

Depression in Childhood

Depression is common among children. Population studies show that at any one time, between 10 and 15 percent of the child and adolescent population has *some* symptoms of depression (Smucker et al., 1986). It is almost always associated with personal distress in which the child felt abandoned at a point of need. Common events that can start a depression are the loss of a loved one, or some big disappointment. Depressed youngsters often feel alone, sad, and without energy or hope. They are often self-critical and feel inadequate to try things. Sometimes depressed youngsters are irritable and aggressive. Like depressed adults, they can have difficulties concentrating. For all these reasons school performance is often poor. A depressed youngster can also show signs of anxiety such as fear of separation or reluctance to meet people. They might also feel sick in their bodies (aches and pains, stomachaches, and headaches). If depression goes unchecked for a long period of time it can lead to a poor quality of life with few friends and sources of support, stress, and missed opportunities. Depressed children are very prone to be pessimistic, which in turn may increase the risk of further depression.

There are many forms of depression in childhood. *Reactive depression*, also known as *adjustment disorder with depressed mood*, is the most common form of mood problem in children and adolescents. When a child has a reactive depression, sad thoughts don't last long, and the sad mood improves with a change in activity or an interesting or pleasant event.

The most serious form of depression in youngsters, just like adults, is a *Major depressive disorder*. Major Depression is a long episode (lasting on average from 7 to 9 months). In addition to sadness, loss of interest in activities, self-criticism, feeling unloved and hopeless, and thoughts about suicide are common. Many children (an estimated two-thirds) with major depressive disorder also have another mental disorder (Angold & Costello, 1993; Anderson & McGee, 1994) such as an anxiety disorder, an antisocial disorder, or a substance abuse disorder.

Dysthymic disorder is a mood disorder like major depressive disorder, but it has fewer symptoms and is more chronic. The child or adolescent is depressed for most of the day, on most days, and symptoms continue for several years. The average duration of a dysthymic period in children and adolescents is about 4 years. Sometimes children are depressed for so long that they do not recognize their mood as out of the ordinary and thus may not complain of feeling depressed. Many children with dysthymia eventually experience an episode of major depression.

Bipolar disorder is another mood disorder that sometimes occurs in childhood. It is far more prevalent in adolescents than in children. In it, sadness alternates with “manic” episodes when the youngster is filled with extreme energy, and extreme disorganization, sometimes to the point of being unable to sleep or function well. Manic individuals are usually unaware of their situation.

Although there is far less research on depressed children compared with depressed adults, there are indications that the risk for depression runs in families. Young girls and boys are just as likely to become depressed. In adolescence, more girls than

boys are depressed in about a 2:1 ratio. One reason often mentioned to explain this is that adolescent girls are more socially oriented, more dependent on positive social relationships, and more vulnerable to losses of social relationships than are boys (Allgood-Merten et al., 1990).

There are several ways to treat depression. The most important step is to recognize that a child is depressed and then to seek help. Sometimes play therapy and family therapy are appropriate. Cognitive-behavioral therapy (CBT) is often considered for children who are old enough to talk about their feelings and recognize that their thoughts are depressed. Medication is often prescribed for depressed youngsters. However, these drugs need to be given with strong monitoring and with caution.

If you wonder if a child is depressed, it is a good idea to get help. Talk to your pediatrician or a mental health professional who can help.

To find out more about depression and childhood you can check these websites:

www.surgeongeneral.gov/library/mentalhealth/chapter3/sec5.html

www.dbsalliance.org/Info/depression.html

For further information regarding this article please contact Kathleen Platzman, Ph.D., at the Maternal Substance Abuse and Child Development Project, Emory University School of Medicine, Department of Psychiatry and Behavioral Sciences, 1256 Briarcliff Road, N.E., Suite 324W, Atlanta, Georgia, 30306. You can also phone us at 404-712-9800 or visit our website at <http://www.emory.edu/MSACD>

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