Onset of Depression is Occurring Earlier in Life than Before

By Jaclyn M. Cheek

Not only adults become depressed. Children and teenagers also may have depressive disorders such as major depressive disorder (unipolar depression), dysthymic disorder (chronic, mild depression), and bipolar disorder (manic-depression). All of these disorders can affect the adjustment and functioning of the individual. The American Academy of Child and Adolescent Psychiatry (AACAP) states that about five percent of children and adolescents in the general population suffer from depression at any given point in time. Research has suggested that the onset of depression is occurring earlier in life than before.

According to the National Institute of Mental Health (NIMH), the diagnostic criteria and defining features of major depressive disorder in children and adolescents are the same as they are for adults. These symptoms include, but are not limited to, persistent sad or irritable mood, loss of interest in activities once enjoyed, difficulty sleeping or oversleeping, loss of energy, and difficulty concentrating. Recognition and diagnosis for children and adolescents, however, may be more difficult. Symptoms may be expressed differently, at different developmental stages, and children and adolescents also may have difficulty in identifying and describing their internal emotions and mood states.

The Children's Depressive Inventory for ages 7-17, the Beck Depression Inventory for adolescents, and the Center for Epidemiologic Studies Depression Scale are all used to screen children and adolescents for depression. If a child or adolescent scores positive on one of the instruments, a comprehensive diagnostic evaluation should be completed, including interviews with the individual, parents, and possibly other informants like teachers and friends.

Children and adolescents who are depressed also have an increased risk of suicidal
behaviors. This risk may rise if it is accompanied by conduct disorder, alcohol, or other substance abuse. The Surgeon General reports that there is supporting evidence also that over 90 percent of children and adolescents who commit suicide have a mental disorder before their death. The Surgeon General also states that among girls, the most important risk factor to suicide is major depression, which increases the risk of suicide 12-fold, followed by a previous suicide attempt, which increases the risk 3-fold. Among boys, a previous suicide attempt is the highest risk factor, increasing the rate over 30-fold, followed by depression which increases the rate about 12-fold.

In 1997, suicide was the third leading cause of death in 10-24 year-olds. Research done by NIMH found that as many as 7 percent of adolescents who develop major depressive disorder may commit suicide in their young adult years. Thus, it is very important for doctors, parents, teachers, etc. to take all threats of suicide seriously.

Treatment for depression can involve short-term psychotherapy, medication, a combination of both, and/or targeted interventions. In a study done by NIMH, cognitive-behavioral therapy was shown to lead to remission in almost 65 percent of cases. This rate was higher than the rates for both supportive and family therapy. Medication has proven to be effective, especially when paired with psychotherapy, but there is controversy over the subject of giving medication to children.

It is very important for parents to understand their child or adolescent's depression and the treatment options that are available to them. It is helpful for a physician to talk with parents about their questions and concerns. They can also reinforce that appropriate treatment with psychotherapy, medication, or a combination of both can lead to better functioning at school, with friends, and at home with family.

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