

Information about:

Depression

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Introduction

Information About Depression is part of a series of information packets developed by the Vermont Family Network (VFN). Designed to provide basic information, the packet includes fact sheets, articles, advocacy tips, and resources for families of children with special needs and for the professionals working with them.

After reading the packet, we hope that you'll have a greater understanding of depression and the ways in which parents and professionals can support children at home, in school, and in the community. We've selected information from a variety of sources, and many articles are on the Internet.

Thank you to BEST (Building Effective Strategies for Teaching), Vermont Department of Education, for making this publication possible. Thanks also to the organizations and authors who gave us permission to use their articles and fact sheets. Use of any specific articles in this packet is meant for information purposes only and doesn't indicate any endorsement on the part of VFN of the views and opinions of the authors.

Because your comments are important to us, we've included a reader's response form at the end of the packet. Please take a few minutes to fill it out and return it to our office. Thank you.

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The Depressed Child

Publication Number 4

Not only adults become depressed. Children and teenagers also may have depression, which is a treatable illness. Depression is defined as an illness when the feelings of depression persist and interfere with a child or adolescent's ability to function.

About 5 percent of children and adolescents in the general population suffer from depression at any given point in time. Children under stress, who experience loss, or who have attentional, learning, conduct or anxiety disorders are at a higher risk for depression. Depression also tends to run in families.

The behavior of depressed children and teenagers may differ from the behavior of depressed adults. Child and adolescent psychiatrists advise parents to be aware of signs of depression in their youngsters.

If one or more of these signs of depression persist, parents should seek help:

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

A child who used to play often with friends may now spend most of the time alone and without interests. Things that were once fun now bring little joy to the depressed child. Children and adolescents who are depressed may say they

want to be dead or may talk about suicide. Depressed children and adolescents are at increased risk for committing suicide. Depressed adolescents may abuse alcohol or other drugs as a way to feel better.

Children and adolescents who cause trouble at home or at school may actually be depressed but not know it. Because the youngster may not always seem sad, parents and teachers may not realize that troublesome behavior is a sign of depression. When asked directly, these children can sometimes state they are unhappy or sad.

Early diagnosis and medical treatment are essential for depressed children. This is a real illness that requires professional help. Comprehensive treatment often includes both individual and family therapy. It may also include the use of antidepressant medication.

For help, parents should ask their physician to refer them to a child and adolescent psychiatrist, who can diagnose and treat depression in children and teenagers.

Also see the following Facts for Families:

www.aacap.org/cs/root/facts_for_families/facts_for_families_numerical_list

#8 Children and Grief,

#10 Teen Suicide,

#21 Psychiatric Medication for Children, and

#38 Manic-Depressive Illness in Teens.

The American Academy of Child and Adolescent Psychiatry (AACAP) represents over 6900 child and adolescent psychiatrists who are physicians with at least five years of additional training beyond medical school in general (adult) and child and adolescent psychiatry.

The Facts for Families® series is developed and distributed by the American Academy of Child and Adolescent Psychiatry (AACAP). Facts sheets may be reproduced for personal or educational use without written permission, but cannot be included in material presented for sale.

To order a complete set of loose-leaf black and white Facts for Families, for \$25.00 or to order a spiral bound edition of the series for \$35.00, contact AACAP's Nelson Tejada: 202/966-7300 ext. 131, or 1.800.333.7636 ext. 131.

Free distribution of individual Facts for Families sheets is a public service of the AACAP Special Friends of Children Fund. Please make a tax-deductible contribution to the AACAP Special Friends of Children Fund and support this important public outreach. (AACAP, Special Friends of Children Fund, P.O. Box 96106, Washington, D.C. 20090).

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Early-onset Depression

What is depression?

Clinical depression goes beyond sadness. It's more than having a bad day or coping with a major loss such as the death of a parent, grandparent, or even a favorite pet. It's also not a personal weakness or a character flaw. Youth suffering from clinical depression cannot simply "snap out of it."

Depression is a brain disorder (mental illness) that affects the whole person-it affects the way one feels, thinks, and acts. Early-onset depression can lead to school failure, alcohol or other drug use, and even suicide. However, it is highly treatable.

What are the signs of early-onset depression?

- Persistent sadness and hopelessness
- Withdrawal from friends and from activities once enjoyed
- Increased irritability or agitation
- Missed school or poor school performance
- Changes in eating and sleeping habits
- Indecision, lack of concentration, or forgetfulness
- Poor self-esteem or guilt
- Frequent physical complaints, such as headaches and stomachaches
- Lack of enthusiasm, low energy, or low motivation
- Drug and/or alcohol abuse
- Thoughts of death or suicide

Do other disorders or behaviors commonly coexist with early-onset depression?

- Youth under stress who experience a loss or who have attention, learning, or conduct disorders are at a higher risk for depression. (American Academy of Child & Adolescent Psychiatry [AACAP], 1995)
- Almost one-third of six- to twelve-year-old children diagnosed with major depression will develop bipolar disorder within a few years. (AACAP, 1995)
- Four out of every five runaway youths suffer from depression. (U.S. Select Committee on Children, Youth & Families)
- Clinical depression can contribute to eating disorders. On the other hand, an eating disorder can lead to a state of clinical depression. (Stellefson, Medical University of South Carolina, 1998)

What can parents or caregivers do?

If parents or another adult in a young person's life suspect a problem with depression, they should:

- be aware of the behaviors that concern them and note how long the behaviors have been going on, how often they occur, and how severe they seem;

- see a mental health professional or the child's doctor for evaluation and diagnosis;
- get accurate information from libraries, helplines and other sources;
- ask questions about treatments and services;
- talk to other families with similar problems in the community; and
- find a family support group such as NAMI.

If we as caregivers are not satisfied with the answers we get from a mental healthcare provider, what next?

If you have questions about, or are not satisfied with, the mental health care your child is receiving, it is important to discuss these issues with the provider. Ask for more information and seek help from other sources. You can also call the NAMI HelpLine at the toll free number, (800) 950-6264, or visit the youth section of the NAMI website, <http://www.nami.org/youth/index.html>.

Where should family members or other caregivers seek help?

Early diagnosis and treatment are essential for youth with depression. Youth who exhibit symptoms of depression should be referred to, and further evaluated by, a mental health professional who specializes in treating children and teenagers.

The diagnostic evaluation may include psychological testing, laboratory tests, and consultation with other medical specialists such as a child and adolescent psychiatrist. A comprehensive treatment plan may include psychotherapy, ongoing evaluations and monitoring, or psychiatric medication. Optimally, the treatment plan is developed with the caregiver/family; and, whenever possible, the youth should be involved in the decisions.

Know the facts:

- As many as one in every 33 children and one in eight adolescents may have depression. (U.S. Center for Mental Health Services [CMHS], 1996)
- Once a young person has experienced a major depression, he or she is at risk of developing another depression within the next five years. (CMHS, 1996)
- Two-thirds of children with mental health problems do not get the help they need. (CMHS, 1996)
- A recent study led by Dr. Graham Emslie of the University of Texas, Southwestern Medical Center, concludes that treatment of major depression is as effective for children as it is for adults. (American Medical Association, Archives of General Psychiatry, November 15, 1997)
- Suicide is the third leading cause of death for 15 to 24 year olds (approximately 5,000 young people) and the sixth leading cause of death for five to 15 year olds. The rate of suicide for five to 24 year olds has nearly tripled since 1960. (American Academy of Child & Adolescent Psychiatry [AACAP], 1995.)

Reviewed by David G. Fassler, M.D., child and adolescent psychiatrist, Otter Creek Associates, Burlington, VT and author (with Lynn Dumas) of Help Me, I'm Sad. NAMI-National Alliance for the Mentally Ill Colonial Place Three, 2107 Wilson Blvd. ,Suite 300, Arlington VA 22201-3042, 703-524-7600 Helpline: 1-800-950-NAMI, <http://www.nami.org>

Lonely, Sad and Angry: How to Know If Your Child Is Depressed and What to Do

Three year old Joshua was a happy, outgoing youngster who enjoyed a great deal of attention from a large, loving family. He became increasingly withdrawn, irritable, and unhappy following a three-week hospitalization for an acute physical illness.

Despite a history of mild learning disabilities and Attention Deficit Disorder, eight year old Lee appeared to be doing well at home and in school. When his best friend moved away he became morose and moody. He lost interest in his school work, his appetite diminished, and he spent long hours sleeping or watching television.

At age twelve, Elizabeth appeared helpless and unhappy. She seemed unable to handle the ups and downs of daily life at home or in school and, when faced with stress, often cried, "I hate my life" and "I wish I were dead."

What's wrong with these children?

According to recent public health studies, emotional disorders are widespread in our population. Although poets and artists often portray childhood as a happy, carefree time of life; many children -- like adults -- actually suffer from emotional disorders. Depression is one of the most common of these disorders.

What is depression?

Depressive illnesses, which are also called "mood disorders," can range in severity from mild unhappiness in response to life's stresses to profound unhappiness and suicidal thoughts and actions. Typical symptoms of depression include sadness or irritability, low self-esteem, and loss of interest in previously pleasurable activities.

Depression has been aptly described as a "whole-body illness" because it involves not only changes in mood but in almost every other area of a child's life, as well. Depressed youngsters may suffer from problems with sleep, appetite, and general health. They frequently complain of vague physical symptoms, such as headaches and stomachaches, for which no medical cause can be found. Depression affects the ability to think, concentrate, and remember; so the depressed child's school performance deteriorates and grades begin to drop. Friendships dissolve as depressed children become increasingly withdrawn or, in some cases, irritable and argumentative. The family suffers, too, from the child's moodiness, emotional outbursts, and constant whining and

complaining.

We see, then, that depression affects the way a child looks, feels, thinks and behaves. Depressed children often look distinctly unhappy: bright smiles and cheerful grins give way to a glum, mask-like facial appearance. If the predominant mood symptom is irritability, an angry, sullen expression seems permanently fixed on the child's face. Self-esteem plummets and the child feels guilty, inadequate, and unloved. Loss of energy is common and depressed children often become "couch potatoes" who do little but watch TV or play video games. A previously agreeable child might become increasingly uncooperative and defiant, refusing to abide by rules at home or in school. When this happens, parents often attribute the difficult behavior to willfulness and resort to disciplinary tactics, while the child's underlying problems go undiagnosed and untreated.

In teenagers, symptoms of depression such as moodiness, poor self-esteem, and school failure are often chalked up as "typical teenage behavior." If -- as is so often the case with depressed adolescents -- the teenager also falls in with a bad crowd, abuses drugs or alcohol, and runs afoul of family and societal rules, it is even more likely that the real source of the problem will be overlooked. The result? Problems that might otherwise be corrected with treatment may escalate out of control.

Depression is a common problem.

For a condition whose existence was not even recognized until quite recently, the statistics now emerging about childhood depression are somewhat alarming. Studies suggest that, during a year's time, eight to nine percent of children between the ages of ten and thirteen suffer from an episode of depression.

As startling as these figures are, it is likely that they reflect only the tip of the iceberg, since the incidence of depression in young people appears to be on the rise in our society. When we divide the population of this country into two groups -- those under forty years of age and those over forty -- we find that those under forty are three times more likely to suffer from a depressive illness than those over forty. If we examine the under-forty group more closely, the trend is clear: as age goes down, the risk of having a depressive illness goes up. This means that the risk is greatest for those born most recently -- our children.

Depression has many causes.

After years of neglect, childhood depression has become the subject of considerable research efforts. Behavioral scientists who have explored the causes of depressive illness now believe that depression results from problems with neurotransmitters, the chemical messengers within the brain which enable brain cells to communicate with each other. The roots of this malfunction

appear to lie in a complex combination of genetic vulnerability and stressful life events.

Like diabetes and high blood pressure, depression has a tendency to "run in the family" and many depressed youngsters come from a long line of family members who have also suffered from mood disorders. We know, for example, that children of depressed parents are three times more likely than other children to suffer from depression at some point in their development.

The relationship is far from perfect, however: many children with a family history of depression never become ill; while others, lacking such a family history, succumb to a depressive illness. This indicates that life experiences also contribute to the development of a mood disorder. Children who have a family history of the illness and are also exposed to many negative life events are obviously at a much greater risk to develop a depressive illness.

Don't be afraid to act.

If you have noticed symptoms of depression in your child or adolescent, don't ignore your concerns in the hope that the problem will simply go away with time. These symptoms often signal a serious problem which, if left untreated, can cause enormous pain and suffering to both the child and the family.

Discuss the problem with your child's pediatrician, school guidance counselor, and other professionals who know your child. Obtain a consultation with a mental health specialist, such as a social worker, child psychologist or psychiatrist, since these professionals have particular expertise in diagnosing and treating depression in young people.

Be prepared to put some time into the process of obtaining a diagnosis. Unfortunately, there are no simple laboratory tests available for the diagnosis of depression. Instead, a professional makes the diagnosis only after careful consideration of the family history as well as the child's history and current difficulties. An interview with the child is essential, since children often report problems of which their parents know nothing, such as suicidal thoughts or plans. A thorough evaluation also includes information about family functioning, the child's interests and skills, his academic performance, social activities, and the like. A careful professional will also look for problems with attention and distractibility, as well as patterns of unusual fears and phobias, since such problems often precede or co-exist with mood disorders.

What can be done?

Although treatment of childhood depression is itself an infant field, information about effective treatment methods is accumulating rapidly and there is good cause for optimism. Although the anti-depressant medications which have helped so many depressed adults have produced rather disappointing results when used with children, there is good reason to believe that some of the

newer anti-depressants may prove much more beneficial in alleviating symptoms of depression.

Behavioral scientists have also developed promising treatment techniques and programs to help young people overcome depression. Although many people equate the term "psychotherapy" with a bearded analyst and a patient lying on a couch complaining about his parents, the field of psychotherapy is actually much broader in scope. It encompasses a wide array of tactics and strategies designed to help people deal effectively with anxiety, depression, and other conditions which interfere with the ability to function well and enjoy life to the fullest.

Among the strategies which have proven most beneficial to youngsters suffering from depression are those which focus on helping depressed youngsters change the way in which they think about themselves and their world. Other effective tactics involve close collaboration with parents, helping parents to encourage their children's involvement in social activities, hobbies, and school work. Professional intervention can help, too, to keep open lines of communication among family members so that parents and children work through trying times together, instead of as adversaries.

Lonely, Sad and Angry: The Parent's Guide to Childhood Depression co-authored with Barbara Ingersoll, Ph.D., as well as other materials by Dr. Goldstein are available from the Neurology, Learning and Behavior Center, 230 South 500East, Suite 100, Salt Lake City, Utah 84102, (801) 532-1484, FAX (801) 532-1486

Advocating for Your Child: 25 Tips for Parents

by David Fassler, M.D.

According to the Surgeon General, 1 child in 5 will experience significant problems due to a psychiatric disorder. The good news is that we can help many, if not most, of these youngsters. The real tragedy is that so few, less than 1 in 3, are receiving the comprehensive treatment they really need.

Children and adolescents with emotional and behavioral problems deserve access to the best possible mental health care. Unfortunately, such services are often difficult to obtain. Parents can help by being informed, involved and persistent advocates on behalf of their children.

The following outline offers specific tips and suggestions which parents may find useful in such advocacy efforts:

1. Get a comprehensive evaluation. Child psychiatric disorders are complex and confusing. A full assessment will often involve several visits. Effective treatment depends on a careful and accurate diagnosis.
2. Insist on the best. Talk to physicians, therapists, guidance counselors and other parents. Find out who in your community has the most experience and expertise in evaluating and treating your child's particular condition. Check the clinician's credentials carefully. Are they appropriately licensed or certified in your state? If he or she is a physician, are they "Board Certified"? Push schools, insurance companies and state agencies to provide the most appropriate and best possible services, not merely services which are deemed sufficient or adequate.
3. Ask lots of questions about any diagnosis or proposed treatment. Encourage your child to ask any questions he or she may have, as well. Remember that no one has all the answers, and that there are few simple solutions for complex child psychiatric disorders. In addition, all treatments have both risks and benefits. Make sure you and your child understand the full range of treatment options available so you can make a truly informed decision.
4. Insist on care which is "family centered" and which builds on your child's strengths. Ask about specific goals and objectives. How will you know if treatment is helping? If your child's problems persist or worsen, what options and alternatives are available?
5. Ask about comprehensive "wrap around" or individualized services, geared specifically to the needs of your child and family. Are such services available in your state or community? If not, why not?

6. Be prepared. One of the most important things you can do to help your child is to keep all information, including past consultation and treatment reports, in an organized place. Insist on receiving your own copies of all evaluations. Records can easily be misplaced, delayed or even destroyed. Maintaining your own file with all relevant information can help avoid unnecessary duplication of previous treatment efforts.
7. Feel free to seek a second opinion. Any responsible mental health professional will be glad to help with referrals or by sharing information. If you have any questions at all about your child's diagnosis or the proposed course of treatment, by all means, arrange an independent consultation with another clinician.
8. Help your child learn about their condition. Use books, pamphlets and the Internet. Make sure the information is age-appropriate. Answer questions with honest, accurate and consistent information, but don't overload children with more detail than they need or want.
9. Learn the details of your insurance policy, and learn about the laws governing insurance in your state. For example, in some states, insurance companies must provide access to a specialist, such as a child and adolescent psychiatrist, within a certain distance from your home. If no such specialist is available as part of the company's "network", you may be able to receive treatment from a provider of your choice, with the insurance company responsible for full payment.
10. Work with the schools. Insist on access to appropriate mental health consultation services. Suggest inservice training programs to enhance awareness about child psychiatric disorders. Request copies of your child's educational records, including the results of any formal testing or other evaluations. Ask to be included in any and all school meetings held to discuss your child.
11. Learn about the reimbursement and funding systems in your state. The more you know, the better you can advocate on behalf of your child. How does Medicaid work? Which services are covered and which are excluded? Is there a "waiver program" which allows increased flexibility based on the specific needs of children and families? Is your child eligible? If not, why not? What other sources of funding are potentially available?
12. Get to know the state insurance commissioner and healthcare "ombudsperson" or consumer representative. Ask them to attend regular meetings with parent groups. Let them know about your experiences.
13. Use a lawyer, if necessary. Learn about the local legal resources. Find out which lawyers in your community are familiar with educational and mental health issues. Talk to your local Protection and Advocacy agency or American Civil Liberties Union for suggestions. Call the State Bar Association. Talk to other parents who are lawyers or who have used lawyers. Consider a legal consultation to make sure you are pursuing all appropriate avenues and options regarding services for your child.

14. Become politically active. Meet with state senators and representatives. Question candidates about their positions on access to necessary and appropriate mental health services for children and families. Testify at hearings on state legislation and budgets. Legislators are more likely to be influenced and persuaded by personal stories than by data, statistics or the opinions of professionals.
15. Build coalitions and work with local advocacy and parent organizations such as NAMI, NMHA and the Federation of Families. Develop and publicize a common "Agenda for Children's Mental Health".
16. Teach children about advocacy. Invite them to become involved in advocacy activities, where appropriate, but don't force them to participate.
17. Develop a legislative strategy. If your state does not yet have parity legislation, put this at the top of the agenda. Other "family protection" initiatives include:
 - access to an independent panel to review and potentially reverse insurance company denials
 - consumer representation on community mental health center boards
 - adequate network provisions, which mandate timely and appropriate access to specialists
 - adequate funding for school and community based mental health services.
18. Seek bipartisan support. Mental illness affects families of all political persuasions. Building a broad base of support has been a key to successful legislative initiatives, both at the State and Federal levels.
19. Fight stigma. Develop an ongoing local education campaign that reiterates the key messages:
 - child psychiatric disorders are very real illnesses
 - they affect lots of kids and adolescents
 - fortunately, they are also quite treatable, especially if treatment begins early and is individualized to the needs of each child and family.
20. Become involved with medical education. Meet with local medical students and residents. Sensitize them to the issues and challenges families face when caring for a child with emotional and behavioral problems.
21. Use the media. Write letters to the editor and/or op-ed pieces on child mental health issues. Meet with local reporters covering health care topics. Suggest story ideas to local TV stations.
22. Work with local professional organizations. Psychiatrists, psychologists, social workers, psychiatric nurses, and mental health counselors are natural allies with a common advocacy agenda. Coordinate efforts on issues such as parity, funding for mental health services, managed care oversight, etc. Professional organizations may also have access to resources, including funds for lobbying and/or public education initiatives, from their national associations.

23. Talk to other parents. Seek out and join local parent support groups. If none exist, consider starting one. Develop an email "listserv" to facilitate communication. Circulate articles, information and suggestions about local resources.
24. Attend regional and national conferences of parent and advocacy organizations. Such meetings provide information, ideas, camaraderie and support. Sharing experiences with other parents is both helpful and empowering.
25. Don't give up. Aim for and celebrate incremental victories and accomplishments. Remember, advocacy is an ongoing process!

There's no right or wrong way to be an advocate for your child. Advocacy efforts and initiatives should be individualized to your state, community and the particular issues, circumstances and needs within your family. Advocacy is also hard work. Even when people want to help, and are willing to listen, it takes lots of time and energy to change the system. But when it works, and it often does, the outcome is clearly worthwhile. You really can make a difference, both for your own child, and ultimately for all children who need and deserve access to appropriate and effective mental health treatment services.

Resources

The following organizations are excellent resources regarding advocacy on behalf of children's mental health:

American Academy of Child and Adolescent Psychiatry
3615 Wisconsin Avenue, NW
Washington, DC 20016
(202) 966-7300
www.aacap.org

National Alliance for the Mentally Ill
Colonial Place Three
2107 Wilson Blvd., Suite 300
Arlington, VA 22201-3042
(703) 524-7600
www.nami.org

American Psychiatric Association
Division of Public Affairs
1400 K Street, NW
Washington, DC 20005
(202) 682-6140
www.psych.org

National Mental Health Association
1021 Prince Street
Alexandria, VA 22314-2971
1-800-969-6642
www.nmha.org

Federation of Families for Children's Mental Health
1101 King Street, Suite 420
Alexandria, VA 22314
(703) 684-7710
www.ffcmh.org

The Children's Defense Fund
25 E Street NW
Washington, DC 20001
(202) 628-8787
www.childrensdefense.org

Bazelon Center for Mental Health Law
1101 15th Street NW, Suite 1212
Washington, DC 20005-5002
(202) 467-5730
www.bazelon.org

Continued on next page

Resources *(continued)*

Childhood and Adolescent Bipolar Foundation
1187 Wilmette Avenue
P.M.B. #331
Wilmette, IL 60091
(847) 256-8525
www.bpkids.org

Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)
8181 Professional Place, Suite 201,
Landover, MD 20785 CHADD
1-800-233-4050, (301) 306-7070
www.chadd.org

Juvenile Bipolar Research Foundation
49 S. Quaker Road
Pawling, NY 12564
(203) 226-2216
www.bpchildresearch.org

Depression and Bipolar Support Alliance (DBSA)
730 N. Franklin Street, Suite 501
Chicago, IL 60610
1-800-826-3632
(312) 642-0049
www.ndmda.org

Dr. Fassler is a Board Certified Child and Adolescent Psychiatrist practicing in Burlington, Vermont. He is a Clinical Associate Professor in the Department of Psychiatry at the University of Vermont College of Medicine. Dr. Fassler is also a Trustee of the American Psychiatric Association (www.psych.org), a Fellow of the American Academy of Child and Adolescent Psychiatry (www.aacap.org), and a member of the Board of the Federation of Families for Children's Mental Health (www.ffcmh.org).

Resources

National Foundation for Depressive Illness

20 Charles Street
New York, NY 10014
(800) 248-4344
E-mail: NAFDI@pipeline.com
Web site: www.depression.org

National Depressive and Manic Depressive Association

730 North Franklin, Suite 501
Chicago, IL 60601
(800) 826-3632 or (312) 642-0049
Web site: www.ndmda.org

American Foundation for Suicide Prevention

120 Wall Street, 22nd Floor
New York, NY 10005
(212) 363-3500
Web site: <http://afsp.org>

Books

Ingersol, B. and Goldstein, S. (Contributor).
(1996). *Lonely, Sad and Angry: A Parents Guide to Depression in Children and Adolescents*. Main Street Books..

Fassler, D. and Dumas, L. (Contributor).
(1998). *Help Me, I'm Sad: Recognizing, Treating and Preventing Childhood Depression*. Penguin USA.

Videos/Audio

Days for Night: Recognizing Teenage Depression, (410) 987-7447

Web Sites

www.familyvillage.wisc.edu
A global community that integrates information, resources, and community opportunities on the internet for people with disabilities and their families and those who provide services/support to them.

www.childanxietynetwork.com

A resource for parents, teachers and healthcare professionals who work with children who have anxiety disorders. Maintains a list of suggested readings and treatment provider database.

www.depressedteens.com

Provides tools about clinical depression and bipolar illness.

www.adolescent-mood-disorder.com

Provides information about mood disorders.

Dear Reader,

Vermont Family Network (VFN) strives to make each of its publications clear, correct, and complete.

Please help us by answering a few questions.

1. Which publication are you evaluating? _____ Depression _____

2. Please rate this publication:	EXCELLENT	GOOD	FAIR	POOR
a. for <i>completeness</i> of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. for <i>clarity</i> (ease of use)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. for <i>accuracy</i> of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <i>overall</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. If you found any *incorrect information* in this publication, please specify the page(s) and correction(s) to be made. _____

4. If you felt *information was left out* of this publication, please specify the page(s) and addition(s) to be made. _____

5. If you found *anything hard to understand* in this publication, please specify the page(s) and confusing passage(s). _____

6. If any part *of* this publication was *especially good* at helping you understand the topic, please specify the page(s) and passage(s). _____

7. How do you *plan to use* the information you've obtained from this publication? _____

8. Finally, please check *all* of the following that apply to you:

- | | |
|--|---|
| <input type="checkbox"/> parent or guardian | <input type="checkbox"/> surrogate or foster parent |
| <input type="checkbox"/> relative, friend or advocate | <input type="checkbox"/> educator |
| <input type="checkbox"/> individual with a disability | <input type="checkbox"/> service provider (<i>agency</i>) _____ |
| <input type="checkbox"/> other (<i>please specify</i>) _____ | |

Thank you for taking the time to let us know how we might improve our materials.



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Vermont Family Network
600 Blair Park Road, Suite 240
Williston, VT 05495-7549

_____ CITY, STATE, ZIP:

_____ ADDRESS:

_____ NAME:

If you'd like to learn more about VFN's materials, please visit our website at www.VermontFamilyNetwork.org or write your name and address below:

Fold form in half and tape shut along this edge