

Kenya Child and Adolescent Mental Health Bulletin #9

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AM I DEPRESSED?

Introduction

We all feel low or sad sometimes, but these feelings usually pass after some time. However, depression is more than being sad or feeling stressed. It is an extremely low mood that lasts long and makes people irritable, empty, and sad. Depression drains your energy, hope, and drive, making it difficult to take the necessary steps towards recovery. It interferes with your daily life and causes pain to people and their loved ones. According to the World Health Organization (WHO), about 1 in 20 people have had a depressive episode in the past year. Therefore, depression is a prevalent mental health issue and is a major contributor to the global burden of disease.

Depression affects people of all ages, including children, adolescents, young adults, adults, and older adults. It also affects people from all cultures, although the feelings of depression can be expressed in different words. Depression affects males and females, although the expression of their difficulties may vary. For instance, since males tend to verbalize their emotions less often, their depressive symptoms may not be picked quickly compared to women.

Understanding depression is the first step towards feeling better. In this bulletin, we define depression, the signs to watch out for, how to cope, and seek help. Although our series of bulletins are mainly on child and adolescents, in this bulletin we focus on depression across different age groups including adults because depression may show differently in young children and adolescents versus adults.

What is depression?

Depressive disorder is a whole-body illness that involves the body, mood, thoughts, and behavior. It affects normal day to day activities, such as eating, sleeping, thoughts and feelings. Depression is characterized by feelings of:

- ❖ Hopelessness
- ❖ Sadness
- ❖ Discouragement
- ❖ Irritability
- ❖ Demotivation
- ❖ Lack of interest/ pleasure in life

Depression is also accompanied by vegetative symptoms that have to do with appetite or sleep, somatic complaints, and in younger people, irritability is more prominent.

Also, depression very often co-occurs with other emotional problems like anxiety disorder.

Note: A clinical diagnosis is given only if these symptoms:

1. persist for more than two weeks
2. interfere with regular daily activities

Depression is not something that you can just wish away. It is important to obtain treatment.

Types of depression

Just like any other illness (e.g., heart disease), depressive disorders present in different forms. These types vary in severity, symptoms, and persistence. In the below section, we describe the three most common types of depression.

Major depression: This depressive disorder is manifested through a combination of symptoms that interfere with an individual's ability to work, eat, sleep, and enjoy activities they once enjoyed. The disabling episodes of major depression can occur once, twice, or several times in a lifetime.

Persistent depressive disorder (PDD)/Dysthymia: This is a less severe form of depression but has chronic symptoms that can last for years and is long-term. Some

individuals with dysthymia also experience major depressive episodes, a condition known as **double depression**. Although these symptoms are not disabling, they keep individuals from not utilizing their full potentials and keep them from feeling good.

Bipolar affective disorder: This depressive disorder involves episodes of depression and elation or mania. Both the depressive and manic episodes are usually separated by periods of normal mood. The manic episode involves elevated mood and increased energy resulting in over-activity, decreased need for sleep, euphoria, grandiose notions, and pressure of speech. The elation episode affects thinking, judgement, and social behavior. Bipolar is a chronic recurring condition.

Note: A manic episode is diagnosed if an elevated mood occurs with three or more primary symptoms present most of the day, nearly every day, for at least one week.

Other types of depressive disorder include:

Post-partum depression (PPD): occurs shortly after birth (immediately after birth to 4 weeks). The signs and symptoms are not any different with major depression except that it has post-partum onset.

Bipolar II: This depressive disorder is characterized by depressive and manic episodes. The manic episodes are not full-blown.

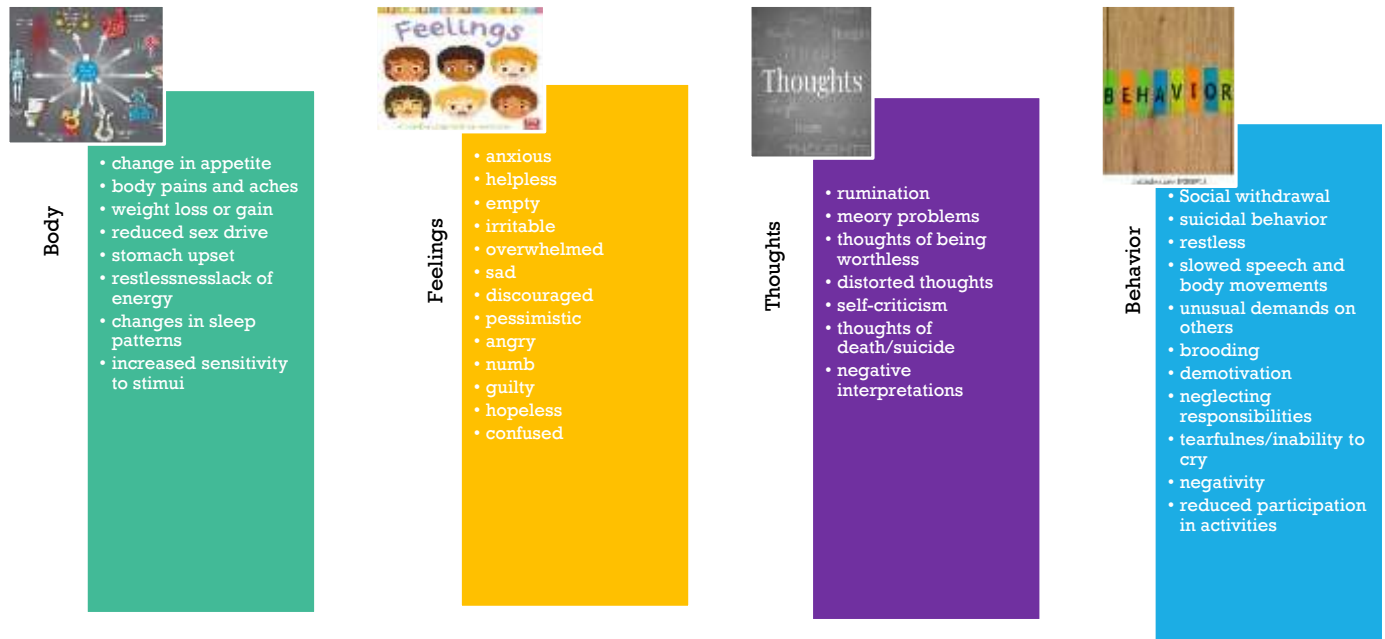
Psychotic depression: this condition involves having delusions (beliefs and thoughts that are not true) and hallucinations (hearing, feeling, smelling, tasting things that are not there) that are connected to a mood state.

Seasonal affective disorder (SAD): This type of major depressive disorder appears during specific periods of the year. It begins and ends at about the same time every year.

Cyclothymic disorder: this involves having manic and depressive symptoms lasting for at least 2 years or 1 year in children and adolescents. However, the symptoms do not meet the diagnosis requirement for a manic and depressive episode.

Signs and symptoms of depression

Depression affects the body, mood/feelings, thoughts, and behavior. Below we describe the signs and symptoms of depression based on these four aspects.



Causes of depression

1. External factors

Childhood experiences: individuals who had difficult childhood experiences are likely to have mental health problems in adulthood. The more of these problems experienced, the higher likelihood for depression in later life. Such adverse childhood experiences may include the following:

- ❖ Neglect
- ❖ Experiences of violence at home
- ❖ Imprisonment of a family member
- ❖ Parental separation/divorce
- ❖ Parental alcohol and substance abuse
- ❖ Serious mental health problems in the home
- ❖ Physical, sexual, and emotional abuse
- ❖ Bullying
- ❖ Stigma

Significant loss: Loss of a loved one, relationships, and other significant losses may trigger a depressive episode.

Lack of social support: Lack of social support and people who one can talk to when faced with a crisis make them more vulnerable to depression.

Stress and recent trauma: stressful life events, e.g., low socioeconomic background, stigma, and other traumas, make an individual susceptible to depression.

2. Genetics

Some types of depression tend to run in families. An individual's risk for depression is higher if they have a first degree relative with major depressive disorder. Scientists suggest that the risk for depressive disorders results from the interaction between individual genetic predisposition and environmental experiences.

3. Physiological/biochemical factors

The imbalance of neurotransmitters in the brain can trigger episodes of depressive symptoms. Medications used to treat illnesses can cause physiological changes that may interfere with the chemical messengers in the brain and trigger bouts of depression.

4. Personal characteristics/Temperament

Individuals who are less resilient in the event of a change, pessimists, and perfectionists are more vulnerable to depression.

5. Other mental health difficulties

Other mental health problems such as alcohol and substance abuse, anxiety disorder etc., can increase the risk of depressive disorders.

6. Physical illness and disability: Pain, chronic disabilities and diseases are strongly associated with depression. Physical illnesses such as cancer, diabetes, HIV & AIDs are likely to impact an individual's quality of life and trigger depressive symptoms.

Who can get depressed?

As we had mentioned earlier, depression can affect both males and females, people from all cultural backgrounds and races, and people of all ages. Below we describe how depression affects individuals across all age groups.

Depression in children

Depression affects 2 in every 100 children in preschool and school-age. Depression in children can be caused by different biological factors (e.g., imbalanced neurotransmitters, family history of mental illness), psychological factors (e.g., temperament), and environmental factors (e.g., death of a parent, broken families, abuse, etc.). Depression may be hard to spot in children because it may show differently at different stages.

How can I know that my child is depressed?

In addition to the signs and symptoms of depression that we had listed above, depressed children may develop the following signs and symptoms:

- ❖ Apathy
- ❖ irritability
- ❖ Behavioral problems
- ❖ Tantrums
- ❖ Somatic complaints, e.g., stomachaches
- ❖ Excessive crying

Depression in adolescents

About 11 in every 100 adolescents get depressed before age 18 years. In Kenya it is estimated that in children between 6-18 years about 30 in every 100 of them have emotional problems, which is about twice as high as their peers from other cultures. Adolescents are susceptible to depression due to low support from parents/peers, abuse (physical, emotional, sexual), high academic pressure, inconsistent parenting, parent-child conflicts, and other mental illnesses, e.g., learning disorders, alcohol and substance abuse, social isolation, bullying etc.

Depressive disorders in adolescents may be accompanied by risky sexual behaviors, tobacco use, risk-taking behavior, and alcohol and drug abuse.

In addition to the signs and symptoms of depression that we had listed above, depressed adolescents may develop the following signs and symptoms:

- ❖ Separation anxiety
- ❖ Eating problems
- ❖ Truancy
- ❖ Poor school performance
- ❖ Sleep problems
- ❖ Social isolation
- ❖ Thoughts of worthlessness
- ❖ Bullying or being bullied
- ❖ Low self-esteem

Depression in the elderly

The elderly population is more susceptible to depression because most of the factors causing depression are common. For instance, they are more likely to lose a loved one, are likely to be on medication, or have illnesses that trigger depressive episodes, financial problems due to retirement, etc.

Impact of depression on parents/caregivers

- ❖ Parents who are depressed are likely to have difficulties with their thoughts, moods/feelings and the ability to engage in everyday activities, including caregiving.
- ❖ Depressed parents are likely to be hostile, abusive, neglectful and withdrawn. Therefore, they become insensitive and less responsive to the needs of their children.
- ❖ Depressed parents may have less energy to be involved in their child's daily activities. Therefore, children are likely to be truant, not perform well in school etc.

Researchers suggest that children of depressed mothers are likely to:

- Cry more frequently or at a greater intensity
- Develop behavioral and emotional problems
- Engage in higher rates of alcohol and drug abuse
- Have poor social relationships
- Poor academic performance.

How can I manage depression?

- ❖ Recognize and be aware of your situation
- ❖ Talk to the people you trust about how you feel
- ❖ Journal. Write down your thoughts and how you feel.
- ❖ Try relaxation, meditation, and other breathing exercises
- ❖ Regular exercises can reduce depressive symptoms
- ❖ Seek professional help and get the proper treatment. Treatment may involve psychotherapy, medication or both.

How can I help children and adolescents manage depression?

- ❖ Express your concerns about the changes you have noticed. **“You seem different lately, would you want to share with me what is happening?”**
- ❖ Talk less and listen more. Validate their feelings. Do not jump to conclusions or giving advice. **“Thank you for sharing with me how you are feeling.”**
- ❖ Help the child/adolescent to understand the root problem. It is essential to understand what is causing the stress and resolving these issues.
- ❖ Spend more time with your child. This will encourage them to talk to you about what is bothering their mind.
- ❖ Offer support. Ask the child/adolescent how you can be of help. If they are not sure just be there for them and offer a listening ear and empathy.
- ❖ Do not blame the child/adolescent or yourself for your child's depression. Depression has several causes, and blaming will not help; it will make the situation worse.
- ❖ Give the child/adolescent a sense of control by giving them the available options. However, please do not force them with your opinion. For instance,

provide opportunities to see a counsellor but do not insist or take them without their consent. It might not turn out to be helpful.

- ❖ Encourage the child/adolescent to get adequate sleep. Children between ages 3-6 will require 10-12 hours of sleep, 7-12 need 10-11 hours, while 12-18 need 8-9 hours of sleep
- ❖ Encourage them to engage in outdoor activities at least for an hour.
- ❖ Keep the child/adolescent from alcohol and other drugs of abuse
- ❖ Offer healthy meals and snacks.
- ❖ Practice self-care as a parent/caregiver. You can not give what you do not have. Reach out to friends/family for psychosocial support. Talk to a mental health specialist for further guidance.