

Depression can be treated

Depression is an illness and must be treated as such.

Depression rarely goes away on its own. If depressive symptoms persist over a period of two weeks or suicidal intentions are expressed, it is important to seek professional help.

IMPORTANT: As a general rule, the earlier treatment is initiated, the better.

The first point of contact can be a paediatrician or general practitioner. They should refer the patient to a specialist.

Mild and moderate depression in children and adolescents is treated on an outpatient basis. Psychotherapeutic services are available for treatment, which are usually supplemented by family therapy services. Outpatient therapies are carried out by established child and youth psychotherapists and psychiatrists.

Severe depression, for example with thoughts of suicide, can be treated with medication. These do not lead to dependence and help to bring the brain metabolism, which is out of balance during depression, back into balance.

What can relatives do?

The people around a child or adolescent with a depressive illness often have difficulties understanding the behaviour shown. For relatives, the child or adolescent may appear lazy or aggressive. However, these are common manifestations of the illness. When deciding whether to seek professional help, it is advisable for parents to listen to their own feelings and decide early to seek clarification, rather than wait.

A depressive illness in a child or adolescent is no reason for their parents to doubt their parenting skills or to feel ashamed.

Seek a conversation. It is important to have a calm and trusting conversation with the child or adolescent. Often adults are afraid to talk about problems and concerns because they think they will do something wrong. The following points can help:

- Offering to have a conversation («I have noticed that...», »What do you think?«)
- Address and admit your own uncertainty
- Do not expect too much from a first conversation
- It is normal for young people to be reserved
- Be patient and offer to have a conversation repeatedly
- Do not look for solutions immediately, listen first and find out more
- Ask what things the child or adolescent still enjoys doing
- Ask if the child or adolescent is often lonely and unhappy
- Ask whether tears often flow
- Point out possibilities for help and name contact points or arrange a joint appointment together
- If there are any signs of suicidal intentions, ask whether the child or adolescent has already thought about ending their life.

Get advice and help. You can find initial contact points and offers of help on the following pages.



Here you will find advice and help

Counselling services

Samaritans Freephone 116 123, jo@samaritans.ie

Turn2me.ie

My Mind Online Counselling : Call (+353) 818 500 800 or

visit : hq@mymind.org

In Crisis

Call 999 or 112 if you or someone you know is about to harm themselves or someone else

Outpatient care

Jigsaw primary care services : <https://jigsaw.ie/services-in-your-area/>

Samaritans face to face service: <https://www.samaritans.org/ireland/samaritans-ireland/>
Call : 116 123

Inpatient care

Go to or call the emergency department of your local general hospital : <https://www.hse.ie/eng/services/maps/>

HSE Cork & Kerry Mental Health
Address: Section Headquarters Skibbereen Co. Cork
City of Cork
Phone number:
(028)21077

Kerry Mental Health Services
<https://www.hse.ie/eng/services/list/5/kerryhealthservices/kerrymentalhealth/>

Further information

Childline (ISPCC) Freephone 1800 666 666, Text 50101, Chat [online childline.ie](http://online.childline.ie)

Jigsaw Live Chat (12-25 years old) jigsaw.ie/livechat

Text SPUNOUT to 086 1800 280 to talk to a trained volunteer, www.spunout.ie
Text 50808: free 24/7 text service

Regional alliance against depression contact

Cork Kerry Alliance Against Depression
National Suicide Research Foundation
WHO Collaborating Centre for Surveillance and Research in Suicide Prevention
4.28 Western Gateway Building
University College Cork
Cork, Ireland
E-mail : eaadbest@ucc.ie

2021-08-05

DEPRESSION in children and adolescents

Information for parents
and relatives



Depression has many faces

Depression has many faces

Depressive disorders in children and adolescents
Depressive disorders are among the most prevalent and most severe mental illnesses. Although the risk of developing depression is significantly higher in adulthood, children and adolescents can also be affected.

While depressive disorders occur in only about 3% of children up to 12 years of age, they increase in frequency in adolescence to about 6%.

General symptoms. Depressive illnesses in children and adolescents are often not recognised or recognised very late, as the symptoms often differ from those of adults. In addition, the clinical symptoms are age dependent. Nevertheless, there are some common symptoms of depressive disorders in childhood and adolescence that are reported by those affected or can be observed by outsiders on the basis of noting their behaviour:

- Sadness
- Irritable mood
- Listlessness
- Difficulty in concentration
- Tiredness
- Sleep problems
- Weight changes
- Fear of failure
- Rumination/Thoughts

Age-specific symptoms in childhood

The external symptoms of depression in children and adolescents vary according to age. The younger the child is, the more difficult it is to recognise and diagnose a depressive illness.

In young children, abnormalities can primarily be observed in the child's behaviour. Especially in play situations, changes in the child's usual behaviour can be observed. These are expressed, for example, in fearfulness, aggressiveness, joylessness or apathy.

At primary school age, children can usually express their sad mood in speech. Further, persistent depressive signs such as anxious behaviour, sadness and sudden crying for no apparent reason are often accompanied by physical complaints such as headaches or stomach aches. Frequent aggressive mood swings can also indicate the presence of a depressive illness. Low self-esteem and feelings of guilt usually only become apparent at the beginning of adolescence.

In childhood, depressive illnesses are often accompanied by behavioural problems, which can partly mask the depressive symptoms:

- Restlessness
- Distractibility
- Difficulty concentrating
- Separation and school anxiety

Age-specific symptoms in adolescence

In adolescence, the symptoms are increasingly similar to those of adulthood. Adolescents that are affected are often withdrawn from people and are plagued by feelings of meaninglessness, failure and guilt. Further, fears about the future, rumination and sometimes thoughts of suicide are part of the symptoms.

It is not easy to distinguish between age-related moods and their fluctuations and the presence of depression which requires treatment. Individual characteristics, such as listlessness or an irritable mood, are usually not noticeable on their own. However, if a combination of different symptoms is present over a longer period of time and leads to everyday life being impaired, a professional assessment by a specialist, paediatrician or child and youth psychotherapist should take place.

Depression in adolescence often also manifests itself in the following behavioural problems:

- Anxiety disorders
- Self-harming behaviour
- Drug or alcohol use
- Eating disorders

IMPORTANT: Depression is not a sign of personal failure, neither of the child, adolescent, nor of the parents, it is not anyone's fault.

Suicidality

Suicidality describes a mental state in which the thoughts and possibly the actions of the person affected are directed towards causing their own death.

Depressive disorders are a major risk factor for suicidal acts. Children and adolescents at risk of suicide usually send out signals and wish for these to be acted upon. Warning signals can be:

- Severe hopelessness
- Self-hatred and self-harming behaviour
- Social withdrawal
- Expressions such as »I can't take it any more«.
- Letters of farewell
- Concrete plans for a suicide

Suicidal thoughts or threats should always be taken very seriously!

Asking concretely about suicidal thoughts and planned suicidal acts, as well as listening patiently and attentively, is particularly important. The concern that this might stimulate suicidal impulses is unfounded. Rather, such conversations are experienced as being a relief to those affected.

Depression can affect anyone

Causes of depressive disorders in children and adolescents

The causes for the development of depression are manifold and have not yet been conclusively researched. It is however undisputed that depressive illnesses cannot be attributed to a single cause. Depression is caused by a complex interplay of biological and psychosocial aspects.

Stress and risk factors

Severe external conditions or drastic life events can exceed a child's or adolescent's ability to cope with stress and lead to the development of depression, such as:

- Moving house and a change of school
- Separation of parents
- Death of an important caregiver
- Poverty
- Lack of support and attention
- Physical maltreatment and abuse

Of course, not every child who has to deal with a drastic event develops depression. There are many protective factors that help young people cope with such events. For example, stable relationships in the family and at school as well as a good circle of friends are supportive elements. Personality traits such as optimism, self-confidence, and the ability to cope with conflict can also promote successful coping.



This project has received funding from the European Union's 3rd Health Programme – Annual Work Programme 2020 (HP-PJ-2020) under grant agreement No. 101018325. The material presented and views expressed here are the responsibility of the author(s) only. The EU Commission takes no responsibility for any use made of the information set out.

DEPRESSION