
What is depression?

Depression is an emotion we are all familiar with. A bleakness of thought, a feeling of irritation toward those closest to us, a sense of emptiness, a question about what life is for, an inability to feel joy or pleasure – most of us have gone through times in our lives when we have had some or all of these feelings. Mostly they occur when we are tired or overburdened, when we have had a row with someone close to us or when an important relationship is not going smoothly. We usually can explain to ourselves why we feel the way we do and can reassure ourselves that these feelings will pass. This is depression, *the feeling*, part of the vast range of normal emotion that makes us human and that is as much a part of our ordinary experience as is joy, anger, fear or happiness.

When we hear somebody described as being depressed, we imagine that we have an idea of how they are feeling, based on our own experiences. We expect that their feelings of depression are a reaction to something negative that is happening in their lives, and we expect them to try to get over their depression – ‘to snap

out of it'. This is what most people understand when they hear the term 'depression' being used.

When mental health professionals use the term 'depression', they usually mean a *depressive disorder*, something that has some shared features with what is described above, but something that also has important differences. The term 'depressive disorder' implies that the person has a number of symptoms, including depressed mood, as described above, only usually to a much more profound degree, *and* they have what is called 'functional impairment' – in other words, they are handicapped in their ability to get on with life, to carry out their everyday life's activities. The classification systems used by mental health professionals in diagnosing depressive disorders are shown in Tables 1.1 and 1.2.

Many of the symptoms shown in Tables 1.1 and 1.2 are common in young people and probably in most of us from time to time, and do not mean we are suffering from a depressive disorder. What is important is the combination and severity of the symptoms and their effect on everyday life and the ability to function. In young people, irritability is often particularly marked, leading the young person to be in conflict with family, friends and teachers. This can lead to a vicious cycle of depression → conflict → further depression.

When depressed young people and those around them get into a vicious cycle like this, things can seem completely stuck. As a parent, you want to help your child, but you may feel angry and beaten back by his hostility or seeming indifference. It can feel as if there is no way forward. But there are ways of helping which can gradually 'unstick' situations like this, and these are dealt with in detail in the chapters ahead.

Classification systems for depressive disorders used by psychiatrists

Diagnosis of major depressive episode

Table 1.1. World Health Organization System (ICD-10*)

The individual usually suffers from depressed mood, loss of interest and enjoyment, and reduced energy leading to increased fatigability and diminished activity. Marked tiredness after only slight effort is common. Other common symptoms are:

- a reduced concentration and attention;
- b reduced self-esteem and self-confidence;
- c ideas of guilt and unworthiness;
- d bleak and pessimistic views of the future;
- e ideas or acts of self-harm or suicide;
- f disturbed sleep;
- g diminished appetite.

The clinical presentation shows marked individual variations, and atypical presentations are particularly common in adolescence. In some cases anxiety, distress and motor agitation may be more prominent at times than the depression, and the mood change may also be masked by added features, such as irritability, excessive consumption of alcohol, histrionic behaviour and exacerbation of pre-existing phobic or obsessional symptoms, or by hypochondriacal preoccupations.

A duration of at least 2 weeks is usually required for diagnosis and episodes may be mild, moderate or severe.

* *The ICD-10 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines*, World Health Organization, Geneva, 1992. Reproduced with permission. ICD-10 = International Classification of Diseases – 10th Revision.

Table 1.2. American System (DSM-IV*)

Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (i) depressed mood or (ii) loss of interest or pleasure:

- i Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful). Note: In children and adolescents, can be irritable mood.
- ii Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation made by others).
- iii Significant weight loss when not dieting, or weight gain, or decrease or increase in appetite nearly every day. Note: In children consider failure to make expected weight gains.
- iv Insomnia or hypersomnia nearly every day.
- v Psychomotor retardation or agitation nearly every day.
- vi Fatigue or loss of energy nearly every day.
- vii Feelings of worthlessness or excessive or inappropriate guilt.
- viii Diminished ability to think or concentrate, or indecisiveness.
- ix Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

The symptoms must not be due to another mental illness, or to the effects of drugs or medical illness. They must cause significant distress or impairment in social, occupational or other important areas of functioning to warrant a diagnosis of Major Depressive Episode.

* *Diagnostic and Statistical Manual of Mental Disorders* (4th edn), American Psychiatric Association, Washington, DC, 1994. Reprinted with permission.

Depressive disorders come in all grades of severity from mild disorders where the person may have the symptoms listed and be less efficient, less affectionate, less spontaneous than they usually are, to very severe disorders where the person may be unable to get out of bed, unable to communicate, unable to eat or drink, all of which may become a medical emergency. There are all sorts of grades between these two extremes. While there is no such thing as a typical case of depressive disorder in a young person, each case being somewhat different just as no two people are the same, the following case history is a good example of a young teenager with a depressive disorder.

Case history

Sarah, aged 13, has not been to school for 8 weeks. She got the flu 3 months ago and was out of school for a fortnight. She was determined to get back as quickly as possible as she is a conscientious student who works very hard and who likes to be and expects to be at the top of her class. When she tried to go back she felt a sense of dread that is hard to describe. She gets this feeling whenever she is not at home, but it is most marked when she tries to go to school. She worries a great deal about missing school and falling behind her classmates. She has no special friend in her class but there were some girls she was quite friendly with who used to call to see how she was getting on when she was first sick, but they have stopped calling now. Sarah has little energy and sleeps more than usual. She would sleep longer but her mother wakes her each morning at her usual time

for getting up for school in the hope that this will be the day she will go, but she does not. Sarah is irritable and angry most of the time but especially so in the mornings, and the atmosphere at home is very strained.

Sarah's parents are at their wits' end. They took Sarah to their general practitioner who gave her a thorough check-up but could find nothing wrong. Sarah's older brother thinks she is 'putting it on' and nags his parents to 'get tough' with her. Her father wonders if perhaps this might be the right approach but holds back when he sees how unwell she looks at times. Her mother alternates between feeling sorry for Sarah and being very annoyed with her as she is demanding and ungrateful – most unlike 'the old Sarah'. Sarah's mother has herself suffered from depression in the past and wonders if this could be depression, but she feels overwhelmed by the situation and is unsure where to turn.

Depression in children and adolescents usually has some of the above features but they may not always appear in the classical way described above. The reasons for this are many. Young people, particularly children, often do not have the language to describe how they are feeling. They experience the feelings, but are unable to describe them to others. Older children and adolescents may have the language, but are reluctant to talk about how they are feeling, often believing that others may think they are going mad, a fear they often have themselves. There are no words that can adequately describe some of the feelings experienced by some young people going through a depressive disorder, and it is only when they

have recovered that they can describe what they have felt. The next section, 'What depression feels like', gives real life examples of descriptions by young people of how they felt when they were going through a depressive disorder. These examples are shown with the permission of the young people involved.

What depression feels like

Quotes from young people (see also Chapter 10 for further information and quotes on the experiences of young people):

It was like a dread inside, there all the time. When I was with my friends it would go away a bit, but it always came back.

Jack, aged 15

I started worrying about everything, even things that never bothered me before. I was so worried about being asked a question in school that I used to feel sick in the mornings. Some days I just could not go to school.

Nessa, aged 13

I was angry with everyone, they all annoyed me, particularly my mum who kept asking me what was wrong.

Laura, aged 14

I couldn't face anyone, I don't know why. I wanted to be dead, it was in my mind all the time, I

couldn't stop thinking about my death and being dead. At least then I would stop feeling like this.

Sue, aged 15

Sometimes there'd be this feeling of being trapped, or perhaps overwhelmed. Other times there'd be a feeling of just being completely lost and not knowing what to do, and then the most frequent was probably one of complete and utter apathy for life, the universe and everything.

David, aged 16

I got very fatigued. I'd stay in bed for ever really. I just felt absolutely lousy and I got awful stomach pains as well, and awful headaches. So that's how I felt.

John, aged 15

How common is depression in young people?

Many research studies have been done which involve interviewing large numbers of ordinary young people and usually their parents as well. The interviews used are in-depth psychiatric interviews that allow a formal psychiatric diagnosis to be made. Studies of this type are fairly consistent in showing that about 5% of adolescents have a depressive disorder. This represents about 25 pupils in a secondary school with 500 pupils. Depression occurs in about 2% of older children and probably occurs in younger children, but accurate figures are not available for this age group. Depression occurs in children from all social backgrounds and is often associated with other

emotional and behavioural problems. In childhood, depression seems to occur with equal frequency in boys and girls, but in adolescence it may be more common in girls. We are not sure about this, as adolescent boys are notoriously reticent about discussing their feelings with others and that includes the professionals who carry out research studies. It may be that adolescent boys are just as likely as girls to suffer from depression, but they show it in a different way (e.g., with more anger and impulsive hostility).

In childhood and adolescence, depression is usually unrecognised and untreated. The young person is often regarded as being moody, difficult, troubled or troublesome, but is rarely regarded as being depressed. This is partly because adults find it hard to imagine that children and adolescents could suffer from depression in much the same way as adults do, and partly because young people often express their pain in different ways to adults. Young people rarely complain of feeling depressed; they are more likely to complain of being fed up, bored or lonely. Or they may not complain at all, but instead act out their negative feelings, becoming hostile and aggressive to those who are often trying hardest to help them.

Tom's story

Tom, aged 14, seems to have had 'a total change of personality'. At least that is how his mother sees it. He has become moody, irritable and verbally abusive to the rest of the family and refuses to discuss what is wrong. He spends most of the time in his bedroom, taking his meals there and often locking himself in for hours on end. He no longer goes out and seems to have no interest in anything other than eating, which

occupies a good deal of his time. He has put on a lot of weight which his mother attributes to his lack of activity and his overeating. She worries that he might be on drugs, but cannot think how he could get them as he rarely leaves the house and has no friends. He can be heard up at night when the rest of the family have gone to bed, but is unrousable in the mornings and would sleep until late afternoon if allowed to. Sometimes his mother allows this, as once he is awake the atmosphere in the house is almost unbearable. Occasionally, he has 'good days' when it is possible to talk to him, but he is most reluctant to talk, and tells his mother to 'get off my case'.

She knows about adolescent mood swings, having reared two other teenagers, and she wonders if this is an extreme case of normal adolescent behaviour.

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Causes of depression

There have been huge advances in research into the causes of depressive disorders in recent times, but we are still some way from having a clear understanding. There is no single cause for depression, but we know that in many situations there is an interaction between a genetic vulnerability and adverse life events. Many young people have a history in their families of depressive disorders in their parents, aunts, uncles or grandparents. A family history of depression does not necessarily imply a

genetic basis. A child who has grown up with a depressed family member may respond to adversity by behaving as they have seen others around them behave and, thus, they are more prone to develop depression as a kind of 'learned behaviour'. However, research has shown that genetic factors play an important role in many types of depression. What seems to be inherited is not a single gene for depression but rather a genetic vulnerability. It is likely that many people carry this vulnerability, but they may never experience significant depression. This may be because they never have a combination of things going wrong for them at a particular time, or because they have, in addition to their genetic vulnerability, one or many protective factors. Protective factors in children include a stable relationship with at least one parent and a positive, confident temperament.

Adverse life events that may predispose young people to develop depression include losses of various kinds, such as loss of a parent through separation or divorce, loss of self-esteem through bullying, abuse or failure. Living in situations of family conflict or where a parent is him or herself struggling with a mental health problem, such as alcoholism or depression, may also predispose a young person to develop depression. Most young people with chronic physical problems, such as cystic fibrosis, chronic renal failure or diabetes, do not develop depression, but some do, particularly in adolescence when for the first time they fully appreciate the nature of their physical problems. Some acute illnesses, such as glandular fever, may precipitate depression in young people, as may some other viral illnesses.

Very conscientious, perfectionistic young people seem to be more prone to develop depression than their more easy-going peers, but depression can occur in young people with any type of personality. There is only very rarely a single cause that can be identified. More

commonly, there are a number of adverse factors, some of which may seem trivial to an outsider, that predispose a vulnerable young person to develop depression.

Young people with long-standing behaviour problems, learning difficulties or attention deficit hyperactivity disorder (ADHD) are more prone than usual to depression, probably due in part to the many negative experiences such children have had. These experiences include difficulties with friendships, academic failure and constant criticism. The self-esteem of such children tends to be very low, often hidden under an aggressive, brash exterior. In Chapter 3 we consider these special difficulties in more detail.

Is depression in young people more common now than in the past?

That is a difficult question to answer because we do not know how common depression was in the past. It is only within the past 15 to 20 years that accurate estimates are available about rates of depression in young people. The number of young people being referred to services for treatment of depression seems to be increasing, but that could be due to many factors, including more services being available and families being more willing to seek help.

What happens to young people with depression?

The outlook is good for most young people with depression. The depression tends to lift, whether or not they

receive treatment. A recent study of a group of teenagers with depression showed that the depression was no longer present 2 years after the initial diagnosis in 80% of the group. Many young people with depressive disorders do not suffer from depression again, but in others there is a tendency for it to recur, particularly at times of stress or change in their lives, such as when they leave home, have a baby, lose a job or experience a broken relationship. This is by no means inevitable, but it does mean that part of the treatment of depression involves helping the young person and their family to be aware of the early symptoms of depression so that, should it recur, they can take active steps early on to prevent it developing into full-blown depression.

In rare cases the depression recurs at regular intervals or alternates with periods of elevated mood, which is called bipolar or manic depressive disorder. This type of disorder can be greatly helped or even prevented from recurring by particular treatment approaches that are outlined in Chapter 4.

Suicide is the greatest fear of all parents of depressed young people. This is entirely understandable given the stark rise in suicide rates in young people, especially young men, in recent times. But remember, depression is very common while suicide is still rare. It is probably not possible to prevent anyone of any age from killing themselves if they are truly determined to do so, but there are ways of reducing the risk. As a parent there is a lot you can do to deal with the fear of suicide and this is dealt with in Chapter 8.

While most young people with depression recover, it can take a long time. Two years out of the life of a teenager, when so much could be happening for them in terms of friendships, schoolwork, sport and fun, is too long. In many situations, you as a parent can help greatly. You probably cannot make the depression go

away, but you can take active steps to ensure that your son/daughter gets all the help they need and that you and the family are there to support them, while getting on with your own life in a way that gives a message of hope to your teenager.