CHILDHOOD DEPRESSION: WHEN HELP IS NEEDED

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"He has become needy and nagging. The usual comforters leave him dissatisfied. He always looks grumpy. He complains of aches and pains, especially at night. For the slightest reason, he gets genuinely upset and cries more than usual. It's as if he has the world on his shoulders. He seems sad. **It can't be that he is depressed, right?** (Parents of Luca, age 8).

Maybe you've heard this question directly or you might have noticed it hanging in the air. Many well informed adults and caring parents have their own beliefs about depression in children. Although the rates of depression in children have been rising, awareness is lagging. Here are some myths that can keep a child from getting the help they need.

"Children can't get depressed – they're too young"

- Childhood depression is a distinct clinical entity.
- As many as 8% of children and adolescents are depressed. Up to 70% of these are at risk to have a recurrence of symptoms. This entails an increased risk of persistent symptoms and an increased risk of suicide.
- Childhood depression can look the same, but also different, from depression in adults. During childhood somatic complaints and angry behaviour often mask a depressed mood.

"But why? Children should be carefree - they don't have much to worry about"

Risk factors for depression in children are the same as those for adults. These bio-psycho-social factors include:

- Familial factors such as history of depression, but also of other difficulties such as anxiety. Enduring hardships like having a family member with special needs, a chronic illness, job loss/stress, an addiction. Other family factors are a continuing climate of discord and parental conflict (openly or silently), the often self imposed emotional burden a child carries regarding their parents' well being, and living with the chronic stress of a protracted divorce.
- Attention and learning difficulties at school or difficulty within the peer group. Continued bullying or victimisation correlates with symptoms of depression.
- Traumatic events such as accidents (for instance serious dog bites), illness, being a victim of crime, violence or disaster, or witnessing a loved one being a victim; grieving the loss of a loved one.

Children find it difficult to verbalise these troubles as they are emotionally still maturing. In addition, children usually lack the language skills to put their feelings into words. When put on the spot and not being able to explain, children often think that means that there's something wrong with them.

"He needs to be positive and believe in himself. I just need to encourage him more."

- Although parents do their utmost to help their children in order to protect them, being falsely positive doesn't correlate with mental health.
- Role models who assist children to build the so-called 'wide window of tolerance' can contribute to mental health. This entails honest acknowledgement of a wide range of feelings and thoughts. This includes the so called negatives such as sadness and anger, right through to positives such as excitement and feeling proud.
- When adults honestly name

difficult thoughts and feelings it can be a relief for a child. Then the hope of sharing and managing it becomes possible.

"Surely it's just a phase. It will be unnatural to interfere with it. He'll grow out of it."

- Although it's not rational, depressed children often have a sense of shame and guilt. To master the next developmental phase while building on these thoughts and feelings is difficult. It leaves a child standing on uncertain developmental ground.
- This compounded difficulty then forms the context for negative thoughts and self beliefs to increase and become more debilitating.
- Child friendly treatment options have been scientifically studied, widely tested and proven. The correct treatment can be life changing and can make a significant impact on a child's development.

THESE SIGNS MIGHT INDICATE THAT A CHILD COULD BE IN THE GRIPS OF DEPRESSION:

- Depressed/irritable mood - sadness, hopelessness and or anger outbursts
- Loss of interest or enjoyment - "everything is boring"
- Decreased concentration and indecision
- Sleeping problems, such as insomnia/hypersomnia
- Change in appetite
- Excessive fatigue
- Feelings of worthlessness negative self statements. "It's too difficult for me", "You'll never understand" and beliefs as "Everyone is always unfair"
- Recurring thoughts of death/ suicide - Asking about death and dying more often.
- Psychomotor agitation/retardation - restlessness and or lethargy

Often depressed children are also distressed when separating from parents. Physical symptoms, such as **aches and pains** (tummy ache often being the loudest voice) are often the presenting problem. **Luca says "My tummy aches when my heart is sore. My heart is sore when I worry about fighting."**

It's time for adults to act if these signs

- Persist for longer than two weeks
- Appear across settings, e.g. in school (lowered concentration), at home (outbursts) and between peers (feeling bullied)
- Have a significance impact on the child's functioning

What is new in version 5 of the Diagnostical and Statistical Manual is that each chapter is ordered according to chronological age, starting with the youngest first. Parental input was also especially utilised in this version. Comprehensive diagnostic detail can be found there. Consultation with a specialist would be indicated.

TREATMENT: PLAY IS A CHILD'S LANGUAGE AND TOYS THEIR WORDS.

Consultations with parents, rating scales and child play interviews are used to determine the degree of depression and then the indicated treatment. Teamwork is priority.
In general talk therapy is not useful for children. Treatment methods use the science and curative powers of play. This will often involve a play room, art materials and actions rather than words.

Mild to moderate depression:

- Cognitive Behavioural Therapy (CBT) is typically the first line of treatment for depression. **"Monster Busting" is a form of CBT especially for children**. It's most useful in later childhood, depending on the child's developmental maturity. It is play-based and child focused. It typically entails the **making and naming of a 'thought monster'** by the child. An example of such a thought monster is Luca's monster, **'Fred-the-Fault-Finder'.** This monster has been saying things such as "oh, you're ugly inside", "See, this is your fault", "9 out of 10 is not good enough" or "Friends will laugh at you".
- Children typically find this process of externalising their thoughts enjoyable. They look forward to devising strategies fbust and manage the monster. The weapons used to tame the monster are of course an array of healthy coping strategies. These weapons are devised during play rather than being taught or offered as advice. As **depressed children find this play inherently satisfying,** these coping skills are internalised and thus the weapons against the monster are often of use long after therapy has ended. Feedback to parents include strategies for them to act as 'helpers to tame the monster'.
- For younger children **play therapy** is the most appropriate treatment method and is widely used. Play therapy refers to a large number of treatment methods that apply the therapeutic benefits of play**.** Play themes tell us more about the child's experiences, hardships, victories, bonds, needs and wishes as well as resources.

For moderate to severe depression

Evidence-based guidelines recommend a combination of the above therapies with **anti-depressant medication**. Consultation with a medical specialist such as a child psychiatrist would be of paramount importance.

For worried parents and a child in the grips of depression appropriate help is available. Such a child is not somehow flawed or has flawed parents. Rather it is a child who finds him/herself in a difficult climate or with whom difficult life events has happened. Let us fight together against stigma that is the biggest barrier to mental health. And tend kindly to our wide eyed children. MHM

References available upon request