

Depression...

When it's more
than sadness



Everyone experiences periods of sadness and low mood from time to time. Most children and teens are resilient and their occasional difficulties with mood are short-lived, but sometimes the struggles continue and begin to make the child or teen feel that they are living in a fog. When this fog continues and begins to interfere with daily functioning, it may be a symptom of **depression**. For young people (and adults), depression may present not only as sadness, but as irritability and grouchiness. Children and teens may start to isolate themselves from their peer group, resist social outings, and seem to stop enjoying sports and other activities that they previously enjoyed. They may start to struggle at school, even though they had always done well, and find it difficult to focus. It can be difficult for both children/teens and their parents to sort through whether this change in behaviour is a typical part of growing up, or if it is a symptom of depression.

Although you are not a mental health professional, as a parent/caregiver you know your child best and have significant influence in their life, and can provide helpful support that can make a difference if they are struggling with a mood problem such as depression. You can help them learn to recognize and manage their feelings and connect them with more support if necessary.



Sadness vs. Depression

Experiencing sadness is a common part of life. It is a typical reaction to loss, disappointment, or a difficult situation. It may feel terrible at the time, but does not last and does not interfere with daily life for long. For example, your child may be sad to learn that they will not be in the same class as their best friend, but with time, they realize that they will still see their friend at recess, and they are able to function within the classroom. Or, your teen may experience heartache following a breakup, and stay home from school for a day or two, but their low mood is directly in response to the breakup, and they will adjust over time.

The key is, if the sadness goes away on its own and does not interfere with daily functioning, it probably is not depression.

Depression is more serious and not only affects your child or teen’s mood, but also the way they understand themselves, and the way they understand and relate to things around them. Depression is not solely in response to an event but rather a feeling of sadness that lasts for many days or weeks and makes it challenging to participate in things that were previously easy, such as going to school, playing on a sports team, or even spending time with family and friends. The sadness is consuming and results in feeling **helpless** (i.e., cannot control what happens), **hopeless** (i.e., believing nothing good will ever happen again) and **worthless** (i.e., believing that it is not worth trying as nothing they do will help and they are not worthy of deserving to feel better will help the situation).

Typical	Depression
Changes in mood	Persistent sadness, empty and irritable mood
Person adjusts to event or circumstance and mood improves	Occurs daily for most of the day or for more than two weeks.
Doesn't significantly interfere with daily activities	Interferes significantly with school and social functioning as indicated by a change in interest or pleasure
May say, "I had a bad day but I hope tomorrow will be better"	May say "This is hopeless," "I'm worthless" and/or "I don't want to be near anyone."

adapted from the DSM-V

COVID-19 Blues - It is particularly challenging to tell the difference between sadness and depression during the COVID-19 global pandemic. Many people are feeling sad, spending extra time sleeping, avoiding social engagements, experiencing a change in appetite, and at times struggling to feel optimistic. However, this does not mean that you or your child/teen is experiencing depression. Watch for signs that your child or teen’s low mood may be more. Watch for how long it lasts and how much it interferes with their functioning (persistence, duration, and intensity). Also, ask yourself: were you concerned before the pandemic? Speak with your child’s teacher to see if they have similar concerns and what they may observe while your child is in class. Watch how they respond to friends when they text or want to meet up. Also, speak with your child to get a sense of what is causing their sadness or change in mood. (<https://childmind.org/article/signs-of-depression-during-coronavirus-crisis/>)

The Depression Iceberg

Low mood and depression are complex. The analogy of an iceberg is often used because it captures that more is going on 'below the surface' than we can see when looking at someone. The tip of the iceberg, or the part that is obvious to others, may look like sadness – a child or teen who looks down or blue, is slower moving and sleeping more than typical. However, under the water level, the part that is hidden from view, is where the more troubling thoughts and feelings reside, and where we need to intervene.

(Image from:
defeatingdepressionnow.com)



Symptoms of depression: what to look for

You may notice **physical** changes in your child or teen. These may include such things as fatigue or exhaustion (can't get out of bed), sleep problems (falling asleep and/or staying asleep), appetite issues (eating more or less), physical pain (headaches, nausea, body aches), agitation, and slow movement (sluggish).

You may also see a change in your child or teen's **behaviour**. For example, you may find that they are becoming more tearful or crying for no apparent reason (i.e., not because of an incident such as the loss of a pet), irritable, sad, withdrawn, and bored most of the time. They may also avoid activities that they previously enjoyed (e.g., going out with friends or playing hockey), a decline in personal care/hygiene, and changes in their wardrobe (e.g., continually wearing the same outfit, or appearing to hide within a hoodie). You may also notice that they have grown increasingly uncooperative and argumentative. They may complain of an inability to focus their attention and seem to no longer care about their grades.

Your child or teen may experience a change in their **feelings**. You may find that they are sad, or experiencing low self esteem. They may make comments related to helplessness, hopelessness, worthlessness, and indifference (a lack of interest or concern about self or others). Your child or teen may make comments about feeling guilty but have done nothing to cause them to feel this way, or have an ongoing sense of worry, although there seems to be nothing to worry about.

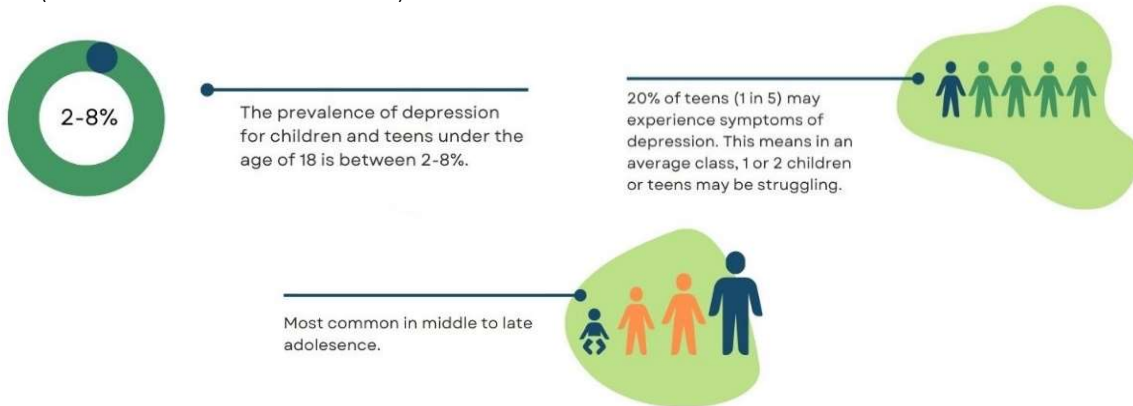
Negative thinking styles	
<p>ALL-OR-NOTHING Everything has to be perfect or else it's a failure!</p>	<p>CATASTROPHIZING I got a B+ on the test. I'll probably get held back a grade.</p>
<p>NEGATIVE SELF-LABELLING I got that question wrong. I'm so stupid.</p>	<p>MINIMIZING I scored the game-winning goal, but anyone could have done it!</p>
<p>PERSONALIZATION I'm pretty sure he hates me! I can just tell by how he said my name.</p>	<p>JUMPING TO CONCLUSIONS No one is looking at me. .must hate my new shirt!</p>

And your child or teen may have **thoughts** that are negative and impacting the way they perceive the world around them. They may have catastrophic thinking, all or none thinking, struggles with focus and concentration, difficulty with decision making, and a negative thinking style. Your child or teen may struggle with word retrieval and find that they cannot explain their thoughts easily, have memory problems, seem to have cognitive sluggishness (slow thinking and easily exhausted by challenging tasks), and recurrent thoughts of death (not just the fear of dying but constant thoughts about others dying), and suicidal thoughts.

Also, the symptoms may be different depending on the age of your child or teen.

How common is depression?

Next to anxiety disorder, depressive disorders are the most common mental illness amongst children and teens (School Mental Health Ontario).



However, this may be an underestimation as the statistics here do not capture the number of children and teens experiencing symptoms who may not have reported their concerns to a doctor or psychologist regardless despite experiencing distress.

Sometimes problems with mood are associated with a diagnosable mental illness like **Major Depressive Disorder** (sometimes called Depression, which is a cluster of symptoms related to low mood), **Persistent Depressive Disorder** (sometimes called Dysthymia, which is a milder, chronic form of Depression), or **Bipolar Disorder** (sometimes called Manic-Depressive Disorder, which has low mood alternating with elevated mood). (School Mental Health Ontario)



When should I be concerned?

Because changes in mood are common, especially amongst teen, it can be tricky to tell when to be concerned. Additional supports may be needed if feelings of sadness or irritability:

- are **out of proportion** with the circumstances – the level of sadness or irritability does not match the event or child/teen's personality
- lasts most of the day, every day and **persists** for more than a two-week period of time (duration)
- **interferes** with thoughts, feelings or daily functioning
- causes **distress** to the extent that your child or teen has low energy, less engagement in preferred activities, withdraws from friends, and you see an increase in irritability

Where does it come from?

Depression and low mood can come from a number of sources, and in reaction to different events that may occur in a child or teen's life. It is important to note that what may cause depression or low mood in one child or teen may not in another.

Biological factors

We all have chemicals in our brains called neurotransmitters that help to send messages between nerve cells. Some of these neurotransmitters regulate mood. When a person is depressed, these neurotransmitters might be in low supply or not effective enough.

Genetics

Depression can run in families and some people will be at an increased genetic risk. Having a parent or close relative with depression does not mean your child will automatically have the same experience; however, it does increase the risk (depression occurs in 40% of children who have a parent with depression — School Mental Health Ontario).

Personality

Some people may be more at risk of depression because of their personality, particularly if they tend to worry a lot, have low self-esteem, are perfectionists, are sensitive to personal criticism, or are self-critical and negative (beyondblue.org.au)

Environmental Factors or Trauma

The death of a family member, friend, or pet sometimes causes sadness beyond normal grief and leads to depression. Other difficult life events — such as when parents divorce, separate, or remarry — can trigger depression. Whether or not difficult life situations lead to depression can depend a lot on how well a person is able to cope, stay positive, and receive support (kidshealth.org). Children who endure abuse or trauma, or witness a traumatic event, are at a higher risk of experiencing depression at some point in life.

Serious medical illness

The stress and worry of coping with a serious illness or allergy can lead to depression, especially if you are dealing with long-term management and/or chronic pain.

How is depression diagnosed?

In Ontario, the diagnosis of Depression is made by a doctor (family doctor/general practitioner, pediatrician, psychiatrist, etc.) or a psychologist/psychological associate. There is no specific medical or psychological test that can clearly show depression, but tools such as interviews and questionnaires completed by both parents and the child/teen, help gauge how severe the symptoms are, and help to clarify a diagnosis. Information from teachers and others involved in your child's life is also useful for showing changes in symptoms, and if symptoms are occurring in different environments.

Also, meeting with a family doctor is recommended to assess if there are any physical reasons for changes in mood or energy level, as some medical conditions can cause symptoms that look like depression (such as a low thyroid level or low iron level).

How can I help my child?

Open Communication

One of the most challenging aspects of supporting a person with depression or low mood is communication, as a person with low mood or depression is often sensitive to criticism, whether this be real or perceived. Depression weakens a person's communication skills and often causes them to self-isolate and avoid contact with family and friends. It is important to not give up in your attempts to help despite your child/teen's appearing resistant and indifferent. A child or teen experiencing depression will often feel that

they are a burden on friends and family, and withdraw as a result. You need to be friendly, encouraging and engaging. Don't avoid talking about how they are feeling and what they are thinking.

Validate (listen and acknowledge)

It is important when you listen to your child or teen, that you let them know that you want to understand what they are feeling. This approach does not mean that you agree/accept what they are saying or doing, but rather that you recognize that this is true *to them*. Validation is about empathy: recognizing and accepting your child or teen's feelings and perspective. Let them know that you recognize their emotions and acknowledge that it is important to them.

- "Tell me how you are feeling."
- "How did that make you feel?"
- "I can understand why you would feel that way."

Validation is not problem-solving; rather it is active listening. Rephrasing or paraphrasing what your child or teen has said is helpful:

- "No wonder you are feeling sad because your friend transferred to another school..."
- "Getting a bad mark on a test can be really upsetting."

Don't immediately talk about your own example of that emotion; listen to them first. This approach is meant to build the relationship with your child/teen by letting them know that you are listening to them without judgement.

Mood Monitoring/Tracking

Help your child or teen accurately recognize and label their emotions – "name it to tame it." Give them opportunities to talk about how they are feeling, and direct the conversation towards thoughts that might be driving their feelings. Gathering information about the details of their emotional or behavioural difficulties will be helpful. What is the timing and are these concerning behaviours happening more often? Are they more intense? Are they lasting longer? What helps when they are feeling that way? What strategies have been tried?



Behaviour Activation – Get up and move!

Exercise is essential!! Exercise helps to decrease isolation, loneliness and solitude. It releases/increases neurotransmitters in the brain that make us feel better physically and emotionally, and can increase the opportunity for social connection with others. Physical activity also acts as a way of distracting your child/teen from dwelling on their negative thoughts.

Habits of healthy living

Sufficient sleep and healthy eating have a significant impact on mental health and well-being. Getting a solid night's sleep, limiting screen time, daily exercise, healthy meal plans, and connecting with people are all incredibly important.

Coping strategies

Teach your child or teen coping strategies and practice them. These can include: mindful breathing exercises, finding enjoyable activities, positive self talk, being creative (drawing, painting, dancing), and listening to uplifting music. Create a list of mood-busting activities that your child or teen enjoys when they are feeling well. Encourage your child or teen to engage in one of these activities when they are feeling low. This will help to break the cycle of allowing their brain to venture to negative and/or worrying thoughts.

Some children and teens will need more....

If you're still feeling worried about your child or teen's well-being, it might be time to reach out for more help. Recognizing when your child or teen needs help is a crucial skill to have as a parent/caregiver. There may be times when it can be overwhelming or frustrating to try to handle difficult behaviours or respond appropriately to emotions. Don't be afraid to find and ask for help—it can be a great benefit to both of you.

When the intensity, duration and level of disruption becomes concerning, it may be time to seek professional help or 'clinical intervention.' This means that your child or teen may need to meet with a doctor, psychologist or social worker to learn how to deal with their low mood such that it does not take over their life and stop them from engaging in activities that are typical for someone their age.

Depression and Risk of Suicide

Watch your child or teen for changes in mood and pay attention to both the outright and unspoken things they may say, write or draw that could be linked to suicide. Take your child or teen's concerns seriously and acknowledge what they are saying or doing. Watch them for warning signs such as: isolation, a focus on death, making plans to hurt themselves, substance abuse, and giving away their possessions.

Don't minimize your intuition. If you are concerned that your child or teen is thinking about suicide, **don't allow stigma or embarrassment to stop you from seeking help**. You are their parent/caregiver and know them best. If you are concerned, seek help immediately by calling Crisis Outreach And Support Team (COAST) – 905-972-8338, your family doctor, or take your child or teen to the Emergency Department or call 911.

Helpful resources

HWDSB We Help - hwdsb.on.ca/secondary/supports/mental-health-and-well-being/

CONTACT Hamilton – contacthamilton.ca

McMaster Children’s Hospital – www.hamiltonhealthsciences.ca/mcmaster-childrens-hospital/areas-of-care/mental-health

Kid Health - kidshealth.org/en/parents/understanding-depression.html

School Mental Health Ontario – SMHO-SMSO – smho-smso.ca

Mind Beacon (Online Cognitive Behavioural Therapy program personalized by therapist to your needs. Digital mental health therapy at your own pace, anytime, anywhere) - info.mindbeacon.com

Bounce Back (A free skill-building program managed by the Canadian Mental Health Association (CMHA). It is designed to help adults and youth 15+ manage low mood, mild to moderate depression and anxiety, stress or worry) - bouncebackontario.ca

CRISIS: Call 911 / Visit your local hospital emergency room

URGENT:

<p>Kids Help Phone </p> <p>24/7 counselling and information for youth:</p> <ul style="list-style-type: none">• 1-800-668-6868• kidshelpphone.ca	<p>COAST</p> <p>Mental health crisis outreach and support for all ages.</p> <ul style="list-style-type: none">• 905-972-8338• coasthamilton.ca
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NON-URGENT:

<p>HWDSB Helps.</p>	<p>Get help or share anonymous tips using...</p> <ul style="list-style-type: none">• Text to 905-963-0066 <small>(standard rates apply)</small>• The HWDSB Helps app for iOS and Android.• Web chat - www.hwdsb.on.ca/wehelp
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