



Depression: Symptoms and Treatment

Family, Youth, and Caregiver Guide

Depression is a serious mental illness that affects how a person feels, thinks and behaves. It is typically characterized by feelings of intense sadness, hopelessness, and/or a loss of interest in activities the person once enjoyed. Depression can lead to a variety of emotional and physical problems and can decrease a person's ability to function at school, work and home.

Although depression is often associated with adults, it is also quite common among children and adolescents. For example, about 1 in 23 children ages 3–17 are diagnosed with depression; among adolescents ages 12–17, almost 1 in 7 report experiencing at least one depressive episode in the past year. However, depression often co-occurs with other mental health disorders such as anxiety, oppositional defiant disorder, and trauma disorders. As a result, symptoms of depression among youth may be mistaken for defiant behavior or “temper tantrums”.

Gender makes a difference in depression, as girls are about 2.5–3 times more likely than boys to be diagnosed with the disorder. Although the average age of onset is around age 25, about 1 in 4 people with depression first experience symptoms before age 17. Depression is much more common among adolescents than among younger children.

Symptoms and Types

Children who have depression often suffer from extended feelings of intense sadness and hopelessness. However, depression can also be associated with a variety of other physical and psychological symptoms, such as those listed below.

- Frequent sadness, tearfulness and crying
- Hopelessness, low self-esteem, and feelings of guilt
- Persistent boredom, low energy, and poor ability to concentrate
- Social isolation, poor communication skills, and difficulty with relationships
- Decreased interest in activities or inability to enjoy favorite activities
- Extreme sensitivity to rejection or failure
- Increased irritability, anger or hostility

- Difficulty making decisions
- Frequent complaints of physical illnesses such as headaches and stomachaches
- Frequent absences from school or poor performance in school
- Major changes in eating, sleeping, and/or hygiene patterns
- Talk of or efforts to run away from home
- Thoughts or expressions of suicide or self-destructive behavior

Psychologists group depression into several subcategories based on the severity of symptoms and how long symptoms persist. Several of the most common types of depression are listed below.

➤ **Major Depression (also called Major Depressive Disorder, or MDD)**

Major depression is one of the most common and most severe types of depression, characterized by symptoms that occur most of the time for at least 2 weeks and which interfere significantly with daily activities.

➤ **Persistent Depressive Disorder (PDD, also called dysthymia)**

Persistent depressive disorder is characterized by mild or moderate symptoms that continue for 2 years or longer. Although symptoms persist for much longer than with major depression, they are typically less disruptive to daily activities.

➤ **Seasonal Affective Disorder (SAD, also called Seasonal Depression)**

A person with seasonal affective disorder experiences symptoms similar to those of major depression, but their depressed periods are closely tied to the seasons. Symptoms typically begin in fall or winter and disappear during spring and summer.

➤ **Disruptive Mood Dysregulation Disorder (DMDD)**

Children who experience chronic, intense irritability and frequent angry outbursts may be diagnosed with disruptive mood dysregulation disorder. DMDD is only diagnosed in children between the ages of 6 and 18, with symptoms typically beginning before age 10. As a child with DMDD grows older, their symptoms and behaviors associated with DMDD often change into those associated with either major depressive disorder or generalized anxiety disorder.

➤ **Premenstrual Dysphoric Disorder (PMDD)**

Girls and women who menstruate may experience premenstrual dysphoric disorder, which is a type of premenstrual syndrome (PMS) that includes symptoms of extreme depression, anxiety and irritability. These symptoms can be severe enough to disrupt daily activities, but they usually resolve within a few days or weeks.

➤ **Perinatal Depression**

Perinatal depression is depression that occurs either during pregnancy (called prenatal depression) or soon after childbirth (called postpartum depression). Symptoms of perinatal depression are usually similar to those of major depression.

➤ **Depression with Symptoms of Psychosis**

Some people with depression may experience symptoms of psychosis in addition to depressive symptoms. Psychotic symptoms can include delusions, paranoia and hallucinations, which may require treatment with antipsychotic medications.

➤ **Atypical Depression**

Atypical depression varies from other types of depression in that its symptoms may be temporarily relieved by positive events (a phenomenon called mood reactivity). However, people with atypical depression may also be highly sensitive to criticism or rejection, have an increased appetite, and may sleep more than usual.

Depression and Suicide

When speaking about depression, it is important to discuss its connection to suicidal thoughts and behaviors.

The vast majority of people who suffer from depression do not attempt or complete suicide. However, many people who do attempt or complete suicide also suffer from a mood disorder such as depression. This means that adolescents and teens who are depressed are at a higher risk of suicidal behavior.

If your child mentions that they want to harm themselves or take their own life, seek medical assistance immediately. Always take talk of suicide or suicidal behaviors seriously.

Suicide warning signs may include:

- Talking about suicide
- Seeking out an object that could be used in a suicide attempt
- An obsession with death
- Feelings of worthlessness or of being a burden to others
- Giving away favorite possessions
- Unusual goodbyes to family or friends
- Isolating from others
- Self-destructive behavior, such as increased alcohol or drug use, reckless behavior, or taking unnecessary risks

Treatments

Depression is a challenging disorder to live with, but it is treatable, and many children who suffer from depression go on to live full, normal lives. Some forms of depression may naturally resolve themselves over time, but others can linger into adulthood. In either case, therapy and medication can help individuals with depression manage their symptoms.

Depression and other mental health disorders tend to be highly intertwined with a child's personal relationships. As such, it is imperative for caregivers and family members to be involved in and supportive of their child's treatment. If their relationships and home/school environments do not change to support their treatment, then its efficacy will be greatly reduced.

➤ Therapy and Skills Training

Professional therapy and counseling are important components of treatment for depression. Treatments like individual therapy, family therapy, and skills training can help children and their families learn how to manage symptoms of depression.

Some common therapeutic practices include:

- Teaching you and your child about depression and what it means.
- Talking about the way your child thinks about themselves and how these thoughts make them feel. When talking about these thoughts, the therapist may be able to help change them and help your child feel differently.
- Looking at the activities your child is involved in and working on ways for your child to participate in them while enjoying themselves.
- Encouraging your child to pay attention to their thoughts, feelings, and behaviors and to connect those to depressed feelings.
- Talking about whom your child feels close to and the different relationships in their life, and discussing how these relationships can ease your child's depression.
- Helping your child manage feelings of depression through family support, informative education, emotional support, self-monitoring, and problem solving.

➤ Medication

There are a variety of psychiatric medications that can be prescribed to help your child manage their depression symptoms.

Selective serotonin reuptake inhibitors (SSRIs) are the most commonly prescribed antidepressants, as they are generally effective and have few side effects. Commonly prescribed SSRIs include fluoxetine (Prozac), paroxetine (Paxil, Pexeva), sertraline (Zoloft), and escitalopram (Lexapro). If your child's depression does not respond to SSRIs, then your doctor may try prescribing other types of antidepressants like serotonin-norepinephrine reuptake inhibitors (SNRIs) or "atypical antidepressants", called such because they don't fit

neatly into other categories. Common SNRIs include duloxetine (Cymbalta), venlafaxine (Effexor XR), desvenlafaxine (Pristiq), and levomilnacipran (Fetzima); atypical antidepressants include trazodone, mirtazapine (Remeron), vortioxetine (Trintellix), vilazodone (Viibryd), and bupropion (Forfivo XL, Wellbutrin SR).

It may be necessary to try several different medications or a combination of medications to find a prescription that works for your child. In any case, you should speak with your clinician or psychiatrist about the potential benefits and possible negative side effects before starting your child on any antidepressant.

Supporting a Child with Depression

Parents, caregivers, and other family members play an important role in supporting children diagnosed with depression. The younger the child, the more likely they'll need help learning how to manage the symptoms of their disorder. Family members can be instrumental in modeling and guiding new coping behaviors.

The following section includes tips that can be helpful for supporting your child's progress. Keep in mind they might not all be right for you and your family, but it could be useful to give them a try.

Educate yourself

Stay educated on what depression is, how it affects children, and how it affects your child in particular. Help your child understand what depression is and what the treatment process will be like.

Get involved in therapy

Actively participate with the clinician in your child's treatment plan, and assist your child with taking any medications at home. Be open and flexible about meeting for treatment. Make time for both you and your child to participate individually and as a family.

Stay involved with school

Depression can directly and negatively affect your child's progress in school. If you inform the necessary school staff about your child's struggle with depression, they can help keep your child safe and supported when you are not around.

Create a positive home environment

Make sure that your home is a safe place for your child and the rest of your family. Have meals together, take walks as a family, and spend plenty of positive time together. Let your child know they are loved and valued despite how they might feel when they are depressed.

Create support systems

Make sure everyone who lives in your home is informed about what is going on in order to create a strong family support for your child. Find people you can trust and confide in to help you with transportation to appointments, taking care of other family members, and emotional support.

Develop structures

Changes in routine are inevitable if your child begins treatment of any kind. Do your best to stay organized with appointments, medication, work, and social plans with friends and family. Remember to stay flexible and allow extra time for your child during transitions.

Practice coping skills

There are a variety of coping skills you can practice with your child to help them manage depression symptoms. Examples include mindfulness, meditation, deep breathing, and using imagery. Moving the body can also help to reduce symptoms of depression and anxiety.

Watch for self-harm

Adolescents who have depression are at heightened risk for self-harm and suicide. Be alert for signs of self-harm or suicidal thoughts, and contact your child's clinician if you suspect they are self-harming or considering suicide. It is also OK to ask your child directly about suicidal thoughts.

Don't place blame

Blaming yourself, your child, or anyone else will not help the situation. Be supportive in any way possible and don't feel guilty about what your child is going through. Don't punish anyone if they make mistakes or if you don't see progress being made.

Take care of yourself

Know your limits and seek support if you need it. Join support groups, check out community services, and seek professional guidance if you think it would be helpful. You are your child's source of support and comfort, so feeling your best will help your child feel their best!

Reduce your stress

You may laugh at this one, but it is important nonetheless. The less stress you have in your life, the better off everyone will be. Continue doing things you love and be sure to stay healthy (exercise and eat nutritious foods).

Be proud of yourself

This is a difficult time. You are already on the right path just by staying informed and involved in your child's life.

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