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DEPRESSION IN CHILDREN

1 The nature of depression

Childhood is usually pictured to be a happy and carefree time, a period free of worries and responsibilities. All children "feel blue" from time to time, have a bad day or are sad. Parents often attribute such negative moods to temporary factors, such as a lack of sleep or not feeling well, or typical of a particular developmental stage, and expect the moods to pass. However, when these feelings persist and begin to interfere with a child's ability to function in daily life, clinical depression could be the cause.

Depression is not a personal weakness or a mood that one can "snap out of". It is a serious mental health problem that affects people of all ages, including children. In fact, depression affects as many as one in every 33 children and one in eight adolescents according to the federal Center for Mental Health Services. An NIMH-sponsored study of 9- to 17 year olds estimates that the prevalence of any depression is more than 6 percent in a 6-month period.

Unlike most children who bounce back quickly when they are sad, children who are depressed can't seem to shake their sadness. It interferes with their daily routines, social relationships, school performance and overall functioning.

Although clinical depression may resemble the normal emotional dips of childhood, for some children, it is pervasive, disabling, long-lasting and life-threatening. Unfortunately, depression often goes unrecognized and untreated because parents and, to a lesser extent, teachers may not recognize the child's underlying subjective negative mood.

2 Signs and symptoms

Depression affects children and adolescents in a number of areas of functioning such as mood, behaviour, changes in attitude, thinking and physical changes. The way symptoms are expressed varies with the developmental stage of the child. Some children may have difficulty in describing their emotions. Instead of saying how bad they feel, they may act out and be irritable to others. This may be interpreted as misbehaviour or disobedience.

We may think of children with depression as being tearful and quietly sobbing away alone in their rooms, but the reality is that many show their depression in other ways. Children with depression may be irritable or cranky, and become upset by even little disappointments, such as a lost article of clothing. They can be extremely argumentative, moody and tearful, making it difficult for others to be around them. Some children express their disturbed mood by having temper tantrums or lashing out in anger, behaviours that may elicit anger in others and scapegoat the child.

Acting out may be a way to avoid the painful feelings of depression. Because the child may not seem sad, parents and teachers may not realize that the child's behaviour could be a sign of depression.

The diagnosis of major depression is indicated if a child has five or more of the following symptoms and if it persists for 2 or more weeks.

- Frequent sadness, tearfulness or crying
- Feelings of hopelessness
- Withdrawal from friends and activities
- Loss of interest or motivation
- Decreased energy level
- Major changes in eating or sleeping habits
- Increased irritability, agitation, anger or hostility
- Frequent physical complaints such as headaches and stomach aches
- Indecision or difficulty to concentrate
- Feelings of worthlessness or excessive guilt
- Extreme sensitivity to rejection or failure
- Recurring thoughts or talk of death, suicide, or self-destructive behavior

Many teens with depression abuse alcohol and drugs as a way to numb or manage their pain. Any child or adolescent who abuses substances should be evaluated for depression.

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If an addiction develops, it is essential to treat both the mental health disorder and the substance abuse problem at the same time.

3 Warning signals

- Frequent absences from school or poor performance in school
- Talk of or efforts to run away from home
- Lack of interest in playing with friends
- Fear of death
- Reckless behaviour
- Difficulty with relationships
- Pattern of dark images in drawings or paintings
- Play that involves excessive aggression directed toward oneself or others, or involves persistently sad themes

4 Causes of depression

No one thing causes depression. Children who develop depression may have a **family history** of the disorder. **Stressful life** events such as **losing a parent, divorce, break-up of a romantic relationship** and other **psychological or physical problems** are all factors that contribute to the onset of the disorder. Having an attention, conduct or learning disorder places a child at risk of developing a depressive disorder. Children who experience **abuse**, **neglect**, or other **trauma** or who have a **chronic illness** are at a higher risk for depression.

5 Other types of depression

5.1 **Bipolar disorder** involves unusual shifts in mood, energy and functioning. It is very rare in young children. It may begin with either manic, depressive or mixed symptoms. It is more likely to affect the children of parents who have the disorder.

Manic symptoms of bipolar disorder

- Severe changes in mood
- Overly-inflated self-esteem
- Increased energy
- Decreased need for sleep - able to go with very little or no sleep for days without tiring
- Increased talking – talks too much, too fast and changes topics too quickly
- Distractibility
- Hyper sexuality
- Increased goal-directed activity or physical agitation
- Disregard of risk - excessive involvement in risky behaviour or activities

5.2 **Dysthymic disorder** is a less severe yet more chronic form of depression. It is diagnosed when a depressed mood persists for at least one year in children or adolescents and is accompanied by at least two other symptoms of major depression. It is associated with an increased risk for developing major depressive disorder, bipolar disorder and substance abuse. Treatment may prevent the deterioration to more severe illness.

6 Consequences of Depression

Depression can lead to academic underachievement, social isolation, and create difficult relationships with family and friends. Depression in children is also associated with an increased risk of suicidal behaviors or suicide. This risk may rise, particularly among adolescent boys, if the depression is accompanied by conduct disorder and alcohol or other substance abuse.

As many as 7 percent of adolescents may commit suicide in their young adult years. Early diagnosis and treatment as well as accurate evaluation of suicidal thinking may prevent suicide. Young children's access to lethal agents, including firearms and medications, should be limited.

7 Associated disorders

Depression in children often occurs along with other mental health problems such as anxiety, bipolar or disruptive behaviour disorders. Adolescents who become clinically depressed are also at a higher risk for substance abuse problems.

8 Recurrences

While the recovery rate from a single episode of major depression in children and adolescents is quite high, episodes are likely to recur. Once a young person has experienced an episode of depression, he or she is at an increased risk for having another episode of depression within the next five years. Children who experience a depressive episode are five times more likely to have depression as an adult. Prompt identification and treatment of depression can reduce its duration and severity and associated functional impairment.

9 Treatment of depressive disorders

Depression is treatable. The most important step is to consult a professional for an accurate diagnosis. Children who show signs of depression should be referred to and evaluated by a mental health professional who specializes in treating children. The evaluation may include consultation with a child psychiatrist, psychological testing, and medical tests to rule out an underlying physical condition that might explain the child's symptoms. A comprehensive treatment plan should include psychotherapy and, in some cases, medication. This plan should be developed with the family, and, whenever possible, the child should be involved in making treatment decisions.

Both medication and short-term psychotherapy are used in treating depressive disorders, although a combination of both are recommended. Parents and teachers should also be involved.

9.1 Psychotherapy

Psychotherapy centres on resolution of conflicts and stresses, as well as the developmental aspects of an depressive disorder, solely through talk therapy.

Cognitive-Behavioural Therapy (CBT) is a time limited therapy, which focuses on changing the child's negative views of himself, the world and the future, addressing the underlying "automatic" thoughts and feelings.

It also focuses on specific techniques to reduce or replace maladaptive behaviour patterns.

Continuing psychotherapy for several months after remission of symptoms may help the child and families consolidate the skills learned during the acute phase of depression, cope with the after-effects, effectively address environmental stressors and understand how the child's thoughts and behaviours may contribute to a relapse.

There are also other psychotherapeutic techniques, such as child-orientated –therapy and psycho-analysis / projective techniques, to assist children.

9.2 Medication

During the last few years, studies have shown that medication can be very effective treatment with children and adolescents with a depressive disorder, especially when combined with psychotherapy.

Selective serotonin reuptake inhibitors (SSRIs), have been shown to be safe and efficacious for the short-term treatment of severe and persistent depression in young people. Following remission of symptoms, continuation treatment with medication and/or psychotherapy for at least several months may be recommended by the psychiatrist, given the high risk of relapse and recurrence of depression. Discontinuation of medications, as appropriate, should be done gradually over 6 weeks or longer.

9.3 Parental Support

It is very important for parents to understand their child's depression and the treatments that may be prescribed. Parents can talk to professionals about their questions or concerns. Professionals will reinforces that depression in youth is not uncommon, reassuring parents that appropriate treatment with psychotherapy, medication, or the combination can lead to improved functioning at school, with peers, and at home with family.

Tips for parents

The following tips can be offered to parents on how best to approach their child's care.

- Seek help if your child shows signs of depression or other mental health problems. Discuss all available treatment options with your child's doctor, and carefully weigh all the risks and benefits associated with each treatment. (If your child is already being treated, express any concerns that you have to your child's doctor.)

- If your child is prescribed an antidepressant medication, watch him or her closely and make sure s/he receives a thorough evaluation, continual follow-up and careful monitoring – particularly in the first several weeks – by a qualified doctor.

- Educate yourself about the warning signs of suicide and act quickly if you are concerned. Many people are afraid to discuss the issue of suicide for fear of "planting" the idea, but it is actually better to be open and direct.

- If your child is taking an antidepressant, do not abruptly discontinue use. Doing so can lead to significant side effects.

- Separate "fact from fiction" by using credible sources with information based on sound medical science rather than rumor or opinion. Beware of extreme claims, such as antidepressants are "always dangerous" or "never effective." Medical research has demonstrated that such statements are misleading and dangerous.

- Remember that the worst possible situation for a child with a mental health problem is to go without any treatment at all.

Suggested Books

Synopsis of Psychiatry by Kaplan & Sadock's (2003), Lippincott Williams & Wilkins

Abnormal Child Psychology by Mash & Wolfe (2002), Wadswort Group

Suggested Websites

www.mental-health-matters.com

www.nmha.org

www.crisiscounseling.com

www.mentalhealthsa.co.za