

Blue notes

Children as young as five are being treated for depression, some of them with anti-depressants.

Dr Nicola Davies reports on a worrying trend



The rate at which children under seven are being diagnosed with depression has been steadily increasing for the last 40 years. One in 10 children aged between five and 16 now has a clinically diagnosable mental health problem. How can we protect our children against this growing epidemic?

It wasn't long ago that it was believed children didn't have the emotional maturity to become depressed. But we now know that amongst adults with long-term mental health problems, half experience their first symptoms before the age of 14. Dr Rob Hicks points out: 'Studies show that depression amongst children aged 5 to 16 in the UK is something we really need to address.'

Why do children get depressed?

While the causes of depression remain unclear, Dr Hicks explains that many factors can contribute, such as losing a loved one, illness, stress, family problems and difficulties at school, such as bullying. Genetics and family tendencies can also explain why some children are more susceptible to depression.

Many researchers now believe that depression in children can be brought about when overprotective and overbearing parents provide a home environment where the child has no control over his or her life.

Christopher Jacoby, health journalist, says of over-controlling parents: 'They micro-manage kids' activities. They direct all details from how they take a bath to how they figure out arithmetic problems. They fertilise dependency and discourage independence.'

Children who are brought up to believe that they have a say in developing their own personality and interests may be less likely to become depressed than those who believe that they must simply follow parental instructions in all aspects of their lives.

Unfortunately, given our desire to protect our children, strict parenting practices that reduce children's freedom are likely to remain. Practices commonly accepted as little as 20

years ago are no longer an option for parents. Letting children walk to school alone, for example, is simply no longer safe or acceptable.

Are parents to blame?

Depression in children usually results from a combination of factors that relate to physical health, life events, and genetics. Parents are rarely deliberately to blame, but they can take steps to reduce the likelihood of their child developing depression.

The first seven years of a child's development sets the baseline for his emotional stability in the future. This is why the parent-child attachment is most important during the early years of development. Infants learn about the world through their attachment to their caregiver. If the caregiver is depressed, or not responsive enough, it may lead to difficulties in cognitive development.

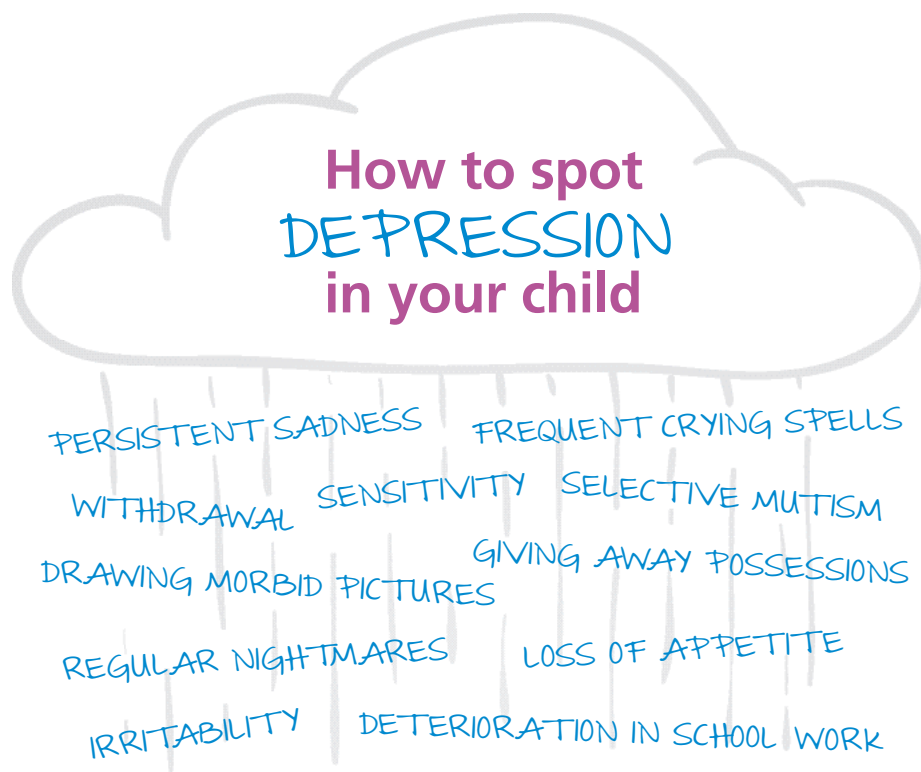
Children who have parents suffering

from depression usually develop their first emotional problems much earlier than children whose parents do not. If you have a problem, seek help for yourself. It isn't your fault if your child also develops depression, but taking care of your own health will surely help protect your child.

Before labeling your child as depressed, remind yourself that sometimes children are just getting to grips with their own physical and mental development, and tend to act out emotionally to express themselves. Taking a child to see a psychologist when it isn't needed may instill in them the idea that there is something wrong with them, and so care is needed before any action is taken.

Treating child depression

Sarah Brennan is chief executive of Young Minds, a registered charity aiming to be 'the voice of young' ▶



These symptoms need to be persistent to indicate depression, so observe your child's behaviour for a few weeks before approaching a mental health professional. Ask your child's teacher if she has spotted any changes, too.

- ▶ people's mental health and well-being.' She says: 'Intervening early when a child or young person starts struggling to cope is proven to reduce the likelihood of that young person developing much more severe and entrenched mental health problems.' So what does treatment involve?

Prior to the 1980s it was rare for children under the age of five to be prescribed psychiatric drugs in the UK. Today, it has become common practice for psychiatrists to prescribe anti-depressants to children as young as five, with serotonin-reuptake inhibitors like Fluoxetine (Prozac) remaining the most well-known anti-depressant prescribed for children.

Dr Andy Eig, clinical psychologist, points out: 'Recently, quite a few psychiatric experts have come forth and said that, in their opinion, doctors are over prescribing psychiatric drugs to young children.' Research shows that the side-effects of anti-depressants include hostility, mood swings and aggression. Many of the long-term effects on children's development remain unknown as not enough research has been done.

Whatever their side effects, there's little doubt that anti-depressants may have a role in treating severely

Helen Ireland, 46, first experienced depression when she was seven years old



'My life at home changed and gradually I became withdrawn and my school work deteriorated. I became quiet and moody and the other kids picked up on that. At the age of 12 I got a lot more depressed. I wanted to die: I saw this as an escape. I eventually stopped eating and was diagnosed with anorexia. In the end, I was admitted to a children's psychiatric unit in London where I spent a long time receiving a mixture of medication and psychotherapy. Now, as an adult, I struggle with fluctuating periods of depression. I feel vulnerable and at high risk of the depression coming back.'

depressed children. But even then medication alone is unlikely to be sufficient and in these cases psychological treatments can be used in conjunction with medication. When this happens, the rate of recovery is usually speeded up, allowing children to come off the medication more quickly.

Getting perspective

For whatever reason, children today are at greater risk of depression than previous generations. But it's important

to remember that there is a difference between depression and sadness. Just like adults, children get off days, when they aren't feeling themselves. Be careful not to label your child as depressed unless the common signs and symptoms are persistent for at least a few weeks. If the symptoms are persistent and raise concern, seek advice from your GP. Crucially, rather than blaming yourself, help your child by becoming actively involved in their treatment.



Tanya's six-year-old daughter, Sarah, was diagnosed with depression four months ago

'Sarah has never been a loud child, but I noticed her gradually becoming more withdrawn. Not only had she stopped playing with her friends, but it became more effort to get her to interact with me. She just seemed so sad all the time. Her toys weren't touched for weeks. She wasn't interested in food – not even her favourite Neapolitan ice cream.

'When I took her to the doctors, it became clear that Sarah was missing her Daddy, who I had divorced seven months previously. She still sees him and they spend a lot of time together, but I had underestimated just how much the separation had impacted on her. I was so busy trying to cope myself that I assumed Sarah was ok.

'At first I was scared of being involved in Sarah's treatment. I thought I was to blame and that it would be better if I wasn't involved at all. I was pleasantly surprised to find it was the opposite and it brought Sarah and I closer together. I gained an understanding of her condition and realised that it wasn't my fault – or hers. It was an illness that we could work on together. We are lucky that her depression was diagnosed early, so there's a good chance it won't become entrenched.'

Names have been changed