Childhood Depression & Suicide

Adapted from: *The Use of Medication in Treating Childhood and Adolescent Depression: Information for Patients and Families by* the American Psychiatric Association and the American Academy of Child and Adolescent Psychiatry in consultation with a National Coalition of Concerned Parents, Providers, and Professional Association.

What is major depression and how is it recognized in children?

Depression is a serious illness that can affect nearly every part of a young person's life and significantly impact his or her family. It can disrupt relationships among family members and friends, harm school performance and limit other educational opportunities. It can lead to other health problems through its effects on eating, sleeping, and physical activity. Because it has so many consequences, it is important that depression is recognized and treated successfully. When it is, most children can get back on track with their lives.

Major depression, or clinical depression, is a mood or "affective" disorder, a category of disorders that includes unipolar depressive disorder, dysthymia and bipolar disorder. For a diagnosis of depression, at least five of the following symptoms must be present for a period of at least two weeks. These symptoms must also represent a change in behavior and interfere with the child's ability to function at school, at home, or with their friends.

Symptoms of Major Depressive Disorder in Adults	Signs of Depression Frequently Seen in Youth
Depressed mood most of the day	Irritable or cranky mood
Decreased interest/enjoyment in once-favorite activities	Boredom, loss of interest in sports, video games; giving up favorite activities
Significant weight loss/gain	Failure to gain weight as normally expected; overeating and weight gain especially in teens
Insomnia or hypersomnia	Changes in sleep patterns; delays in going to or falling asleep; refusal to wake for school; early morning awakening
Psychomotor agitation/retardation	Difficulty sitting still, pacing, or very slowed down with little spontaneous movement.
Fatigue or loss of energy	Persistently tired, feels lazy
Low self-esteem; feelings of guilt	Self-critical; blaming oneself for things beyond one's control; "no one likes me; everyone hates me"; feels stupid;
Decreased ability to concentrate; indecisive	Decline in performance in school due to decreased motivation and ability to concentrate; frequent absences
Recurrent suicidal ideation or behavior	Frequent thinking and talking about death; writing about death; giving away favorite toys or belongings

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Pre-adolescent Depression:

Although depression can occur in young children, it is much more common in adolescents. Depression before puberty occurs equally in boys and girls. After puberty, depression is more common in girls. Depression is not always easy to recognize in children. In children, symptoms of depression are often hidden by other behavioral and physical complaints—examples of which are listed below. Many young people who are depressed will also have a second psychiatric condition at the same time which can complicate diagnosis.

Other disorders that fall in the spectrum of mood disorders include dysthymia and bipolar disorder. Dysthymia is a disorder that usually has less severe symptoms than major depression, but it is more chronic and persistent. Instead of shifting into well-defined periods of depression, the child with dysthymia lives in an ongoing joyless and gray world.

Another mood disorder is bipolar disorder. It is very important to recognize and diagnose bipolar disorder because it may first appear as an episode of depression. In bipolar disorder, periods of depression may alternate with periods of mania. During these periods of mania, the child will show unnaturally high levels of energy, and/or irritability. If there is a family history of bipolar disorder it should be discussed with your child's physician as your child may require special treatment considerations. Some children and adolescents may develop mania without a family history of bipolar disorder.

What factors other than depression increase the risk of suicide in children and youth?

There are risk factors for suicide besides depression, although depression is the most common diagnosis in adolescents with completed suicide. Often, particularly in boys, completed suicide is associated with depression, conduct disorder, and substance abuse. Sometimes, boys who commit suicide have the latter two without a mood disorder.

Anxiety disorders are also common in youth who commit suicide, but almost always in combination with a mood disorder. Depression alone is a bigger contributor to suicide in girls than in boys. Youth who commit suicide often have difficulty managing their emotions and they commonly make impulsive and risky decisions. Other risk factors for completed suicide include having access to a gun in the house, having made a previous suicide attempt with high suicidal intent and having combinations of a mood disorder along with conduct disorder or substance abuse.

Repeated suicide attempts increase the risk for a completed suicide. Suicide attempts that are discovered by accident are very serious. They suggest that the young person had a strong wish to die and timed their suicide attempt to decrease the chance of it being discovered.

Does talking about suicide increase the likelihood that a child will hurt him/herself?

No. Any expression of suicidal thoughts or feelings by a child or adolescent is a clear signal of distress and should be taken very seriously by health care professionals, parents, family members, teachers, and others. When a young person talks about suicidal thoughts, there is an opportunity to discuss the need to take special precautions and/or protective measures. *Any treatment approach that increases discussion of previously unspoken suicidal thoughts or impulses is helpful.* It is much more worrisome and dangerous for a young person with depression to hide the fact that he or she is having suicidal thoughts. The data demonstrate that asking a youth about suicidal ideas does not increase the risk for suicide. Indeed, such questions can help identify adolescents at risk so that appropriate interventions can be implemented.