

Depression in Children

Can children really suffer from depression?

Yes. Childhood depression is different from the normal "blues" and everyday emotions that occur as a child develops. Just because a child seems depressed or sad, does not necessarily mean they have depression. But if these symptoms become persistent, disruptive, and interfere with social activities, interests, schoolwork and family life, it may indicate that he or she has the medical illness called depression. Keep in mind that while depression is a serious illness, it is also a treatable one.

How can I tell if my child is depressed?

The symptoms of depression in children vary. It is often undiagnosed and untreated because they are passed off as normal emotional and psychological changes that occur during growth. Early medical studies focused on "masked" depression, where a child's depressed mood was evidenced by acting out or angry behavior. While this does occur, particularly in younger children, many children display sadness or low mood similar to adults who are depressed. The primary symptoms of depression revolve around sadness, a feeling of hopelessness, and mood changes.

Signs and symptoms of depression in children include:

- Irritability or anger
- Continuous feelings of sadness, hopelessness
- Social withdrawal
- Increased sensitivity to rejection
- Changes in appetite -- either increased or decreased
- Changes in sleep -- sleeplessness or excessive sleep
- Vocal outbursts or crying
- Difficulty concentrating
- Fatigue and low energy
- Physical complaints (such as stomachaches, headaches) that do not respond to treatment
- Reduced ability to function during events and activities at home or with friends, in school, extracurricular activities, and in other hobbies or interests
- Feelings of worthlessness or guilt
- Impaired thinking or concentration
- Thoughts of death or suicide

Not all children have all of these symptoms. In fact, most will display different symptoms at different times and in different settings. Although some children may continue to function reasonably well in structured environments, most kids with significant depression will suffer a noticeable change in social activities, loss of interest in school and poor academic performance, or a change in appearance. Children may also begin using drugs or alcohol, especially if they are over the age of 12.

Although relatively rare in youths under 12, young children do attempt suicide -- and may do so impulsively when they are upset or angry. Girls are more likely to attempt suicide, but boys are more likely to actually kill themselves when they make an attempt. Children with a family history of violence, alcohol abuse, or physical or sexual abuse are at greater risk for suicide, as are those with depressive symptoms.

Which children get depressed?

It is estimated that 2.5% of children in the U.S. suffer from depression. Depression is significantly more common in boys under the age of 10. But by age 16, girls have a greater incidence of depression.

Bipolar disorder is more common in adolescents than in younger children. Bipolar disorder in children can, however, be more severe than in adolescents. It may also co-occur with, or be hidden by, attention deficit hyperactivity disorder (ADHD), obsessive-compulsive disorder (OCD), or conduct disorder (CD). According to the National Institute of Mental Health, 20-40% of adolescents with major depression develop bipolar disorder within five years after having depression.

What causes depression in children?

As in adults, depression in children can be caused by any combination of factors that relate to physical health, life events, family history, environment, genetic vulnerability, and biochemical disturbance. Depression is not a passing mood, nor is it a condition that will go away without proper treatment.

Can depression in children be prevented?

Children with a family history of depression are at greater risk of experiencing depression themselves. Children who have parents that suffer from depression tend to develop their first episode of depression earlier than children whose parents do not. Children from chaotic or conflicted families, or children and teens who abuse substances like alcohol and drugs, are also at greater risk of depression.

How is the diagnosis made?

If the symptoms of depression in your child have lasted for at least two weeks, you should schedule a visit with his or her doctor to make sure there are no physical reasons for the symptoms and to make sure that your child receives proper treatment. A consultation with a mental healthcare professional who specializes in children is also recommended.

A mental health evaluation should include interviews with you (as the parents) and your child, and any additional psychological testing that is necessary. Information from teachers, friends,

and classmates can be useful for showing that these symptoms are consistent during your child's various activities and are a marked change from previous behavior.

There are no specific tests -- medical or psychological -- that can clearly show depression, but tools such as questionnaires (for both the child and parents) combined with personal information can be very useful.

What are the treatment options?

Treatment options for children with depression are similar to those for adults, including psychotherapy (counseling) and medicine. The role that family and the child's environment play in the treatment process is different from that of adults. Your child's doctor may suggest psychotherapy first, and consider antidepressant medicine as an additional option if there is no significant improvement. Currently, there are no good studies documenting the effectiveness of medicine over psychotherapy in children.

However, three studies do show that the antidepressant Prozac is effective in treating depression in children and teens. The drug is officially recognized by the FDA for treatment of children 8-18 with depression.

Treating children with bipolar disorder

Children with bipolar disorder are usually treated with psychotherapy and a combination of medicines, usually an antidepressant and a mood stabilizer. Use of an antidepressant alone can trigger bouts of mania.

What can I expect long-term?

Studies have found that first-time depression in children is occurring at younger ages than previously. As in adults, it may occur again later in life. Depression often occurs at the same time as other physical illnesses. And because studies have shown that depression may precede more serious mental illness later in life, diagnosis, early treatment, and close monitoring are crucial.

A Parent's Perspective

As a parent, it is sometimes easier to deny that your child has depression. You may put off seeking the help of a mental healthcare professional because of the social stigmas associated with mental illness. It is very important for you -- as the parent -- to understand depression and realize the importance of treatment so that your child may continue to grow physically and emotionally in a healthy way. It is also important to seek education about the future effects depression may have on your child throughout adolescence and adulthood.

Parents should be particularly vigilant for signs that may indicate that their child is at risk for suicide.

Warning signs of suicidal behavior in children include:

- Many depressive symptoms (changes in eating, sleeping, activities)
- Social isolation
- Talk of suicide, hopelessness, or helplessness
- Increased acting-out behaviors (sexual/behavioral)
- Increased risk-taking behaviors
- Frequent accidents
- Substance abuse
- Focus on morbid and negative themes
- Talk about death and dying
- Increased crying and reduced emotional expression
- Giving away possessions

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