DEPRESSION IN CHILDREN AND ADOLESCENTS: INFORMATION FOR PARENTS

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Depression is a serious health problem that can affect people of all ages, including children and adolescents. It is generally defined as a persistent experience of a sad or irritable mood as well as anhedonia, a loss of the ability to experience pleasure in nearly all activities. It also includes a range of other symptoms such as change in appetite, disrupted sleep patterns, increased or diminished activity level, impaired attention and concentration, and markedly decreased feelings of self-worth. Major depressive disorder, often called clinical depression, is more than just feeling down or having a bad day. It is different from the normal feelings of grief that usually follow an important loss, such as a death in the family. It is a form of mental illness that affects the entire person. It changes the way the person feels, thinks, and acts and is not a personal weakness or a character flaw. Children and youth with depression cannot just snap out of it on their own. If left untreated, depression can lead to school failure, conduct disorder and delinquency, anorexia and bulimia, school phobia, panic attacks, substance abuse, or even suicide.

Prevalence and Risk Factors
Research indicates that the onset of depression is occurring earlier in life today than in past decades and often coexists with other mental health problems such as chronic anxiety and disruptive behavior disorders. Researchers estimate that 28% of all adolescents (ages 13–19) will experience at least one episode of major depression, with the rate estimated as 3–7% from ages 13–15 and about 1–2% for children under age 13. In 2004, suicide was the second leading cause of death among Canadian youth aged 15–24. Up to 7% of adolescents who develop major depressive disorder may eventually commit suicide.

Children and teens who are under stress, who have experienced a significant loss, or who have attention, learning, or conduct disorders are at greater risk for developing clinical depression. There is no difference between the sexes in childhood in vulnerability to depression. But during adolescence girls develop depressive disorders twice as often as boys. Children who suffer from major depression are likely to have a family history of the disorder, often a parent who also experienced depression at an early age. Depressed adolescents are also likely to have relatives who have experienced depression, although the correlation is not as high as it is for younger children.

Other risk factors for child and adolescent depression include previous depressive episodes, anxiety disorders, family conflict, uncertainty regarding sexual orientation, poor academic performance, substance abuse disorders, loss of a parent or loved one, break up of a romantic relationship, chronic illnesses such as diabetes, abuse or neglect, and other traumas, including natural disasters.

Signs and Symptoms
Characteristics of depression that usually occur in children, adolescents, and adults include:
- Persistent sad and irritable mood
- Loss of interest or pleasure in activities once enjoyed
- Significant change in appetite and body weight
- Difficulty sleeping or oversleeping
- Physical signs of agitation or excessive lethargy and loss of energy
- Feelings of worthlessness or inappropriate guilt
- Difficulty concentrating
- Recurrent thoughts of death or suicide
Characteristics of childhood depression
The way symptoms are expressed varies with the developmental level of the youngster. Symptoms associated with depression more commonly in children and adolescents than in adults include:

- Frequent vague, nonspecific physical complaints (headaches, stomach aches)
- Frequent absences from school or unusually poor school performance
- School refusal or excessive separation anxiety
- Outbursts of shouting, complaining, unexplained irritability, or crying
- Chronic boredom or apathy
- Lack of interest in playing with friends
- Alcohol or drug abuse
- Withdrawal, social isolation, and poor communication
- Excessive fear of or preoccupation with death
- Extreme sensitivity to rejection or failure
- Unusual temper tantrums, defiance, or oppositional behavior
- Reckless behavior
- Difficulty maintaining relationships
- Regression (acting babyish, resumption of wetting or soiling after toilet training)
- Increased risk-taking behavior

The presence of one or even all of these signs and symptoms does not necessarily mean that a particular person is clinically depressed. If several of the above characteristics are present, however, it could be a cause for concern and may suggest the need for professional evaluation.

What Parents Can Do

- Know your child and your child’s friends.
- Be actively involved with your child’s school.
- Learn the signs and symptoms of depression, and monitor your child.
- Take your child to school or community health care/mental health screenings when these are offered.
- Participate in parent training sessions offered by the school or by community agencies.
- Learn about the school’s violence, suicide, and bullying prevention plans.
- Learn about school and community resources for obtaining an evaluation if you suspect a problem.
- Request a thorough physical examination by your family physician to rule out identifiable physical causes for the behavior patterns that suggest depression.
- Cooperate fully in the evaluation process if your child needs to be evaluated.
- Be an active participant in developing a treatment plan if your child is diagnosed with depression.
- Monitor your child carefully for suicidal thoughts, statements, or plans.
- Make sure that guns, medications, and other potentially lethal implements are not accessible to children.
- Do not hesitate to ask your child directly about suicidal thoughts, drug involvement, alcohol use, or problems with bullies.
- Learn about the diagnosis and treatment options if your child has been diagnosed by referring to resources like those listed below.

Useful Resources: