

# Teen Depression: Difficult Topic, Necessary Conversations

By [Elizabeth S. Leaver](#), *Acton Patch*

For Emma Schwartz, the onset of adolescent depression brought her life as she knew it to a dramatic halt. The self-described overachiever went from having straight As, close friends and meaningful extracurricular activities to feeling that every day that passed offered less pleasure, and more hopelessness, than the one before it.

And it got worse from there.

“Each day went from feeling dull and pointless to impossible to get through,” said Schwartz, a 17-year-old high schooler from Newton, whose depression symptoms eventually culminated in several hospital stays.

Schwartz spoke about her experiences with depression at a recent forum on the subject at [R.J. Grey Junior High School](#), where she was joined by Casey Lorusso, who also suffered from depression as a teenager; Steve Boczenowski, a father from Groton whose 21-year-old son, Jeffrey, died from depression-related suicide; and Susan Root, school psychologist/counselor at Acton-Boxborough Regional High School.

The forum, sponsored by the Community Alliance for Healthy Youth (CAFY) and the National Alliance on Mental Illness (NAMI) of Central Middlesex, and co-sponsored by the Acton-Boxborough Coalition for Healthy Youth ([ABCHY](#)), was held for the 10<sup>th</sup> consecutive year, said Judy McKendry, member of NAMI and retired R. J. Grey math teacher.

“It’s a difficult topic, but an important one,” said McKendry. “And it’s important to raise awareness, because stigma often gets in the way of treatment.”

Schwartz, who with Lorusso spoke through the organization [Families for Depression Awareness](#), told the audience her struggles started at the end of her elementary school years, when she “started thinking ‘What is life worth living for?’ And I wouldn’t have an answer.”

Ultimately, she manifested her depression by running “obsessively” and not eating or drinking, which led to the first of several hospital stays.

Now stabilized through a combination of medication, therapy and “healthy, not obsessive” exercise, Schwartz told the audience that communication is crucial to the recovery process, both for depression sufferers and their families.

“As a teenager, sometimes camaraderie is the last thing you want with your parents,” she said. “But togetherness and teamwork are really important things to establish.”

Lorusso, now 20, was also a young adolescent when her struggles started, also following a childhood of high achievement where she was often referred to as a “perfect child” by her parents.

“I really felt I had to do everything right and that my whole family was always counting on me,” said Lorusso, who started cutting, a form of self-mutilation, to “turn what I was feeling inside, the feelings of loneliness and nothingness, to something physical.”

In time, the cutting would result in an injury that required medical attention, at which point Lorusso said “I knew I needed help.”

As with Schwartz, a combination of therapy and medication eventually stabilized Lorusso’s symptoms—as did communication, a tool that while initially challenging, was crucial to her recovery.

“My advice to teens is, your family is your best support system. As a teenager, it can be really hard to understand that, but if I had talked about it, a lot of my problems could have been avoided,” she said.

In his presentation, Boczenowski informed the audience that “I don’t want to be here,” which he quickly clarified by saying, “I’d rather be home with Jeffrey, talking with him, laughing with him. He was just a great guy.”

While Jeffrey had mostly been a happy child with “the greatest smile you ever saw,” Boczenowski said his son’s troubles started in early adolescence, when what had always seemed to be some “quirky” tendencies took a darker turn. What followed were turbulent years marked by incidents of drinking and driving, depression-induced hospital stays, and drug use, a common means for “kids with depression to self-medicate,” said Boczenowski.

Boczenowski said he and wife Debbie went through periods where they “worried every single day,” but never suspected suicide—the third leading cause of death of 15- to 24-year-olds, according to National Institute of Mental Health statistics—would be the end result of their son’s struggles.

“It hit us out of left field,” said Boczenowski. “I thought he would conquer his issues someday and we would have a wonderful relationship later on, in part of because all he had been through.”

While nothing will ever completely fill the void left by their son, the Boczenowskis say they hope sharing their experiences will help other families struggling with adolescent depression.

Boczenowski implored the audience, comprised of parents with children in elementary, junior high and high school, to “trust your instincts” and “get help for your child” if their children start showing signs of anxiety or depression.

What's more, Boczenowski told them, "Take care of yourself. All that worry takes a toll ... walk, do yoga, whatever you need to do," a sentiment later echoed by McKendry, who said such self-care "makes you a better caregiver for your child."

Boczenowski said he has also found comfort in advocating for [Project INTERFACE](#), an initiative of the Newton-based Massachusetts School of Professional Psychology that collects and categorizes a range of mental health resources for its member communities, and urged audience members to "get behind" making Acton-Boxborough a Project INTERFACE community.

"One of our regrets with Jeffrey was not being proactive enough in getting him the right therapist," Boczenowski explained of his involvement with Project INTERFACE. "We didn't really know where to turn."

### **Schools Watch For Signs, Offer Support**

While Root said statistics on teen depression in the A-B community aren't available, McKendry said results from 2008 Youth Risk Behavior surveys indicated some concerning information about adolescents in Acton, Boxborough and surrounding communities, including the fact that up to 11 percent of high school seniors had "strongly considered suicide."

And while local statistics are "slightly better than state averages," up to 10 percent of youth nationally are experiencing depression, she said.

For her part, Root described adolescent depression as an "equal access" disorder that, while sometimes difficult to discern from "regular adolescent turmoil," is marked by "duration, intensity, and degree of dysfunction."

"Clinical depression is marked by the persistent expression of sadness or mood as well as the inability to experience pleasure," said Root, adding that while girls are more likely to report such symptoms, boys are less likely to seek help.

From the schools' perspective, signs teachers and other administrators routinely watch for include outbursts, reckless behavior and an unexplained decline in grades, as well as "concerning themes in (students') writing," an area teachers at both R.J. Grey and ABRHS are being asked to monitor and report, said Root.

Root also emphasized school services to help families suffering from teen depression, which include counseling services, academic support systems, accommodation plans and "strong communication between teachers, counselors and administrators."

What's more, said Root, "We're really working with kids to break the code of silence and not keep secrets for each other around depression and mental illness."