



Nip in
the Bud

Recognising Depression in Children

Can even very young children be depressed?

Yes, they can!

Depression affects around 2.8% of children under the age of 13 and 5.6% of 13-18-year olds. An estimated 20% will have had one depressive episode before the age of 18.

The key signs of depression in children:

Depression can affect different children in different ways. A child might feel any one or more of the following key symptoms:

- feeling sad or down, the feelings do not go away or may get worse
- feeling irritable
- not enjoying things they previously enjoyed

Additional symptoms:

- worried
- tearful
- moody
- bored
- tired most of the time
- unable to concentrate
- problems with sleep
- eating too much or not eating enough
- injuring or hurting oneself
- taking uncharacteristic risks and not keeping safe
- feeling that life is not worth living

Special characteristics in school age children:

- aches and pains
- not wanting to play
- not wanting to see family and friends
- lacking enjoyment
- being clingy and not wanting to separate
- extreme uncharacteristic irritability

Risk factors for developing depression:

- bullying and problems with peers
- being exposed to adversity including child abuse
- death of a parent, loved one or friend
- parents splitting up
- school problems
- moving away from home or country
- other members of the family being depressed
- having other illnesses including medical illnesses

*The more risk factors the more likely it is that a child could become depressed.

What to do if you think your child or a child you are caring for is depressed

If the depression is very mild or there are understandable reasons for feeling sad, you may not need to refer immediately to a healthcare professional. In these cases, it may be more sensible to keep a watchful eye on the child and offer support – trying to talk to the child, making sure they have regular exercise, a good balanced diet and a good daily routine, including a sleep routine. If the symptoms persist or worsen then they should refer to a professional.

When to refer?

When sadness persists, or gets worse and when it is accompanied by at least several of the additional symptoms, then it is a good idea to get medical help.

Whom to refer to?

In the first instance it is best to approach the GP, the special educational needs coordinator (SENCO) or the school nurse.

What are the treatments offered?

The sooner a child gets treatment for the depression, the quicker they are likely to get better. There are several options available:

- Individual child psychotherapy mainly cognitive behavioural therapy (CBT) for which there is most evidence of effectiveness and which involves looking at how the child's problems, feelings, thoughts and behaviour all fit together and influence each other.
- Interpersonal psychotherapy which involves talking to a healthcare professional about how one gets on with one's family, friends and other people and ways in which problems in these relationships may be related to the depression.
- Family therapy or systemic family therapy which involves talking to a healthcare professional with the whole family and seeing how the child's problems fit in with the family system and how the family can help resolve this.
- Non-directive supportive psychotherapy which involves identifying problems and thinking with a healthcare professional how these can be solved.

Treatment in serious cases

When the depressive symptoms are many and the degree of depression is severe and psychological forms of treatment have not helped, medication may be indicated. It should always be administered in conjunction with continued psychological support and treatment. Medication can only be prescribed by a psychiatrist specializing in the mental health of children and young people.

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For further information or support contact:
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