DEPRESSION IN CHILDREN

SOURCE: HEALTHYPLACE.COM

An estimated 1 out of 10 children have difficulty escaping the symptoms of depression for long periods of time. The rate of depression is markedly lower in children ages 1 to 6 years old. The rate is higher in older children ages 9 to 12.

During childhood, the number of boys and girls affected are almost equal. In adolescence, twice as many girls as boys are diagnosed (like adult rate). Repeated episodes of depression can take a great toll on a young mind. Well over half of depressed adolescents have a recurrence within seven years. Children with Major Depression have an increased incidence of bipolar disorder and recurrent Major Depression.

Warning signs of depression in children:

- Sudden changes in behavior
- Aggressive, angry, or agitated behavior
- Increased risk-taking
- Changes in appetite or sleep patterns
- Lower self-esteem
- Gives up valued possessions and settles unfinished business
- Withdraws from friends, activities, and family
- Changes in dress or appearance
- Significant losses or family stress

Depression in children is very similar to depression in adults with a few exceptions. Children may not have the vocabulary to talk about such feelings and so may express their feelings through behavior. Younger individuals with depression are more likely to show phobias, separation anxiety disorder, sleep complaints, and behavior problems.

Rather than having a depressed mood, children are much more likely to have an irritable mood. Adults often will not enjoy anything when they are depressed, but there are usually some activities children and adolescents will enjoy doing no matter how depressed they get.

What Does a Depressed Child Look Like?

Clinical Depression

To say a child has clinically significant depression (aka Major Depressive Disorder), they must have five of the nine symptoms listed below to such a degree that it significantly interferes with their functioning for at least two weeks straight.

1. Depressed or irritable mood most of the day, nearly every day.
2. Markedly diminished interest or pleasure in all, or almost all activities most of the day, nearly every day.
3. Significant weight loss if not dieting or failure to make appropriate weight gains.
4. Trouble sleeping or too much sleeping nearly every day.
5. Restlessness or really slowed down nearly every day which is obvious to others.
6. Fatigue or loss of energy nearly every day.
7. Feelings of worthlessness or excessive guilt nearly every day.
8. Diminished ability to think or concentrate, or indecisiveness, nearly every day.
9. Recurrent thoughts of death, suicidal thoughts, or suicide attempts.

Although it is not one of the criteria, some physical symptoms are very, very common in depression. Headaches are one of these. About 10% of children have severe headaches at least once a month. However, 40% of girls with depression have severe headaches. The same does not hold true for boys.

Examples

4 to 7 years old

Sara is 5. She has been in preschool all fall and overall, she enjoys it and does well. But by late fall, she seemed to become less and less excited about pre-school. She thought the others were bugging her. She didn't want to go some days, but her parents made her. At home, it was the same. Nothing was right. When bedtime came, she couldn't sleep and wanted to sleep with her mom. She lost interest in playing with her cousin. She didn't even get that excited about Christmas. She started telling her parents, "You don't like me". When they took her to MacDonalds, she liked it, but she was never enthusiastic like she used to be. Her mother would notice her sitting in a chair with a horrible look on her face doing nothing.

7 to 12 years old

Ryan is 11. He is in 4th grade and has always been an average student. Of their three children, he gave his parents the least cause for concern until these last few months. It started with him calling home from school to talk with his mom or dad. He just wanted to tell them what was going on. It was never good. He was worrying about passing, even though he was doing fine. Then he started saying that he just couldn't' do the work. When his parents would ask why, he would just get mad and tell them they didn't understand. He refused to play hockey in the winter. He wouldn't go hunting with his dad. The only thing he did was go to scouts and watch TV. So, his parents decided to start restricting the TV. Ryan told them that if he couldn't watch TV, he might as well just die. They didn't take it seriously. He was sleeping all day, eating constantly, and failing in school. His friends no longer came around. One day his father went to use the bathroom and didn't realize Ryan was in there. He wasn't using the toilet. He had a bunch of pills poured out on the sink.

Dysthymia

This is a milder depression that goes on for years at a time. Children with Dysthymia often have been depressed so long that they cannot recall what not being depressed is like. People think it is part of their personality. Typically, they are irritable, hard to please, unhappy with nearly everything and very trying to be around. They tend to have fewer problems with sleep and appetite than children with major depression. To have this disorder you must be depressed or irritable for at least a year straight with at least two of the following:

- Poor appetite or overeating
- Insomnia or excess sleeping
- Low energy or fatigue
- Low self-esteem
- Poor concentration or difficulty make decisions
- Feelings of hopelessness

Children with dysthymia often can still enjoy some activities. Children with dysthymia are at a very high risk to get Major Depressive Disorder. About 70% of dysthymic children

will get severely depressed, and about 10% will get bipolar (manic-depressive) disorder. Rather than recover, they often go back to their dysthymic selves. A long episode of Dysthymia will mess up a child's life far more than a brief episode of severe depression.

Examples

4 to 7 years old

Lynn's parents didn't really notice anything unusual about her until they had another child when Lynn was 2 years old. Now Lynn is 5 and Andrew is 3. Andrew gets excited about stuff He is enthusiastic about life. He is happy when he can do something new, and he is excited to tell everyone. Lynn, on the other hand, never gets that excited about anything. If everything is going exactly her way, she is happy. The rest of the time, which is mostly, she is upset at someone or something for ruining her day. Most things are an effort for her. She would spend endless hours watching TV is her mother let her. When Andrew watches TV, he is sometimes interested, bored, or scared. Lynn is just vacant. Lynn is the same way with other children. Her parents hate to compare, but Lynn is a hard child to love. She is so hard to please and so rarely upbeat about anything.

7 to 12 years old

Daryl is 9. He spends a fair amount of time thinking about the good old days. For him this was when he was in kindergarten and grade 1. Then life was fun. School was easy, there was nothing to worry about and he was happy. He goes for walks and wishes he was in grade 1 again. Now life is not too good. School is hard for him. Many days he tells the teacher that he just can't do the work. His teacher encourages him to try and lots of time he can, but he is very tense the whole time. One night out of the blue he asked his mom what it was like to be 35 years old. She said it was pretty good. Daryl couldn't imagine living that long. "You know, mom, I don't think I can live that long. Life is so hard and there is so much work." His mother was so stunned she forgot to remind him to eat his dinner.

Double Depression

Many children with dysthymia will go on to develop episodes of major depressive disorder. When they do, their episodes of depression plus dysthymia are more serious. The illness lasts longer, is more severe, they are more disabled, and these children may be more likely to kill themselves.

Example

Martin is now 14. About the time he started school, he became a little more irritable and not as easy of a child as he had been before then. At about age 10, he worsened just a little more. It took more push on his parent's part to get him to go and do stuff He almost always had trouble sleeping and was quite irritable most days. Sometimes he would have a few good days back-to-back. One time, his mom decided that she was going to enjoy this good day herself. She pulled Martin out of school for the day, and they went and did all sorts of fun things. She is so glad she did that. Now there are almost no good days. His self-esteem has gone right down the tubes. He is losing weight. He can't sleep. He is doing worse and worse in school because he can't concentrate.

Martin first has a few symptoms of depression, but not even dysthymia. Then he developed dysthymia. Now he has a full Major Depressive Disorder episode.

Psychotic Depression

Some children will develop signs of psychosis along with their depression. A child might hallucinate. The child might be very paranoid. The child might develop all sorts of bizarre and unusual ideas. Psychotic Depression is the most serious type of depression. It is also quite common.

Example

Shelly is 14. Since Christmas she has not been herself. She knows she is no good. She tells her parents that everyone hates her and says bad things about her. They call her all sorts of obscene things and she doesn't want to go to school any more. She wants to just get away from them forever. At home she just eats, sleeps, listens to music, and occasionally irritates her sister. So, her mom decided to go to school and see what was going on. Amazingly, no one had noticed any teasing, but they had noticed that Shelly was much more withdrawn and inattentive in school. The next day she was able to get Shelly to come with her and go shopping. As they went into the mall, Shelly was telling her mom, "Do you see what I mean? Listen to those two girls over there." Shelly couldn't stand it more than a few minutes. She pointed out to her mother a couple of groups of kids who were saying bad things about her and talking behind her back. She noticed that they had scratched 'Shelly sucks' on the window. Shelly's mom did not see or hear any of this. Shelly's mom saw something far worse. She saw that her daughter was very, very ill.

Comorbid Depression

Comorbidity means that certain disorders occur more often together than one would expect by chance. For example, diabetes and obesity. The concept of comorbidity is very important in psychiatry. It is very common that a person with depression will also have another childhood neuropsychiatric disorder.

In this situation, a child has a pre-existing chronic psychiatric illness and then becomes depressed. The episode of depression occurs along with the other disorder so that the child shows signs of two or three psychiatric disorders at the same time. About 50% of children with depression also have conduct disorder or oppositional defiant disorder, and 25% of children with depression have attention deficit disorder. Often the episode of depression will go away and leave the other psychiatric problem unchanged.

Bipolar Depression

In this case, children have episodes of depression, some episodes of wellness, and some episodes of mania, which is the opposite of depression. The depression looks the same as the one already mentioned. Sometimes children are depressed and manic at the same time.

Seasonal Affective Disorder (SAD)

It has become clear in the last few years that some children have depression only in one season, usually winter. It starts to worsen in late October and reaches its peak in January. By March, things are usually on the mend.

This can be extremely disabling, as this is usually when the hardest schoolwork is.

Approximately 3 to 4% of school-age children have SAD. There are many studies to show that light boxes can help adults with this condition. There are also studies in which this technique is used with children. This usually means sitting in front of a specially made light box and doing something for about 30 minutes five times a week. These boxes are not hard to purchase.

Unfortunately, children are sometimes not compliant with them. Another technique might be a dawn simulator, which is a light that gets steadily brighter, mimicking a spring or summer morning.

Diagnosing Depression in Children

In medicine, a diagnosis is based on the history (talking with a patient and their families), a physical examination, and lab tests.

History

In adults, it is often possible to get by with only talking with the patient. This is never possible with children and adolescents. Children often will not say they are depressed. They are most likely to blame all their problems on school, friends, or family. Only by talking with the family can your doctor get an outside perspective. On the other hand, children are better reporters than their parents of their own feelings. The doctor needs to check for all sorts of other possible psychiatric disorders and other medical disorders, too.

Examination

In children and adolescents, this may mean a large variety of things, depending on the history. Besides doing parts of the physical and neurological exam, a careful assessment involves observing how the child behaves, does schoolwork, and gets along with his or her family.

Lab Tests

This depends on the history, the exam and age of the child. Sometimes, no tests are necessary. Common things that end up being checked are thyroid tests, urine drug screens, tests for medical conditions that can mimic depression (infectious mono, for example), and other routine lab tests.

Treating Depressed Children

There is no cookbook technique. Treatment must be tailored to the needs and schedule of the child and his family. Generally, with mild to moderate depression, one may first try psychotherapy and then add an antidepressant if the therapy has not produced enough improvement. If it is a severe depression, or there is serious acting out, one may start medication at the beginning of the treatment.

It is important that parents find a child psychiatrist to evaluate and treat their depressed child. A child psychiatrist is a medical doctor who has received special training in diagnosing and treating psychiatric disorders in children. Other doctors, including family doctors and pediatricians may have taken a course in child psychiatry, but a great majority are not experts in the field.

Psychotherapy

A variety of psychotherapeutic techniques have been shown to be effective. There is some suggestion that cognitive-behavioral therapy may work faster. Cognitive therapy helps the individual examine and correct negative thought patterns and erroneous negative assumptions about himself. Behaviorally, it encourages the individual to use positive coping behaviors instead of giving up or avoiding situations. After therapy is over, children may benefit from scheduled, or 'as-needed' booster sessions.

Many feel that family therapy can speed recovery and help prevent relapse. There are different styles of family therapy.

Antidepressant Medication

SSRIs (Selective Serotonin Reuptake Inhibitors -Prozac, Zoloft, Lexapro, etc.) have brightened the outlook for the medication treatment of child and adolescent depression. The side effects are not as annoying as those of the older medications. These medications are somewhat less toxic in overdosage. Some studies have shown that the SSRIs are better than placebo for depression. As compared to adults, adolescents are a bit more likely to become agitated or to develop a mania while they are taking an SSRI. These medications can decrease libido in both adolescents and adults. The doctor should warn parents about the symptoms of mania, especially if there is a family history of bipolar disorder. If the child has had a manic episode in the past, some doctors suggest adding a mood stabilizer such as Lithium or Depakote.

Most studies suggest that the older, tricyclic antidepressant medications (Amitriptyline, Imipramine Desipramine) are no better than placebo in the treatment of depression. Still, some doctors have seen individual children and adolescents who have responded well. Tricyclic antidepressants can be an effective treatment for ADHD. Since there is a small risk of heart rhythm change sin children on these medications, doctors usually follow EKGs. The usefulness of blood tricyclic levels is being debated.

Important Note: *Bipolar Disorder must be ruled out before a child is prescribed antidepressants for depression or stimulants, as these can trigger mania.*

Stopping Antidepressant Medications

The decision about when to stop antidepressant medication can be complex. If the depressive episodes are recurrent or severe, one may consider longer-term maintenance pharmacotherapy. If the depression was milder, the family wishes the child to be off medications or there are side effects, one may consider stopping the medication several months or a year after the symptoms are gone. If there have been several recurrences, one might then talk to the patient and family about longer term maintenance. Exercise, a balanced diet (at least three meals per day) and a regular sleep schedule are desirable. If there is a seasonal component, a light box may be helpful.

Other Considerations

Some individuals have only one episode of depression, but often depression becomes a recurrent condition. Thus, the child and family should become educated about the

early warning symptoms of depression so that they can get right back into the doctor. It is also useful to discuss the child's particular 'early warning signs' with the primary care doctor. Sometimes the psychiatrist or therapist will schedule booster sessions in advance and other times, will leave the door open for the child or family to schedule one or two sessions.

If there are residual social skills problems, a social skills group through the school or other agency can help. Scouts and church youth groups can be enormously helpful. If parents and child consent, the doctor will sometimes involve a scout leader or clergy.

It's also important to treat comorbid psychiatric disorders such as anxiety and ADHD. Since a young person who has had a depression is more vulnerable to drug abuse, one should start out early with preventative measures. The primary care doctor can be a partner in monitoring for relapse, substance abuse, and social skills problems during and after the psychiatric treatment.

How To Help a Depressed Child?

Talk to your child. If you have noticed any of the signs of depression discussed here, do your best to encourage your child to talk to you about how he / she is feeling and what is bothering him/ her.

If you think your child is seriously depressed, do not panic. Professional help is available for both your child and you.

Depression is very treatable. Children, teens, and adults can all be helped to overcome depression. Start by checking with your family doctor to find out if there could be a physical cause for your child's feelings of fatigue, aches and pains, and low moods.

Talk to your child's school to find out if any teachers have also noticed changes in behavior and mood. Talking to your child's teacher about his/ her difficulties may change the way the teacher interacts with your child and can increase your child's sense of self-esteem in the classroom.

Many schools have professional counsellors on staff The school counsellor may be able to refer you to individual or group counselling to help children and teens cope with stress.

The school counsellor or your family doctor may refer you to a children's mental health clinic. If there isn't a clinic nearby, there may be a psychiatrist or psychologist who specializes in working with children.

Depression Affects the Whole Family

It is important to recognize your own feelings about your child's depression. Since it is not always known why children become depressed, you might find that you are feeling guilty or frustrated. Without wanting to, you may let your child know this and make him / her feel rejected and misunderstood.

It is not easy to cope with the needs of a depressed child. You may need help in learning how to help your child deal with his / her unhappy feelings as well as how to deal with your own feelings about his / her problems. Consider getting counselling for yourself as well as for your child. Many therapists automatically schedule family

counselling sessions when they are working with a depressed child.

You should also be honest with brothers and sisters, and other family members about your depressed child's needs. That way, he/ she will have several sources of support and understanding.

Dealing with Childhood Depression

There are many things that can contribute to a young child's bout with depression. A stressful life event is usually found to be the trigger in children ages 6 through 9. Since depression has very little to do with biology at this age, the causes are usually found to be environmental; something that has occurred either inside or outside the family unit.

Kim and Michael's family, with the help of a psychologist, worked through their grief together. "We listened to what the children had to say, and we gave them time," Kim says. "We let Tim and Josie have their space, but we reinforced how much they meant to us, which was hard because we were grieving as well." The family participated in a grief recovery class to learn to manage their grief and aid and guidance for their children. "We went to special events where a bunch of grieving people gathered to remember their loved ones," she says. "This showed the kids that their sister will never be forgotten. We also picked a favorite color, yellow, to symbolize their sister. When we see yellow flowers while out on family outings, one of us makes a comment about how God let her stop by to spend some time with us."

Here are some additional ways you can help your child deal with depressive issues:

- **Teach positive communication.** Young children don't often have the vocabulary to effectively express feelings of anger and confusion. Give your child the words she needs to help her share her feelings.
- **Get your child to talk about it.** Provide your child with a safe adult to share his feelings with. Every child should have someone to go to for comfort and guidance, whether it's a parent, teacher, counsellor, or family friend.
- **Keep your child active.** Sports and physical activities are good outlets for pent-up anger.
- **Use art as communication**. Acting, painting, drawing, dancing, and other creative arts offer excellent opportunities to get feelings out and express grief
- **Read books.** Many parents use bibliotherapy - the process of reading books to help a child identify with others - to put the child in another's place. The Dinosaur Series by Laurie Krasney Brown and similar books is suggested to help prepare for or deal with an unsettling event or situation.
- **Above all, be honest with your child.** Trust is the key to helping children get through a rough patch. Children are excellent perceivers of environment. Whatever we withhold from our children in the name of protection, they will come up with fantasies that are usually IO times worse than what is really happening. If a child is old enough to ask a question, she is old enough to get an honest answer.

By being honest, parents are telling their children that they are worthy of the truth and are important enough to be trusted, thus sending the message that the parent is

trustworthy as well. When a parent and child suffer a loss together, as in the Michael and Kim's case, the family bond grows tighter. Cry with your children. Let your children see you cry. Model for them and show them that it's okay to feel bad sometimes.

Kim is very proud of the way her children have come through the crisis of losing a sibling. "By allowing my children to grieve, by allowing them to cry and feel angry, and by showing them our support no matter how crappy they felt or acted, we have shown them that it is okay to have bad days, and that, over time, bad days can turn into good days."

The Effects of Tragedy

Unpleasant family events - such as death, divorce, family conflict, illness, or physical disability - can turn an otherwise happy-go-lucky youngster into a sad, withdrawn child.

When their 7-month-old daughter died, Michael and Kim were understandably devastated, but through their grief, they realized their 6-year-old son, Timothy, and 3-year-old daughter, Josie, were suffering from depression. "The depression was a natural occurrence following the death of their sister," says Kim. Both children exhibited classic signs, including sleeping problems, angry outbursts, voluntary isolation, and fear of separation.

Childhood depression can also be attributed to ongoing familial situations that place the child in uncomfortable territory. When a parent suffers from alcohol or drug abuse, the child feels her parent cannot be trusted. A similar scenario occurs when a child is involved in physical, sexual, or emotional abuse. Sometimes, depression stems from poor parenting skills. Some people exhibit behaviors that are not conducive to great parenting. Yelling, fighting, criticizing - all of these diminish a child's sense of self.

Depression Without Tragedy

Depression can also occur with a positive event, like the introduction of a new baby or a move to a new home. Although these events are seen as happy, the child can feel threatened and insecure. Even in the most loving families, financial problems, over-scheduling, and lack of 'down time' can also add to depression.

Every child has ups and downs, good days and bad. A scrape with the neighbor's kid, the loss of a championship game, or the death of a beloved pet are all part of being a kid, but depression can sneak in when a parent least expects it. Warning signs that point to possible depression include:

- A noticeable personality changes. A happy child is now combative and bitter; a child who is usually a loner is suddenly clingy.
- Withdrawing or acting out. A child begins spending hours alone in her room; a child with no previous problems in school is suddenly fighting.
- Any extremes in behavior. Over-eating or under-eating; sleeping all the time or not at all; a family history of eating disorders, alcohol, or drug abuse.

Any uncharacteristic behavior that is dramatic and long-lasting is suspect. If the behavior continues for six weeks or longer, see your child's pediatrician. The most

important thing for parents to avoid is the old 'It's just a stage' excuse. It may be a stage, but it may be something more. If the child's ability to function deteriorates, it is time to get some help.

Resources for Parents

Fortunately, there are many excellent resources available to parents with children experiencing depression. All of the causes of depression can be negated if a child has positive role models to provide effective coping skills, safe support and trust. Don't ignore your child's needs. Good communication, coping and problem-solving skills will serve your child her entire life.

Reading Recommendations:

- When Dinosaurs Die: A Guide to Understanding Death by Laurie Krasney Brown
- Dinosaurs Divorce: A Guide for Changing Families by Laurie Krasney Brown
- Sad Isn't Bad: A Good Grief Guidebook for Kids Dealing with Loss by Michaelene Mundy
- Children Changed by Trauma: A Healing Guide by Dr. Debra W. Alexander
- Separating Together by Abigail Stewart, PhD
- What Should I Tell the Kids? A Parents' Guide to Real Problems in the Real World by Dr. Ava Siegler

"There is hope and there is help."