

## Childhood and Youth Depression

Dr. N. Gottheil, C.Psych.  
Turning Corners Psychological Services

## What is Clinical Depression?

- A mental health condition
- Involves a change in functioning
- Includes extreme sadness, irritability, and/or a loss of pleasure in previously pleasurable activities or experiences
- 1994/1995 National Population Health Survey
  - 6% of the Canadian population aged 12 years and over had symptoms consistent with depression

## Prevalence Rates

- 2003 National Association of School Psychologists (studies 1990's)
- 10% of Canadian children (mean age of 10 yrs, 6 mos)
- 9.5% of US children (mean = 9 yrs) and 12% of 12 -18 year olds
- US rates of 11 to 15 years old w/ Depression (Trimble 1991)
  - Mexican American 12%
  - African American 9%
  - Central American 7.9%
  - Chinese American 2.9%

## Signs and Symptoms

- Sad, down, empty and/or irritable
- Isolating and/or withdrawing
- Feeling helpless, worthless, or hopeless
- Loss of interest or pleasure in activities, hobbies, etc.

## Signs and Symptoms Cont'd

- Change in appetite
- Sleep disturbances
- Decreased energy or fatigue
- Poor concentration or difficulty making decisions
- Thoughts of death and/or suicide

## Some Things to Consider

- Are the symptoms affecting your child's functioning at home, in school, with friends, family, etc.?
- Have your child's difficulties been longstanding or just recent?
- Is it producing much distress for your child?
- Does the sadness have an identified cause (after the loss of a pet, after failing an exam)?

## What Psychologists Use to Help Diagnose?

- Clinical Interviews with Child and Caregivers
- Diagnostic and Statistical Manual 4<sup>th</sup> Edition (DSM IV)
- Psychometric Surveys and Measures

## Limitations of Our Tools

- Different communities have different levels of sadness because of specific cultural experiences (discrimination, language barriers, separation from extended family)
- Depression can appear differently in different cultures
  - Sadness vs. Somatic Complaints vs. Anger
- Measures don't tend to allow us to compare kids from one culture with other children in their culture. Instead measures tend to allow us to compare to a broader Canadian sample.
- The language used in the measures is not culture free with the majority culture often being most represented

## Causes of Depression

- Social Factors
  - Poverty, challenges of immigration, being a visible minority, being separated from extended family, language barriers and reduced opportunities
- Biological and Genetic Factors
  - Depression can run in families
  - Certain medical conditions can cause depressive symptoms (Thyroid condition, Mononucleosis)
  - Issues with the biochemistry of the brain (neurotransmitters)

## Tips for Parents When You Suspect Depression

- Try to create a safe environment so your child can find the comfort to talk to you
- Don't be afraid to ask questions but be prepared for answers that might be hard to hear
- Don't think you have to have all the answers
- Do listen, so your child feels less alone
- Don't judge and do validate his/her feelings
- Don't be afraid to seek help

## Barriers to Seeking Help

- Stigma
- Concerns about the community finding out
- Concerns about not being understood
- Language barrier and nuances
- Difficulty sharing private family information
- Concerns about confidentiality

## Where to Get Help

- Family doctor or pediatrician
- If you don't have a doctor, can go to a walk in clinic
- Community mental health agencies
- University of Ottawa Psychological Services
- Private Psychologists, Social Workers
- Children's Hospital of Eastern Ontario

## What You Need to Know

- It is important to help providers understand your family, culture and how to communicate with you
- Just because someone is from your community, doesn't mean that they specifically understand your family
- You can shop for a therapist
- It is okay to ask about qualifications
- Use of translators when necessary

## Let's Understand First Then Treat

- Treatment depends on what are the root causes and ongoing contributors of the depression. Therefore, it should always be preceded by a thorough assessment.
  - Medical checkup to rule out possible biological contributors
  - Review of sleep patterns and diet
  - Family and developmental histories
  - Psychosocial assessment

## Intervention: What Therapists Can Do

- Team up with the family to problem solve ways to manage contributors to the depression
- Teach the child and family a variety of skills to better manage feelings and stress
  - How to identify feelings when they are starting
  - Emotion regulation skills (i.e., self-talk, problem solving strategies, behavioural strategies, identifying unhealthy beliefs and thoughts)
  - What to do when overwhelmed by emotion (i.e., distraction techniques)
  - Communication Skills

## Intervention Cont'd

- Self-esteem Development
- Friendship-Making Skills
- Sometimes, a non-family member allows children to share things they wouldn't with the family because they are afraid to hurt other peoples' feelings, or are concerned about their reactions

## Questions and Answers



[www.turningcorners.ca](http://www.turningcorners.ca)