

# DEPRESSION

## ***Description***

Affective disorders, or mood disorders, can appear in children and adolescents as well as adults. The Depressive disorders are one of the mood disorders and include Major Depression, Bipolar Disorder, and Dysthymic Disorder. Childhood depression can affect a child's cognitive functioning, emotional functioning, behavior and body functioning.

As with many disorders, there appear to be genetic links between generations that result in vulnerabilities for acquiring depressive disorders. Children of parents who have affective disorders are at increased risk for acquiring affective disorders themselves. Environmental factors including child abuse and serious neglect are correlated with children exhibiting depressive symptoms.

## ***Symptoms***

In childhood, symptoms of depression can appear somewhat different from symptoms in adults. Irritability is often more prominent in children as opposed to the noticeable sadness that may be present in adults. In adolescents a pervasive lethargy may signal depression more than in adults (but not always). Depressive symptoms in children and adolescents may include\*:

- sadness that won't go away
- hopelessness, boredom
- unexplained irritability or crying
- loss of interest in usual activities
- changes in eating or sleeping habits
- alcohol or substance abuse
- missed school or poor school performance
- threats or attempts to run away from home
- outbursts of shouting, complaining
- reckless behavior
- aches and pains that don't get better with treatment

- thoughts about death or suicide
- \* from National Institute of Mental Health "Fact Sheet – Major Depression in Childhood and Adolescence"

### ***Child Maltreatment and Depression***

Being the victim of abuse and neglect, especially chronic abuse and neglect, is stressful. Research indicates that exposure to such conditions is associated with depression symptoms. Experiences of loss such as prolonged separation or permanent separation from family and home make a child vulnerable to depression. Workers involved with children undergoing such dramatic changes and losses must be aware of depression symptoms in order to identify and treat them as early as possible.

### ***Treatment for Depression***

Childhood depression is a serious condition. There is increased susceptibility to alcohol and substance abuse problems, suicide risk, and academic problems for young people with depression. Interventions are available to help depressed children and adolescents. All children with depression should be evaluated by a physician to determine the likely causes of the depressive symptoms. Usually a combination of medical and psychological interventions is recommended in cases of moderate to severe depression. The need for psychopharmacological interventions should be assessed by a medical doctor.

Research has indicated that cognitive-behavioral therapy can be an effective psychological treatment for persons with depression. Counselors trained in treating depression can help educate caretakers about symptoms and treatment strategies for helping the depressed child or adolescent.

### ***Bipolar disorder***

Bipolar disorder is a mood disorder that often presents some early symptoms in childhood and adolescence. Bipolar disorder is a serious disorder that can persist through adulthood. This disorder can include fluctuations in mood and energy levels and disturbances in thought patterns that impair functioning in family relationships, academics and peer relationships. Treatment of bipolar disorder is often different from treatment for other forms of depression. Early detection of bipolar disorder is important because of the differing treatments bipolar disorder requires. However, symptoms associated with early onset bipolar disorder can be difficult to differentiate from other childhood disorders. The National Institute for Mental Health recommends that:

"A child or adolescent who appears to be depressed and exhibits ADHD-like symptoms that are very severe, with excessive temper outbursts and mood changes, should be evaluated by a psychiatrist or psychologist with experience in bipolar disorder, particularly if there is a family history of the illness." (Child and Adolescent Bipolar Disorder: An update from the NIMH, 2000)