



Understanding Depression

Depression in Children and Adolescents

Depression is relatively common in children and adolescents, and can look very different than it does in adults. For example, children who are depressed may seem cranky rather than sad, or lose interest in doing activities they once enjoyed. They may show changes in their sleeping or eating habits, say negative

things about themselves or others, or expect bad things to happen in the future. Some depressed children seem tired and unmotivated, while others may seem restless. Almost all children can feel bad in these ways sometimes – that’s normal, but it’s a problem when kids get “stuck” feeling sad,

Depression can make children irritable, or less interested in doing things they once enjoyed.

down, or upset. The good news is, there are some effective ways to help children feel better and manage their feelings – so that they don’t get “stuck”.

What We Think and Do Changes How We Feel

We are all affected by the things we think to ourselves and by the things we do in response to our feelings. If it is raining and you think to yourself, “Oh, no! Now all my plans are ruined!” you might feel pretty bad, and in response you might just get back into bed and sleep all day. If you did

that, you might miss out on lots of chances to feel better. On the other hand, if you thought, “I’m glad it’s raining; now I can stay inside and finish that great book I’ve been reading!” you would probably feel happy, and do something you enjoy. Children who have difficulties with sad or cranky mood are more likely

to have negative thoughts about events in their lives, and also less likely to choose activities that will help them feel better. In this programme, your child will learn ways to improve his or her mood by changing thoughts, changing behaviours, or changing both.

Why Is My Child Depressed?

Depression in children and adolescents has many different causes, including biological factors, psychological factors (such as thoughts and feelings), and social factors (such as school and friends). Depression can often result when a child with a “sensitive personality” loses a sense of control and experiences multiple stressors.

Sensitive Personality

“Sensitive personality” means that some children tend to be more easily irritated, upset, or sad than others. They react

more strongly to bad situations or to information that seem threatening. A child with a sensitive personality has an increased risk of negative emotions throughout life, which can lead to mood disorders.

Sense of Control

Children who have a sensitive personality and who feel they cannot control the things that happen in their lives are more likely to have a negative response to bad experiences. Some children with epilepsy may feel a loss of control

around their seizures, which can happen unpredictably. This sense of things being out of control can be aggravated by situations that limit a child’s opportunities to experience the world, to master challenges, and to get help when necessary. Some parents may feel a need to protect their child, but a child needs to develop a sense that he or she has had some control over bad situations, either by making them go away or by learning skills to cope with them. We might not be able to take bad experiences like

seizures away through therapy but there are strategies that we can use to help children learn to cope with them.

Stressful Experiences

Among children who have a sensitive personality, stressful experiences can shape mood, too. For example, sensitive

Negative Thoughts

Depressed children tend to see the world more negatively than other children do. They are very good at imagining what might go wrong. This tendency shows up in three important ways: (1) the things they pay attention to, (2) the way they interpret situations, and (3) the “self-talk” they engage in.

Attention

Depressed children focus on the negative more than most children do. For example, they are more likely to pay attention to signs that things are not going well, and more likely to remember unhappy events than happy ones. They may focus on

children who experience failure may come to believe they will never succeed, even if they have been quite successful in the past. This can happen if a young person with epilepsy has had to miss large amounts of school due to medical appointments, or surgery for example. A sensitive child who

things that they find difficult (for example lots of young people with epilepsy may find certain subjects at school more difficult) and not on their strengths.

Interpretation

Depressed children are more likely than others to think negative thoughts about themselves, others, and the world. For example, when depressed children are asked to think of reasons why they did

is rejected by peers may withdraw from social experiences. This same child may perceive things to be overwhelmingly negative even when they are not, or give up easily when the going gets tough.

poorly on an exam, they are more likely to think “because I am not smart” instead of “because the exam was hard.”

Self-talk

Depressed children also generate more negative “self-talk” than non-anxious children. That is, they are more likely than other children to tell themselves things like, “I’ll never be able to do this” or “Things will never work out.”

Negative thoughts can lead to hopeless feelings; helpless feelings can lead to children to give up rather than try to solve problems in their lives.

How Cognitive Behavioural Therapy Can Help

Cognitive Behavioural Therapy is the treatment approach for children and adolescents that has been tested most and shown to work. It helps young people develop coping skills to address their specific difficulties. Several skills are taught to children. The therapist will work with your child to identify the skills that

will help him or her the most. Children develop these skills primarily through practice exercises. Because most depressed children have developed certain habits of thinking and behaviour, it can feel artificial or strange to them, at first, to try new ways of thinking

or behaving. A therapist or a parent can act as a guide who encourages and supports the child as the child tries these skills out. Cognitive Behavioural Therapy involves practice - practice that helps children learn new coping skills and view the world in a new way.

