Information for parents about

DEPRESSION IN CHILDREN AND YOUNG PEOPLE

The disorder, its treatment and prevention

Psykiatri og Social
psykinfomidt.dk

CONTENTS

This brochure is intended mainly for parents of children and/or young people who are suffering from depression, and who are being treated by the psychiatric service in Region Midtjylland. Other family members may also find it helpful to read this brochure. It covers how depression manifests itself in children and young people, treatment for depression, and what parents can do to help their child.

We hope this brochure will help you to learn more about depression.

Kind regards
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WHAT IS DEPRESSION?

Depression is a disorder that can strike anyone – including children and young people. The disorder generally develops gradually. The first signs may be that the child seems sad, tired or irritable, becomes socially withdrawn and loses interest in things he/she normally enjoys. Young children may have difficulty saying that they are sad, and more often react with a stomach ache or headache. If the symptoms persist over an extended period or become very pronounced, it could be depression, and the child needs help to get well again.

> **If only we had discovered** this sooner. Thinking back, we can see **he has been struggling** for a long time. **We thought** mostly it was a sign of puberty when he kept withdrawing to his room. After all, when we asked him, he said **everything was OK**.
>
> PARENT OF A BOY WITH DEPRESSION

WHAT ARE THE SYMPTOMS OF DEPRESSION IN CHILDREN AND YOUNG PEOPLE?

Depression affects the child's level of functioning in many ways, for example the child's emotional well-being, body, way of thinking, behaviour and motivation.

It is common to feel a little sad from time to time, to not want to do anything or lack self-confidence – even as a child. With actual depression, the symptoms have a certain degree of severity; a certain number of symptoms must be present; and the symptoms must have persisted most of the time for at least 14 days.

Depression in children and young people is diagnosed based on the same principles as depression in adults. Symptoms of depression are classified as core symptoms and accompanying symptoms.

Core symptoms

Feeling down

The child's mood has changed. The child is sad, cries easily, has a feeling of emptiness, or cannot feel anything at all. Some children are irritable or sullen.

Loss of desire or interest
The child loses the desire to do the things he/she normally enjoys doing. He/she does not experience pleasure in the company of people or doing things that would normally be enjoyed. The child withdraws more into himself/herself and becomes more passive.

Lack of energy and increased tiredness
The child feels tired, exhausted, and drained of energy. Everything is a big effort – even the things the child normally does.

Accompanying symptoms

Reduced self-confidence
The child feels that he/she is no good at anything or is insignificant to others.

Self-reproach or feelings of guilt
The child engages in unreasonable self-reproach and exaggerated feelings of guilt and is unable to let go of these.

Thoughts of death or suicide
The child speculates about death and may have thoughts that it would be better if he/she were not here at all. The child may also have more specific thoughts and plans about suicide. Some children may also self-harm or attempt suicide.

Problems concentrating
The child has difficulty collecting his/her thoughts and has difficulty remembering things. He/she has difficulty making everyday decisions and choices.

Agitation or inhibition
Agitation means the child is restless and unsettled. Inhibition is less common in children, but it is evident if the child moves or talks more slowly. The child's language becomes more concise, with pauses. The child may also find that thoughts come more slowly.

Sleep disorders
The child has difficulty getting to sleep at night and difficulty getting going in the morning. Perhaps he/she needs more sleep, but still feels tired and out of sorts throughout the day. Often the circadian rhythm becomes displaced, with the child awake late into the evening or at night and sleeping during the day.

Changes in weight and appetite
The child loses his/her appetite and loses weight. Some children react in the opposite way and comfort-eat, so they put on weight.

Other symptoms
A number of other symptoms are often observed in addition to the above. In some cases, these symptoms can be so intense that the depression is overlooked:

- Physical symptoms
  The child complains of a stomach ache, headache or other pains without having a physical ailment. This is seen particularly in younger children.
- Anxiety
  The child is anxious, has a lot of worries, or is anxious about being separated from the parents.
- Irritability
  The child becomes irritated more quickly and may become more aggressive or contrary.
- Behavioural problems
  Older children and young people with depression may react by violating norms, e.g. experimenting with drugs, playing truant, getting into fights or stealing.

DIFFERENT DEGREES OF DEPRESSION

Depending on the number and severity of the symptoms, depression is classed as mild, moderate or severe.

Mild depression
At least two core symptoms and two accompanying symptoms are present in mild depression.

Generally speaking, the child is able to continue a normal everyday routine of school and leisure activities, if he/she receives support. Mild bouts of depression often pass naturally.

Moderate depression
At least two core symptoms and four accompanying symptoms are present in moderate depression.

The child has difficulty functioning normally at school, at home and in leisure time, and needs special conditions.

Severe depression, with or without psychotic symptoms
In severe depression, all three core symptoms are present, together with at least five accompanying symptoms.

The child is highly tormented, often has pressing suicidal thoughts and is unable to cope with a normal everyday routine. In rare cases there may be psychotic symptoms, such as delusions or hallucinations. An example of a delusion in depression could be that the person is convinced he/she is to blame for a serious accident. Hallucinations can include hearing voices saying negative things about the child or encouraging the child to commit suicide.

PROGRESSION OF THE DISORDER

The duration of depression varies greatly in children and young people. Sometimes the bout of depression is over within a few months. Depression usually lasts 9–12 months. In rare cases, untreated depression can last several years. Depression passes sooner with treatment.

As a rule, the improvement is evident, as the child/young person has longer and more frequent periods in a good mood. Often, parents will notice this before the child does. Tiredness and concentration problems may persist for several months after the child starts feeling better and has begun to take an interest in more activities. Accordingly, it is not unusual to need to restrict demands and activities a while longer to avoid overburdening the child.

WHY DO SOME CHILDREN AND YOUNG PEOPLE GET DEPRESSION?

There is no straightforward explanation of why some children and young people get depression. The cause is often a complicated interaction of different factors, such as heredity, susceptibility and various types of stress and pressure.

> "I worry that this is something **she has inherited from me**. I've been depressed myself. **I would have liked to have protected her from that**. I think **she has had more support** from us than I got, **but she has still ended up depressed**.
>
> LOUISE – SUFFERED FROM DEPRESSION HERSELF IN THE PAST, AND HAS A DAUGHTER WHO IS DEPRESSED

Heredity

If there is depression in the immediate family, this increases the risk of children in the family becoming depressed. We do not know exactly why this is so, but it is probably a combination of genetic and environmental factors.

Susceptibility

Some children are more susceptible to developing depression. This is sometimes the case in children with a severe physical ailment or other mental health problems. Children who have experienced traumatic life events – especially involving loss – are also at greater risk. Increased susceptibility may also be seen in children who tend to think negatively about themselves, others and the future.

Stress and pressure

Long-term stress and pressure increase the risk of depression in children. These pressures may be linked to experiences at school and with classmates (e.g. academic problems, or bullying) or negative experiences at home (e.g. a lot of arguments).

HOW IS IT DIAGNOSED?

Depression is diagnosed on the basis of consultations with a therapist, your child and you. The therapist will ask about symptoms of depression and their degree of severity. The therapist may use questionnaires in the assessment and the potential risk of suicide must also be determined. The child's life story is examined to gain an impression of personal resources and any mental problems or pressures. It is also important to know how the child is getting on at school with homework and classmates, and to explore family well-being – including whether your family is under any particular pressures.

WHAT TREATMENT IS AVAILABLE FOR DEPRESSION IN CHILDREN AND YOUNG PEOPLE?

Treatment of depression in children and young people varies, depending on what symptoms the child has and the severity of the symptoms. Individual consideration must always be given in arranging treatment.

Psychoeducation and relief from stress are key elements when treating depression in children. For children in mild depression, these two treatment elements are generally sufficient for them to get better. Children with moderate depression will often also need psychotherapeutic treatment and possibly also medication. Children with severe depression will often need psychotherapeutic treatment and medication in addition to psychoeducation and relief from stress.

Psychoeducation

Psychoeducation is learning about the disorder. You and your child, and possibly other family members, will be given in-depth information about what depression is, the typical progression of depression, what relieves depression, how those around the child can provide support, etc. Gaining a greater understanding of what depression is can help your child, and you as parents, to deal with the symptoms until the disorder abates. Knowledge of the disorder also makes it possible for you to recognise signs of depression so your child can get help sooner if things get bad again.

Relief from stress

The intention in providing relief from stress is to limit circumstances or

“It seems as if **he has** gained **more energy** and get-up-and-go, but **it varies**. It’s difficult to know in advance **how much he can cope with**. We feel our way forward, but sometimes it all gets to be too much.

PARENT OF A BOY WITH DEPRESSION

situations in which the child feels the most stress or pressure. In concrete terms, this could be done by shortening the school day, restricting homework or demands at home, or limiting the child's participation in large-scale social events. The purpose of providing relief from stress is to enable the child to avoid facing defeat and to save his/her energy. If there are specific, stressful issues in the child's life or your everyday family life, you must of course try to resolve or ease them.

Relief from stress does not mean leaving your child to his/her own devices instead of participating in family life. Concurrent with relief from stress, it is important that your child receives support to continue to do things that are enjoyable, or at least satisfying, such as spending time with close friends and family or participating in specific, manageable tasks.

Psychotherapeutic treatment

Cognitive behavioural therapy is the most common type of therapeutic treatment for children and young people with depression, but other types of counselling may also be used.

In cognitive therapy, the therapist and the child focus on investigating and trying out alternative ways of thinking and acting in given situations so the child gradually learns more positive and less black-and-white ways of thinking.

During therapy, you and your child will also be given support in the matter of constantly adapting demands and activities to the child's energy levels.

As parents, you will always be involved in the therapy to some extent, as you play a major part in helping and supporting your child. Cognitive behavioural therapy also focuses on the family, and on how your mutual interaction in the family affects and is affected by your child's depression.

Medication

If psychoeducation, relief from stress or psychotherapy have not had an effect on the symptoms of depression, and your child is thus still burdened by the symptoms, the therapist will consider medication as a supplementary treatment. Medication is not a replacement for other measures, but a supplement.

Medication for children and young people in depression will be arranged by doctors specialising in child and youth psychiatry. By agreement with a specialist, this treatment may also be administered by a GP.

Hospitalisation

Treatment of depression in children and young people is usually handled on an outpatient basis, i.e. without hospitalisation. In some cases, e.g. where the child has psychotic symptoms; is at risk of committing suicide over an extended period; or has depressive symptoms that do not abate, the patient may be admitted to hospital for treatment. Here, too, the focus is on reducing demands and stimuli, re-establishing a normal circadian rhythm and eating pattern and identifying stress that may have triggered the depression or may be sustaining it.

MORE ABOUT MEDICATION

A selective serotonin re-absorption inhibitor (SSRI) drug is usually used as medication to treat depression in children and young people. Serotonin is one of the brain's neurotransmitters and plays a significant role in regulating mood.

SSRI drugs inhibit the re-absorption of serotonin in the nerve endings, leaving more serotonin available to transmit the nerve impulse.

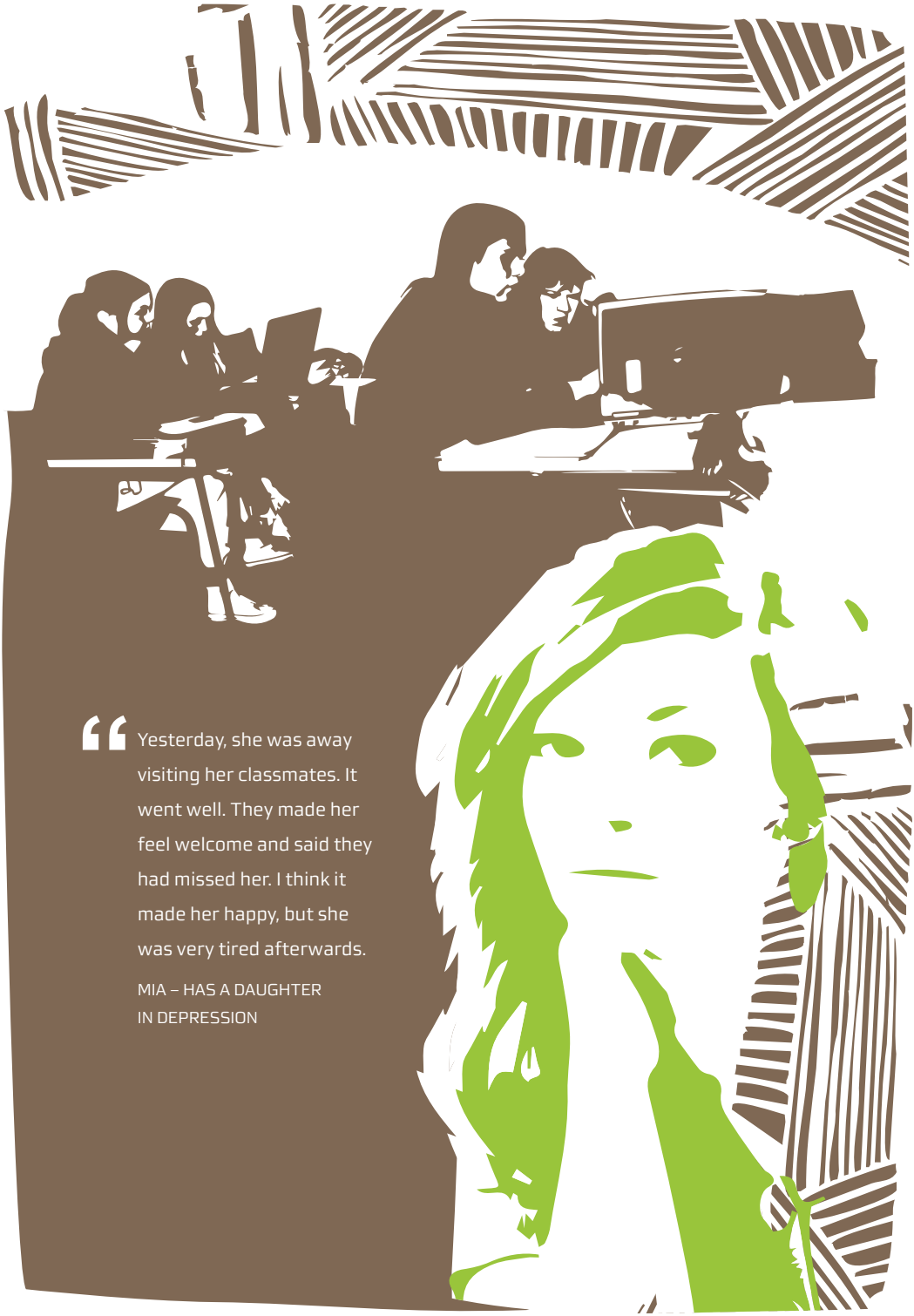
In rare cases, other types of medicine are needed to treat depression in children and young people. It depends on the type of depression, its severity, and how the child has responded to previous treatment.

In children and young people who respond to the medication, the effect is often seen within 2–5 weeks, but it can take up to 8 weeks for the full effect to be discernible. The dose of medication is stepped up incrementally. If medication is effective and there are no significant side-effects, it is advisable to continue the treatment for at least 6 months after the symptoms of depression have lifted. Often, the tapering-off process is not started in the darkest winter months, or if the child is in a period of particular challenges, because the child may have difficulty keeping his/her spirits up at such times.

When coming off medication, the child must follow a tapering-off plan and not just stop overnight, as that could produce side-effects. It is important to agree this with the doctor.

The most common side-effects of SSRI drugs are motor agitation, sleep disorders, stomach ache or diarrhoea. These side-effects generally pass. You may also find your child is in an artificially good mood. If the side-effects do not pass, you must talk to the doctor about whether the treatment needs to stop or be modified. Some children experience a transitory increase in suicidal thoughts. If these thoughts are of a more persistent nature, you must also talk to the doctor about this.

> "How can I know how my son is doing? I think he is afraid to upset us by telling us how he actually is.
>
> CHRISTIAN – HAS A SON IN DEPRESSION



“Yesterday, she was away visiting her classmates. It went well. They made her feel welcome and said they had missed her. I think it made her happy, but she was very tired afterwards.

MIA – HAS A DAUGHTER IN DEPRESSION

WHAT CAN PARENTS DO?

You both play a key role in assisting your child when he/she is in depression. Your child needs you to be able to listen, to be present, and to help make everyday life easier. Knowing your child as you do, there is a great deal you can contribute to gaining an understanding of the things that put him/her under pressure, and thus also what may relieve those pressures and provide positive experiences.

Your child needs to be aware – and reassured – that, despite his/her own low self-esteem and self-reproach, he/she is loved and valued. You can keep your child's hopes up, and, for instance remind him/her that depression is a disorder that will pass, or remind him/her of the progress that has been made.

In talking with your child, it is important that you do not try to contradict or correct his/her perceptions or experiences, but that you listen with empathy and, when relevant, present your alternative and more positive views.

It is also important to ask about and listen to your child's thoughts of suicide, if any. Here, you should express empathy for his/her pain and at the same time assure him/her of your help and protection.

As parents of a child in depression, you also have an important task in helping your child – as far as at all possible – to maintain a normal circadian rhythm and normal eating patterns, and to motivate him/her to participate in activities and to get exercise and fresh air.

Generally speaking, as a family, you need to try to limit the amount of criticism, angry outbursts and conflict, as children and young people in depression are particularly negatively affected by this. When giving your child an instruction and when correcting him/her, make sure you speak in a neutral or cheerful tone of voice.

As parents of a child or young person in depression, it is easy to become over-involved to the point that you have difficulty allowing the child to be himself/herself. It is important to strike a balance between respecting your child's boundaries and offering help and support.

Children and young people in depression often have difficulty maintaining contact with their friends and networks. Here you can be a great help. For example, you could help your child by organising short visits or, with your child's agreement, keeping his/her network informed and encouraging the network to continue sending messages to your child – even if, for a while, he/she is not able to reply personally or receive visits.

ADVICE
FOR PARENTS

- Remember that depression is a disorder and not anyone's fault.
- Remember that most episodes of depression respond well to treatment.
- Learn about depression, and support your child during treatment.
- Listen and show empathy, but do not try to argue or convince your child.
- Accept that your child is sad.
- Avoid criticism and reproach.
- Lower your expectations of your child.
- Help your child to maintain a normal circadian rhythm and eating patterns.
- Support contact between your child and your child's network.
- Be open – agree with your child how to tell other people about your child's depression.
- Seek support, and give yourself breaks.
- Accept that you cannot solve all the problems yourself, and focus on the areas where you can make a difference.
- Be patient – with yourself, too.

About the quotations
The quotations are anonymous, and the names are fictitious

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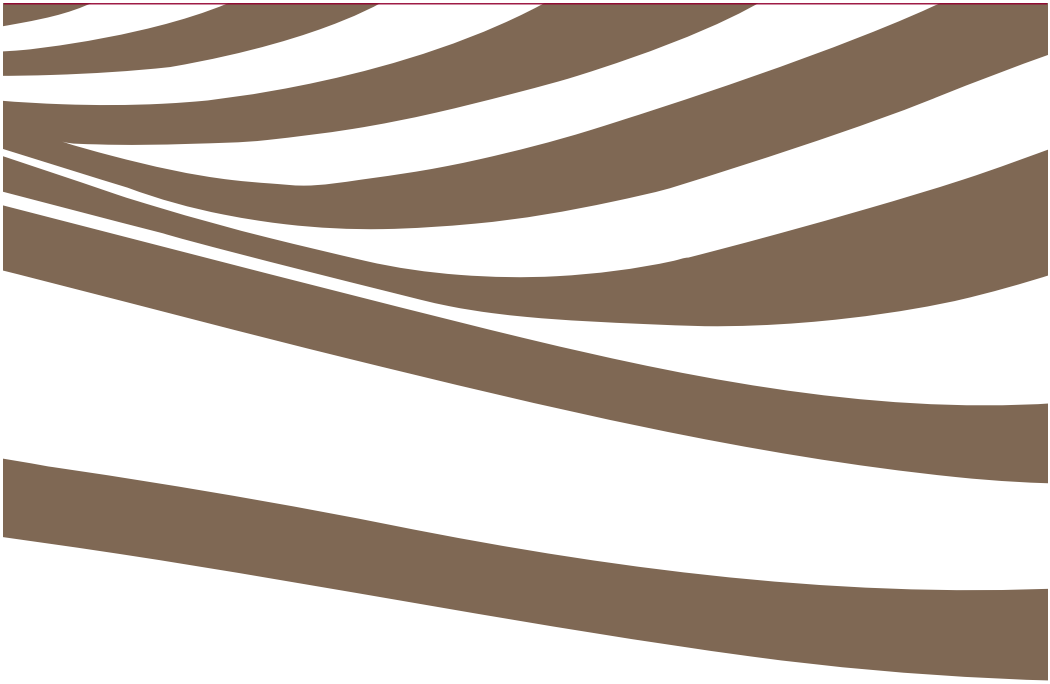
Where can you find **MORE INFORMATION**?

psykinfomidt.dk
Here you will also find articles on psychiatric diagnoses in different languages

depNet.dk

depressionsforeningen.dk

psykiatrifonden.dk



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