# Mental Health and Emotional Literacy Program

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# Depression

**What is depression?**

Everyone can experience sad feelings, low self-esteem, fatigue, disinterest or low energy. Sometimes these feelings are in response to an identifiable trigger, like the death of a pet or family member. Sometimes it can be challenging to identify a single trigger or it might be due to many small stressors that collectively temporarily overwhelm our ability to cope. This doesn't necessarily represent depression.

Your care team will look into depression as a possible cause when there is a persistent pattern of low mood out of proportion to the stressors in a child's life, particularly when there are cognitive distortions (misinterpretation of intent or over-estimation of effort required for tasks) and loss of function and enjoyment.

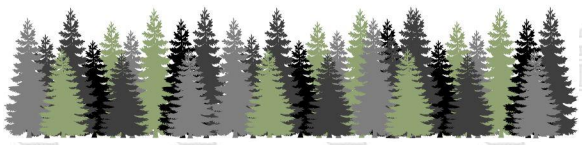
**What should make me wonder about depression in my child?**

It's possible your child may not share how they're feeling with their parents. This is particularly true for depression, where the child might not understand where their feelings are coming from or feel guilty because of the depression.

- Persistent low mood or irritability
- Refusing to participate in previously enjoyable activities, loss of interest in hobbies
- School avoidance
- Constant fatigue, low energy & inability to stay asleep
- Struggling to concentrate or making decisions
- Changes in appetite or weight
- Your child expressing feelings of guilt, hopelessness, helplessness or worthlessness
- Self-harm, substance use or suicidal thoughts
- Aches and pains (headache, belly pain)
- In some cases, hallucinations or delusions

## in brief

- Depression is a persistent, pervasive low mood out of proportion to life stressors.
- It can have an impact on function and can manifest as academic dysfunction, social dysfunction or even aches and pains.
- It can be diagnosed through history and screening tools.
- It can be treated through a combination of therapy and medication.
- Management of depression depends on a team based and whole family approach.



Pineconepediatrics.ca/youth-psychology-services

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**What causes depression?**

Depression is unfortunately common:

- 2% of pre-teens
- Up to 10% of teens experience depression between ages 13 and 18!

There are lots of modifiable and non-modifiable risk factors for depression:

- Girls are at twice the risk of developing depression as compared to boys
- Family history of depression
- Family dysfunction or caregiver-child conflict
- Early childhood trauma
- Peer problems and bullying
- Academic difficulties
- Gender dysphoria and homosexuality
- Coping styles
- Coexisting other mental health disorders:
    - Anxiety
    - Substance use
    - Learning disabilities
    - Attention deficit hyperactivity disorder
- Brain injury and concussion
- Any chronic medical conditions

**How will my care team assess my child for depression?**

Depression may come up as the reason your child was referred to Pinecone Pediatrics or become a concern for your pediatrician or psychologist after their assessment. We're finding that many teens who are referred for poor attention and concerns around ADHD or children who are referred for disruptive behavior have depression as the best explanation for those struggles.

The first step is taking the history. This will help your practitioner assess for symptoms, function and risk factors.

A physical exam is important to assess for medical conditions like anemia and hypothyroidism that can mimic depression. This is very uncommon.

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Your pediatrician or psychologist will ask you and your child to complete some screening questionnaires: some examples include: PHQ9, MFQ, BDI, RCADS, or the Vanderbilt.

Your clinician will combine the information from the history, the physical exam and the screening tools to come up with a diagnostic impression. The criteria all practitioners use to diagnose depression officially are established in the DSM-V-TR.

**How is depression treated?**

First and foremost your care team will want to assess for safety, particularly if there are suicidal thoughts. If you're looking for a structured approach to a safety plan, see our website. If your care team feels that there is an imminent risk of suicide, they may recommend you present to the emergency department.

The treatment plan will be coordinated between the clinician(s) the parent(s) and the child or teen. It will take into account your child's symptoms, medical history and your family's particular circumstances.

The main components of the management of depression are:

- Optimizing lifestyle factors
    - Sufficient sleep
    - Healthy eating
    - Regular exercise
    - Reducing sources of stress
- Education
- Psychotherapy
- Medications
- Screening for other mental health disorders

**Education and resources**

This handout represents Pinecone's efforts at addressing a very important step in the treatment of depression: educating the family about the disease process. There are many high-quality resources available to educate yourself even more about depression

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Websites:

- https://caringforkids.cps.ca/handouts/mentalhealth
- https://keltymentalhealth.ca/depression
- https://mykickstand.ca/
- https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/The-Depressed-Child-004.aspx
- https://thereachinstitute.org/wp-content/uploads/2021/08/glad-pc-toolkit-2018.pdf (look at pages 115 onwards!)
- https://www.nimh.nih.gov/health/topics/depression

Books:

- https://www.romper.com/parenting/childrens-books-about-depression

Apps:

- Breathr - Mindfulness app from Kelty BC
- Calm - This app has a 7-day program that makes it the ideal meditation app for beginners but also includes a program for more advanced users.
- Aura - Aura learns about you by asking questions. You then receive a daily three-minute mindfulness meditation based on your answers.
- Headspace - The free version of the app includes meditations and exercises that will teach you the essentials of meditation and mindfulness.
- Mindshift - Developed by Anxiety Canada the app is designed specifically for anxiety and addresses worry, panic, perfectionism, social anxiety, and phobias.
- Woebot - This one is a bit out there - an artificial intelligence-powered texting robot that applies principles of CBT, DBT and interpersonal psychotherapy.
- Healthy Minds - This problem-solving tool by The Royal helps you deal with emotions and cope with stresses students encounter both on and off campus.
- Booster Buddy - designed to help establish and sustain positive wellness habits
- Smiling mind - an Australian mindfulness app
- 3 good things - a daily gratitude journal
- Please keep in mind, we don't endorse any of these particular products and present them as examples of what may be useful in your recovery journey. If you're not sure, please discuss it with your healthcare practitioner!

Community organizations:

- https://www.woodshomes.ca/ - urgent crisis resources

- https://www.albertahealthservices.ca/amh/page16759.aspx - AHS based services
- https://bbbscalgary.ca/resources/mental-health-resources/ - Big Brothers and Big Sisters
- https://cmha.calgary.ab.ca/
- https://www.lunacentre.ca/mental-health-resources-for-children-youth
- https://www.yourcounselling.ca/calgary-resources-for-crisis-and-mental-health/
- Strongest families ( https://strongestfamilies.com/get-help/#youth ) is a not-for-profit, AHS organization with multiple programs to support youth mental health, including depression.

**Psychotherapy**

There's different ways psychotherapy helps patients and their families :

- Understand themselves and learn more about depression and help with sticking with the treatment plan
- Improve emotional intelligence and awareness
- Challenge cognitive distortions
- Modify poor coping strategies and develop more healthy alternatives.
- Develop strategies to manage relationships and life stressors associated with depression
- Increase self-confidence

Therapy takes time and commitment to be effective.

Very young children (under age 7 and possibly up to age 9) lack the insight and abstraction required to benefit from some forms of therapy (like CBT) and are more likely to benefit from play therapy.

Family therapy is unique in that it can support not just the child but also the parents and troubleshoot the relationship between them.

In a large review that compared different types of therapy, each of the 5 types compared (cognitive behavioral therapy, interpersonal therapy, family therapy, problem-solving therapy, and supportive psychotherapy) produced an equally large improvement in symptoms for depression. Factors that might influence a decision on what type of therapy to engage in include availability and preference.

We present some information on CBT as an **example** of what the goals and process of therapy might look like.

Cognitive Behavioral Therapy (CBT) is a form of talk therapy that focuses on the relationship between feelings, understanding (knowledge) and behaviors (actions). The goal of therapy is to make those interactions explicit and obvious. CBT is beneficial for depression and can provide benefits even before the diagnosis is clear. CBT is generally done face to face but group and self-guided digital (like phone apps) can be beneficial as well.

CBT will focus on the relationship between three parts:

1. the changes in the body experienced with strong feelings,
2. the thoughts (including cognitive distortions) that occur, and
3. the behaviors or actions done by the child.

Changes to one will have an impact on the other two.

Traditional CBT is time-limited to 12-16 weekly sessions divided into phases:

1. The initial phase - the goal is to decrease isolation, correct cognitive distortions, shift from mood driven choices to goal driven choices and imparting skills
    a. Engaging the parents in the treatment plan
    b. Educating the family about depression to help explain, normalize and contextualize symptoms experienced by the child
    c. Developing a therapeutic relationship
    d. Creating room for hope
    e. Working together to make a list of therapeutic targets including cognitive distortions, automatic thoughts, correcting beliefs, improving communication skills & problem solving skills
    f. Making a plan to decrease social isolation by scheduling activities, and overall increase participation in enjoyable activities.
2. Middle phase - the goal is to build on skills for self management
    a. Rehearsing potentially challenging stressors

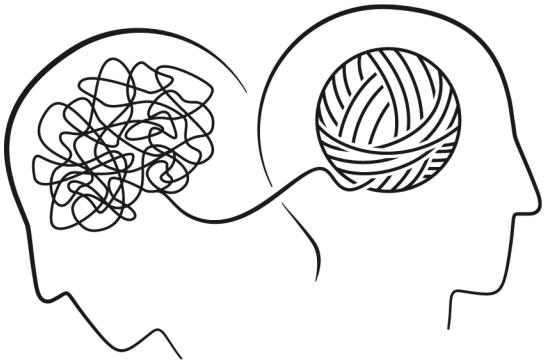
b. Cognitive distortions will be challenged and children will be encouraged to restructure maladaptive thoughts - this is often uncomfortable and challenging for people undergoing therapy.
c. Developing an awareness of symptoms for self-monitoring and building strategies to reverse or compartmentalize physiologic changes like fatigue, low energy, drowsiness, concentration changes, appetite changes
d. Developing skills in assertiveness, conflict management, mindfulness, family communication and interactions
e. Developing social relationships
f. Promoting abstraction and insight
g. Practicing coping strategies

3. The final phase involves planning for relapse prevention. Children may need refresher sessions to prevent relapses.

Children with depression undergoing therapy are more likely to improve than children not receiving therapy. Twice as many children improved when combining therapy and medications as children who were on medications alone.

**Medication**

The main class of medications used for managing depression in children are called SSRIs (Selective Serotonin Reuptake Inhibitors). Consistent use of medication provides an improvement in symptoms of depression in children which is comparable to the benefit of therapy.



Most SSRIs take 4-6 weeks before showing noticeable benefits, and common side effects like nausea, fatigue, jitteriness and abdominal pain are typically worse in the beginning and get better with time. You will likely read about / have heard about increases in thoughts of suicide with SSRIs - some context is necessary. When the FDA released a black box warning on SSRIs in 2004, warning against use due to increased suicidal thoughts, rates of prescription of SSRIs in teens decreased by 22%. Simultaneously, rates of suicide increased by 14%. Overall, SSRIs are

protective against suicide at a population level. If your child has an increase or any suicidal thoughts on SSRIs - please make sure your care team is aware.

For more information:

https://keltymentalhealth.ca/sites/default/files/resources/SSRI_MedicationSheet2022.pdf

Combining therapy and medications have better outcomes than either alone.

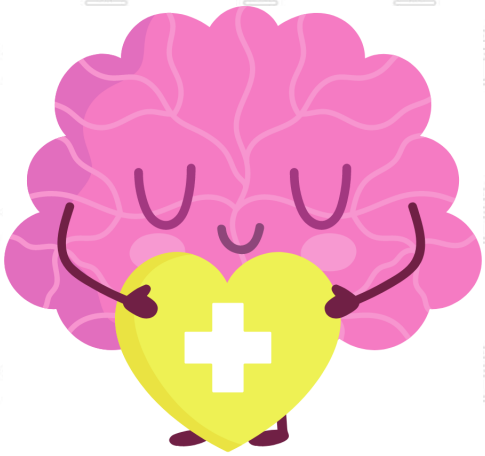
**How is depression prevented?**

There is some evidence that school-based programs can be useful to prevent depression. In some cases, children who show tendencies toward depressed mood will benefit from preventative therapy interventions.

There is evidence that healthy eating, exercise and spending time in nature plays a role in the prevention of depression. There is evidence that increased social media use correlates with increased rates of depression

As parents, there are a few strategies we can deploy to support our children's mental health:

- Modeling healthy behaviors around sleep, diet, electronics/screen time/social media and exercise (and addressing our own mental health challenges!!!)
- Predictable routines and a focus on self-care at home
- Fostering positive experiences where the child can develop a sense of self-worth and accomplishment (sports, activities) and appropriate challenges
- Creating a context at home where all emotions can be discussed openly and without fear of criticism and explicitly encouraging self-compassion. Although difficult, this sometimes can look like accompanying your child in distress without seeking to solve their problems. Make sure home is the safest safe haven for your child at all times.
- Supporting creative outlets (music, art, dance)
- Investing time and effort in social connections



- Creating situations where the child can help others, like volunteering
- Maintaining healthy boundaries so your child doesn't try to take on parent-sized problems (think of finances, divorce, illness)

**A note on self-harm**

Cutting and other forms of self-harm are often seen in children with depression. The presence of cutting can cause high levels of distress in families and may signify a higher level of psychological distress.

Cutting is considered a bad coping strategy. There are many reasons kids cut:

- Feeling of release – some children who are sad, angry or have other strong feelings they are struggling to process can cut. Some children express a sense of release or control from doing this.
- Feeling pain – some children describe feeling numb and report cutting "to feel something"
- Suicide attempt - this is an uncommon reason for cutting.
- Other - some children report they cut out of boredom, to fit in or out of a desire to trigger a reaction from their caregivers.

**Parenting a child with depression.**

Parenting a child with depression is challenging.
All the items that are listed under "**prevention**" still apply.
First and foremost - GET HELP.
For therapy you can call Access Mental Health at (403) 943-1500 - this does not require a referral or even a diagnosis. Trained mental health professionals will listen to your concerns and help connect you with the most appropriate resource. Depending on your health benefits or the urgency and complexity of the problem, private therapists and psychologists may be better suited to help.

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For medical assessment make sure to connect your child to a primary care practitioner (general practitioner, pediatrician or nurse practitioner). It can be challenging to get the child with depression out of the house and you may need to start the medical process without them.

Make sure you keep open lines of communication with your child or teen. This might mean setting aside some rules temporarily like chores to foster the relationship.

Have a safety plan and display it in a central location.

Parents of depressed children need to keep in mind their child's reactions and decisions are all being filtered through depression and do not necessarily represent what their child would choose when they are well. They may say hurtful things. They may be evasive and hide things from you. Focus on being available, patient and understanding. Focus on your relationship with your child and try to find activities that the child used to enjoy to spend quality family time with them.

There are some courses that may be useful in developing strategies to parent the depressed child:

- https://www.triplep-parenting.ca/alb-en/triple-p/
- https://www.circleofsecurityinternational.com/resources-for-parents

As always, if you have a positive experience somewhere related to your child's care in their healthcare journey with anxiety - please let us know and it will be our pleasure to include the information in this handout. And if any of the provided links are broken - let us know and we will fix it!

**Your care team at**

PINECONE PEDIATRICS

**Compassion, Collaboration and Community.**