

# Depression

## Definition

There are different types of clinical depression.

*Major depression* is manifested by a combination of symptoms that interfere with the ability to work, sleep, eat, and enjoy once pleasurable activities. These disabling episodes of depression can occur once, twice, or several times in a lifetime.

A less severe type of depression, *dysthymia*, involves long-term, chronic symptoms that do not disable, but keep you from functioning at 'full steam' or from feeling good. Sometimes people with dysthymia also experience major depressive episodes.

### *Bipolar depression (manic-depressive illness)*

Not nearly as prevalent as other forms of depressive disorders, manic depressive illness involves cycles of depression and elation or mania. Sometimes the mood switches are dramatic and rapid, but most often they are gradual. When in the depressed cycle, you can have any or all of the symptoms of a depressive disorder. When in the manic cycle, any or all symptoms listed under mania may be experienced. Mania often affects thinking, judgment, and social behaviour in ways that cause serious problems.

## Causes

Depression and other forms of affective illness may be genetically based. For those individuals with a high genetic load for depression little or no environmental stressors are needed. For those individuals with a low genetic load, external factors are important in the induction of a depressive or manic episode.

## Diagnosis

The diagnostic evaluation may include psychological testing, laboratory tests, and consultation with other medical specialists such as a child and adolescent psychiatrist.

## Prevalence

As many as 3% of children may have depression.

- Once a young person has experienced a major depression, he or she is at risk of developing another depression within the next five years.
- Two-thirds of children with mental health problems do not get the help they need.
- Estimates suggest that each year there are somewhere between 25,000 and 45,000 suicide attempts by young Australians aged 15-24 years. Of these, around 500 will end in death.

## Common patterns of co-morbidity

There is a high prevalence of specific learning disabilities, overanxious disorder, school phobia, and anorexia in depressed young people. Conduct disorder and oppositional defiant disorder are common in children with depression. Some believe that hyperactivity beginning after age two years is most often symptomatic of an underlying depression. It has been reported that 35-45% of delinquent adolescents have affective illness prior to their incarceration for delinquent activity.

- Youth under stress who experience a loss or who have attention, learning, or conduct disorders are at a higher risk for depression.
- Almost one-third of six- to twelve-year-old children diagnosed with major depression will develop bipolar disorder within a few years.
- Four out of every five runaway youths suffer from depression.
- Clinical depression can contribute to eating disorders. On the other hand, an eating disorder can lead to a state of clinical depression.

## Prognosis

Treatment of major depression is as effective for children as it is for adults.

## Strategies

- A comprehensive treatment plan may include psychotherapy, ongoing evaluations and monitoring, and/or psychiatric appropriate medication management.
- Environments need to be supportive and reassuring.
- There needs to be an emphasis on positive interaction, and the individual needs to be assisted with appropriate decision making.
- The depressed young person should be encouraged to continue usual patterns e.g. sports, school.
- Coaching on a "mini" daily basis can help - getting things done; feeling better by acting positively.
- Interactions need to be being positive, rewarding, reassuring, and supportive.
- Preventative factors for individuals include: a sense of belonging, self-worth and personal control, a range of coping skills, and good social supports.