - "I know you feel you cannot go on, but I'm hopeful things will get better"
  - "What you are feeling is temporary – that's the depression speaking, not you."
  - "I believe in you and that you will get better,"
  - "There is a light at the end of the tunnel - it's ok if you don't see it now, that's the depression."
- **Be there for them**, either physically (by spending time with them), or connecting through telephone, e-mail or instant messaging. If they are not there with you, go to them or have them come to you. It is better if you go to them, in case they change their mind and don't show up where you are.
- **Show love and encouragement.** Hold, hug, and touch the person who is coping with depression.
- **Let the person ventilate** - let the person talk about their feelings, let them show their feelings. Particularly with guys, there is a stigma against showing feelings. Encourage that person that it's better to let the feelings out than keep them bottled up inside.
- **Have fun.** Offer to join the person in some activity they normally enjoy. They need a chance to have some fun and get their mind cleared.
- **In the end, remember that you can only do what you can do.** It is important to remember that you cannot be responsible for another person's actions when they are stressed, depressed or suicidal. What you can do is be a caring responsible friend during the hard times. You can listen to their concerns, support them and get skilled help.
- **Be open about treatments, because every person is unique.** Treatments or coping strategies which may work for one person do not necessarily work for others. Just like one pair of glasses might be the right prescription for one person, that does not necessarily mean that same pair of glasses is the right pair for another person. Some people may say, "I tried that treatment (such as medications) and it didn't work – don't try it, it won't work on you!" That is like saying that one person tried a pair of glasses, and because they didn't work, they won't be helpful for you. Some people may say, "Try this treatment, it worked for me!" That is like saying that this pair of glasses worked for me, it will work for you. Because every person is unique, it means that the treatment will need to be individualized for every person.
- **Avoid blame and stigma.** It is natural for the depressed person to blame themselves for the depression. "It's all my fault! I must be a weak person for having this..." ***It is thus really important for friends and loved ones to avoid saying any other things that might worsen the person's sense of blame, because it is generally not helpful. Further blame only makes the person feel even worse about themselves, and more depressed, which in the end makes life harder for everyone.*** Friends and loved ones should remember that depression is a medical condition – just like you wouldn't blame a friend for catching brain conditions like epilepsy, brain cancer or multiple sclerosis, its not right to blame someone for having depression.

Furthermore, if you catch your loved one blaming himself for his/her depression, then help them re-focus their energy on what can be done to get better. Just tell them, "Its natural for some people to blame themselves in depression; but does that help your mood get better? Come on, lets focus on some other things instead..."

- **Stigma.** People with depression often feel stigma, which is the sense of shame that comes from having conditions that affect the brain. They may feel scared about telling others about problems with their moods or thoughts. This probably stems from more primitive times when we blamed people when we didn't understand the causes of illness. For example, in the past, if someone got sick, it was felt that it was the will of the Gods, and somehow, that person must have deserved it. Nowadays though, we have progressed, and we don't generally blame people who have other medical conditions – but more progress needs to be made in being supportive of people with conditions such as depression or anxiety.

Probably the best way to deal with stigma is to educate others about conditions like depression, and the following table lists some common myths that contribute to stigma, and the corresponding truth that helps fight stigma:

Myth	Truth
"People who are 'depressed' are just sad and should just snap out of it.	Depression is NOT the same thing as normal sadness (which everyone gets from time to time).
"After all, I get sad from time to time, you just need good will power."	Depression is NOT something that you can just "snap out of". Studies show that the impact of depression is just as severe as having an illness such as cancer, yet no one would expect someone with cancer to just "snap out of it"
"People who get depressed cause their depression.	Depression is a medical condition, and no one intentionally wishes or causes themselves to have depression. Just like we wouldn't blame someone with other medical conditions like epilepsy, cystic fibrosis, etc., its not right to blame people for their depression.

### ***Talking to Other People About Having A Brain Condition (such as Depression)***

For someone with depression, being able to tell others about his/her depression to the right people, can be very helpful in getting support.

However, there are different ways to tell, depending on how detailed one wants to be.

So if the depressed person returns to work or school, and if someone asks them, "Where have you been? Hey, is everything alright?", here are some things the person with depression can say:

First: "Thanks for asking."

Then, things to say include:

- Very general: one can simply say "I haven't been feeling lately."
- More specific: one can simply list some of the symptoms that one is having, e.g. "I have troubles with low energy, concentration which makes it hard for me to do things."
- A little more specific: one can say that one has a chemical imbalance, a neurological condition, a brain condition, or troubles with stress.



- Very specific: one can give the exact diagnosis, e.g. "My doctor has diagnosed me with clinical depression, which makes it hard for me to get things done at school." Some people prefer to use the "condition" as opposed to disorder, e.g. "I have an anxiety condition", as opposed to "I have an anxiety disorder." Other people use the term "difference", e.g. "I have an attentional difference", as opposed to "I have attention-deficit disorder."

### ***Know Your Limits***

- Friends and family should know their limits – ensure that they get professional help and support if things are not getting better. A list of resources can be found near the end of the handout here [#Getting Help in the Ottawa Area for Depression \(Local Resources\)](#).

### ***Ensure a safe environment in the home***

- **Physically** – to protect against the small chance that a person with depression may try to hurt themselves, any potentially lethal objects should be removed.
  - Lock up any medications that might be overdosed on, e.g. Acetaminophen (Tylenol), Aspirin (ASA)
  - Remove any firearms (e.g. guns) or ammunition
  - Remove any heavy rope from the home

### **Advice for Friends and Family Who are Depressed Themselves!**

It can be very stressful caring after someone with any sort of medical condition, and depression is no exception.

Sometimes that stress of looking after someone else can contribute to other friends and family getting depressed!

If you are depressed, it generally makes it much harder to support another person with depression. Its hard to rescue someone drowning if you're drowning yourself – so get yourself on firm ground, or get yourself a life preserver first!

**If you suspect symptoms of depression in yourself, then see a family physician, counselor, psychologist, or some other professional to get help!**

**If you are a parent with depression, and are parenting a child with depression, you will increase your child's chances of recovery by getting help for yourself (Weisman et al., 2006)<sup>1</sup>.**

**If you are feeling overwhelmed as a parent, contact the Children's Aid Society for advice about parenting supports.** The CAS may be able to offer help, or recommend other community resources that might be helpful. Most people are scared to contact the CAS out of fear they will be labelled a 'bad parent' or that their children will be 'taken away', however the CAS generally tries its best to support parents so that children can remain in the home. Other options include temporary care by agreement, where it is agreed to have children out of the home for a temporary basis.

### ***Dealing with Negative Thoughts in Depression***

Depression can lead to negative, depressive thinking patterns, which maintain problems with mood. One way to overcome this is to be aware of one's thoughts and feelings, and turn them into more helpful, positive thoughts.

When faced with stressful situations and depressive thoughts, the following questions can help in coming up with coping thoughts:

- Is this (negative) thought really true?
- Am I overemphasizing a negative aspect of this situation?
- What is the worst thing that could happen?
- Is there anything that might be positive about this situation?
- How do I know this situation will turn out this way?
- What would be a more positive way to look at this situation?
- What difference will this make next week, month, or year?
- If I had one month to live, how important would this be?
- Am I using words like "never", "always", "worst", "terrible", or "horrible" to describe the situation?
- With these (negative thoughts), would I say the same thing to a loved one? What would I say to comfort a loved one in the same situation?
- Has anything like this happened to me in the past and, if so, how did it turn out?

### ***Things to Avoid Doing When Talking with Someone with Depression***

- People who are depressed can often be ultra-sensitive to any perceived criticism or negativity, and they will often put their guard up in response, so you may need to be extra cautious
- Avoid general blanket statements such as "You're lazy" – even if someone else was genuinely lazy, softer ways to express yourself could be...
  - Assertively
    - "When you don't do your chores, it puts a lot of stress on me, and I get upset."
    - "Would it be possible for you to \_\_\_\_\_?"
    - "I'd really appreciate it if \_\_\_\_\_?"
    - "If that's not possible, then we need to problem-solve this one together."
- Avoid criticisms such as "You should \_\_\_\_\_"

## **Dealing with Thoughts of Suicide**

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### ***Thoughts of Harming Oneself***

The bad news about depression is that sometimes people try to cope through hurting themselves (e.g. self-cutting) or through thoughts of suicide. The good news is that that means the person is trying to cope with things on some level. We just have to find what they're trying to cope with exactly, so we can help them find a different way.

### ***Warning signs of suicide***

- threats or talk of killing oneself;
- preparing for death -- giving away prized possessions, making a will, farewell letters, or saying goodbye;
- talking like there is no hope for the future;

- acting or talking as if nobody else cares, completely giving up oneself and others.

***In case that person is feeling suicidal***

- **If you are at the person’s home, then remove any item/items the person may use to hurt themselves with, e.g. their medications or any weapons; keep them away from that person until s/he is safe**
- Get help from other family, friends and professionals!
- Consider close monitoring of that person until either you can get them to more help, or until their thoughts of self-harm improve

***Ways to Ask if Someone is Feeling Suicidal***

- Suicide is a sensitive topic, and it is tempting to avoid talking about it, but open communication is generally the best route
- Some things to say include “I’m worried about you. Sometimes when people are depressed they can have thoughts of hurting themselves – has that ever happened to you? Has it ever got to the point where you’d think of ending your life? Have you ever done any things to end your life? What’s the worst its ever gotten?”

***If you are worried that a person is IMMINENTLY suicidal***

- Call 911 or a Crisis Service if necessary (see end of this document for local Crisis Numbers in your area)
- Have friends or family be with that person for constant supervision until appropriate treatment can be arranged, e.g. follow-up appointment with that person’s doctor, or therapist
- Try to arrange for childcare; otherwise, if there are no friends or relatives who can help, then contact the local Child Protection Service (e.g. the Children’s Aid Society) to place the children into temporary care until the crisis resolves

**School Accommodations**

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As much as possible, parents should encourage their child or youth to keep going to school because this helps

- Give the youth a sense of achievement which improves self-esteem, self-confidence
- Give the youth chances to socialize and be with other youth, and as long as these are positive interactions, this helps moods

**Completely avoiding school or classes is bad because**

- Usually the school stress builds and builds anyways
- There are less opportunities for the feeling of satisfaction that come with achieving things, and there are less opportunities for social contact
- The youth is more vulnerable to get stuck in a cycle of repeatedly avoiding school
- The longer you stay out of school, the harder it is to get back into it eventually...

Although going to school is helpful, if a child is undergoing depression or some other mental health issue, there will most likely need to be accommodations and modifications to the school program.

For example, if a worker injures his or her back, they usually stay off work, and when they return to work, there are usually changes to the work.

The same principles apply for students as well. We 1) lower school expectations or demands and/or 2) make changes to the expectations, until we are able to make it so that the youth can be successful.

## **Usual Recommended School Accommodations for Children and Youth who are Depressed**

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- Flexible schedules
- Time off for medical appointments
- Changes in communication, feedback and/or supervision
- For students with part-time work, it may be helpful to reduce work hours so that the student can focus on school and other activities – even for non-depressed students, it is usually recommended that the maximum for part-time work be 10 hrs/week



## **More Specific School Accommodations for Clinical Depression**

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From <http://www.bu.edu/cpr/reasaccom/educa-accom.html>

Types of potential academic accommodations

For college students with disabilities, academic accommodations may include adaptations in the way specific courses are conducted, the use of auxiliary equipment and support staff, and modifications in academic requirements. A college or university has both the diversity of resources and the flexibility to select the specific aids or services it provides, as long as they are effective. Such aids and services should be selected in consultation with student who will use them.

### Classroom Accommodations

- Preferential seating: Seating in front, by door, helps reduce audio/visual distractions
- Accompanier: Having someone (another student, or a counseling staff member) to go with a student to class and sometimes stay in class with the student.
- Assigned classmate as volunteer assistant: Similar to an accompanier, an assistant may help take notes or provide informal support.
- Beverages permitted in class: Helps alleviate dry mouth or tiredness caused by medications.

### Lecture accommodations

- Pre-arranged breaks: Helps student anticipate and manage anxiety, stress, or extreme restlessness caused by medication.
- Tape Recorder: Alleviates pressure of notetaking, freeing student to attend and participate more fully in class.
- Notetaker: Similar to above, having someone in class to take notes alleviates anxiety of having to capture all the information; sometimes the anxiety of attending class interferes with effective notetaking.
- Photocopy of another's notes: If notetakers are not available, then securing from another student helps free him or her to attend and participate more fully in class.



#### Examination accommodations

- Change in test format: Altering an exam from a multiple choice format to an essay format may help students demonstrate their knowledge more effectively and with much less interference from anxiety or a learning disability.
- Permit use of computer software programs or other technological assistance: Writing may be difficult due to medication side effects that create muscular or visual problems.
- Extended time: Allowing a specific extra amount of time, to be negotiated before the exam, allows the student to focus on the exam content instead of the clock, and lessens the chance that anxiety or other symptoms will interfere with his or her performance.
- Segmented: Dividing an exam up into parts and allowing student to take them in two or three sessions over 1-2 days helps reduce the effect of fatigue and focus on one section at a time.
- Permit exams to be individually proctored, including in hospital: A non-distracting, quiet setting helps reduce interference from anxiety or other symptoms or medication side effects.
- Increase frequency of tests or examinations: Giving student more opportunities to demonstrate knowledge creates less pressure than having just a midterm or a final.
- Permit exams to be read orally, dictated, scribed or typed: Anxiety, other symptoms, medication side effects, or a learning disability may interfere with mental focus, concentration, ability to retrieve information, and/or writing capacity during a typical paper-pencil test. Reducing the amount of external pressure and distractions gives the student an equal opportunity to demonstrate his or her expertise without the disability skewing the results.

#### Assignment accommodations

- Substitute assignments: Written exercises or other out-of-class exercise may be necessary for a student with a psychiatric disability to best demonstrate their grasp of the required knowledge.
- Advance notice of assignments: Helps a student anticipate and plan time, energy, and workload, and arrange for any support or academic adjustments.
- Delay in assignment due dates: A student may need to go into the hospital for a week for a medication check or a brief emergency; extra time on a due date might be all that is needed for a student to pass the course. The delay should be specified; i.e., a new due date should be negotiated and formalized, not be left open-ended.
- Handwritten rather than typed papers: Relieves an additional source of pressure if student does not yet have typing skills. The time tests and accuracy required in a typing course make them a very high stress experience for students who are just returning to school.
- Assignment assistance during hospitalization: Staying connected to a student during a course while he or she is in the hospital may mean the student can finish the course as planned, and not have to take an incomplete or withdrawal grade, lose their money, or repeat the course again. (The exacerbation of psychiatric symptoms does not necessarily preclude the student's ability to complete schoolwork, and in some cases seems to help them leave the hospital sooner because they have academic responsibilities to meet.)
- Use alternative forms for students to demonstrate course mastery: A student may be better able to demonstrate his or her knowledge in ways that don't require lots of writing (e.g., a narrative tape instead of a written journal) or time pressure (an essay exam rather than only multiple choice, or an extra paper if the student has not performed well on the exam due to his or her disability).
- Textbooks on tape: May help a student whose vision or concentration interferes with their reading ability.

#### Administrative accommodations

- Providing modifications, substitutions, or waivers of courses, major fields of study, or degree requirements on a case-by-case basis: These adjustments should be considered on an

individual basis, and only if the changes requested would not substantially alter essential elements of the course or program, or if courses are required for licensure)

- Provide orientation to campus and administrative procedures: Increasing a student's familiarity with an environment and the system help him or her to feel more confident and confident, and allow the student to plan, strategize, anticipate trouble spots, and know where to go for assistance.
- Provide assistance with registration/financial aid: Helping a student cut through red tape and coaching them thorough the intricate but critical process of financial aid eliminates a potentially debilitating amount of stress and hassle.
- Flexibility in determining "Full Time" status (for purposes of financial aid and health insurance): A school often has the power to declare a student "-time" even if s/he is part-time. If the disability is such that a part-time load is equal in burden to a full time load for a student without disability, such a case can be made. (This adjustment does not entitle a student to full time financial aid).
- Assistance with selecting classes and courseload: Early morning classes or high stress classes such as keyboarding could set a student up failure.
- Parking passes, elevator key, access to lounge: Anxiety and other psychiatric symptoms can physically and emotionally prevent a student from crossing the campus or climbing several sets of stairs or sustaining energy for a day of classes, when they would otherwise be capable of attending class. These supports make the environment more accessible and "-friendly," and are usually cheap and easy to obtain.
- Incompletes rather than failures or withdrawals if relapse occurs: If a student has finished most of the coursework but is unable to complete the remainder before the semester's end, negotiating an incomplete usually means that a student will not have to repay or retake the entire course in order to finish it.
- Identified place to meet on campus that feels "" before or after class: Having a place that is safe may help a student attend class more regularly and help lessen the effects of anxiety and " in the bud" stresses that can exacerbate other psychiatric symptoms.

### **Case Illustrations of Classroom Accommodations**

#### **Jennifer:**

- Jennifer was enrolled in a beginning computer class. Due to her schizophrenia she had difficulty focusing in class. Her thoughts would wander from the teacher and suddenly she would feel lost in class. Because of this she would continually interrupt the class to ask the teacher questions. She was beginning to feel as if her teacher and classmates were angry at her for the disruption.
- Jennifer's teacher allowed her to bring in a tape recorder to tape the class lectures. She was also assigned a "buddy", a classmate who would sit next to her during class to point out what they were focusing on if Jennifer became lost. The teacher also made herself available to Jennifer each week at a certain time for questions. Jennifer also increased her time in the computer lab at the school.

#### **Lisa**

- Lisa was in her second semester at a community college. She had been taking 3 classes and was near completion of the semester when her Depression began to affect her school work. Until this point Lisa had been an exemplary student, a teacher's favorite with a grade point average of 4.0. It became impossible for Lisa to go to her classes. Lisa did not want to jeopardize her grade point average, nor did she have the money to pay to take the classes over.
- Because of her exemplary record Lisa's teachers all agreed to give her an incomplete rather than having her withdraw or failing her. This enabled Lisa to complete the course work over

the next semester. It would not affect her grade point average and she would not have to pay for the classes again.

### Joe

- Joe was attending a major metropolitan university. The parking lot for the university was quite a distance from the building where his classes took place. Because of an anxiety disorder Joe would find himself experiencing panic attacks walking from his car to the classroom building. Once he arrived in the building it would take him several minutes to calm himself and he was generally very flustered during his class. Joe was contemplating quitting school.
- Joe approached the Students with Disabilities Office and was able to get a parking pass which allowed him to park closer to the building where his classes were held. Because of this he felt safer in the environment and no longer experienced the panic attacks on his way to class.
- The following semester Joe had classes on the first floor and the third floor of the building. In between classes, the hallway and staircase were extremely crowded. Joe found himself experiencing panic attacks on his way up the staircase, wanting to run out of the building.
- Joe approached the Student's with Disabilities Office again. Since Joe's class was located near an elevator they were able to give him a key to the elevator. He would take the elevator to the third floor allowing him to avoid the crowded staircase and diminishing his anxiety.

### "David's a lot better now..."

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*Thanks to the concern of his parents, David saw his family physician around the fall, who made a diagnosis of depression. The family physician recommended some websites and books to read about depression. For treatment, the physician recommended that David see a counselor. His parents decided to see a private psychologist as that was the quickest way to get treatment. He began seeing the psychologist once a week, and learned strategies to deal with his depression. David learned ways to talk to his parents about stresses that bugged him. By not keeping everything inside, he was able to get support from his parents and friends. When his friends and family understood that he was coping with depression, it helped them be more understanding too. Instead of feeling rejected by David's withdrawal, other people were able to see that as part of the depression, and it helped them be more supportive. Many of his friends came out and told David that they'd struggled with depression too, and it gave him hope to know that he wasn't alone, and that others could get over it. Things slowly got better, and by the following spring time, he felt almost back to normal. David wishes he'd never had depression, but dealing with this has helped make him (and his family) more sensitive and understanding.*

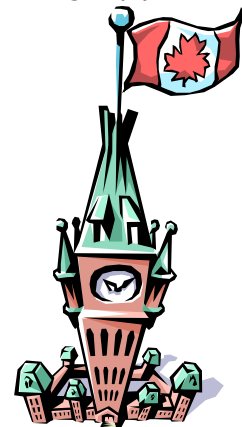
### Getting Help in the Ottawa Area for Depression (Local Resources)

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This is a brief list of some (but not all) places for where youth can find help for depression. They are listed in no particular order, and we do not recommend any particular service over another. A listing does not imply endorsement of an agency, nor does the absence of a listing imply that we do not endorse an agency.

#### ***Your Own Support Network***

Generally, the first step in getting help is get help and support from one's own support network, such as one's family, friends, teachers, or guidance counselor, spiritual community (e.g. iman, priest, or rabbi).



### ***Distress Lines and Crisis Services***

- Kids Help Phone: a national 24-hr for youth aged 4-19. Provides on-line, and telephone support to youth with any concerns. Tel: 1-800-668-6868. Website: <http://kidshelp.sympatico.ca>
- Ottawa Mobile Crisis Team for Youth (below age 18) which provides mobile, outreach service to youth in crisis. Hours are Mon-Fri 4:30 PM-12:00 AM, and Sat/Sun 1:00 PM-12:00 AM. Tel: 613-562-3004. Website: [www.ysb.on.ca](http://www.ysb.on.ca)
- Ottawa Distress Centre: a 24-hr distress line primarily for adults in Ottawa. Tel: 613-238-3311. Website: [www.dcottawa.on.ca](http://www.dcottawa.on.ca),

### ***Information and Referral Services***

Community Information Centre of Ottawa 260 St. Patrick Street, Suite 301, Ottawa, Ontario, K1N 5K5 (613) 241-4636 <a href="http://www.cominfo-ottawa.org">www.cominfo-ottawa.org</a>	The Community Information Centre of Ottawa provides information about a wide range of services in the Ottawa area (e.g. community services, health, social services, government services).
Mental Health Service Information Ontario (MHSIO) London, Ontario Phone: 1 (866) 531-2600 Web: <a href="http://www.mhsio.on.ca">www.mhsio.on.ca</a>	MHSIO is a provincial wide, 24-hr number and website that provides information about mental health services throughout Ontario.

### ***Seeing a physician***

Seeing a family physician or pediatrician is an important first step in getting help for depression. Physicians can help ensure one's depression isn't caused by medical problems (e.g. thyroid problems) and can either provide treatment or refer one to places for treatment. For listings of physicians, go to [www.cpsso.on.ca](http://www.cpsso.on.ca). For listings of local walk-in clinics, see the list from Capital Find (at <http://capitalfind.ncf.ca/health/walkin/>)

### ***Youthnet***

Youthnet is a mental health promotion program run through CHEO. Services include a various therapeutic groups for teens such as Depression Support Group ("The Vent") for older teens, an expressive arts Pens and Paints Group, and seasonal activities such as subsidized snow boarding outings. Tel: 613-738-3915. Website: [www.youthnet.on.ca](http://www.youthnet.on.ca).

### ***Employee Assistance Programs (EAP) through a workplace, or Student Health Services at a college or university***

- Parents who have teenagers who are depressed may be eligible for assistance through their workplace EAP, which can provide help refer and provide funding for a therapist.
- Young adults who are attending college or university should contact their school's student health services to see what counselling services are available

### ***Counseling and Therapy Services***

- Youth Services Bureau, which provides services including counseling, youth employment services as well as youth-drop in centres and an emergency shelter for women. Tel: 613-562-3004. Website: [www.ysb.on.ca](http://www.ysb.on.ca)

- Family Service Centre of Ottawa, which provides counseling to youth and families. Tel: 613-725-3601. Website: [www.familyservicesottawa.org](http://www.familyservicesottawa.org)
- Catholic Family Services, which provides counseling to youth and families of any religious denomination. Tel: 613-233-8418. Website: [www.cfssc-ottawa.org](http://www.cfssc-ottawa.org)
- Jewish Family Services which provides counseling to youth and families of any religious orientation. Tel: 613-722-2225.
- Centre for Psychological Services, 613-562-5289, University of Ottawa, 11 Marie Curie St., Ottawa, at Psychologists at the university of Ottawa who offer services including individual, couple, family and child therapy, on a fee-for-service basis. Web: [www.socialsciences.uottawa.ca/psy/eng/centre.asp](http://www.socialsciences.uottawa.ca/psy/eng/centre.asp)
- Centre Psycho-social pour enfants et familles (Français), 613-789-2240, which provides counselors for French-speaking youth and families. Website: [www.centreprsychosocial.ca/info.html](http://www.centreprsychosocial.ca/info.html)

### ***Finding a Psychologist***

- Contact the Ontario Psychological Association Confidential Referral Service at 1-800-268-0069 or (416) 961-0069. Website: [www.psych.on.ca](http://www.psych.on.ca)
- Contact the Ottawa Academy of Psychology referral service, P.O. Box 4251 Station B, Ottawa, (613) 235-2529 or through [www.ottawa-psychologists.org/find.htm](http://www.ottawa-psychologists.org/find.htm)

### ***Your Local Community Health Centre***

Contact your local community health centre to find out about any counseling, groups or other mental health programs they might have. Website with list of centres: [www.coalitionottawa.ca/html/members.html](http://www.coalitionottawa.ca/html/members.html)

### ***Support Groups and Resources for Parents***

- Children's Aid Society of Ottawa: in situations where parents are overwhelmed to the point they are unable to safely parent their children. From their website: "Where child protection is needed, the CAS offers services to the family to assist the parents in ensuring that the children/youth receive safe and nurturing care at home." Tel: 613-747-7800. Website: [www.casott.on.ca](http://www.casott.on.ca)
- Parent's Lifelines of Eastern Ontario, for parents whose youth are coping with depression and other problems. Website: [www.pleo.on.ca](http://www.pleo.on.ca)

### **Special Situations**

- **Abuse and trauma:** Centre for the Treatment of Sexual Abuse and Childhood Trauma. This is a very helpful service in situations where depression may be due to underlying abuse or trauma. Tel: 613-233-4929. Website: [www.centrefortreatment.com](http://www.centrefortreatment.com)
- **Eating Disorders:** Hopewell Eating Disorders Support Centre of Ottawa can be helpful where depression occurs alongside eating disorders. Tel: 613-241-3428. Website: [www.hopewell.on.ca](http://www.hopewell.on.ca)
- **Alcohol or drug use problems:** In situations where a person's depression may stem from an underlying use of drugs such as alcohol, marijuana, then it may be helpful see a counselor for help in getting control over the drug use:
  - The Addictions and Problem Gambling Service at the Sandy Hill Community Centre, where teens can go to talk to a counselor about their substance use concerns. From there, the counselor can help recommend if and which of the various services might be the most helpful. Tel: 613-789-8941. Website: [www.apgso-stjpo.ca/](http://www.apgso-stjpo.ca/)

- Drug and Alcohol Registry of Treatment, which is another place to find out about what treatment programs are available in Ontario. Website: [www.dart.on.ca/](http://www.dart.on.ca/)
- The David Smith Centre, which is where youth (up to age 16) can go to get help in reducing problem drinking or substance use. Tel: 613-594-8333 Website: [www.davesmithcentre.org](http://www.davesmithcentre.org)
- Maison Fraternité (for francophones). Tel: 613-562-1415.

### ***Services for Youth with Behavior Problems***

- Robert Smart Centre for adolescents whose behaviors have reached a crisis point such that the safety of others around them is jeopardized. In certain situations where a youth is out of control and the safety of themselves or others is jeopardized, they have a secure, short-term (few days) crisis program. Tel: 613-728-1946. Website: [www.robertssmartcentre.com](http://www.robertssmartcentre.com)
- Parent's Supporting Parents, for parents with teens with out of control or challenging behaviors. Contact Pam, 613-233-4867; Chris 613-834-4960; Ann, 613-741-6194.

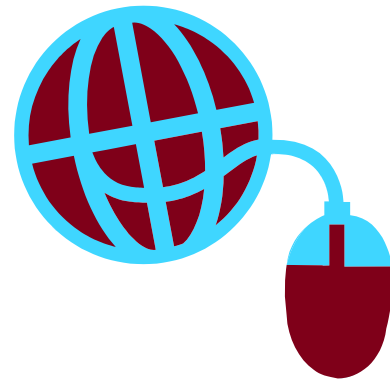
### ***Associations Supporting Those with Depression and Mood Problems***

- Mood Disorders Association of Ontario, 40 Orchard View Blvd, Suite 222, Toronto, Ottawa, M4R 1B9. Tel: +1 (800) 486-8236, Fax (416) 486-8127. Provincial organization that educates and advocates for individuals with mood disorders such as depression. They have a very helpful education package for youth. Web: [www.mooddisorders.on.ca](http://www.mooddisorders.on.ca)
- Mood Disorders Society of Canada, Suite 763, 3-304 Stone Road West, Guelph, ON, N1G 4W4. Tel: (519) 824-5565. The MDSC is a national, volunteer-driven organization that is committed to improving quality of life for people affected by depression, bipolar disorder and other related disorders. Web: [www.mooddisorderscanada.ca](http://www.mooddisorderscanada.ca)

### **Internet Resources about Depression**

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- <http://MoodGYM.anu.edu.au/> which is an incredible free, self-help internet treatment program from the Australian National University
- The Mental Health NHS Trust Organization has free, downloadable self-help handbooks on various topics including depression. Web: [www.northumberland-haz.org/selfhelp/self\\_help/](http://www.northumberland-haz.org/selfhelp/self_help/)
- Easy to read one-page pamphlets about depression
  - From the American Academy of Child and Adolescent Psychiatrists, at <http://www.aacap.org/publications/factsfam/depresd.htm>
  - From the British Association for Behavioral and Cognitive Psychotherapies, at <http://www.babcp.org.uk/publications/leaflets/depression.htm>
- Information from the National Institute of Mental Health
  - Web: <http://www.nimh.nih.gov/HealthInformation/Depressionmenu.cfm>
- PsychCanada.com, Web: [www.feelingblue.com/](http://www.feelingblue.com/)
- DepressionReality.com, Web: [www.depressionreality.com/](http://www.depressionreality.com/)
- Depression Alliance, Web: [www.mentalhealth.com/](http://www.mentalhealth.com/)
- Mental Health Net, Web: <http://mentalhelp.net/>
- Depression and Bipolar Centre, Web: [www-fhs.mcmaster.ca/direct/depress/depress.html](http://www-fhs.mcmaster.ca/direct/depress/depress.html)
- Interactive, flash movie education about various conditions: [www.climate.tv/index.htm](http://www.climate.tv/index.htm) -- Select the recovery story for f17 (female, aged 17) from the drop-down menu



- <http://www.beyondblue.org.au>
- <http://www.mhmr.state.tx.us/centraloffice/medicaldirector/CMAPmddED.html> for educational materials from the University of Texas
- <http://www.depressioncenter.net>
- <http://www.mooddisorders.on.ca/youthinfo.htm> for the Mood Disorders Association of Ontario
- <http://www.nimh.nih.gov/publicat/depchildmenu.cfm> for the National Institute of Mental Health (NIMH) in the United States. Website: NAMI in the United States.
- [http://www.nami.org/Template.cfm?Section=Child\\_and\\_Adolescent\\_Action\\_Center](http://www.nami.org/Template.cfm?Section=Child_and_Adolescent_Action_Center) for information from NAMI
- Self-Care Depression Guide, by Randy Paterson and Dan Bilsker. This is an excellent, free guide on coping with depression. Web: [www.mheccu.ubc.ca](http://www.mheccu.ubc.ca).
- The Mental Health Foundation of New Zealand has prepared materials on various conditions. Web: [www.mentalhealth.org.nz](http://www.mentalhealth.org.nz)
- <http://www.nelmh.org/> National Electronic Library of Mental Health, based in the United Kingdom

### **Useful Books about Depression**

Visit or call the CHEO Family Resource Centre for a large selection of books about depression for youth and families. Address: 401 Smyth Road, Children's Hospital of Eastern Ontario, K1H 8L1, (613) 738-3942.



## **Handouts for Clients: Keeping Well After Depression**

This handout can be used after overcoming an episode of depression.

After overcoming this depression, it tells me that my strengths include:

In order to make sure that depression doesn't come back, I can look out for the following signs of depression (which may include physical changes, or changes to thoughts, moods, behaviors):

If these happen, I can do the following:

Other things to do might include

- Tell a friend
- Tell my parent(s)
- Tell a teacher, or guidance counselor or vice-principal
- Contact my physician



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