In the past ten years there is an alarming increase in adolescent anxiety, depression, and suicide. The most recent figures from the National Institute of Health estimates from three to six million American children suffer from depression. Much of it goes unrecognized by parents and teachers until a child loses control.

The question most asked by parents is what causes young people to become depressed? Children, especially teenagers do not verbalize their feelings. Rather they tend to repress their emotions until they experience a loss of control. In most cases, this is in the form of aggressive behavior. Sometimes however, they are experiencing a chemical imbalance, increased stressful events, conflict with alcoholic parents, loss of a loved one, fear of failure or rejection.

Stressful events have a chain reaction on emotions, one negative experience can cause a loss of confidence and withdrawal then possible rejection. Rejection can be in the form of constant criticism or humiliation. Or it may be more subtle, such as the inability to express love, caring or even a hug.

Adolescents displaying passive behavior have a problem expressing their feelings, especially anger, anxiety, and fear. This is due to their fear of rejection from family and friends. In many cases this same behavior pattern is demonstrated by one of the parents. Children mimic the behavior they see in the parent role model. Repressed emotions lead to depression, withdrawal, and physical symptoms such as headaches, nervous stomach, and exhaustion. Teenagers must be encouraged to express what they are feeling and learn how to deal with it. Unresolved anxiety is the number one stressor in the world today, and is a major cause of depression.

Teens with A.D.D. or A.D.H.D. have added stress if they are taking powerful stimulants such as Ritalin. Ritalin can cause major changes in behavior such as mood swings, depression, and angry outbursts.

Environmental causes can add biological vulnerability, a disorder which is thought to be inherited, that predisposes a child to depression. There is not a clear picture in this area whether this biological vulnerability is sufficient in and of itself to cause children to become depressed or is the depression possibly triggered by traumatic events in the child's life that go unresolved. Extensive research needs to determine the role of biology, environment, or genetics in adolescent depression.

We do know children that come from a home where one or both parents are depressed is predisposed to living depressed without understanding what is wrong. Depressed people do not express feelings. They do not want to call attention to themselves and their children follow suit.

There are three basic types of depression: major, minor and chronic. If your child has major depression, the behavior pattern will be irrational and they will live in a state of unreality. Chronic depression occurs over and over and lasts for several months or years. Children experiencing these types of depression seem to become depressed in response to certain stressful episodes in their life. For example, a child who visits a sick parent in the hospital on a regular basis until the parent dies—sets the stage for chronic depression, fear of separation anxiety, or the fear of losing the other parent.

Many parents ask me about taking children to funerals. Until a child is 12 years old they do not have the brain development to understand death. Let them say good-bye in their own way. This will lessen the trauma. Do not give them antidepressants just to get them through the experience. Let them talk it out and work through it. Using amino acids restores the brain's chemistry and are not addicting. Anytime a child or adult goes through a traumatic experience they use up the neurotransmitters in their brain—leaving them depleted, and the outcome is anxiety and/or depression.

Like most adults, children can become depressed from disappointments. This usually runs its course and the depression stops. Specific symptoms that indicate clinical depression include:

(a) The depressed mood is not associated to any obvious symptom of change.
(b) The symptoms interfere with their daily living and they are unable to finish simple tasks.
(c) The depressed moods and associated symptoms last more than two weeks.

Children who are depressed can show these symptoms as well as others including:
1. Running away from home more than once.
2. Anger, uncontrollable rage and aggression.
3. Rebelliousness and disobedience.
4. Truancy.
5. Substance abuse (alcohol and drug).
Neurotransmitters determine our mental and emotional state of well-being. Proper nutrition and supplementation directly affects your production of vital neurotransmitters. Neurotransmitters come from amino acids that balance the brain's chemistry.

The brain is the busiest, yet the most undernourished organ in the body. The brain's power plant never shuts down and must be fed constantly. How you feed the brain into a psychiatric hospital their life is never the same and drugs become okay thing to depend on.

Nutritional Support Program

Teen Link - 1 capsule twice daily and at bedtime. Increase to 2, if needed. Teen Link contains 5-HTP for serotonin, tyrosine, GABA and other important cofactors.

Mag Link - 1 capsule, twice to three times daily. If over 150 pounds, increase to 2 tablets, twice daily. Magnesium chloride is the best absorbed and tolerated form of magnesium, and is present in the body. Magnesium is the body's number one stress mineral.

These are not all, but if your child demonstrates these seek help!

Find a behavior therapist who does talk therapy and knows how to reach kids. One of the best and most qualified groups are those certified by the American Board of Medical Psychotherapy. These therapists use talk as well as other modalities such as Nutritional Support. I've worked with many teens and after helping them get control of their life, understand how to verbalize feelings, and use nutritional support they do fine. I always tell them, and their parents if the stress builds beyond their control we can sort it out together. I meet with parents and children together and separately.

The brain is the master controller and is implicated in all of the emotional components. The brain must be nourished with needed nutrients on a daily basis to provide needed neurotransmitters. Neurotransmitters determine our mental and emotional state of well-being. Proper nutrition and supplementation can correct or enhance mind, mood, memory, and behavior.

No drug currently in use for depression, anxiety, or stress addresses the root of neurotransmitter problems. Drugs only treat symptoms.

References and Resources


Tapes

Helping Children Understand and Express Their Feelings by Stephanie Marston, M.F.C.C.

Building Children's Self-Esteem by Stephanie Marston, M.F.C.C.

Discipline With Love by Stephanie Marston, M.F.C.C.

Health Educator Reports

HER - #12 - L-Tyrosine, The Amino Acid.

HER - #20 - Depression, The Hidden Illness.

HER - #31 - The A.D.D. Report.