Childhood and Adolescent Depression

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Can Children Really Become Depressed?

Depression among children has been recognized only recently as a serious mental health problem. Researchers now accept that even infants can become clinically depressed. One of the problems in knowing whether or not a child is depressed is that the symptoms are not as clear-cut as they are for adults. With adults, there is typically an episode of sadness or a general loss of satisfaction or pleasure in usual activities. There also are several other symptoms that commonly include disruptions in sleep, changes in appetite and weight loss/gain, decrease in energy level, slower motor movements, thoughts of death and/or suicidal thinking, and difficulties with attention and concentration.

How Common Is Depression Among Children and Adolescents?

Clinical depression occurs in 10% to 15% of adults, and experts estimate that depression occurs in only about 1% to 2% of preadolescent children (Pfeffer, 1986). In the midteens, the likelihood of depression jumps considerably, approaching adult levels. It is very possible that the low figures for children are substantial underestimates because, until about age 12, children are not able to describe internal states such as moods or feelings over time with any degree of consistency. The general rule of thumb is that the younger the child, the less depression will look like adult depression. It is possible that children with Attention Deficit/Hyperactivity Disorder (ADHD) are more likely to be depressed.

What Are the Symptoms of Depression at Different Ages?

Among preschool children, indicators of depression include flat or apathetic emotional expression. These children often do not seem to care about much of anything and lack spontaneity and playfulness. Among preschool boys, there can be a particularly high level of aggression. These children typically destroy other children's art work or building-block creations. Around the age of 4 or 5, depressed children who are asked directly sometimes describe themselves as being a "bad" boy or girl. Other signs of depression among young children include failure to eat and gain weight appropriately and an absence of emotional attachment to their primary caregiver.

During the elementary and middle school years, it can be harder to tell if a child is depressed. Some suggestions of depression are a sudden decline in academic performance as well as related problems including refusal to attend school and fearfulness of going to school. Depressed children sometimes find it difficult to sleep, and they tend to have frequent nightmares. In addition, physical symptoms that don't have a medical basis, such as frequent headaches and stomachaches, are very common among depressed children. Although elementary school-age children might not admit readily to sadness, they will describe themselves as incompetent. For example, 8-year-old Jane might not say that her mood is sad, but she will view herself as always "messing up" in school or sports.

Questions for children this age include, "Do you think you are as good as other people?" "Do you think things will get better for you in the future?" In addition, parents and professionals should assess social and recreational activities. When children cannot provide answers to questions about their pleasurable activities or can state only that they watch a lot of TV, parents should be concerned (Hodgman, Kaplan, Kazdin, & Van Dalen, 1993).

Depression increases markedly with the onset of puberty. As teenagers get older, the symptoms begin to resemble those of depressed adults. In younger teenagers, there will be a continuation of physical complaints such as stomachaches and headaches. In addition, there will be considerable moodiness as well as violent outbursts. These episodes sometimes include punching walls or breaking things. Girls, in particular, can become socially withdrawn and not interact with friends or family. Boys can be prone to drinking or drug use. Teenagers also might engage in high risk sexual activity. As teenagers become older, sleep and appetite disturbances, sadness, and suicidal ideation become increasingly common as symptoms of depression. A fairly common form of sleep disturbance in depressed teens is excessive sleeping. Depressed teens sometimes sleep as much as 12 to 14 hours a day.

What About the Risk of Suicide?

Parents should be concerned about the possibility of suicide when children are depressed. Among adolescents, the suicide rate has grown by over 300% in the past 30 years (Pfeffer, 1986). Suicide also has increased among preadolescent children. When adults are concerned about

the possibility of suicide, it is important to ask children and adolescents *directly*. Parents and teachers are sometimes fearful that raising the issue of suicide will put the idea in children's heads, but there is very little evidence to support this fear. When teenagers are asked about suicide, they often are relieved to be able to speak openly about their frightening thoughts and feelings. It is important that questioning progress from probes such as, "Do you feel that sometimes your life isn't worth living?" or "Have you ever thought about hurting yourself?" to "Do you plan to hurt yourself?" "What has prevented you from harming yourself up to this point?" and "Do you think things will get better or worse?"

Children or adolescents who describe current suicidal thoughts should see a mental health professional as soon as possible. When a child shares suicidal thoughts with a school counselor, teacher, or coach, the adult should disclose this information immediately to the parent or caregiver. Although it is important for children and teenagers to have some degree of confidentiality, safety is paramount, and parents need to be notified so they can closely monitor their child.

What Are the Causes of Childhood Depression?

Depression in childhood and adolescence usually does not have a single cause. Part of the cause seems to be a hereditary predisposition for depression. Parents should be concerned about the possibility of depression developing in children when there is a family history of mood problems.

One of the most common external events associated with depression in children is exposure to marital conflict. Other events that tend to be associated with childhood depression are frequent geographic moves including changing schools, the death of a family member, and parental divorce. Children who lose a valued role (such as getting cut from the basketball team or losing a valued friendship) also can be at greater risk for depression.

What Can We Do to Help a Depressed Child?

Parents should get children who are depressed into counseling or therapy. The therapist also might work with parents directly but at minimum should communicate regularly about the child's progress and how to help him or her at home. In addition, therapy groups can be helpful for children, particularly those who have poor social skills and who have become increasingly isolated.

Treating depression in children and adolescents usually requires several therapies. Although antidepressant medication works fairly well with most adults, it is less consistently helpful in children. However, it might be worth considering, particularly in children who also have ADHD. Antidepressant medication treats the symptoms of both ADHD and depression. Teachers can help depressed children by giving them valued roles in the classroom and encouraging involvement in extracurricular and social activities. A teacher, coach, or scout leader who is concerned about the child and who can spend time with the child frequently, even for brief periods, often is helpful as a confidant and source of social support.

References and Resources

Hodgman, C., Kaplan, S., Kazdin, A., & Van Dalen, A. (1993). Managing depression in children. *Patient Care, 27,* 51-60.

Pfeffer, C. R. (1986). *The suicidal child.* New York: Guilford.

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