

key points

SELECTED BY

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The prevalence of depression is higher in adolescents (5.7%)

than in children (2.8%) and this has remained stable over time. The 2:1 female to male ratio of depression in adults becomes evident in adolescents from the age of 12 years. In the UK, bipolar affective disorder is rarely diagnosed in those under the age of 18, especially in those under 13. It is more common in those who present with psychotic features, psychomotor slowness or pharmacologically induced hypomania, and in those with a family history of bipolar disorder or psychosis.

The symptoms of depression in adolescents are similar

to those in adults. However, depression in children of primary school age may be very subtle and symptoms include mood fluctuations, tearfulness, frustration or temper tantrums. Somatic presentations, such as abdominal pain or headaches, are more common in younger children, who may struggle to express emotions verbally. Increased irritability is also a common symptom of depression in this age group particularly among boys. Delusions and suicide attempts are less common in children than in adolescents.

If depression is suspected, it is essential to evaluate the

degree of risk. Risk has two key aspects: the likelihood of a potentially harmful incident occurring and the degree of potential harm. Risk can change quickly and therefore needs to be evaluated regularly. The term risk assessment is somewhat of a misnomer: a good risk assessment is also therapeutic and will lower the pre-existing level of risk. The most important risk to evaluate is the risk an individual poses to him/herself either from self-harm or suicide. A good risk assessment will include a safety plan i.e. steps to reduce the level of risk such as informing parents, parents locking away medications or sharp objects or referral to CAMHS/A&E.

Suicide is relatively rare in children and adolescents.

Rates of completed suicide are approximately 4.8 deaths per 100,000 in the 10-19 year-old population and are higher in males than females. The most dangerous acts associated with suicidal thoughts are jumping (from buildings or in front of cars/trains), hanging/asphyxiation and shooting. All those who have taken overdoses should be referred to A&E even if they have only taken small amounts of drugs e.g. six paracetamol tablets. This helps to convey a message that all overdoses are dangerous, is protective in case of under-reporting and should enable access to a review by CAMHS.

Depression should be treated in CAMHS unless the

the episode is mild and of less than three months' duration. Watchful waiting is recommended as initial treatment for mild depression with a review of the patient's mental state within two weeks. Antidepressants should not be prescribed for mild depression. For those with moderate to severe depression NICE recommends that CAMHS should only prescribe antidepressants in combination with psychological treatments.