NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Depression in Young Children

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Depression is a serious mental health problem that can affect even very young children. Depressed children usually lack energy and enthusiasm. Often they become withdrawn and have trouble concentrating and enjoying life. They generally perform poorly in school. Sometimes they become irritable, sulky, or belligerent. If they are old enough to talk, they may refer to themselves as stupid, ugly, friendless, unloved, unlovable, worthless, or hopeless. They may be preoccupied with themes of death and dying; they may think about or even attempt suicide. Even very small children may do reckless, dangerous things designed to hurt or to kill themselves, although they may not realize the finality of death or understand it in adult terms.

CHARACTERISTICS AND PREVALENCE OF DEPRESSION IN YOUNG CHILDREN

Depression is increasing in frequency in each generation and has its onset at progressively earlier ages. Up to 5% of children ages 9–17 are estimated to suffer from significant depression in the United States at any given time. Although girls are twice as likely to be diagnosed with depressive disorders in adolescence and adulthood, up to age 12, boys are as likely to suffer from depression as girls (U.S. Department of Health and Human Services, 1999).

Types of Depression

Children can suffer from mood disorders such as *dysthymia, major depression,* or *bipolar disorder* (see Co-occurring Disorders below) much like adolescents and adults, although less frequently. Major depressive disorder, the most severe and most disabling form of depression, affects approximately 1% of preschool children and 2% of prepubertal school-age children at any given time. In addition, approximately 2% of children suffer from dysthymia, a milder but more chronic form of depression; however, many children with dysthymia will eventually develop major depression.

Co-Occurring Disorders

More than half of depressed children also have at least one other psychological problem, usually an anxiety disorder, attention deficit hyperactivity disorder (ADHD), conduct or oppositional defiant disorder, or eating disorder. Further, as many as 20–40% of children initially diagnosed with depression eventually are diagnosed with bipolar disorder, which is characterized by extreme mood swings from unrealistic elation to severe depression (NIMH, 2000).

RISK FACTORS

For children of a depressed parent, the risk of depression is much greater than average. From studies with identical and fraternal twins, as well as other siblings reared together and apart, it is estimated that 50% or more of the tendency to develop childhood depression is inherited. Children under stress, those who have experienced a loss, those who abuse substances (including tobacco), those with chronic illnesses, and those who have attention, learning, or conduct disorders are at a higher risk for depression (Reinemann, Stark, Molnar, & Simpson, 2006). Although not all of the factors that cause a genetically vulnerable child to develop a depressive disorder are known, it is likely that major contributors include the following:

- Death or divorce of parents
- Inability to conform to an unattainable ideal or to live according to rigid moral convictions instilled by parents
- Failure to establish solid emotional bonds in infancy because of abuse or neglect
- Excessive punishment and criticism accompanied by too little reward and praise
- Ineffective methods of expressing feelings, especially anger

- Physical, emotional, or sexual abuse
- Bullying
- Major traumas such as terrorism or natural disasters

SIGNS AND SYMPTOMS

Many of the major symptoms of depression in teens and adults—such as *anhedonia* (the inability to experience pleasure from normally enjoyable activities), sadness and irritability, low energy level, recent decreases in energy and enthusiasm, poor self-esteem, spontaneous tearfulness, hyperactivity that begins after age 2, and playing or talking about themes involving death—are also characteristic of childhood depression. Severe forms of depression at any age may also be associated with disturbances in reality testing, such as *delusions* (extreme misinterpretations of situations and circumstances) and *hallucinations* (sensory abnormalities, such as hearing voices, which have no basis in fact). However, some of the indicators of depression are specific to age and developmental level, as follows:

- *Birth through age 2:* Depression may be reflected in feeding problems, failure to thrive without physical cause, tantrums, lack of playfulness, and less general expression of positive feelings.
- *Ages 3-5:* Depression may be manifest in accident proneness, phobias and exaggerated fears, delays or regression in attainment of important developmental milestones such as toilet training, and excessive apologies for minor mistakes and problems like spilling food or forgetting to put away toys.
- *Ages 6-8:* Depression is often expressed in vague physical complaints, overly aggressive behavior, clinging to parents, and avoidance of new people and challenges.
- *Ages 9-12:* Depression may take the form of expression of morbid thoughts, extreme worry about schoolwork, insomnia, and harsh self-blame for disappointing parents and/or teachers.

Just because a child exhibits some or even all of these characteristics doesn't necessarily mean that he or she has a depressive disorder. When some or all of these signs and symptoms are present, however, particularly if they are severe or persist most of the time for a few weeks or more, it is important to have the child evaluated by a mental health professional who specializes in working with children, especially if there are other risk factors involved. Early diagnosis and treatment can shorten depressive episodes, help to avoid future episodes, and prevent potentially dangerous or disastrous outcomes such as school failure, self-injury, or even suicide.

EVALUATION AND TREATMENT PLANNING

Fortunately, depression and other mood disorders can be identified and treated even in very young children. However, accurate diagnosis and effective treatment require very specialized training and skills.

Appropriate and Comprehensive Evaluation

Infants and very young children rarely can express feelings well using language. As a result, depressive symptoms must be inferred from overt behavioral information gleaned from interviewing parents and other caregivers, observation of the child's interactions with other people, and play interviews. Only child psychiatrists, child psychologists, school psychologists, and other mental health professionals with specific expertise in working with young children are likely to have the training and experience needed to conduct such evaluations appropriately.

As is the case with adults and adolescents, a thorough evaluation should begin with a physical examination to rule out identifiable physical causes for the behavior patterns that suggest depression. This should be carried out by a pediatrician or other physician trained to work with children. The physical exam usually includes assessment of the child's visual and auditory acuity. Undiagnosed vision and/or hearing impairment can cause a child to appear depressed or even trigger depression. For older children, even those in late elementary school, the examination should also include screening for drug and alcohol use, since substance abuse occurs in our society at earlier and earlier ages and can mimic or bring on depressive episodes.

Treatment Planning

To be most effective, a treatment plan for depression must involve family, school or day care personnel, medical and mental health specialists, and community resources as warranted. Comprehensive treatment of depressive disorders or bipolar disorder usually involves a combination of psychotherapy or counseling, pharmacotherapy (medication), school or day care intervention planning, family education, and ongoing evaluation and monitoring. All of these must take into account and be sensitive to the values, cultural background, language, and other special circumstances of the child and his or her family.

Concerns About Medication

Concerns have been raised in recent years about the safety of using antidepressants for children. Due to these concerns, parents often opt to try counseling or therapy before resorting to medications. The good news is that therapy may be all that is necessary to help children sort out their feelings and to learn the skills they need to cope

with life's stresses. Sometimes, however, medications are necessary to get the best result. Parents should keep in mind that while risks are associated with prescribing medication to children, experts still believe that the benefits of treatment outweigh the risks. Parents should consult with their personal physician and a child mental health specialist in order to make the best choice for their child.

WHAT CAN SCHOOL PERSONNEL DO?

There are many strategies that school personnel can use to support children with depression:

- Learn the signs and symptoms of depression at various ages and developmental levels.
- Consult with the school psychologist or other mental health professional in the school if you suspect a child is depressed.
- Report suspected abuse or neglect to the appropriate authorities.
- Inform the parents of any concerns about their child, and help connect them with resources for effective follow-up.
- Encourage parent-school collaboration.
- Have a carefully crafted suicide prevention plan in place in the school, and implement it as needed.
- Have an effective suicide postvention plan in place in the school, and work to ensure that it never has to be used.
- Have a comprehensive crisis intervention plan in place in the school.
- Have clear antibullying policies in place in the school, and implement them consistently.
- Cooperate with mental health professionals by providing data for evaluations, with parent permission.
- Collaborate with treatment providers to implement treatment plans and to collect data to evaluate progress, with parent permission.
- Use evidence-based programs to prevent substance abuse, to teach problem solving, to improve social skills, and to teach alternatives to violent and self-destructive behavior.
- Take steps to ensure that every student feels welcome and safe in the school.

HOW PARENTS CAN HELP

A supportive family environment is key to helping children with depression:

- Know your child and your child's friends.
- Be actively involved with your child's school, preschool, or day care program.
- Learn the signs and symptoms of depression, and monitor your child.
- Learn about school and community resources for obtaining an evaluation if you suspect a problem. Your family physician or health clinic may be a good resource.
- Take your child to school or community health care/mental health screenings when these are offered.
- Participate in parent training sessions offered by the school or by community agencies.
- Learn about the school's violence, suicide, and bullying prevention and intervention plans. If the school doesn't have these plans, volunteer to help set them up with appropriate school personnel.
- Cooperate fully in the evaluation process if your child needs to be evaluated.
- Be an active participant in developing a treatment plan if the evaluation identifies a problem.
- Monitor your child carefully for suicidal thoughts, statements, or plans, as well as for possible drug or alcohol use.
- Make sure that guns, medications, and other potentially lethal implements are not accessible to children.
- Do not hesitate to ask your child directly about suicidal thoughts, drug involvement, alcohol use, and problems with bullies.
- Learn about diagnosis and treatment options if your child has been diagnosed with depression. See Recommended Resources below.

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RECOMMENDED RESOURCES

Print

Ingersoll, B., & Goldstein, S. (2001). *Lonely, sad, and angry.* North Branch, MN: Specialty Press.

Merrell, K. W. (2008). *Helping children overcome depression and anxiety: A practical guide* (2nd ed.). New York: Guilford Press.

Online

Depression and Bipolar Support Alliance: http://www.dbsalliance.org

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