

Depression in Children and Teens

What does Depression look like in children and adolescents?

- Feeling sad, tearful, angry, or irritable
- Not enjoying things as much as they used to
- Change in appetite or weight (increase, or decrease)
- Sleeping a lot more than usual, or having difficulty sleeping
- Having difficulty concentrating, decline in school performance.
- Socially withdrawing from friends or family
- Feeling like everything is their fault, low self-worth.
- Thoughts of suicide or wanting to die or harm themselves.
- Engaging in high-risk behaviors, disengaged from school, using alcohol or substances.
- Feeling sad or with above symptoms most of the time, for longer than 2 weeks that leads to impairment in school, social or family functioning.

Does Depression need to be treated?

- Incidence:
 - Approximately 2% of children and 4-8% of adolescents suffer from depression at any given time.
 - By age 18, approximately 1 out of 5 people will have experienced at least one episode of depression.
- Risk factors:
 - Children undergoing stressful situations, significant loss.
 - Family conflict
 - Children with attention or learning difficulties, anxiety disorders.
 - LGBTQ and minoritized youth
 - Family history of depression, mood disorders.
- A depressive episode can last an average of 6-9 months if left untreated may lead to potential long-term consequences of falling behind in school, losing friends with

socially withdrawing, engaging in substance use, risky behaviors, self-harm, and suicide.

- Once someone has an episode of depression, this increases their chance of another depressive episode in the future. 4 out of 10 youth will have a second episode of depression within 2 years.

How do you treat Depression?

- Psychotherapy has shown to be effective in treatment of depression.
 - Cognitive Behavioral Therapy (CBT)

CBT is based on the concept that thoughts, behaviors, and feelings all affect each other and that by changing our thoughts and behaviors, we can change how we feel. It is limited to 6-20 sessions. This may take the form of individual therapy or group therapy.
 - Interpersonal Psychotherapy (IPT)- Adolescent

IPT-A is a time-limited (12-16 session) individual psychotherapy for adolescents aged 12 and above with depression. The principal of IPT is that interpersonal problems may cause or exacerbate depressive symptoms and vice versa. It aims to identify life events and interpersonal problem areas that lead to depression and equips teens with interpersonal problem solving and communication skills to interact with challenging situations positively.
- An anti-depressant medication may also be helpful for moderate to severe depressive symptoms, or if there is limited improvement with therapy. Medication management should be discussed with a doctor to discuss risks and benefits before starting.

How can caregivers help Children and Teens with Depression?

- Be supportive and caring.
 - Make gentle, open-ended observations. (ie. “I have noticed things have been hard for you in school lately, do you want to share how you feel things are going?”)
 - Try to listen without judgment.
 - Validate their feelings. Do not try to talk them out of how they are feeling or put a positive spin on their feelings.
 - Talk about your observations as a caregiver by pointing out facts while being supportive.
 - Give praise, maintain a positive stance, and recognize small efforts, improvements they have made.
 - Set one-on-one time with them to connect, even if it is 10-minutes per day.
- Reduce familial conflict, or stressors if possible.
- Emphasize Self-care and routines.
 - Encourage routines with attending school, balanced meals, staying physically active and exercising.
 - Schedule fun activities, or social engagements
 - Spend time with people who can support you.
 - Spend time relaxing.
 - Limit screen time
 - Schedule family time and family routines
 - Set small steps and achievable goals.
- Work with school to adjust workload or for additional school supports if needed.