

Depression in Children

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Can even very young children be depressed?

Yes. Depression affects around 2.8% of children under the age of 13 and 5.6% of 13–18-year-olds. An estimated 20% of young people will have had at least one depressive episode before the age of 18.

Key signs of depression in children

Depression can affect different children in different ways. A child might experience any one or more of the following key symptoms:

- Feeling sad or down, with feelings that do not go away or may get worse.
- Feeling irritable.
- Not enjoying things they previously enjoyed.

Additional symptoms may include:

- Worried, tearful, or moody.
- Bored or tired most of the time.
- Unable to concentrate.
- Problems with sleep.
- Eating too much or not enough.
- Injuring or hurting themselves.
- Taking uncharacteristic risks or not keeping safe.
- Feeling that life is not worth living.

Special characteristics in school-aged children

- Aches and pains.
- Not wanting to play.
- Not wanting to see family and friends.
- Lacking enjoyment.
- Being clingy and not wanting to separate from caregivers.
- Extreme, uncharacteristic irritability.

Risk factors

- Bullying and problems with peers.
- Exposure to adversity, including child abuse.
- Death of a parent, loved one, or friend.
- Parents splitting up.
- School problems.
- Moving away from home or country.
- Other family members being depressed.
- Having other illnesses.

The more risk factors present, the more likely it is that a child could become depressed.

What to do if you think a child is depressed

If the depression is very mild or there are understandable reasons for feeling sad, it may not be necessary to refer immediately to a healthcare professional. In these cases, it can help to keep a watchful eye on the child and offer support — talking to them, ensuring regular exercise, a balanced diet, and a good daily routine including a sleep routine. If symptoms persist or worsen, seek professional advice.

When and where to refer

Seek help when sadness persists or gets worse and is accompanied by several of the additional symptoms listed above. In the first instance, approach the GP, the school SENCO, or the school nurse.

Treatment options

The sooner a child gets treatment, the quicker they are likely to get better. Several options are available:

- **Cognitive Behavioural Therapy (CBT)** — the approach with the most evidence of effectiveness. It involves looking at how the child's problems, feelings, thoughts, and behaviour fit together and influence each other.
- **Interpersonal psychotherapy** — talking with a healthcare professional about relationships with family, friends, and others, and how difficulties in those relationships may be connected to the depression.
- **Family or systemic family therapy** — working with the whole family to explore how the child's difficulties fit within the family system and how the family can help.
- **Non-directive supportive psychotherapy** — identifying problems and exploring with a healthcare professional how they might be resolved.

When depressive symptoms are severe and psychological treatment has not helped, medication may be indicated. It should always be used alongside continued psychological support and can only be prescribed by a psychiatrist specialising in children's mental health.