

Depression in Children; Understanding the Untold Story

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Depression as once thought to be a disease of elderly is now becoming quite common in children¹. In Pakistan, more than 34% of the population is suffering from anxiety and depression². Many surveys conducted have shown that 1-3% of children are now victims of depression¹. It is more common in boys in early years of life, it becomes more evident in girls later on¹.

In Pakistan unfortunately the situation is not taken seriously and is causing disability in children to the extent that they cannot perform routine work in daily life³. The religious beliefs, literacy rates and socioeconomic status of the people are hindrance towards the diagnosis. Even in the educated families the label of depression puts a lifelong stigma on the family⁴. Fear from the society and family further delays the diagnosis and treatment. Acceptance of depression as a disease which requires medication is difficult⁵. Clinical conditions which exhibit with pain, bleeding or swelling draw the attention of parents and they think that these need medical consultation for their children. But anxiety and depression are usually not noticed and this silent killer keeps on damaging the mental status of the child leading to disabled personality⁶.

Labelling a child with depression can be a lifelong stigma for him⁷. The children who are vulnerable to develop depression may have different manifestations of the disease at different ages². As in adults, depression in children can be caused by any combination of factors that relate to physical health, life events, family history, environment, genetic vulnerability and biochemical disturbance⁸. Apart from well-known disorder like anxiety, depression, attention deficit syndrome and obsessive disorders there are many symptoms which are leading towards depression. Sadness, low mood and isolation are two things which may label a child with depression or may be taken as part of normal behaviour by the parents. With increasing age irritability and over reactivity can be signs of depression⁹. More cases are usually diagnosed because of complains of loss of sleep or excessive sleeping hours¹⁰. When a child frequently complains of stomach-ache and headache and refuses to go to school might be an indication of depression. Loss of appetite or excessive eating can be symptoms of depression. Later on Enuresis is a symptom which is most commonly missed and later on reports to be an indicator of depression. If these symptoms are continuously reported by the child but ignored can lead to suicidal tendency in children¹¹. Genetic factors, family breakups and poor family support are the commonest reasons. Malnutrition might lead to irritation and behavioural problem that might lead to depression in the end. Children of mothers with depression also have a high tendency of developing depression. Now a day's breakup in relationship and problems in parents is major cause of depression in children. One of the highlight is loudness and shouting plus aggression which starts at early childhood and might lead to abusive behaviour towards other children later on⁵. Depression is not a passing mood, nor is it a condition that will go away without proper treatment. Parental attitude might ignore these symptoms till the situation becomes worse. This might lead to indulgence of the children in smoking or any other addiction. Feedback from the friends, teachers and class mates is very beneficial in diagnosing the cases of depression⁹.

Once diagnosed the treatment is making the child to talk about the problem¹⁰. Parents need to spend time with the children in order to understand their problems¹¹. Building a strong personality is more important than Grades in schools. They should make children aware of the failures and challenges ahead in life¹². Competition with the colleagues should be for better learning rather than creating hatred and jealousy among them. They need to keep the child away from extreme pressures but at the same time prepare them to face the daily life problems. The tolerance and patience shown by the parents is the key to treatment. Embarrassment and shame on part of parents in carrying these children in social gatherings can worsen the condition of the child⁸. Hiding the facts from the physician can be a dangerous thing. Counselling of both parents and the child to prevent the child from isolation and loneliness is required¹⁰. Acceptance on part of the parents and family and willingness to switch from counselling to antidepressant drug if required is also very important turning point in treatment⁹. At the level of government it should be realized that although literacy, malnutrition and economy are the major challenges but mental health of the children is also required for building a strong nation¹⁰. Healthy bodies need healthy mind to achieve their goals so policies should be formulated for the screening, diagnosis and awareness about the mental health problems in children.

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