



Engelska

# More than sad

Information about depression in  
children and adolescents

# TABLE OF CONTENTS

What is depression?.....	3
Depression can present itself in different forms in children, teenagers and adults. ....	4
Depression is common .....	6
Causes.....	8
Treatment of depression .....	11
Sources.....	20
Reading tips.....	20

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# What is depression?

All people experience times of sadness, depression and dips in their mood. During normal developmental crises such as puberty, changing schools, death, divorce or other difficult life situations, it is normal to feel sad and depressed.

These reactions may be a sign for you to stop and take it easy for a while, and to think about your situation, what you are not happy with and what you are able to change. These types of moods will go away on their own for most people.

## Signs of depression

Depression is much more than simply being sad. A person with depression is subdued and loses interest in things they used to like. Their appetite and desire to eat change. Most things feel difficult and they feel tired and lack of energy. They may have physical symptoms, such as headaches or stomach aches. It may be difficult for people with depression to accurately describe their mood and situation. Feeling worthless is common. They also have difficulties with their concentration and to stay focused on planned tasks. Many feel that life is meaningless. Thoughts about not wanting to live anymore may develop, and with it, suicidal thoughts.

It usually takes a long time for those close to a teenager to realize that they actually have depression. The teenager may hide their problems because they think that there is no help available, or they simply keep up appearances and pretend that everything is normal. Depression has a slow and creeping progression, which is what makes it so difficult to notice how a person's mood can change over time.

# Depression can present itself in different forms in children, teenagers and adults.

## Preschool children

As children do not have fully developed language and thinking skills at this point, they often express their feelings in other ways. Here are some examples:

- They do not play as usual
- They seem unhappy
- Their moods can change quickly – angry outbursts and crying fits with no apparent cause, difficult to console
- Anxious, restless
- Eating problems – they have lost their appetite or refuse to eat
- Sleeping problems – anxious, refuse to sleep alone
- Problems with separation
- Loss of skills
- Stomach aches and other physical symptoms



PHOTO: STINA GRANFORS

## **School-aged children**

Children from the ages of 7 and up can usually tell how they are feeling. Their symptoms begin to look similar to those in teenagers. Some examples include:

- Depression and/or irritability
- Looking sad/angry
- Mood swings
- Everything feels boring and wrong
- Refusing to eat, or mostly wants to eat junk food and candy
- Tired and lacking energy
- Low self-esteem
- Stomach ache, headache
- Difficulties concentrating, poor school performance
- Death wishes and suicidal thoughts may be present

## **Teenagers**

The symptoms in teenagers begin to look more like those in adults. Their increasingly developed language and thinking abilities enable them to describe their own situation in a completely different manner than children. Examples include:

- Fluctuating between being depressed and irritated. Easily irritated, with unprovoked outbursts of anger.
- Lacking interest – they cut back or quit their hobbies, stop seeing their friends.
- Appetite – not hungry, do not eat with the rest of the family. They eat candy, chips – emotional eating.
- Sleeping problems – difficulties falling asleep, lying awake, having a disturbed circadian rhythm, sleeping excessively or significantly less than usual.

- Reduced/low energy – not wanting anything, having no energy for anything.
- Hygiene. Careless, they avoid partly or completely to take care of their own hygiene.
- Negative thoughts about themselves or the future. Unreasonable feelings of guilt. Sensitive to criticism and setbacks.
- Express hopelessness and pointlessness with expressions such as “who cares? It’s too late for me anyway”.
- Poor school performance – difficulties concentrating, homework takes forever. “Nothing sticks”.
- Frequent thoughts about disappearing or dying. Suicidal thoughts and plans for suicide may also occur.
- Thinking about disappearing, dying, and thoughts and plans about suicide are common.
- Suicide attempts
- Self-harming behavior – such as scratching, cutting, burning, or drinking enough alcohol to lose consciousness.

## **Depression is common**

Depression is present in about 1–2% of all preschool aged children, and is equally common in both genders. However, the proportion increases significantly among girls after puberty. At this point, the number of cases of depression rises to 5–8%, making depression 3–4 times more common in girls than in boys. The prevalence of depression itself has not increased, but it has been found to be more common among children and adolescents than previously thought. It is also known that more people today are seeking help.

## **People often have several conditions at the same time**

It is very common for children and adolescents to have varying degrees of depression and anxiety at the same time, and for some the anxiety can be equally or even more debilitating than the depression. Other mental health conditions can also be present simultaneously with the depression.

## **Lengthy process**

Depression can be a lengthy process. How long a depression lasts varies greatly. From the onset of treatment, it may take between 1 to 9 months to become well. The process is rarely a straight line, the child or adolescent may feel rather well one day, only to feel absolutely awful the day after. The degree of depression will also affect the process.

A difficult depression may take longer to recover from. The ability to manage difficult life events will also affect how lengthy a depression may become. It is important to have a lot of patience, and the insight to accept that you cannot hurry a recovery.

## **Depression can be cured**

Depression is a state that can be cured. The goal of the treatment is to recover completely.

Having depression as an adolescent carries a risk of becoming depressed again in both adolescence and adulthood. It is common to become ill again 1–2 years after recovery. As many as 7 out of 10 will have a new episode of depression within a five-year period.



PHOTO: INES SEBALJ

# Causes

## The stress-vulnerability model

There are many factors that work together for a person to develop depression. The model used to explain the cause of depression in child and adolescent psychiatry today is called the stress-vulnerability model.

The stress-vulnerability model basically describes how factors within and around the individual interact in the development of mental health problems, in this case depression.

## Stress and negative life events

The exposure to stressful life events is a strong risk factor for developing depression. It has been known that both early life events during childhood and events close to the onset of depression both play a role.

Research has found that four negative events in particular are of great importance:

- Experience of being humiliated (being picked on, bullied, being a victim, for example)
- Experience of being locked in their current life situation without any way of escaping (such as being stuck with a bully, abuse, not being happy in school)
- Experience of loss (such as death, divorce)
- Experience of threats.



Some other examples of stressors include:

Lack of a safe relation between children and adult  
Poor social network, such as friend and family relations

Separations during childhood

Neglect and a lack of support

Witnessed violence and abuse

Trauma/traumatization

Social and economic hardships in the family

Antisocial relations

## **Examples of vulnerability factors**

### *Biologic factors*

Heredity for depression and other psychiatric conditions such as ADHD, autism spectrum disorders, various anxiety disorders and anorexia.

### *Personality*

Personality is a significant factor in a number of ways: it can affect the development of depression and the manner in which it expresses itself. A person who is prone to experiencing most things negatively has an increased vulnerability, as do anxious and worried people.

### *Psychosocial factors*

Lack of a safe relation between children and adult,  
separations during childhood

Neglect and a lack of support

Death or divorce

Witnessed violence and abuse

Trauma/traumatization

Social and economic hardships in the family

Antisocial relations

## Perpetuating factors

Understanding how a person's sensitivities interact with ongoing stress factors can be important in understanding how their depression has developed. It is also important to understand if the stress factors are ongoing and therefore perpetuating the depression. Examples of factors that could perpetuate a depression is the prevalence of other conditions as previously mentioned, a lack of sleep, reduced activity levels, conflicts in the family, when demands are too high, bullying, difficulties in school, and alcohol and drug abuse.

## A negative spiral of emotions and actions during a depression

Negative thoughts are dominant during a depression. "It's not possible", "it's no use anyway", "I can't deal with it" may be expressions for those types of thoughts. When thoughts become frequently more negative over time, it may lead to feelings of depression, a reduced self-confidence and low self-esteem. This can result in the person starting to withdraw from friends and family. The desire to do things that once was fun and important decreases. Perhaps they give up their hobby. Their energy decreases and they become more passive. Depression increases. A feeling of hopelessness sets in. Several of these types of negative spirals can interact during depression.



# Treatment of depression

## Reducing stressors

Treatments in the beginning stages usually focus on reducing or eliminating stressors, and finding out how the child/adolescent can be supported.

## Protection

There may be thoughts of self-harming and thoughts and impulses of not wanting to live during the acute phase of a depression. Suicidal thoughts and plans for them may be present. They are in great need for someone to be present, to support them, and to protect them from their own destructive impulses. It may be necessary for you as a parent to be at home with your child to provide them the protection that they need.

## What can I do?

### – Sleep, food, exercise and routines

#### Sleep

Sleep is a basic necessity. Teenagers usually need about 8–9 hours of sleep. Depression causes decreased energy levels and many sleep more than usual. There is often a lack of quality sleep during nights, which leads to feeling unrested and not having slept properly. It is common to sleep once or several times during the day, which makes it harder to fall asleep at night. You often lay awake and fall asleep sometime during the night. The circadian rhythm becomes disturbed shortly after.

Trying to maintain a normal circadian rhythm is important. Reducing sleeping during the day improves nighttime sleeping. As a parent, you may need to balance the increased need for sleep with as normal a circadian rhythm as possible. This means providing structure in order to normalize their sleeping patterns:

- Avoid any homework late at night
- Avoid them sleeping during the day

- Make sure they go to bed at regular times
- Physical activity, fresh air and daylight during the day, note that physical activity right before bedtime may make it harder for them to fall asleep
- Correct temperature in their room, keeping it dark and quiet
- TVs, phones, computers and tablets are strong sources of light that may delay falling asleep
- They should stop being used one hour before going to bed, that means no screens in bed
- Drugs, alcohol, tobacco, energy drinks and caffeine all ruin sleep

### **Food**

Depression often causes changes in the appetite. A reduced appetite leads to eating less food than the body requires. Many also suffer from nausea when they do eat.

A reduced food intake also introduces other problems, such as a lack of energy and weight loss. For others, the effect can be the exact opposite. They crave sodas, candies, chips and other “junk food”. Comfort eating leads to weight gain and even more loss of self-confidence. Eating together with others is a good routine.

### **Physical activity**

Exercise has a good effect on recovering from depression. Being passive sends wrong signals to the body. Being active through exercise instead sends the right signals. Carrying out a planned activity when the will and desire is not there may just be the most important thing to do as it is a good exercise for those with depression. Physical activity has a positive effect on the mood. The exercise should consist of three sessions of at least 30 minutes each, every week.

Physical activity provides a distraction, more opportunities for social interaction, reduces stress and prevents weight gain.

## **Becoming active**

Activity has an antidepressant effect in itself. Planning and carrying out some or many activities each day is beneficial for recovery. Not the least to come out of the passivity that often comes with depression, and to return to normal, everyday routines. Remember that this has to be done gradually and that the activities may need to be adjusted accordingly.

It is important to do activities you know you can do successfully for the sake of your self-esteem. An example of working gradually is to start out with basic activities such as taking care of your hygiene and diet. The level of activity can then be increased as your well-being improves.

## **Avoid alcohol and drugs**

Alcohol and drugs worsen the symptoms of both depression and anxiety. They make treatment more difficult and delay recovery.



## **Support from parents and loved ones**

When a child/adolescent becomes depressed, the suffering is not exclusive to them but it also affects the rest of the family. It is often difficult for parents and loved ones to cope with and know how to respond to melancholy and even explicit suicidal wishes, negativity, sadness, loneliness, brooding and apathy. They worry about what is going to happen to their performance in school and their friends. It may be difficult to know what demands to set and to find the balance between understanding and creating positive activities.

Conflicts can easily occur about these things which lead to more stress as children and adolescents with depression are very sensitive to criticism. Parents such as yourself are an enormously important support. A depressed teenager is in great need of you to be present and to give them warmth and comfort. Being present could mean many things. It does not necessarily mean that you have to talk all the time. You can do things together or separately. It is important to let your children know that you are always there for them, even in times when they shut you out and want to be left alone. As an adult, you should have a warm attitude. As previously mentioned, children and adolescents can be very sensitive to criticism, which is why you should avoid being critical or judging. Try to inspire hope – that things will become better. Having depression may result in gradually giving up different activities, their performance may suffer, and so on. People with depression often think of themselves as worthless or bad. A worsening performance reinforces these negative thoughts. It may be a good idea in this case to focus on the things that work well and try to do some constructive changes.

## **Learn about depression**

Having a good understanding of depression can give you a better picture of how people with depression feel. It may lead to less frustrations and more compassion and patience. Being knowledgeable means that you can better adapt your demands, rather than trying to force a change.

You may also feel more reassured as a parent. There may be a lesser risk of relapse if you learn to recognize the stressors and try to work with managing them.

It is also important to learn to work with the depressive thoughts and ideas. The final phase of the treatment is aimed at preventing relapse.

## **Early signs**

It is important to recognize early signs of depression to avoid a relapse, or to make it as short as possible. You have an important part in this as a parent. If you recognize the signs – do not wait to seek help. Many psychotherapy treatments include learning how to recognize early signs of depression.

## **Talk therapy**

Group therapy for depression is a method that should be considered. The method used is a further development on the method “Adolescent Coping With Depression” called “Att hantera en depression”, which is aimed at adolescents between the ages of 14–17. People who have undergone this treatment say one of the benefits of it has been to meet others who have similar problems of their own, and that sharing these experiences make them feel better.

The treatment consists of 12 group meetings. A group has 6–8 participants. Meetings are scheduled weekly in the beginning. Later in the treatment, the meetings occur every other week. The last meetings are follow-up meetings that take place every 1–2 months. Parents participate at the same time in parent groups that consist of 4–5 meetings. Parents likewise have follow-up meetings. The program is based on cognitive behavior therapy and interventions that have shown to have a good effect against depression. The main goal is to let the participants learn more about themselves, and to learn strategies that affect their mood in a positive manner. Individual treatment usually takes place at the same time as group treatment.

## Individual psychotherapy

Different types of individual talk therapies are available, all of which include simultaneous parenting support as part of the treatment. Examples of individual talk therapies include interpersonal psychotherapy (IPT) and cognitive behavior therapy (CBT).

## Interpersonal psychotherapy

IPT is a manual-based talk therapy divided into 12–16 sessions. The method is designed to treat mild to moderate depression in adolescents.

The purpose of IPT is: 1) alleviate symptoms of depression, 2) improve relationships with others, 3) counteract isolation by building and more effectively using a positive, supportive social network.

The treatment begins with information, or so-called psychoeducation about depression. The therapist then identifies how the adolescent's depression affects current relationships and suggests a problem area to focus treatment on, such as role change.

The treatment is concluded by evaluating the results of the treatment by measuring the symptoms of depression. The therapist and the adolescent review the progress made during treatment, i.e., what changes have been made, what skills the adolescent has learned and what remains to be worked on. Focus is placed on identifying warning signals (stressors) in order to avoid depression in the future, and skills training to manage and positively affect their mood.



## **Cognitive behavior therapy – CBT**

CBT is a method based on the idea that thoughts, feelings and behaviors are closely interconnected and affect each other. To affect depressive feelings, it is necessary to identify and change negative thoughts and behavioral patterns. That is why treatment begins with a so-called behavior analysis.

This is mapped out with the help of interviews, forms and homework. The desired goals of the treatment are then established.

It is important to establish functioning routines and to do activities that promote more positive feelings. It is also important to actively question and reframe the negative thoughts that would otherwise perpetuate negative feelings and destructive behavior patterns. Learning new skills may also help.

By the end of the treatment, it is important to make a new plan for how to maintain the positive changes, and what to do if the symptoms would return.

Much like all other methods, it is necessary to consider the overall life situation, and to make the changes that are required in that environment.

## **Specific family therapy**

Attachment Based Family Therapy (ABFT) is a manualized method with a treatment period of 12–16 weeks

The purpose of the method is to:

- 1) Relieve symptoms of depression and any suicidal thoughts.
- 2) Strengthen the relation between parent and child, to encourage the adolescent to turn to their parent for help and support when things get difficult.

The method aims to increase and improve communication and to reduce family conflicts. The treatment combines meetings with the family and meetings where the adolescent and their parents participate individually.

Research has shown that there is an increased risk for depression in adolescents when communication breaks down between them and their parents. It has also been concluded that an increased family bond, emotional support and parental supervision are important protective factors.

The results of the treatment are evaluated during treatment by measuring the symptoms of depression. By the end of the treatment, the adolescent and their parents make a plan for the future together with strategies to minimize the risk of falling into a depression again in the future.

## **Medical treatment**

If there are no reduction in the symptoms during psychotherapy, then a supplementation of antidepressant medication should be considered.

In cases of severe depression, it may be necessary to introduce medication at the start of the treatment.

### **Antidepressant medications**

The primary antidepressant medications used today are called SSRI. It is short for Selective Serotonin Reuptake Inhibitors.

Recovery takes place gradually over several weeks. Do note that the antidepressant effect is not immediate. Some may feel that they get more energy and feel more alert before the antidepressant effect sets in. It may take 4–8 weeks before a noticeable antidepressant effect is seen. It is not unusual to feel more anxious and bad in the beginning of the medication.

### **Side effects**

Antidepressant medications have side effects much like any other medication. The effects and any side effects are carefully followed up in regular controls by doctors and nurses. Side effects are most common in the beginning of the treatment, and most people think that the side effects are manageable.

A doctor must be consulted if many or severe side effects begin to develop.

The length of treatment for depression varies depending on the individual. It should continue in most cases for 6–12 months after becoming symptom-free. Tapering off the medication is usually not done during the autumn and winter months (when the amount of daylight is at its lowest), but the dosage can usually be reduced during these months. Tapering off antidepressants is always done in consultation with the treating doctor and is carried out gradually. The process of tapering off usually takes a few weeks and the purpose is to prevent potential side effects from stopping a medication, such as headaches, dizziness and nausea. This is because the active substance remains in the body for several weeks after the treatment has been stopped.

You can always ask your doctor or nurse about your medications during any of your regular follow-ups.

### **Antidepressant medications and other medications**

You should let your treating doctor know if you are taking any other medications. Certain medications may sometimes affect each other in unpredictable ways.

### **Complete the medical treatment**

Completing your medical treatment is a protective factor. Interrupting a treatment prematurely is a risk for relapse. Always consult your treating doctor before stopping a medical treatment. It is well-established that following the medical treatment as describe above is a protective factor for adults.

This seems to be the case for adolescents as well.

**Alcohol should be avoided when undergoing treatment with antidepressant medications.**

## Sources

This material is based primarily on facts gathered from:

- Vårdprogram för barn och ungdomar med depression, Barn- och ungdomspsykiatri, Östergötland.
- Prioriteringsriktlinjer vid depression. Barn- och ungdomspsykiatri i Västra Götalandsregionen.
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- Region Halland, Barn- och ungdomspsykiatri, kliniska riktlinjer, Depression 2012
- SFBUPs Riktlinje Depression 2014. Håkan Jarbin, Anne-Liis von Knorring, Maria Zetterqvist.
- Läkemedelsverkets behandlingsrekommendationer (Information 5:2005)
- Göteborgs stad PIVI hemsida

## Reading tips

Ung, trött och ledsen – depressioner i tonåren  
Gunilla Olsson / Förlagshuset

Depression en vanlig sjukdom  
Danuta Wasserman / Natur och kultur

Barn- och ungdomspsykiatri  
Marianne Cederblad / Liber

Barn- och ungdomspsykiatri  
Christoffer Gillberg / Natur och Kultur

När Orfeus vände sig om  
– en bok om depression som förlorad självakting  
Johan Beck Friis / Natur och Kultur







