

Chapter 1 : Depression in children and teenagers - NHS

Continued Which Children Get Depressed? Up to 3% of children and 8% of adolescents in the U.S. suffer from depression. Depression is significantly more common in boys under age

Yet barely a third of the people with depression seek help or are properly diagnosed. It is estimated that about 10 to 15 percent of children and teens are depressed at any given time. Research indicates that one of every four adolescents will have an episode of major depression during high school with the average age of onset being 14 years! These episodes typically last several months when untreated. While this indicates the main problem is likely to abate without treatment, these teens are at much higher risk for suicide which is a leading cause of death during adolescence. In addition, during an untreated episode of major depression, teens are more likely to get into serious substance abuse addictions or suffer significant rates of dropping out of their typical activities and social groups. Thus, even if the depressive episode wanes, significant problems may continue on. The milder form of depression, called dysthymia, is more difficult to diagnose, especially in elementary school children. Yet this form of depression actually lasts much longer. Typical episodes last seven years and often longer. Many depressed adults can trace their sad, discouraged, or self-dislike feelings back to childhood or adolescence. With children, although typical adult features may be present, they are more likely to show symptoms of somatic complaints, withdrawal, antisocial behavior, clinging behaviors, nightmares, and boredom. Yes, many of these are common for non-depressed children. But usually they are transient, lasting about four to six weeks. I have referred to major depression and dysthymia as two primary forms of depression. Very briefly, there are a number of symptoms common to both but with a greater severity in the former. In adults, depressed mood, loss of interest or pleasure in activities, loss of appetite or overeating, sleeping a lot or not being able to sleep, loss of energy, loss of self-esteem, indecisiveness, hopelessness, problems with concentration, and suicidal thoughts or attempts are the signs of depression. People rarely have all of them. We usually look for at least four or more and, again, severity and longevity are important determinants when making a diagnosis. Teens will exhibit more adult-like symptoms but severe withdrawal is especially significant. In childhood, boys actually may have a higher rate of depression than girls but it is often missed because many of the depressed boys act out and the underlying depression is missed. In adolescence, girls begin the same predominance as women, about two to three times the rate of males. Contrary to popular belief, research rejects the notion that it is related to hormonal changes associated with adolescence. Instead, just as with adult women, sexual harassment and experiences of discrimination appear to be more significant causes. Primary causes of depression in children are parental conflict with or without divorce, maternal depression mothers interact much more with their children, poor social skills, and pessimistic attitudes. Divorced parents who are still fighting have the highest rate of depressed children about 18 percent. Regarding depression in mothers, it is the symptoms of irritability, criticism, and expressed pessimism that are especially significant. Depressed children are more likely to have poor social skills, fewer friends, and give up easily which also contributes to poor school performance and lack of success in activities. You must differentiate, however, from the shy, loner child who is actually content to spend more time alone. When concerned, talk with teachers and pediatricians. However, both of these front-line professional groups need more training in diagnosing depression. If there seems to be a valid concern, then seek help from mental health professionals who specialize in working with children. If marital conflict is present, then seek couples therapy if divorced, seek help for cooperative parenting. If one or both parents are depressed, then individual therapy may be needed for each. Family therapy is also very effective, particularly with older children or teens. Depression does run in families and may have a biological basis. Antidepressants are especially important in these cases and may also be important even if the causes are primarily psychological because they help the child or adult attain the level of functioning needed to benefit from other interventions. Since children and teens are less certain to respond positively to medications for depression than adults, it is especially important to use child psychiatrists who specialize in psychopharmacology. Kalman Heller is a retired psychologist who ran a successful private practice. He previously wrote a monthly column for a local

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newspaper, and later took his "ParentTalk" column online. This article is reprinted from his online column with his permission. Depression in Teens and Children. Retrieved on November 10, , from <https://>

Chapter 2 : Depression - What is it really? Can it Be Treated?

Depression affects about 2% of preschool and school-age children. Learn about treatment of childhood depression, medication, warning signs, and symptoms, like irritable mood, loss of interest or pleasure in normal activities, changes in sleep pattern, and loss of energy.

We may feel sad over an argument with a friend, a breakup, or a best friend moving out of town. The death of someone close can lead to a specific kind of sadness – grief. Most of the time, people manage to deal with these feelings and get past them with a little time and care. Depression is more than occasionally feeling blue, sad, or down in the dumps, though. Depression is a strong mood involving sadness, discouragement, despair, or hopelessness that lasts for weeks, months, or even longer. It affects thinking, too. It interferes with the ability to notice or enjoy the good things in life. Depression drains the energy, motivation, and concentration a person needs for normal activities. Signs of Depression Here are some of the things people notice with depression: Negative feelings and mood. People with depression might feel unusually sad, discouraged, or defeated. They may feel hopeless, helpless, or alone. Some people feel guilty, unworthy, rejected, or unloved. Some people with depression feel, angry, easily annoyed, bitter, or alienated. Any or all of these negative emotions can be part of a depressed mood if they go on for weeks or more. People with depression get stuck in negative thinking. This can make people focus on problems and faults. It can make things seem bleaker than they really are. Negative thinking can make a person believe things will never get better, that problems are too big to solve, that nothing can fix the situation, or that nothing matters. Negative thinking can be self-critical, too. That can lead people with depression to think about harming themselves or about ending their own life. Low energy and motivation. People with depression may feel tired, drained, or exhausted. They might move more slowly or take longer to do things. It can feel as if everything requires more effort. People who feel this way might have trouble motivating themselves to do or care about anything. Depression can make it hard to concentrate and focus. It might be hard to do schoolwork, pay attention in class, remember lessons, or stay focused on what others say. Some people with depression have an upset stomach or loss of appetite. Some might gain or lose weight. People with depression may pull away from friends and family or from activities they once enjoyed. Depression Can Go Unrecognized People with depression may not realize they are depressed. Because self-critical thinking is part of depression, some people might mistakenly think of themselves as a failure, a bad student, a quitter, a slacker, a loser, or a bad person. Because depression can affect how a person acts, it might be misunderstood as a bad attitude. For example, a negative or irritable mood can cause someone to act more argumentative, disagreeable, or angry. That can make the person seem difficult to get along with or cause others to keep their distance. Low motivation, low energy, difficulty concentrating, and thoughts of "why bother? Some people with depression have other problems as well. These can intensify feelings of worthlessness or inner pain. For example, people who cut themselves or who have eating disorders or who go through extreme mood changes may have unrecognized depression. When depression is recognized and treated, it often clears the way for other problems to get treated, too. What Helps Depression Get Better? Depression can get better with the right attention and care – sometimes more easily than a person thinks. If you think you might be depressed, talk to a parent or other adult about getting the right help. The right help can mean doing all of these things: Get a Medical Checkup A doctor can check for any health conditions that might cause symptoms of depression. Mono can make a person feel tired and depressed. Talk to a Counselor Having meetings with a counselor or therapist is called talk therapy. Talk therapy can help people overcome depression. Talk therapy works by helping people to: A therapist might also recommend daily exercise, exposure to daylight, or better ways of eating. Get Support Many people find that it helps to open up to parents or other adults they trust. Let friends and other people who care about you offer their support. They can have a powerful effect on mood and help with depression: Depression can be treated if you take the right steps: Do what you can to care for yourself. See a doctor or counselor.

Chapter 3 : Depression in childhood and adolescence - Wikipedia

Any of these signs can occur in children who are not depressed, but when seen together, nearly every day, they are red flags for depression. Talk to your child about his/her feelings and the things happening at home and at school that may be bothering him/her. Tell your teen's doctor. Some medical.

One showed me at about eight months old, crawling on the grass of Golden Gate Park. I was looking directly at the camera, my tongue sticking out of the corner of my mouth, and I was laughing. My face was lit from within, and looked happy, confident and even a little mischievous. I was absolutely transfixed by that photograph for days. I would continually take it out of my wallet and stare at it, torn between laughter and tears. Finally it hit me; this was the only picture of myself as a child that I had seen which showed me laughing. All the photos I had ever seen depicted a child staring solemnly or smiling diffidently, but never laughing. I looked at the Golden Gate Park picture and wished that I had remained that happy, and that depression had not taken away my childhood.

Deborah as a child When I first was diagnosed with depression in , I discussed my childhood with my doctor. Although it is hard to diagnose a child twenty years in the past, it seemed clear to both of us that I had suffered from persistent depressive disorder mild, long-term depression probably from the time I was a small child. I read up on children and depression and wished futilely that I had been diagnosed years ago. While I was studying to be a teacher in the s, I gave a presentation on depression in children to my classmates, many of whom had been teachers for years. I was saddened, although not surprised, by the number of them who told me after class that they had no idea children could suffer from depression. Although many myths and misunderstandings surround adult depression, even more surround depression in children, and these people who dealt with children for hours each day knew no more about the topic than anyone else. One is the lack of understanding about clinical depression. Clinical depression may resemble these emotional dips, but it is much more pervasive, long-lasting, and life-threatening. The other misconception is that childhood is a carefree, trouble-free period in our lives. Adults often forget that children are powerless and have no control over their own lives. This can be a frightening and frustrating state of affairs to live through day after day.

Causes of Childhood Depression Ernesta Child with Nurse by Cecilia Beaux As with adult depression, diagnosis of depression in children is not as clear-cut as it is for other ailments. There is no test that can be given which will positively say that an individual has depression, much less pinpoint the cause s. The medical community still knows relatively little about the brain, how it works, and what makes it malfunction. In fact, anti-depressant properties of certain medications were discovered by accident in the s while seeking a cure for tuberculosis. Among these are a family history of mental illness or suicide, abuse physical, emotional or sexual , chronic illness and the loss of a parent at an early age to death, divorce or abandonment. However, some infants exhibit depressive symptoms at an early age before most of these factors come into play, so there is an argument to be made for depression being wholly chemical in some children. The depression could be wholly chemical, wholly due to psychological factors, or a combination of the two. More important than the cause is identifying the illness and treating it. Low self-esteem or feelings of worthlessness. No one likes me. Change in appetite either increase or decrease. Change in sleep patterns either increase or decrease. Headaches, stomachaches or other physical pains that seem to have no cause. Changes in activity level. The child either becomes more lethargic or more hyperactive. Recurring thoughts of death or suicide. A low mood which results from a loss death of a loved one, moving, changing schools which lasts more than a few weeks should be considered possible depression and checked out. If the child has bipolar disorder, also known as manic depression, these symptoms could be present: Related Disorders Depression often goes hand-in-hand with other mental illnesses or disorders such as Attention Deficit Disorder, and, especially in teenage girls, eating disorders and self-injury. If any of these conditions are present, they need to be treated along with the depression for treatment to be effective. Depression Treatment The parents of any child who is in immediate danger of harming himself or others should consider hospitalization. This is a tough choice for parents to make, but it must be emphasized that children do commit suicide. Calm Morning by Frank Weston Benson Once a child has been diagnosed with depression, both psychotherapy and medication

could be options. More and more, doctors are realizing that chemical imbalances often account for mental illness, but at the same time, the importance of psychotherapy cannot be discounted. Therapy can help the child deal with his past in a healthy manner, and also in learning ways to cope with the very difficult process of growing up. Antidepressant medication for children is a controversial topic. The maker of the antidepressant Effexor, in fact, has warned against it being prescribed for children, and the U. Food and Drug Administration has issued the same warning for Paxil. There has also been some question as to whether the older tricyclic antidepressants are effective with children. Most professionals will recommend therapy as a first line of defense for a child with depression, except in cases where the child is severely depressed or suicidal. But keep in mind that it is almost a certainty that depression will have negative long-term effects on the child and his family. From my own experience, I am positive that my growing up with depression had negative effects on the development of my personality. Parents should educate themselves as much as possible in order to make an informed decision. Bipolar disorder must be ruled out before a child is prescribed antidepressants for depression or stimulants, as these can trigger mania. Parents of a child with depression should start looking for a child psychiatrist by contacting the nearest university medical center, mental health clinic or organization.

Chapter 4 : Anxiety, Depression and Children's Mental Health | CDC

It is not uncommon for children to be diagnosed with both depression and an anxiety disorder, or depression and general anxiety. About half of people diagnosed with depression are also diagnosed with an anxiety disorder. Teens: Depression is not your fault or caused by something you did wrong. When.

An increased risk of suicide and substance use Family problems Due to the long-term consequences of depression, it should be taken seriously and treated. Diagnosing Depression As part of the diagnostic process, a mental health professional will do a short interview with you and your child. You both will also be asked to fill out a questionnaire. All of our approaches are designed to be brief. They typically involve 3 months of weekly therapy focused on learning coping skills. The goal is to get your child back to doing the things that give them joy. Parents are actively involved in each type of treatment. Each of the treatments we offer is supported by evidence that it is effective. Behavioral activation BA therapy Behavioral activation therapy is a form of treatment for depression based on the idea that you can change how you feel by changing what you do. It is a brief intervention that focuses on increasing engagement in positive activities as a way to overcome depression. Two things happen when young people begin to feel depressed – life feels less rewarding and they begin to avoid the people, places and activities that typically bring them joy and a sense of accomplishment. The BA therapist will work with your child to help identify activities that they find rewarding. Then they will work with your child to overcome obstacles to doing the things that help them feel better. For example, the goal may be spending more time with peers. To do this, your child may need help taking small steps to gain confidence in social interactions. Cognitive behavioral therapy CBT CBT is a treatment that is based on understanding how what you think affects how you feel. The therapist will help your child learn about the relationship between thoughts, feelings and behaviors. CBT can help your child or teen replace negative or unhelpful thinking with helpful or coping thoughts. This can lead to changes in feelings and behavior. The therapist works together with your child to help them learn and practice new skills. This includes challenging automatic thoughts and finding new ways to think about and interpret situations. It often also involves some behavioral activation. Your child may be asked to complete homework or practice between sessions. It is useful when depression is based on conflicts and lack of social support. The therapist works with your child to build interpersonal skills. This usually also involves helping your child understand automatic thoughts and generate alternatives. It may also involve elements of cognitive behavioral therapy. DBT is a cognitive behavioral treatment that is used when suicidality, self-harm or other high-risk behavior is the main ongoing issue. In order to build a life worth living, you and your teen will also learn how to:

Chapter 5 : Depression in Children | Navigate Life Texas

Only in the past two decades has depression in children been taken very seriously. The depressed child may pretend to be sick, refuse to go to school, cling to a parent, or worry that the parent may die. Older children may sulk, get into trouble at school, be negative, grouchy, and feel.

Depression is a type of mood disorder. The main sign is when kids are sad, discouraged, or irritable for weeks, months, or even longer. Another sign a kid might have depression is negative thinking. This includes focusing on problems and faults, being mostly critical and self-critical, and complaining a lot. Depression can interfere with energy, concentration, sleep, and appetite. Kids with depression may lose interest in activities and schoolwork, seem tired, give up easily, or withdraw from friends or family. Depression can make kids feel worthless, rejected, or unlovable. It can make everyday problems seem more difficult than they actually are. When depression is severe, it can lead kids to think about self-harm or suicide. An irritable or angry mood might seem like a bad attitude or disrespect. Low energy and lack of interest might look like not trying. Parents and kids and teens themselves may not realize that these can be signs of depression. Because depression can show up in different ways and might be hard to see, it helps to let a doctor know if feelings of sadness or bad moods seem to go on for a few weeks..

Diagnosing Depression and Other Mood Disorders

When diagnosing depression and similar mood disorders, doctors and mental health professionals use different categories. They all have depressed mood as a main symptom, but they develop in different ways. Chronic depression also called dysthymia is a milder depression that has developed more gradually, and has lasted for 2 years or longer. It develops when hours of daylight are shorter; for example, during winter months. Bipolar disorder also called manic depression or bipolar depression is a condition that includes episodes of major depression and, at other times, episodes of mania emotional highs. Disruptive mood dysregulation disorder is a pattern of intense, frequent temper tantrums; outbursts of aggression and anger; and a usual mood of irritability that has lasted for at least a year in a child older than 6.

Getting Help Depression and other mood disorders can get better with the right attention and care. If you think your child might be depressed or has a problem with moods: Talk with your child about depression and moods. Kids might ignore, hide, or deny how they feel. Listen, offer your support, and show love. The doctor will probably do a complete physical exam. A full exam lets the doctor check your child for other health conditions that could cause depression-like symptoms. If the doctor thinks your child has depression, or a similar mood disorder, he or she may refer you to a specialist for evaluation and treatment. Contact a mental health specialist. Depression can get better. But without help, it can last or get worse. A child or adolescent psychiatrist or psychologist can evaluate your child and recommend treatment. Therapists treat depression and other mood disorders with talk therapy, sometimes medicine, or both. Parent counseling is often part of the treatment, too. It focuses on ways parents can best support and respond to a kid or teen going through depression. More Ways to Help Treatment with a therapist is important. But you play an important role, too. Be sure your child eats nutritious foods, gets enough sleep, and gets daily physical activity. These have positive effects on mood. Spend time with your child doing things you both can enjoy. Go for a walk, play a game, cook, make a craft, watch a funny movie. Gently encouraging positive emotions and moods such as enjoyment, relaxation, amusement, and pleasure can slowly help to overcome the depressed moods that are part of depression. Be patient and kind. Remind yourself that these moods are part of depression, not intentional disrespect. Avoid arguing back or using harsh words. Try to stay patient and understanding.

Chapter 6 : Depression in Children | Cleveland Clinic Children's

Being healthy is important for all children and can be especially important for children with depression or anxiety. In addition to getting the right treatment, leading a healthy lifestyle can play a role in managing symptoms of depression or anxiety.

Depression in Children and Teens No. Occasional sadness is a normal part of growing up. However, if children are sad, irritable, or no longer enjoy things, and this occurs day after day, it may be a sign that they are suffering from major depressive disorder, commonly known as depression. Some people think that only adults become depressed. In fact, children and adolescents can experience depression, and studies show that it is on the rise. More than one in seven teens experience depression each year. Common symptoms of depression in children and adolescents include: Depressed adolescents may use alcohol or other drugs as a way of trying to feel better. Sometimes it seems to come out of nowhere. Other times, it happens when children are under stress or after losing someone close to them. Bullying and spending a lot of time using social media may be associated with depression. Depression can run in families. Having another condition such as attentional problems, learning issues, conduct or anxiety disorders also puts children at higher risk for depression. Sometimes parents are not sure if their child is depressed. If you suspect your child has depression, try asking them how they are feeling and if there is anything bothering them. When asked directly, some children will say that are unhappy or sad, while others will say they want to hurt themselves, be dead, or even that they want to kill themselves. These statements should be taken very seriously because depressed children and adolescents are at increased risk of self harm. If you think your child or teenager might be depressed, it is important to seek help. A pediatrician, school counselor, or qualified mental health professional can help by referring your child to someone who can conduct a comprehensive assessment, diagnose depression, and identify the right treatments. The good news is that there are several effective treatments for depression. Cognitive behavioral therapy CBT and interpersonal psychotherapy IPT are forms of psychotherapy shown to be effective in treating depression. Treatment may also include the use of antidepressant medication. The potential risks and benefits of any medicine should be carefully discussed. Learn more about medications used to treat depression in children and adolescents. Your support will help us continue to produce and distribute Facts for Families, as well as other vital mental health information, free of charge. You may also mail in your contribution. Box , Washington, DC The American Academy of Child and Adolescent Psychiatry AACAP represents over 9, child and adolescent psychiatrists who are physicians with at least five years of additional training beyond medical school in general adult and child and adolescent psychiatry. Hard copies of Facts sheets may be reproduced for personal or educational use without written permission, but cannot be included in material presented for sale or profit. Facts sheets may not be reproduced, duplicated or posted on any other website without written consent from AACAP. If you need immediate assistance, please dial

Chapter 7 : Anxiety and Depression in Children | Anxiety and Depression Association of America, ADAA

Depression in Children Childhood depression is different from the normal "blues" and everyday emotions that occur as a child develops. When symptoms last and interfere with social activities, interests, schoolwork, and family life, the child may have depression.

Child Depression Ages Child Depression Ages Children, like adults also suffer from depression, although their symptoms may not be the same. Additionally, children respond well to treatment. About 5 percent of children and adolescents in the general population suffer from depression at any given point in time. Children under stress, who experience loss, or who have attention problems, learning, conduct or anxiety disorders are at a higher risk for depression. Depression also tends to run in families. The behavior of depressed children and teenagers may differ from the behavior of depressed adults. Child and adolescent psychiatrists advise parents to be aware of signs of depression in their youngsters. If one or more of these signs of depression persist, parents should seek help: Frequent sadness, tearfulness, crying. Decreased interest in activities; or inability to enjoy previously favorite activities. Persistent boredom; low energy. Low self esteem and guilt. Extreme sensitivity to rejection or failure. Increased irritability, anger, or hostility. Frequent complaints of physical illnesses such as headaches and stomachaches. Frequent absences from school or poor performance in school. Talk of or efforts to run away from home. Thoughts or expressions of suicide or self destructive behavior. A child who used to play often with friends may now spend most of the time alone and without interests. Things that were once fun now bring little joy to the depressed child. Children and adolescents who are depressed may say they want to be dead or may talk about suicide. Depressed children and adolescents are at increased risk for committing suicide. Depressed adolescents may abuse alcohol or other drugs as a way to feel better. Children and adolescents who cause trouble at home or at school may also be suffering from depression. Because the youngster may not always seem sad, parents and teachers may not realize that troublesome behavior is a sign of depression. When asked directly, these children can sometimes state they are unhappy or sad. This information has been made available from the Los Angeles Network of Care Some Consequences of Depression Once a young person has experienced an episode of depression, he or she is at risk for developing another episode of depression within the next 5 years Center for Mental Health Services. Depression in childhood may predict more severe depressive illness in adulthood National Institute of Mental Health. Depression in children and adolescents is associated with an increased risk for suicidal behaviors National Institute of Mental Health. Know the warning signs of depression and note how long problems have been going on, how often they occur, and how severe they seem. Get accurate information from libraries, hotlines and other sources. Ask questions about treatments and services. Talk to other families or find a family network organization. It is important for people who have questions about, or are not satisfied with, the mental health care their children receive to discuss their concerns with the provider, ask for more information and seek help from other sources. Early diagnosis and treatment are essential for depressed children. Depression is a real illness that requires professional help. Comprehensive treatment often includes both individual and family therapy. For example, cognitive behavioral therapy CBT and interpersonal psychotherapy IPT are forms of individual therapy shown to be effective in treating depression. Treatment may also include the use of antidepressant medication. For help, parents should ask their physician to refer them to a qualified mental health professional, who can diagnose and treat depression in children and teenagers.

Chapter 8 : Depression in Children Symptoms, Causes and Treatment

No. 4; Updated October Many children have times when they are sad or down. Occasional sadness is a normal part of growing up. However, if children are sad, irritable, or no longer enjoy things, and this occurs day after day, it may be a sign that they are suffering from major depressive disorder, commonly known as depression.

Take the free self test now Depression in children? We see that depression seems to set on earlier and earlier. Children in primary school are already overworked sometimes or experience depression symptoms. Depression seems to influence children a lot, as well as adults. There are even children who are born with types of depression who already feel depressed at a young age. Just as in adults, it is useful to recognize a depression in children early on. Depression in children is often difficult to see, because somber moods or mood swings are relatively common at some ages. The earlier a depression in children is recognized, the better. Depression in children will namely affect the body of the child more quickly than it does in adults. Children are more vulnerable to physical issues and will therefore more easily experience the physical consequences of depression. Depression in children is characterized by many depression symptoms, which are the same in both adults and children. As you could read in the previous paragraph, there are many depression symptoms which they have in common. Yet, we do notice that depression in children shows itself differently in some aspects than depression in adults does. The first large difference is that depression in children is not only characterized by a somber or sad mood. This will to some extent occur more commonly in girls than in boys. It namely is so that an important characteristic of depression in children also includes aggressive behavior. This is not the case in adults. Aggressive behavior is most common among boys and can be a sign of depression in children. Your child then namely does not know how to deal with certain feelings or situations and will therefore behave aggressively. This is most common in boys. Unfortunately, depression in children is also more often characterized by somatic complaints. The depression can cause the following symptoms, among others: Stomach complaints Itches Headaches Because children are more vulnerable than adults are, a depression in children is much more likely to influence the body. Mainly stomach complaints and bowel complaints are common in children. Depression is namely linked to stress, which can cause these complaints. Playing with a depressed child? Playing is a way for children to express themselves. They learn new things through it, learn to deal with certain feelings, and learn to structure their surroundings. If a child is depressed, it does not really know how to deal with certain feelings and how to handle this feeling. They shut the world out and no longer want to explore. This can also sometimes have to do with the feeling that they are no longer safe within themselves and that they no longer can explore their surroundings. Some children namely feel guilty or have low self-esteem, meaning they will often stop playing. Stopping of playing is in many cases a first indication of depression in children. Of course, if your child has already reached puberty, it will automatically not play anymore, or not play as often anymore. This is only a valid point at certain ages. You can thus recognize many characteristics about children in the way they play, including depressed symptoms. A depression in children is difficult to diagnose, because the behavior of children can sometimes change very quickly. For example, in puberty it is normal that they sit in their room more often or that they are unhappy sometimes. But where is the line between what is normal at their age and what can be seen as depression in children? We can consider eventual depressed complaints when the behavior which your child or adolescent portrays does not compute with the personality of your child. If your child suddenly starts acting differently, then it may be so that there is a depression in children at play. Throughout life, children can change very much, but if you notice that the behavior is not in accordance with how you know your child, a depression might be at play. The puberty or other transitional phases can cause a change in the behavior of your child, but you will notice that these generally occur more slowly, and that you will still be able to recognize your son or daughter in this new person they have become. In depression in children the change can sometimes be so drastic that you start to question the behavior of your child. This is probably the most commonly asked question in depression in children. As a parent you of course want that which is best for your child and you want to be able to support your child during difficult periods in their lives. In depression it is often difficult to

know what helps and what does not. Depression makes children, just like many adults, very sensitive to certain approaches. To help to support your child in depression, we here list some common reactions which parents have and whether or not such reactions are good approaches. What you should definitely not forget in this case is that these tips are given from a general point of view. We hereby try to guide you in the understanding of depression in children, but you remain the expert on your own child. Listening to your child does indeed help in many cases. Openness in communication is a useful way to continue to communicate with your child. This way it can be so that your child feels supported and this might help their self-image to grow. While open communication is a good tactic, you must pay attention to the way in which you use this technique. Many parents are namely very involved with their children and they do not want their children to be sad or to hurt. This might make it so that, when you listen to your child, you become angry with how unfair that which is happening to your child is, or you might start to cry because you empathize with your child. This can have a negative effect. While children are children, they have some sort of sense of responsibility toward their parents and they do not want to see their mommy or daddy become mad or sad. If your child then is depressed, it might be so that they think that it is their fault when you become angry or sad. They then will tell you less, because they do not want to upset you. Punishing for inappropriate behavior is a good idea? As mentioned earlier, a depression in children can show itself through aggressive behavior. Generally, parents then have the idea of punishing their child, to show that this aggressive behavior is not condoned. You must indeed interfere if your child acts in a way which is not appropriate. What has been discovered, however, is that punishing does not work for depression in children. You namely punish the behavior, but the cause of the behavior is still present. You really just take away the way in which your child expresses themselves, but the depression remains within them. But I cannot bring grandma back, what am I supposed to do then? Some causes of depression cannot be changed. You cannot bring someone back and you cannot turn back time. Some people think that this means that there is nothing that can be done about the depression. Because if you cannot treat the cause, then what else is left to do? Treatment generally has two points of focus: Changing the situation means handling the cause. In some cases, however, there is nothing to be done about the cause. In that case, a treatment for depression in children often looks at the other point of focus: An example of this could be a chronic disease which drastically shortens the length of your life. It is true that there is nothing that you can change about the disease, but a healthcare professional is able to guide the person, so that they can get through the time which they have left in a happy way. This also goes for depression in children. If you cannot treat the cause, you can eventually guide the child in accepting the cause. For children it is often difficult to place major events, which can lead to depression in children. Help can work with this by helping the child accept the situation. That which is first done in the treating of depression in children is to alert the parents. The parents are namely important supporting figures for the child and can help the child with treatment and acceptance in difficult situations. However, sometimes the depression in children can have progressed so much that the parents can no longer work on the depression. In that case, help can be found in other places. There are psychologists and psychiatrists who can help children in the treatment of depression in children. Except for these traditional manners of treating depression, there nowadays also are new ways. These ways have grown from the constant demand for help and growth in technology. Doctors and psychologists developed an online self-help program, inspired by therapeutic techniques, to help children in the treatment of depression in children. Generally, children from 13 years or older or those with a large vocabulary can follow the program by themselves. It can be so that they need some explanation from mommy or daddy if the vocabulary is too difficult. At the hand of this test you can also learn more about appropriate help to treat depression in children. [Click here to take the free depression test.](#)

Chapter 9 : Depression in children? - 15 Minutes 4 Me

A child has an increased chance of childhood depression if he or she has a family history of depression, particularly a parent who had depression at an early age.

However, in terms of recurrence rates and symptom severity, there is no gender difference. These risk factors then combine with the typical stresses and challenges of adolescent development to trigger the onset of depression. However, some data showed an opposite conclusion. Most depression symptoms are reported more frequently by females, such as sadness, which was reported by Women have a higher probability to experience depression than men, with the prevalences of Before adolescence rates of depression are about the same in girls and boys, it is not until between the ages of that is begins to change. Young girls around this age, physically, go through more changes than young boys which put that a higher risk for depression and hormonal imbalance. Adolescents with depression are also likely to have a family history of depression, though the correlation is not as high as it is for children. These activities may include school, extracurricular activities, or peer interactions. Depressive moods in children can be expressed as being unusually irritable, which may be displayed by "acting out," behaving recklessly, or often reacting with anger or hostility. Children who do not have the cognitive or language development to properly express mood states can also exhibit their mood through physical complaints such as showing sad facial expressions frowning and poor eye contact. A child must also exhibit four other symptoms in order to be clinically diagnosed. However, according to the Omnigraphics Health References Series: Depression Sourcebook, Third Edition, [23] a more calculated evaluation must be given by a medical or mental health professional such as a physiologist or psychiatrist. If these symptoms are present for a period of two weeks or longer, it is safe to make the assumption that the child, or anybody else for that matter, is falling into major depression. Correlation between adolescent depression and adulthood obesity[edit] According to research conducted by Laura P. A dose-response relationship between the number of episodes of depression during adolescence, and risk for adult obesity was also observed in female subjects. The association was not observed for late adolescent boys or for early adolescent boys or girls. They are much more likely to develop heart disease as adults. Therefore, in a neurological sense, children and adolescents express depression differently. History[edit] Professionals first became aware of child abuse in the early s, so it is possible that some of the young people identified with depressive disorders may have had a history of sexual abuse, which was not disclosed. This raises the question of what the outcome would have been in those young people if they had disclosed the abuse and received appropriate therapeutic interventions. It is well-known that childhood sexual abuse is a significant factor in the history of some adults with depressive syndromes. In the past, attention deficit hyperactivity disorder ADHD was not recognized, and hyperkinetic disorder was only rarely diagnosed. Some young people, especially those with comorbid conduct disorder and major depressive disorder, may have had undiagnosed and untreated ADHD. Before the use of psycho-stimulants, some young people may have been more vulnerable to development of depressive syndromes because of untreated attentional and other behavioural problems which reduce their self-esteem. Although antidepressants were used by child and adolescent psychiatrists to treat major depressive disorder, they may not always have been used in young people with a comorbid conduct disorder because of the risks of overdose in such a population. Tricyclic antidepressant were the predominant antidepressants used at that time in this population. This raises the possibility that more effective treatment of these young people might also improve their outcomes in adult life. Appropriate treatment and follow-up should be provided for adolescents who screen positive. Psychotherapy and medications are commonly used treatment options. In some research, adolescents showed a preference for psychotherapy rather than antidepressant medication for treatment. These treatments focus on immediate symptom reduction by concentrating on teaching children skills pertaining to primary and secondary control. These can assist people to live more fully and have a better life. Aims of cognitive therapy include various steps of patient learning. Interpersonal therapy[edit] Interpersonal therapy helps one learn to relate better with others, express feelings, and develop better social skills. Psychotherapy[edit] Psychotherapy teaches coping skills while allowing the

teens or children to explore feelings and events in a safe environment. Therapists strive to understand not just what the group members say, but how these ideas are communicated process. Therapists can help families improve the way they relate and thus enhance their own capacity to deal with the content of their problems by focusing on the process of their discussions. Virginia Satir expanded on the concept of how individuals behave and communicate in groups by describing several family roles that can serve to stabilize expected characteristic behavior patterns in a family. For instance, if one child is considered to be a "rebel child", a sibling may take on the role of the "good child" to alleviate some of the stress in the family. This concept of role reciprocity is helpful in understanding family dynamics because the complementary nature of roles makes behaviors more resistant to change. Legitimacy as a diagnosis[edit] In early research of depression in children, there was debate as to whether or not children could clinically fit the criteria for major depressive disorder. This controversy stems from the debate regarding the definition of the specific criteria for a clinically significant depressed mood in relation to the cognitive and behavioral symptoms. Some psychologists argue that the effects of mood disorders in children and adolescents that exist but do not fully meet the criteria for depression do not have severe enough risks. Diagnosis controversy[edit] In order to diagnose a child with depression, different screening measures and reports have been developed to help clinicians make a proper decision. However, the accuracy and effectiveness of certain measures that help psychologists diagnose children have come into question. Although literature has documented strong psychometric properties, other studies have shown a poor specificity at the top end of scales, resulting in most children with high scores not meeting the diagnostic criteria for depression. The main controversy is caused by uncertainty about how the data from these multiple informants can or should be combined to determine whether a child can be diagnosed with depression. In order to decide this, studies often look at the adverse effects caused by the medication in comparison to the overall symptom improvement. A review of the past 10 years. Current Opinion in Psychiatry. A longitudinal prospective-study of characteristics and recovery". Archives of General Psychiatry. Emerging gender differences in a year longitudinal study". Journal of Abnormal Psychology. Explicit use of et al. American Journal of Preventive Medicine. Methods of adolescent suicide prevention" Journal of Clinical Psychiatry ; 60 Suppl 2: Journal of the American Medical Association. Journal of Abnormal Child Psychology.