Recognizing and Treating Depression in Children

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Can Children Be Depressed?

When you thought about having children, you probably thought about happily sharing your life with a little version of you. You thought about the joy and the pleasant memories you would have together. Of course, there would be tough times, but those wouldn't come until much later. You knew that their childhood would a blissful time of peace and tranquility.

But things have not been going the way that you had planned. Rather than being the angelic vision you pictured, your child is grumpy, moody, irritable and overall unhappy. If you didn't know better, you would think that they were depressed. How could this be, though? Only adults suffer with depression, right?

Unfortunately, this isn't true. Children and adolescents have depression at higher rates than previously thought. The best course for you as a loving parent or family member is to understand the symptoms indicative of depression in children, the reasons for the onset and available treatment options to reduce the symptoms.

If you take action instead of watching from the sidelines, you can still make idyllic memories before they are grown.

Know the Symptoms

Because there is a growing understanding of depression in children, there is a changing view of the symptoms of depression. Child and adolescents, like adults, must have at least five of the nine depressive symptoms to meet criteria for major depressive disorder (MDD).

Because this disorder is usually aimed at adults, your child may have symptoms that are more appropriate for a diagnosis of unspecified depressive disorder since this diagnosis is not as strict as MDD.

Symptoms of depression include:

- **Feeling depressed.** This tends to be the biggest indication to people that their child is depressed. Having a depressed mood means that they do not seem happy and say they feel sad, empty or hopeless. Younger children and teenagers with depression may express this mood as irritability and anger. They may be rude and hurtful to others.
- **Less interest or pleasure in activities.** Did your child love playing baseball or going to dance class but now refuses to go? If you child complains that nothing is fun or they are bored frequently, they may fit this category.
- **Weight loss or not gaining weight appropriately.** This is a symptom that is still built for adults rather than children. To have MDD, there must be a significant weight loss is more that 5% of your total weight in a month. Kids can gain weight rapidly as they grow while teenagers' bodies are changing constantly. Because of this, put more emphasis on their eating habits and if they are gaining or losing weight

appropriately.

- **Changes in sleep.** This item can be a bit confusing since teenagers are prone to sleeping until noon on Saturdays. Again, rather than focusing on amounts of sleep, look for changes in sleeping patterns. Are they sleeping more or less? Are they sleeping at different times of the day? For example, if your child is now up all night and sleeping during the day, this might be cause for concern.
- **Motor agitation or retardation.** What this means is that your child's behaviors are either sped up or slowed down. People with psychomotor retardation will look like they are moving in slow motion while people with psychomotor agitation will look restless, fidgety and moving quickly. These changes can affect speech as well as movements.
- **Loss of energy.** This item can be hard to separate from lack of motivation and is difficult for a parent to observe. If you find that your child is unable to get out of bed or move from the couch while important tasks that they want to complete are left undone, this applies. They might report that they really wanted to go to a party or out to dinner but just didn't have the drive to do so.

- **Feeling excessively worthless or guilty.** Parenting a child with depression can be tricky due to their guilt and feelings of worthlessness. Your child might be really sensitive to criticism or over react to a punishment for unwanted behavior. They will begin to have an exaggerated response and say things like, "Everyone hates me," or, "I cant do anything right." These ideas will result in lower self-worth and self-esteem for the child.
- **Worse ability to make choices, think clearly and concentrate.** This item becomes difficult when trying to decide between depression and attention-deficit/ hyperactivity disorder since poor attention and concentration are present in each. People with depression are usually distracted due to negative thinking and dwelling on issues of the past and this impacts their attention. As a parent, it can be really hard to tell the difference.
- **Focus on death or suicide.** It is very uncommon for healthy children to think that they would be better off dead or that suicide is a good idea. If your child makes statements about wanting to die or is actively hurting him or herself, seek treatment. Many teenagers with depression will engage in cutting behaviors, and although this is a serious behavior, it is not usually related to suicide.

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Knowing the Difference

Mental health professionals are diagnosing depression more often than they did in the past. This does not necessarily mean that more children are depressed, though. Likely, it means that there is a better understanding of how depression presents in children versus adults.

Many mental illnesses can mask or confuse symptoms of depression in children. These include:

- Oppositional defiant disorder (ODD)
- Attention-deficit/ hyperactivity disorder (ADHD)
- Adjustment disorder
- Generalized anxiety disorder (GAD)
- Obsessive-compulsive disorder (OCD)
- Borderline personality disorder
- Post-traumatic stress disorder (PTSD)

Along the way, it is important to note that depression is often ¬is accompanied by the above disorders, which makes diagnosis and treatment more challenging. If your child's symptoms do not seem to fit into an expected view of depression, it could be that there is a combination of mental health issues at play.

Causes of Depression in Children

Parents always want to know how their child developed depression. The truth is that there is no definitive answer.

Since the beginning of studies on depression, researchers have searched for the source of symptoms. Some believe that genetics is the cause while others think environment creates depression. This debate is known as “Nature versus Nurture.”

There is good evidence that people with a family history of mental illness like depression are more likely to have depression themselves. This supports the nature side of the argument. On the other hand, people with depression can come from families without any mental health problems at all. These people’s symptoms may have been triggered by environmental cues like a poor childhood, a traumatic event, a head injury, bullying in school, depression after a move, or another negative experience.

Rather than nature versus nurture, consider nature AND nurture as the explanation. Each person is born with a certain predisposition to mental illness. If the level of predisposition is high very few environmental triggers need to occur for the depression to breakout. If the predisposition is low, high levels of negative environmental events must occur. Unfortunately, there is no way to measure the amount of predisposition.

Treatment Options

For children and adolescents, treatment options are plentiful. Consider the following:

- **Outpatient therapy** – Outpatient therapy is the first line of treatment to seek if depression seems like a concern for your child. A therapist can assess, diagnosis and treat your child by identifying faulty thinking patterns while boosting self-esteem and encouraging better eating, sleeping and exercise habits.
- **Home-based/ family therapy** – Many mental health agencies offer in-home family-based treatment to work towards improving the child’s symptoms by addressing issues that exist throughout the family. This treatment is not interested in finding blame within the home. It is only interested in finding systems that support depression and working to change them. In-home therapy is usually more intense, but it can be highly beneficial.
- **Medication management** – There is some amount of fear in the population when starting a child on medication for depression. For some, the medications will increase risk of suicide though there is much debate regarding how this happens. Consulting with a prescriber will be invaluable since the decision to begin must be mutual. Remember, there is risk in starting medication and there is risk in not starting medication. In either case, take appropriate precautions to protect your child.
- **Social skills training** – Group therapy sessions can be a great fit for children with depression. Depression can seem quite isolating and lonely. Having your child gain the understanding that other people their age think, feel and behave in similar ways as them can be encouraging. The group can assist each member in finding new strategies and methods to improving their symptoms.

Conclusion

Depression in childhood may seem like a completely different beast than depression in adults. Similarities do exist, though. Do your best to research, understand and seek appropriate treatment for your child with depression.

Treatments do work and help kids every day. One thing to remember is that depression usually gets worse without treatment. Being active and preventive is the best approach. Start today.