key points

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Until the 1970s, it was believed that depressive disorders were uncommon among the young. It is now known that many young people suffer from clinical depression. Major (unipolar) depression is one of the most common mental health disorders in children and adolescents, with an estimated one year prevalence of 4-5% in mid-late adolescence.

Depression is probably the single most important risk factor for teenage suicide, the second to third leading cause of death in this age group and a forerunner of adult depressive disorder. Half of those with lifelong recurrent depression started to develop their symptoms before the age of 15 years.

Family history is a well established risk factor and children born to depressed parents face three to four times increased rates of depression. Both genetic and environmental factors contribute to this risk. Adolescent girls are more vulnerable to depression in a ratio of 2:1. However, prepubertal depression has an equal sex ratio and is thought to be more strongly related to family dysfunction.

Low mood is the predominant feature and depressed children might also have various unexplained physical symptoms, eating disorders, school refusal or substance misuse. Two thirds of adolescents with depression are thought to have at least one comorbid psychiatric disorder, most commonly the range of anxiety disorders, disruptive behavioural disorders and substance misuse problems.

NICE highlights the importance of active listening and conversational techniques in order to screen for mood disorders effectively. The key questions used for screening are from the PHQ-2 which asks about whether, in the past few weeks, the young person has experienced a lack of interest or pleasure in doing things, and if they have felt down, depressed or hopeless.

When a young person poses a high risk of self-harm or suicide or significant ongoing self-neglect it is usually quite obvious that they need a highly specialist service – CAMHS tier 4. For children and young people with moderate to severe depression, referral to tier 2 or 3 CAMHS care is recommended. The new NICE guidelines state that once referred, all these patients should be offered a specific psychological therapy.

Fluoxetine is the only SSRI antidepressant currently licensed for use in the UK for those under 18 although the evidence base is limited. It is important that the decision to start medication is made in secondary and not primary care as the balance of risks and benefits needs to be carefully considered.