**Summary**

* Children get depressed! This may take the form of major depressive disorder, persistent depressive disorder, adjustment disorder with depressed mood, or an unspecified depressive disorder.
* 3.2% of children (ages 3-17) in the United States are depressed at any given time. This equates to 1.9 million children. (via: https://www.cdc.gov/childrensmentalhealth/data.html)
* There are many risk factors for developing a depressive disorder. These include:
  + *Biological* (family history, females in teen years, sleep difficulties, medical conditions, & hormonal changes)
  + *Psychological* (poor self-esteem, body image issues, ineffective coping, negative thinking styles)
  + *Environmental* (negative peers influence, poor peer relationships, parental conflict, trauma/loss, substance use, low SES).
  + Understanding a child’s risk factors will allow you to monitor their functioning more closely, if at increased risk, and target simple interventions to buffer risk factors (e.g.: target sleep difficulties or encouraging activities that will increase social support).
* Screening & Assessment in Primary Care
  + Screen all children 12-18 years old annually with formal screening tool.
  + Screen children younger than 12 when provider or parent raise concerns or with high levels of risk factors. (No clear guidelines on this.)
  + Follow up screening tool with interview with both child and parent (separately if possible) to clarify diagnosis or lack thereof. (Positive screen does not always mean diagnosis or vice versa.)
* Developmental Differences in Presentation
  + Diagnostic criteria for MDD & PDD are slightly different (allow for irritable mood rather than depressed mood; failure to meet expected weight gain rather than loss of weight; 1 year duration rather than 2 years for PDD).
  + Depressed children can have somatic complaints, restlessness, anxiety, school refusal, and boredom (anhedonia).
  + Depressed teens can have boredom (anhedonia), low self-esteem, hypersomnia (a lot more than a typical teen), diminished school performance, social withdrawal, and aggression or “antisocial” behavior.
* Treatment
  + Depends on severity of depression. Moderate to severe depression may indicate addition of medication to therapy.
  + Therapy
    - Cognitive Behavioral Therapy
    - Interpersonal Psychotherapy (adolescents)
  + SSRI Medication
  + Combination of medication & CBT seems most effective for moderate/severe depression.

**Exam Room Toolbox for Primary Care Providers & Behaviorists**

* Behavioral Activation
  + Have the child generate a list/menu of 10-15 activities that they enjoy.
    - Activities should generally be easily accessible & cost little to no money.
    - Examples: drinking hot chocolate, reading a book, listening to music, skateboarding, doing makeup, playing computer game, walking dog.
  + “Prescribe” one pleasurable activity per day. (Works best if you have them plan out the first few days or week.)
  + If desired and patient likely to do it, may have them keep a mood log to see the impact of pleasurable activities.
* Psychoeducation
  + Many good psychoeducation handouts in the GLAD-PC Toolkit (see below)
  + Educate patient and parents that they are not alone. Many other children and adolescents also face depression and, with treatment, return to health.
  + Book recommendation for parents: *Raising a Moody Child: How to Cope with Depression and Bipolar Disorder* by Mary Fristad & Jill Goldberg Arnold
* Mood logs
  + Paper version available free online
  + Many options for apps
* Symptom-Focused Interventions
  + Problem solve how to increase social support for kids who are isolating.
  + Sleep hygiene
  + Exercise

**Resources**

* GLAD-PC Toolkit - http://www.glad-pc.org
  + Comprehensive resource to implement screening, assessment, referral, and treatment for adolescents with depression in a primary care setting. Includes screening tools, evidence based treatment guidelines, & psychoeducation handouts for parents and patients.
* Clark, M. S., Jansen, K. L., & Cloy, A. (2012). Treatment of childhood and adolescent

depression. *American Family Physician, 86*(5), 442-448. Retrieved from: https://www.aafp.org/afp/2012/0901/p442.html

* U. S. Preventive Services Task Force. (2016). Screening for depression in children and

adolescents: Recommendation statement. *American Family Physician, 93*(6), 506-508. Retrieved from: https://www.aafp.org/afp/2016/0315/p506.html