Patient information from BMJ

Last published: Mar 09, 2021

Depression in children and teenagers: what treatments work?

Depression is an illness that affects people of all ages, including children and teenagers. It can stop a child or teenager getting the most out of life. But there are treatments that can help young people get better.

This information is about treatments that can help children and teenagers aged 6 to 18. You can use our information to talk to your doctor and decide which treatments are best for your child.

To learn more about the signs and symptoms of depression in young people, see the leaflet *Depression in children and teenagers: what is it?*

Treatments

Most depressed young people can be helped with treatment. This could be with 'talking treatments' (psychotherapies), or with medicines, or with a combination of these.

But it might be that neither of these treatments is necessary. Your doctor might recommend starting with a few weeks of monitoring, as well as supportive care and education for both the child and parents.

The child's school counselling services might also be involved. For many children this is all the treatment they need to get better.

Urgent measures

Young people with depression are rarely a danger to themselves or to other people. But doctors must assess this risk right away, just in case.

If your doctor is concerned about this, he or she might decide that your child needs to be admitted to hospital. This is so that your child:

- can be kept safe and is not a danger to him- or herself
- is not a danger to anyone else, and
- can have an urgent mental-health assessment.

But this doesn't happen often, and most young people with depression are not admitted to hospital.

Phases of treatment

Treating young people with depression is often divided into three phases.

Phase 1 lasts from 6 to 12 weeks. The aim is that, at the end of this period, your child's symptoms will have eased or that he or she has no symptoms at all.

Phase 2 lasts from 6 to 12 months. The aim of treatment in this phase is to stop the depression from coming back (called a relapse).

Phase 3 can last for another year or two. Not all young people need treatment by this time. But some have severe or long-lasting depression which needs longer treatment.

First treatments

Early in your child's treatment, you might hear your doctor talk about **active monitoring**. This means that your doctor doesn't start right away with a specific treatment - such as medication or formal therapy.

Instead, as the name suggests, active monitoring involves monitoring your child while taking an active role in how he or she is feeling. This usually involves helping you and your child to learn about depression, and to discuss it.

Your doctor might also suggest simple lifestyle changes for your child. For example, healthy diet and regular exercise are known to help prevent and reduce symptoms of depression.

Problems that can go along with depression

People with depression often have to deal with problems that can happen at the same time, such as **sleep problems**(insomnia) and **agitation**.

Your doctor might suggest that prescribing medicines to help with these problems might help your child through the early stages of depression.

If your doctor suggests medicines to help your child with either of these problems, he or she should discuss with you how they work and any possible side effects. You should ask any questions you want about these and any medicines your doctor prescribes for your child's depression.

Other mental-health conditions

Depression can sometimes affect young people alongside other mental-health issues. Conditions that commonly go along with depression (and that can sometimes cause it) include **anxiety** and **attention-deficit hyperactivity disorder (ADHD)**.

Your child might already be having treatment for another condition. Or the symptoms of depression and of another problem might begin at the same time.

Either way, when planning your child's treatment, your doctor should take into account how the different conditions and treatments interact. He or she should also discuss these issues with you, and you should feel free to ask any questions that you have.

Talking treatments, medicines, and combinations of these

Many young people recover from depression after a period of active monitoring. And even if they have ongoing monitoring, they might not need medication or psychotherapy.

But for young people who have longer-term or more severe problems, there are several treatments available.

Talking treatments

If your child is very depressed, or if he or she doesn't get better after a period of monitoring and supportive care, talking treatments are recommended. These include **interpersonal therapy** and **cognitive behaviour therapy (CBT)**.

It's not clear if either works better than the other. Unfortunately these talking treatments are not always available and can be hard to access in some areas.

In **interpersonal therapy**, children and teenagers work with a therapist to learn new and better ways of getting along with other people. It's based on the idea that depression is often linked to relationship problems, like fights with parents or having trouble making friends.

Most people who have this treatment meet their therapist once a week for three or four months.

There's good evidence that **cognitive behaviour therapy (CBT)** can help relieve the symptoms of depression.

Some children and teenagers have this therapy one to one with a therapist while others have therapy with a group of others. Both methods seem to work well.

CBT aims to help people make positive changes to the way they think and behave. The young person works with a therapist to try to change unhelpful ways of thinking about themselves and the world.

These negative ways of thinking might be making the young person depressed: for example, if someone thinks they are no good at anything. Through CBT they try to learn to think and behave in a more positive way.

Most people who have CBT meet their therapist for about 20 sessions over about 12 weeks. But some younger people need treatment for longer. Longer courses seem to be more helpful.

For many young people, one course of therapy is enough. But depression can return in some people a while after they stop having treatment. So your child might need to have more treatment.

Medicines

Doctors are cautious about prescribing antidepressants to people under 18, and especially to children under 12. But they might recommend them if your child's depression is very bad or if talking treatments alone haven't worked.

Some antidepressants of a type called selective serotonin reuptake inhibitors (SSRIs) can help some young people with severe depression. But they can have side effects.

Children and young people are usually only given SSRIs if they are also having a talking treatment. Research has found that SSRIs combined with cognitive behaviour therapy (CBT) works well for teenagers with moderate or severe depression.

Some young people take these medicines only until they feel better. But others find they need to keep taking it to stop their depression coming back.

SSRIs can have side effects in some people. They are usually mild and not long lasting. But your doctor should discuss them with you carefully. These side effects can include:

- loss of appetite. This can cause weight loss
- headaches
- sleep problems
- feeling tired
- shakiness (tremors)
- diarrhoea
- vomiting, and
- rash.

These side effects are usually mild and don't last long. But a small number of children find the side effects are so bad that they need to stop taking these medicines: for example, some children get a severe rash.

There is a small chance that children taking SSRIs might hurt themselves or think about suicide. If your child is given medicine for depression your doctor should check regularly to make sure the depression isn't getting worse. This is less likely to happen if they are also having a talking treatment at the same time.

Children or teenagers taking SSRIs shouldn't stop or reduce their dose suddenly, as this can cause withdrawal symptoms. These are less likely to happen if their doctor lowers the dose gradually.

Withdrawal symptoms from SSRIs include:

- feeling dizzy or light headed
- feeling tired or drowsy, and
- headaches.

It's unusual for children to be treated with antidepressants other than SSRIs, but it's sometimes necessary if SSRIs don't work or cause severe side effects. If your doctor prescribes another medicine, ask him or her to explain why.

Things you can do to help your child

If you think your child may be depressed you should talk to your child's doctor. Here are some other things you can do if you think your child is at risk of depression.

- Problems at school can trigger depression in young people. For example, they may be being bullied or having a hard time with school work. You can talk to teachers, school counsellors, or school psychologists to find out more. Also, consider whether problems at home might have played a part.
- Encourage your child to stay active and be healthy. Regular exercise can help reduce symptoms of depression in children. Eating a varied, healthy diet, including plenty of fruit and vegetables, can also help.

Some people take a herbal treatment called St. John's wort for depression. Although there's some evidence that it might work for adults, it's not clear whether it is safe or helpful for children with depression. You shouldn't give St. John's wort to a child without talking to your doctor first.

St. John's wort can also interfere with the way some other medicines work. It should not be taken with migraine medicines called triptans or with antidepressants.

Some people also try omega-3 supplements. There is some evidence that these can help. But again, you should not give these to a child without talking to your doctor, as they can interact with other medications.