Very young children show that they are depressed by the way they behave. Since they may not be able to tell people how they feel, they will say they have a stomach ache, or a headache, or other aches and pains. In teenagers, a certain amount of moodiness is to be expected. Sometimes, though, teenagers can become seriously depressed.

Children and adolescents who are depressed may seem as though they are not paying attention in class, or that they are ignoring what their parents say. If combined with other behaviours, like feeling sad all the time or crying easily, this is often a symptom of depression.

Other symptoms of depression include irritability and loss of interest in activities the child used to enjoy, like sports or going out with friends. Anxiety is often present, too.

Depressed teens are at high risk for suicide. It is very important that parents, other caregivers, and teachers are aware of the symptoms of depression in children and adolescents. Depression that is not treated can also lead to long-term health problems.

How common are mood problems?
At any one time, depression and any of its forms can be found in about 3.5% of children and teenagers between the ages of 5 and 17, and the rate increases with age. In the teen years, many more girls report symptoms of depression than do boys. In childhood, there are no such differences between boys and girls.

How long do they last?
The length of time a person has a mood problem depends upon the kind of mood problem. Major depression usually lasts six months or more, and dysthymia lasts two or more years. Both can be limited to one episode, or recur. It all depends on whether or not they are diagnosed and treated early and successfully.

What causes mood problems?
Symptoms of depression in children and adolescents can be related to a number of things. It can be triggered by a sad or painful event like a death in the family. It can develop in children who observe constant fighting between their parents. It can also result from the child experiencing parental neglect or abuse.

However, being prone to more serious kinds of mood problems can run in families. They happen because chemicals in the brain that help regulate mood are not working properly.

What’s normal and what’s not?
There is a difference between feeling sad and being depressed. Sadness tends to be felt over a short period of time and is related to a specific event. It has milder effects on one’s day-to-day life.

Feeling grief, a kind of sadness that is experienced after the loss of a loved one, is perfectly normal and should be expected after such an event. Worry and fearfulness are also common and quite normal. Being afraid in threatening situations is a good thing: it heightens awareness and gives you the motivation and energy to get out of harm’s way — the so-called “fight or flight” response. However, when feelings of sadness, loneliness, or worry don’t go away and they interfere with a person’s enjoyment of life, this may be a sign of a mood problem. When this happens, it is time to see a doctor or other mental health professional.
Types of Mood Problems

**Major Depression**

Major depression is a condition that comes and goes (episodic) and affects most aspects of a person’s life. It has distinct emotional, mental, and physical symptoms, like feeling sad, hopeless or guilty, or having problems sleeping or eating. Major depressive episodes typically last several months and can recur over many years.

**Persistent Depressive Disorder**

Persistent depressive disorder is different from major depression because it is not episodic and typically lasts for at least two years. While the severity of depression is less, persistent depressive disorder is very impairing and affects the child’s ambition and their self-esteem.

**Bipolar Disorder**

Bipolar disorder is a condition which in adults is characterized by switching between periods or episodes of depression and overexcitement. In children and teens, however, the two emotional states (depression and mania) may not alternate. Instead, there may be long periods of depression, with the manic episode not appearing until years later.

The most important symptom of bipolar disorder to not miss in youth is feeling very important and able to do anything (grandiosity). Grandiosity is often accompanied by risk-taking behaviour, a noticeable reduction in sleep, and increased energy.

What treatments are effective?

Treatment of depression in children and adolescents can consist of either behavioural therapy or drug therapy. The first line of treatment is cognitive behavioural therapy (CBT), which helps the child or adolescent change ways of thinking and acting that contribute to a depressed mood.

A newer class of antidepressant drugs called SSRIs (selective serotonin reuptake inhibitors) is now being widely used to treat more severe cases of major depression.

These drugs work by allowing the body to make more efficient use of serotonin, a chemical in the brain that can affect mood and behaviour.

Bipolar disorder is treated with a number of different drugs, as well as family and individual therapy.

Depressed teens are at high risk of suicide. Parents, other caregivers, and teachers need to be able to spot early signs of depression in children and adolescents so that treatment can be provided at the earliest stages.

WEBSITES:

Centers for Disease Control and Prevention – Children’s Mental Health
[cdc.gov/childrensmentalhealth/depression.html](http://cdc.gov/childrensmentalhealth/depression.html)

Centre for Addiction and Mental Health
[camh.ca](http://camh.ca)

OTHER RESOURCES:

Please visit [offordcentre.com/research/knowledge/pamphlet-resources/](http://offordcentre.com/research/knowledge/pamphlet-resources/)