



## Childhood depression

### More than just the blues

By Maria Bellos Fisher

**E**leven-year-old Maya hates life. The Seattle resident began an emotional downward spiral after a school playground incident two years ago. Since then, she's been sad about most things, anxious, hates school and doesn't like activities she used to enjoy.

Maya suffers from childhood depression.

Almost overnight, Katie, a Bellevue tween, became angry, highly critical of her parents, her school and her friends, and began to underperform on her schoolwork. She wouldn't sleep in her own room. Katie also suffered from childhood depression.

Maya and Katie had different symptoms, but they both suffered from the same illness. Childhood depression manifests itself differently than adult depression, says Laura Kastner, Ph.D., a clinical associate professor of psychiatry and behavioral sciences at the University of Washington.

Medical professionals once based their assessment of childhood depression on adult depression, which is characterized by a depressed mood, anxiety and loss of interest in pleasurable activities.

Experts now realize that childhood depression looks different. Children suffering from it often experience problems in school and with friends; anger; difficulty in concentrating; and the perception that they are not loved. Symptoms can include a change in appetite (a significant weight gain or loss), changes in sleep patterns, fatigue, guilt or talk of suicide.

#### On the rise

Depression in any family member is disruptive and disconcerting; in a child, the diagnosis is particularly troubling. According to Gretchen Gudmundsen,

clinical psychologist at Seattle Children's Hospital, the younger the patient, the more likely the depression will be a life-long problem.

Even more disturbing, more kids than ever are being diagnosed as depressed, says Kastner. Experts aren't sure whether there are more cases of childhood depression or that the perception of depression has changed. Other reasons for the increase in diagnoses include a rise in the number of mental health professionals, less stigma attached to the illness and improved documentation of the number of cases.

Childhood depression could also be on the rise because of increased stress in our culture, which requires more resilience for coping, says Kastner. And these days, she adds, children often don't get enough sleep, leading to a decline in mood, changes in appetite and memory problems.

#### Hope for sufferers

Depression is a chronic and recurrent diagnosis, says Gudmundsen. She urges families to err on the side of caution — to get help when their child's "normal" has changed. Every child gets sad sometimes and experiences bumps in the road; the key to spotting depression is that these feelings persist, she says. "It's a change in what's normal for that child." Suicidal thoughts — not often seen in preadolescent children — should be treated immediately.

Treatment for childhood depression often includes cognitive behavioral therapy (CBT). It works on the principle that behavior and emotions are interconnected, says Gudmundsen. If a child sees most things in a negative light, the therapist works to identify patterns of thought and behavior.



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As part of the treatment, the young patients learn new coping skills and ways to see the world in a more positive light. Some therapists encourage the child to act as if nothing is wrong. For example, a child behaving as if he's enjoying playing soccer may actually begin to enjoy playing. Attending school every day and participating in favorite activities — also known as "fake it 'til you make it" — can facilitate feeling better, Gudmundsen says.

Psychiatrists might also opt to prescribe antidepressants, if the family agrees. "When people are diagnosed with diabetes, we give them insulin," says Maya's mother. "We give people medicine for high blood pressure immediately, but we don't give antidepressants immediately," she says. "There is still a stigma attached to taking antidepressants."

The average episode of major depression lasts six to nine months — most or all of a school year — so sufferers could fall significantly behind in school and in their emotional and mental development. Gudmundsen urges parents to get help for their children as soon as they can.

#### Small steps

After the playground incident, Maya began feeling anxious and complained that she hated school. Currently in therapy, she has started an antidepressant regimen. She's improving, but is still tearful at bedtime, doesn't want to go to school and is short on patience. "We're not there yet," says her mother.

Katie resisted medication despite her therapist's recommendation. She constantly talked about hating school, so she was allowed to attend a different school. After two weeks, she returned to her old school, realizing that her problems were not coming from her peers, but from within.

After a few months, Katie became more responsive to therapy and, with the support of her family and her therapist, began to recover. Today, she's doing much better in school — and in life. ■

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