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Francis Mondimore’s essential publication of the first edition of Adolescent Depression fundamentally changed the conversation among adolescents, parents, and providers when it comes to this condition. He brought to light a different (and correct) view of depression as a biological illness that needs to be taken as seriously as diabetes or any other medical condition, altering forever the way in which parents see their children.

But, as with all things, work in the study and treatment of adolescent depression has progressed, and we thought that you, the reader, could benefit from being brought up to date on the latest information. In the thirteen years that have elapsed since the book’s initial publication, many changes, large and small, have affected the field of psychiatry. Every chapter in this new edition has been updated to reflect the most current evidence base in terms of diagnosis, treatment, and advice for both parents and children. We cover and explain new treatments, both medication and psychotherapy. In an extensive discussion of bipolar affective disorder in young persons, we attempt to examine rationally how and why this diagnosis, once perceived as extremely rare, has suddenly become so common. We also introduce discussions of new topics, such as the interface between autism and depression. One of the biggest changes in the field of psychiatry, a new version of our basic system of diagnosing patients, has recently rocked the psychiatric field and is an essential change for parents and adolescents to understand so they can have an educated discussion with their physician.
We go through the changes relative to young persons and how this new way of looking at psychiatric conditions may change your child’s treatment, diagnosis—or both.

Nonetheless, the central message of this text remains the same. For a long time, mental health professionals thought that serious depression was an illness only adults were likely to develop. The general belief among psychologists and psychiatrists was that children might get a little sad or upset about some disappointment or frustration, but that they weren’t emotionally mature enough to experience true depression. Gloominess and “angst” were thought to be almost universal among adolescents, but only temporary—just a developmental stage that they would emerge from unscathed.

Research done in the 1990s demolished these myths. We now realize that young people do indeed get seriously depressed. In fact, as is becoming clear, depressive illnesses and bipolar disorders that start in adolescence may be more serious and more difficult to treat than adult-onset mood disorders. A 2013 study sponsored by the Centers for Disease Control and Prevention estimated that 4 percent of young people between the ages of 3 and 17 years had been diagnosed with a depressive illness, with adolescents more likely than their younger counterparts to be diagnosed (up to 13 percent). It’s been estimated that nearly one in five persons will go through a period of serious depression during their lifetime, and research increasingly indicates that many of these people will have had their first encounter with depression as teenagers.

Some parents still struggle with the idea of their child being treated for a psychiatric illness, seeing a therapist, or taking medication for a problem that they may think—and hope—might be “just a phase.” We hope to persuade you in this book that serious depression in adolescents is an illness—an illness that can be effectively treated.

Clinical studies have shown that depression is underdiagnosed in young people and undertreated as well. A study in 2000 found that only 20 percent of seriously depressed adolescents in a community sample received any treatment for their problem. The same study found high rates of relapse in these young people, and even more disturbing was the finding that, by their twenty-fourth birthday, many of them had developed other psychiatric problems in addition to depression, most commonly alcoholism and drug abuse.
We now know that depression comes in many forms and is often the symptom of a collection of emotional illnesses that psychiatrists call mood disorders. Some adolescents with a mood disorder are troubled by “down” and sad feelings—the feelings people usually think of when they hear the word depression. But other adolescents with a mood disorder have predominately irritable moods with angry outbursts, temper tantrums, and destructive rages, problems that seem to bear little relationship to what most people think of as depression. Can the same illness really look so different from one young person to the next? Why? These are some of the questions we hope to answer in this book.

This is not a “how to talk to your teenager” book. Adolescent mood disorders are complex, poorly understood, and potentially dangerous illnesses, and parents want the facts about these illnesses. What are the danger signals of serious depression in teenagers? How are mood disorders diagnosed? What are the implications of the different diagnoses? How does depression relate to other problems, like drug abuse, attention-deficit/hyperactivity disorder (ADHD), and eating disorders? What are the available treatments? How can parents of an adolescent with a mood disorder help their child get the best treatment possible? What else can parents do? You’ll find answers to all these questions in this book.

We have organized the book by dividing it into four parts. Part I, Symptoms, Syndromes, and Diagnosis, focuses on recognizing serious depression in adolescents and on understanding why mood disorders are real illnesses. It reviews some of the unique issues of emotional development during adolescence that may explain why mood disorders express themselves differently in young people than in adults. We also try to explain something about the diagnostic process in psychiatry and the classification of mood disorders.

Part II, Treatment, reviews the different medications and other medical treatments used to treat depression, as well as the types of psychotherapy and counseling that have been shown to be useful, how these very different treatments relate to each other, and why a combination of both medication and therapy is the most useful approach to treating depression.

Part III, Variations, Causes, and Connections, discusses other problems that often complicate the picture in depressed adolescents, such as ADHD and eating disorders and the dangerous and frightening issues of suicidal
behavior and “cutting.” A chapter on the inheritance of mood disorders and evidence for the genetic basis of these illnesses rounds out this part of the book.

Part IV, Getting Better and Staying Well, contains the real-world, practical information you need to maximize the effectiveness of treatment and minimize the chances of relapse and complications. Finding a good treatment team, dealing with insurance issues, and handling such emergencies as dangerous behaviors and hospitalization are some of the issues covered here. We specifically seek to open the “black box” of mental health treatment and diagnosis in chapter 16, wherein we describe the various, seemingly innumerable types of mental health professionals and what their particular roles in your child’s treatment should be. We also expose our own means of reaching a diagnosis, and give general guidelines (and warnings) to parents about what to look for when seeing a psychiatrist.

We hope that after reading this book you will better understand the symptoms, the treatments, the complications, and what we know about the causes of mood disorders in adolescents. More important, we hope you will feel better equipped and more confident about helping your depressed adolescent get the most out of treatment, on the road to recovery, and on the path to becoming a happy and healthy adult.
Patrick Kelly

My first and most gracious acknowledgment goes to Francis Mondimore, without whom this book would not have been possible. This is both for the obvious reason, but also, and more important, for his mentorship. He taught me how to write, how to think, and how to be a good psychiatrist (or at least try, by modeling myself after such a great one).

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Above all, I’d like to thank you, the readers of this book. Psychiatrists get to close up their office and go home at night. Any person or family member who has struggled with depression knows that it is a twenty-four-hour-a-day, seven-day-a-week struggle against the darkness, and that continued striving toward success, such as by educating yourself through this work, is sometimes the bravest and most difficult thing you can do. Thank you.

Francis Mark Mondimore

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