

Childhood Depression: Breaking the Silence

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Mental health is fundamental to good health and well-being, which in turn influences social and economic outcomes throughout life. Most mental disorders begin before 25 years of age, more often between 11-18 years. The burden associated with common mental disorders like depression rises in childhood and peaks in adolescence. ^[1,2]

India is home to the largest number of adolescents globally, comprising about a fifth of its population (243 million). In recent years, there has been a growing recognition of mental health issues among children and adolescents in India, with depression emerging as a significant concern. Prevalence of depression is about 2% in prepubertal children, which increases to 4%-8% in adolescents. ^[3,4] Factors such as academic pressure, family dynamics, social media influence, and economic disparities contribute significantly to the rising cases of depression among the young population. Recent studies indicate that depression rates are increasing among young people in India with prevalence rates ranging from 31% to 57%. ^[5]

One of the major factors of depression among Indian youth is the pressure to succeed academically. Indian parents often place a great emphasis on their children's education, and there is intense competition to secure places

at prestigious universities. This pressure can be overwhelming leading to anxiety and depression. Social media is another factor that is contributing to the rise of depression amongst adolescents. Lifestyle is another important issue, as factors indicative of adoption of non-traditional lifestyle are associated with an increase in prevalence of depression. ^[5]

Clinical presentation varies as per the level of development. While children may not verbalize feeling depressed, there may be irritability, temper tantrums, mood lability and withdrawn behaviour. Hypersomnia, decreased appetite, and weight loss are more common in adolescents as compared to children. Depression is one of the most important risk factors for suicide and therefore assessment of suicide risk is recommended to be done routinely in depressed children and adolescents. ^[4,6]

One of the primary challenges is the stigma associated with mental health issues in our society. Many parents and caregivers are hesitant to seek help for their children's emotional struggles due to fear of judgment about mental health. Paediatricians are often the first point of contact for children and adolescents with symptoms of depression. Both parent and child interviews are needed for diagnosis of depression. A diagnosis of depression is made under

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as per DSM 5 criteria^[3] which needs either depressed mood or loss of interest or pleasure with at least five other biological, affective, somatic, and cognitive symptoms for a period of at least 2 weeks. According to Indian Academy of Pediatrics (IAP) home environment, education/employment, eating, activities, drugs, sexuality, suicide/depression, and safety (HEEADSSS) history along with past and family history of psychiatric issues should be elicited.^[4]

Other methods like pictorial instruments and depression rating scales can be used, which can be useful for better clinical understanding of mental state of children. One example of pictorial scale is Pictorial Instrument for Children and Adolescents (PICA-R)- a semi-structured pictorial instrument for 6-16-year-old children.^[7]

The PHQ-9 (Patient Health Questionnaire 9) is a psychometrically sound screening tool for use by Pediatricians in a primary care setting in India and has tremendous potential in helping to tackle the growing problem of depression among adolescents.^[7]

In mild to moderate cases of depression, Pediatricians may provide initial management through counselling, lifestyle modifications, and support for the child and family. Advice about behavioural activations such as remaining busy with activities, exercising, regular sleep, and eating healthy. Psychosocial management in childhood thus remains the mainstay.^[4,5]

There is a need to convey the parents that maltreatment of adolescents by parents or family members, alcohol

use and smoking in family might be the factors for depression among adolescents and emphasis should be laid on sharing of problems of adolescents with family.^[4,5] In severe cases or when specialized intervention is needed, Pediatricians need to refer patients to child psychologists, psychiatrists, or mental health clinics and thus play a critical role in coordinating care with these specialists.

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