

Psychiatry



Information about **DEPRESSION**
in children and adolescents

WHAT IS DEPRESSION in children and adolescents?

Depression is an illness that affects body and mind. Children and adolescents with depression appear sad, irritable, angry and tired for no particular reason. They find it hard to gain any pleasure from things that normally make them happy, and generally have low self-worth and a tendency to cry. In the worst case, the child's or adolescent's thoughts revolve around death and suicide.

Children and adolescents with depression cannot just 'pull themselves together' and feel better. They need help to become well again. Fortunately, depression can be treated, and most of them recover.

During life, we will all feel dejected and tired of things at times. Children and adolescents can experience deaths, serious illness, divorce, or major accidents in the family that can make them unhappy. Depending on their age and maturity, they may react with various types of dejection. This type of dejection is not the same as depression.

Depression generally develops gradually and can begin with isolated symptoms that can be confused with general sadness, or a reaction to a crisis. However, if the symptoms continue over a long period of time, it may be a case of depression.

DEPRESSION IN CHILDREN UNDER THE AGE OF SEVEN

Young children often react to depression by withdrawing from social contexts. They keep away from other children, do not take part in games and try to avoid large groups of people. They wail, eat less than normal, sleep badly and can be irritable. It can be difficult to give a diagnosis of depression in children under the age of seven, as it can be difficult for them to describe how they are feeling psychologically. However, when depression is suspected, it is possible to monitor the child's development, keeping a particular eye on external signs that the child may be depressed.

DEPRESSION IN SCHOOL-AGE CHILDREN

Children of school age who are becoming depressed may appear irritable and whimpering, with mood swings. They can lose interest in things that they previously enjoyed, and their performance at school can deteriorate. They may also complain of tiredness, stomach ache, headache or pains in their arms and legs. Schoolchildren have a more developed capacity to express feelings than children under seven years of age. It is therefore easier for them to express that they are tired of things or that they are having problems.

DEPRESSION IN ADOLESCENTS

Symptoms in adolescents resemble those of adults to a greater degree. With mild depression, the symptoms can be similar to problems during

puberty. The adolescent can feel sad and a failure, can be irritable, and can have difficulties making normal everyday decisions. With more severe depression, even the most normal everyday routines such as taking a bath or brushing one's teeth can seem immense, and it can make the adolescent withdraw from their surroundings, achieve poorer results at school and, in the worst case, have delusions and hallucinations (ideas and experiences that have no foundation in reality). Adolescents with severe depression may also have thoughts of death and suicide.



HOW MANY CHILDREN AND ADOLESCENTS HAVE DEPRESSION?

- Depression affects around 1-2 per cent of schoolchildren and around 3-5 per cent of adolescents.
- Depression in schoolchildren occurs equally commonly in girls and boys.
- The vast majority of adolescents with depression during and after puberty are girls.

HOW LONG DOES DEPRESSION LAST IN CHILDREN AND ADOLESCENTS?

It can be difficult to measure the extent of depression in children and adolescents in terms of duration, as there can be major variations in when the symptoms are discovered.

It depends on the ability of the child or adolescent to say how they are feeling.

It also depends on the level of contact between the parents or other carers and the child or adolescent, and their awareness of the child's or adolescent's state of mind.

- If the depression is treated, it lasts for a shorter period of time.
- Untreated depression can last up to a year.
- Depression in children and adolescents is associated with a significant risk of the illness recurring later in life.

SYMPTOMS OF DEPRESSION

The ability of children and adolescents to describe depressive symptoms differs from that of adults, as they do not have the same awareness of their state of mind as adults. This makes it difficult to determine the symptoms in children and adolescents.

Children and adolescents do, however, develop depressive conditions corresponding to those seen in adults. For this reason, the doctor uses the same criteria to make the diagnosis as used with adults.

The symptoms of depression are divided into core symptoms and accompanying symptoms. In order to have depression, a person must have at least two out of three core symptoms. The accompanying symptoms are experienced to a greater or lesser extent, depending on the severity of the depression.

CORE SYMPTOMS

- **Dejection**
- **Reduction in desire or interest**
- **Reduced level of energy or increased tiredness**

ACCOMPANYING SYMPTOMS

- **Reduced self-confidence or self-esteem**
 - **Self-reproach or feeling of guilt**
 - **Thoughts of death or suicide**
 - **Difficulties thinking or concentrating**
 - **Agitation/anger**
 - **Sleep disorders**
 - **Change in appetite and weight**
-

Depression occurs in a **mild, moderate** or **severe form**, each of which takes its own course and has its own course of treatment.

MILD DEPRESSION

With mild depression, it is normally possible to continue with normal everyday life comprising school, friends and leisure activities. By far the majority of cases of mild depression are treated by a practising psychologist, the GP or, in rarer cases, by a specialist in child and adolescent psychiatry. Treatment consists particularly of talk therapy.

MODERATE DEPRESSION

With moderate depression, it can be difficult for the child or adolescent to have a normal everyday life and to function normally at school, in family situations and in leisure time.

Moderate depression is treated by a privately-practising specialist in child and adolescent psychiatry or, in some cases, by a privately-practising psychologist. Treatment consists primarily of talk therapy. If talk therapy is not enough, or if the moderate depression develops in the meantime, the treatment may be supplemented by anti-depressants. Outpatient treatment may also take place at the Mental Health Centre for Child and Adolescent Psychiatry. Outpatient treatment is where the patient is not admitted but receives treatment while still living at home.

SEVERE DEPRESSION

With severe depression, the symptoms are present to such a powerful extent that it can be difficult for the child or adolescent to live life as they are used to doing. The person can have major difficulties with memory and concentration, and in solving problems on their own.

Severe depression is accompanied by other conditions, including hallucinations and delusions (ideas and experiences that have no foundation in reality). These symptoms can be so extensive that it is impossible to continue a normal social life with friends and family.

Particularly for adolescents during puberty, this severe depression can be life-threatening because of the risk of suicide. Smaller children typically have thoughts of dying themselves, or of their parents dying.

Severe depression is almost always treated by the Mental Health Centre for Child and Adolescent Psychiatry. Treatment consists both of talk therapy and of treatment using anti-depressants.

HOW CAN A PERSON GET HELP?

Where depression is suspected, it is important to discuss it with the child's or adolescent's GP. The doctor can help to clarify whether or not there are grounds to think that it is depression. If there are, the doctor can refer the person for examination and treatment by a specialist practising psychiatrist, or at the Mental Health Centre for Child and Adolescent Psychiatry, if necessary.

If you or your relative need emergency psychiatric help, contact the 24-hour Psychiatric Emergency Department for children and adolescents in Glostrup. For more information, visit www.psykiatri-regionh.dk/akut or the "Akuthjælp" app.

TREATMENT OF DEPRESSION

Depression is an illness that can be treated, and people can become well again. Treatment is a combination of talk therapy and other forms of psychological therapy, medication and education about mental illness.

At Mental Health Services – Capital Region of Denmark, treatment usually begins with a thorough discussion to clarify whether the depression is mild, moderate or severe. Questions will be asked about the child's family circumstances, how they are doing at school and what they get up to in their leisure time in order to assess whether the child needs to be taken out of the activities and lessons for a while in conjunction with the treatment.

Children and adolescents are examined constantly throughout the treatment in order to determine whether or not the treatment is working as intended, or whether something needs to be changed. Small children are examined in the presence of their parents or other carers, while children of nursery school age may be examined at play without their parents. Play observation may, for example, consist of playing with dolls, or it may be a drawing test where the child is encouraged, for example, to draw a person. Play observation and the drawing test give the person providing treatment the opportunity to assess how the child is feeling.

Schoolchildren can be examined via a combination of discussions and psychological examinations such as, for example, play observation and a drawing test. Older children and adolescents are examined by discussions and observations.

The treatment of depression is adapted to suit the needs of the individual. The method of treatment depends on the child's age, maturity and ability to take part and contribute to the treatment. If treatment is carried out under Mental Health Services – Capital Region of Denmark, the doctor will always draw up a plan of treatment with the child and parents or other carers so there is agreement as to what will happen.

TALK THERAPY

Talk therapy consists of talks with a therapist, often a doctor or psychologist. These talks can be held either one-to-one or in groups. Play therapy and drawing therapy are used with smaller children, where the therapist uses play to try to turn the child's reactions and thoughts into something more positive and beneficial to the child.

In certain cases, family therapy is used, where the whole family is involved in the treatment. This is done in order to help the family to break the deadlock of roles and behaviour patterns that otherwise can contribute to depression persisting in the child or adolescent.

Talk therapy often includes cognitive behavioural therapy, where there is a discussion about how the illness is being perceived and attempts are made to help the child to change his or her thoughts, feelings, actions and body reactions. Agreements are made as to the goal of the treatment, and on how to achieve the desired improvement.

EDUCATION ABOUT MENTAL ILLNESS (PSYCHOEDUCATION)

For both the child and parents, a good understanding of symptoms, illness and treatment can help reduce the risk of developing depression again.

A good knowledge of the symptoms, and of the child's or adolescent's reactions to them, can help ensure that the symptoms are discovered more quickly if they should arise again. In some cases, it can be of relevance to give the child's or adolescent's teachers or educationalists advice about depression. This will help to foster understanding and cooperation about the treatment of the child, and it can help to prevent further cases of depression.

Education about mental illness is also called psychoeducation, and it forms part of most courses of treatment under Mental Health Services – Capital Region of Denmark. The family and other close relatives can benefit greatly from taking part in this education.

The staff at the Mental Health Centre for Child and Adolescent Psychiatry can provide information about the possibilities of taking part in psychoeducation.

MEDICINAL TREATMENT

Depression can be treated using anti-depressants, which starts to help within a few weeks. However, the full effect will often not be noticed until after four or six weeks. Some people experience side effects in connection with the medication. These can be nausea, sleep disorders, headache and a tendency to perspire more than usual.

These side effects often subside after a few weeks, and are not harmful. If the side effects are very troublesome and continue over a long period, it may be necessary to speak to the doctor about changing to a different type of medication.

If medicinal treatment needs to be stopped, this must be done gradually, and by agreement with the doctor. The body needs time to adjust. If treatment is stopped very abruptly, this may lead to relapses and a new occurrence of depression.

PREVENTATIVE MEDICINAL TREATMENT

There is a risk of developing depression several times during a person's lifetime. There may, therefore, be reason to take preventative anti-depressants. Preventative medication needs to be taken for a long period of time (several years in some cases), even if there are no signs of depression.

If symptoms of depression recur while a person is taking preventative medication, it is important to contact the doctor. In these cases, there may be grounds for the doctor to change the dose and type of the medication.

HOW DOES THE MEDICATION WORK?

The cells of the brain communicate with each other via electrical impulses and with the help of transmitter substances. If the quantity of transmitter substances is too low, this can cause symptoms of depression. Anti-depressants ensure that the transfer of signals between the cells occurs at a high enough level to prevent the depressive symptoms from arising.

There are several types of anti-depressants and they have a different effect from one person to the next. It is therefore very important for people to speak to their doctor about the effects and side effects of the anti-depressants.

WHAT CAN RELATIVES DO TO HELP?

The most important task for parents and other relatives is to support the child or adolescent in finding professional help. It can be difficult to tell whether your child is 'merely' sad and tired, or whether there are actual signs of depression. It is up to the doctor to decide.

Relatives of a child undergoing treatment are best able to provide support by listening, being there for them when they need it, and making everyday life easier for the child or adolescent. For example, you may pay particular attention to running the child or adolescent to and from leisure activities, arranging visits to friends, helping to pack their school bag, or helping with homework.

In addition to this, a healthy lifestyle, with a sensible diet and regular sleep and exercise, always helps to bring about an improvement and contributes to good health.

Living with a child or adolescent with depression can be very challenging for relatives. People have to be prepared to be rejected, while at the same time being able to show care and interest. It does not generally help to discuss the problems with the child. Depression is a condition that cannot be controlled or guided by the child's or adolescent's own will. They cannot just 'pull themselves together' and feel better.

For some people, meeting people via a network for the relatives of children and adolescents suffering from depression is of help. Find out more about this at www.psykiatri-regionh.dk.

Mental Health Services – Capital Region of Denmark has published a leaflet containing information about the role of relatives, the involvement of relatives in the treatment and the potential for help and support for relatives. Please feel free to contact the staff at the Mental Health Department for Child and Adolescent Psychiatry or find the leaflet at www.psykiatri-regionh.dk/patientinfo.

GOOD TIPS FOR RELATIVES

- Find out what depression is.
 - Support the child or adolescent during treatment, and follow the doctor's instructions and advice.
 - Allow them some space. Everyone can feel the need for 'time out', both parents and child.
 - Focus on the areas where you can make a difference. Accept that you cannot solve all the problems yourself.
 - Solve problems step by step. Make changes gradually, and work on one thing at a time.
 - Allow normal life to continue. Resume the family routines as far as possible. See friends and family as normal.
 - Provide comfort, e.g. by saying: 'Remember, you will get better. You have an illness, which can be treated.'
 - Avoid reproaches.
 - Reduce your expectations. Use a personal measuring stick for success and compare, for example, this month with last month. Has there been any progress?.
 - Keep an eye out for warning signs, and contact a professional therapist if symptoms of depression arise after treatment, or if the child or adolescent feels worse during the treatment.
 - Seek help for yourself if you have questions, lack support or need assistance in your everyday life.
 - Remember that depression is not anyone's fault.
-

FURTHER INFORMATION

www.psykiatri-regionh.dk

You also have the opportunity to consult with PsykInfo for further information, advice and guidance on mental illness. PsykInfo is a mental health information centre in central Copenhagen aimed at all citizens that need to know about mental illness.

See www.psykinfo-regionh.dk.



This booklet is for you who are a patient of Mental Health Services (Capital Region of Denmark) and your relatives. With this booklet, we want to help you and your relatives to experience a good and comprehensive treatment – and good co-operation with the Mental Health Services (Capital Region of Denmark) staff.

It is you and those closest to you who live with the illness and best know how you feel and how your illness affects your life.

We place great emphasis on keeping you well informed about the treatment throughout the process and you are always welcome to ask questions.

THE PATIENT AT THE CENTRE

The treatment at the Mental Health Services (Capital Region of Denmark) often consists of a combination of therapies and is always based on the patient's individual and most acute needs. Therefore, no courses of treatment are the same.

The mental health staff has professional insight into how mental illnesses can develop and how they can be treated. We want to hear how you experience your illness and what your treatment goal is. We consider both when collaborating to plan the treatment.

The goal is for the treatment to heal you or make you significantly better. It varies when and to what extent people with mental illness recover. However, with the right treatment everyone can develop and create or re-create a daily routine.

REGION HOVEDSTADENS PSYKIATRI (MENTAL HEALTH SERVICES – CAPITAL REGION OF DENMARK)

Many come into contact with a mental illness during their lifetime. At the Mental Health Services (Capital Region of Denmark), we treat approximately 41,000 children and adults for various illnesses every year. The treatment is provided both on an outpatient basis, by visiting teams and, where necessary, by inpatient admission.

Mental Health Services – Capital Region of Denmark

Kristineberg 3

DK - 2100 Copenhagen Ø, Denmark

Tel.: 3864 0000

www.psykiatri-regionh.dk

Graphic design: RegionH Design

Photo: Phillip Drago Jørgensen

2014

