

From normal blues to debilitating depression: recognizing the signs and symptoms to help your child or teen

by Dr. David Smith

We all feel sad from time to time. It is a normal and appropriate response to disappointment and loss. But how do you tell whether your child or teen is experiencing normal sadness or suffering from clinical (or major) depression that may need expert help?

Telling the difference can be difficult as the symptoms of depression can be different in children and teens from adults. In young children, it may express itself by being excessively clingy, frequently crying, expressing fear that they or others will die, losing interest in toys or friends, losing interest in school or refusing to go, frequent headaches, stomach aches or feeling sick.

In older children and teens, along with many of those symptoms can come others like withdrawal and social isolation. Other symptoms can be a lack of energy, extreme boredom, inability to concentrate or communicate, loss of friends, or lack of desire to see friends. Changes in patterns of eating and sleeping (either too much or too little) are common signs, as is being unable to get out of bed or off the couch. If your teen has previously been involved in sports and hobbies, depression may show up as an inability to enjoy or partake in activities that used to bring pleasure. Also common are feelings of excessive regret, guilt and remorse and increased irritability, aggression and hostility, as well as extreme sensitivity to rejection, criticism or failure. Sometimes untreated anxiety can turn into depression when the child or youth feels overwhelmed by their fears. One or two such symptoms usually aren't enough to make a diagnosis, but a pattern of sadness or loss of interests or pleasure combined with three or four such symptoms extending over two weeks or longer is more suggestive of clinical depression.

For parents, some of these symptoms can seem at times like normal teenage angst, lack of motivation or even misbehaviour. In fact, up until about two decades ago, it was thought that depression was primarily an adult disorder that rarely affected children or teens. Any symptoms displayed were put down to "a phase," moodiness, over-dramatization, or self-indulgence. "Snap out of it!" many a parent would bark — thinking erroneously that cajoling or scolding might help.

Now we know much better. Depression is a serious mental health issue that affects about two per cent of BC children and adolescents every year. It is more common in girls, but it may be that depressed boys and teenage males display other behaviours like aggression, substance use, and delinquency, which can mask the depression.

The risk of experiencing an episode of depression rises with age and with family history. While sometimes depression comes seemingly out of the blue, it can also be triggered in susceptible youth (with a genetic predisposition or with low self-esteem, perfectionist tendencies, for example) by trauma, anxiety, guilt or regret, or the death of a loved one or other significant loss.

On its own, depression is bad enough, but its hopelessness and despair, with the inability to see a brighter future, can also lead to suicide, which is the second leading cause of death among 15-24 year olds.

Fortunately, depression is highly treatable and youth are more likely to respond well to treatment if they receive it early. Treatment can consist of psychotherapy to teach youths how to address thoughts and behaviours that can lead to depression. Also, anti-depressant medication can be very effective at reversing depression and keeping relapses at bay.

If your child seems to be showing symptoms of depression, talk to your family doctor, a mental health professional or the mental health clinicians through the Ministry of Children and Family Development (MCFD). Call Service BC at 1 800 663-7867 to find the MCFD office nearest to you. Their experts will screen for depression and help your child access the most appropriate treatment if needed.

We do know that healthy diets, regular exercise, good sleep, and the ability to talk about problems with people who care are all protective against depression or relapses. Information and support are available through a number of websites, such

as: ok2bbblue.com, dwdonline.ca, heretohelp.ca; mindyourmind.ca; keltymentalhealth.ca, mindcheck.ca, openmind.ca.

For youth with suicidal thoughts please call the BC Youth Crisis Line 1-800-suicide, visit youthinbc.com to chat with a counsellor in real time, or go to the Emergency Department of your nearest hospital.

Next column, we will talk about substance use.

Dr. David Smith is an adolescent and adult psychiatrist and the medical director of the Okanagan Psychiatric services for Interior Health. This series of columns on common child and youth mental health issues is a project of the [Child and Youth Mental Health and Substances Use Collaborative](#). The Collaborative involves multiple individuals, organizations and ministries all working together to increase the number of children, youth, and their families receiving timely access to mental health services and support in the Interior Health and Vancouver Island regions. The Collaborative is jointly funded by Doctors of BC and the government of BC.