



## DEPRESSION IN CHILDREN

People used to think that children could not have depression. We now know that this isn't true. About 2% of school-age children appear to have major depression at any one time. It is very rare for pre-school age children to have depression, but it does occur. Depression is caused by a variety of factors, including genetics, environment and adverse life stresses.

Depression in children looks different than depression in adults. Symptoms of irritability and aggressiveness are often more evident than those of sadness. Their symptoms are expressed physically, with the child complaining about headaches or stomach aches. Parents might notice that the child is worrying excessively about death, accidents or may cling more tightly to them and not want to go to school.

It is sometimes difficult for parents to know the difference between normal development and depression. The key is to look at changes in behavior, intensity of behaviors and how long the behaviors last. Children experiencing depression may start doing poorly in school, lose their friends and not get along with family members.

Many doctors, clinics and schools have screening tools that can be used to determine if an assessment is needed. An assessment is important to rule out other medical conditions and to determine the diagnosis. Once there is a diagnosis, treatment options are discussed. There are usually two forms of treatment presented: psychotherapy and medication.

Parents should not be afraid to ask questions such as why are you recommending this treatment, what are the treatment goals, how will we know it is working, what are the risks and benefits and is there any research to support the use of this treatment? If a professional is recommending medication be certain to ask about side effects, treatment dosages, how to monitor behaviors, and how it fits in with an overall treatment plan. Parents may also want to ask about the background of the professionals. Has the pediatrician or family practice physician had training in mental health? Is the person an adult or child psychiatrist? Is the therapist licensed as a psychologist, clinical social worker or family and marriage therapist?

The good news is that depression is treatable and many children and children are very resilient. If communities want to measure how well they are doing for children with depression and their families they can look at the number of mental health professionals licensed to serve children, the availability of support groups for parents, the training of teachers and school personnel on the symptoms of depression, collaborative efforts between mental health providers and schools and lastly anti-bullying efforts in the schools.

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