



UNDERSTANDING CHILDHOOD DEPRESSION: A COMPREHENSIVE OVERVIEW

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Abstract: Childhood depression, once a topic of controversy, is now recognized as a standard medical concept. In a qualitative study, child psychiatrists discussed its definition, diagnostic process, causes, therapeutic strategies, and the scientific role of child psychiatry. While most agreed that childhood depression involves irritability and psychosocial factors, dissent emerged on whether it's primarily a mood state or psychological suffering, and the role of genetics. Investigating childhood adversity and its impact on psychopathology is crucial. This study explored dimensions underlying adversity measures and created a cumulative risk index. Childhood trauma, with immediate and long-term effects on depression, was examined alongside cognitive factors like overgeneralization, rumination, and social problem-solving.

KEYWORDS: Childhood depression, Factors, Trauma, Methods, Psychological illness

INTRODUCTION

The rising incidence of psychiatric disorders, particularly depression, has become a significant concern in mental health research. The World Health Organization (WHO) estimates that by 2021, depression will be the second-largest contributor to the global disease burden. Mental health problems in children and adolescents are usually caused by several factors: genetic

problems; brain disorders such as epilepsy; violence, loss of significant others, chronic adversities and acute stressful events; developmental problems; adoption; sheltering; in addition to cultural and social aspects that significantly impact child development ^{[1]-[3]}

Notably, depression rates have also increased among children, with prevalence ranging from 0.3% to 7.8% in those under 13 years old. ^{[4]-[6]} In the immediate term, depressive disorders can cause psychological distress in children. However, over the long term, they may negatively impact social, cognitive, and emotional development, ultimately serving as a significant predictor of psychopathologies in adulthood. ^{[2]-[4]}

Childhood depression, a biopsychosocial phenomenon, demands special attention due to its profound and lasting consequences on child development. From physiological changes to impairments in social and cognitive functions, this disease significantly impacts young individuals. Understanding its multifaceted nature is crucial for effective intervention and support. ^{[2][5][7]}

To comprehensively address childhood depression as a critical public health concern, this review systematically evaluates existing evidence across various facets of the topic. It presents an overview of published studies related to childhood depression.

FACTORS

Childhood maltreatment

It encompasses various actions, omissions, and threats. These harmful behaviours, typically perpetrated by those directly responsible for the child, result in physical, psychological, and sexual damage. Maltreated children are mentally vulnerable as they are at risk for mental disorders. Anxiety, depression, and borderline personality disorder are common outcomes. Additionally, they face increased physical health risks, including conditions like cancer, autoimmune diseases, asthma, type 2 diabetes, and cardiovascular issues. ^[8]

The most common types of maltreatment include:

- ❖ Emotional Abuse: This involves offensive, critical attitudes that harm a child emotionally. It includes actions like belittling, humiliation, or constant criticism.
- ❖ Physical Neglect: Refers to the failure to provide essential care and support. It can manifest as inadequate nutrition, lack of medical attention, or unsafe living conditions.

- ❖ **Sexual Coercion:** This type of maltreatment involves sexual exploitation, where a child is coerced or forced into sexual acts against their will.

Impact on Children:

- ❖ **Neurobiological Changes:** Maltreatment affects brain function and structure. It can lead to altered neural pathways and impact cognitive development.
- ❖ **Social Challenges:** Maltreated children often struggle with forming healthy interpersonal relationships. Trust issues and difficulty connecting with others are common.
- ❖ **Emotional Disturbances:** Regulation difficulties affect emotional well-being. Children may experience anxiety, depression, or mood swings due to maltreatment.
- ❖ **Cognitive Changes:** Maltreatment impairs identity formation and self-concept. Children may struggle with self-identity and understanding their place in the world.
- ❖ **Behavioural Shifts:** Maltreated children may exhibit behavioural changes, such as withdrawal, aggression, or difficulty functioning in various contexts (family, school, social settings).

Rates of Unipolar Depression

- ❖ **Before Puberty:** Depression rates are low in children before reaching puberty.
- ❖ **Early Teens:** Rates increase significantly during early adolescence, especially among girls.^[9]

Comorbidity and Risk Factors

- ❖ **Concurrent Comorbidity:** Youth depression often coexists with disruptive and emotional disorders, particularly in younger children.
- ❖ **Preceding Factors:** Anxiety and disruptive behaviour disorders may precede youth depression, increasing the risk of alcohol-related problems.^[9]

Robust Risk Factors

- ❖ **Family History:** Having a family history of depression is a strong risk factor.
- ❖ **Stressful Life Events:** Exposure to significant life stressors contributes to depression risk.^[9]

Homophobic Bullying

Individuals who experienced any form of homophobic bullying during childhood had more severe depression, anxiety, and physical pain in emerging adulthood compared to those who were not

bullied. Specifically, victims of both traditional and cyber homophobic bullying had more severe anxiety in adulthood than those who experienced only one type of bullying (traditional or cyber). Family support during childhood played a moderating role, affecting anxiety and physical pain levels in emerging adulthood among gay and bisexual men who experienced homophobic bullying.^[10]

Biological Factors

Participants attributed childhood depression primarily to psychological factors, environmental factors and adverse childhood experiences, distinguishing it from adult depression. While the role of biology and genetics in childhood depression was debated, this disagreement had limited implications for treatment approaches. However, attributing causation to either environmental or biological factors significantly influenced perceptions of parental responsibility, highlighting the importance of considering these perspectives in clinical practice.^[11]

Challenges in Coparenting

Coparenting involves cooperation, conflict, and triangulation. Cooperation signifies support, respect, and appreciation between caregivers. Conflict arises from disagreements on parenting matters. Triangulation occurs when one caregiver allies with the child, excluding the other member. In a systematic review, researchers found that conflicts, sabotage, competitiveness, and insufficient support within the coparenting subsystem negatively affect a child's healthy development.^[12]

METHODS

A cross-sectional study investigated the relationship between childhood maltreatment, anxiety, depressive symptoms, and risk behaviors in adolescent schoolchildren (aged 11 to 17). Researchers collected sociodemographic data and administered the Revised Child Anxiety and Depression Scale (RCADS-47) and the Childhood Trauma Questionnaire (CTQ).

Emotional abuse and emotional neglect were the most prevalent maltreatment types. Statistically, emotional abuse strongly correlated with depression and anxiety and often co-occurred with other maltreatment types.^[8]

To examine the differences in the current levels of depression, anxiety, and physical pain in emerging adulthood among gay and bisexual men with various experiences of traditional and cyber homophobic bullying based on gender role nonconformity and sexual orientation and the

moderating effects of family and peer support, researchers in Taiwan studied 500 gay or bisexual men aged 20–25 years. They compared the levels of depression, anxiety, and physical pain among those who experienced different types of homophobic bullying during childhood:

- ❖ Victims of any type of homophobic bullying had more severe depression, anxiety, and physical pain in emerging adulthood than nonvictims.
- ❖ Specifically, victims of both traditional and cyber homophobic bullying had more severe anxiety in adulthood than those who experienced only traditional or cyber bullying.
- ❖ Family support during childhood moderated the effects of homophobic bullying victimization on current anxiety and physical pain in emerging adulthood among gay and bisexual men.^[10]

HOW CHILDHOOD DEPRESSION CAN BE TREATED?

Childhood depression can be effectively managed through a combination of therapies and, in some cases, medication.

Therapeutic Approaches:

- ❖ Cognitive-Behavioural Therapy (CBT): This therapy helps children identify and change negative thought patterns and behaviours. While effective, its impact can vary.
- ❖ Interpersonal Therapy (IPT): This focuses on improving relationships and communication skills, and has shown promise in treating depression.

Medication:

- ❖ Antidepressants: Fluoxetine is the most commonly studied antidepressant for children, but its effects are moderate and it carries risks. It's essential to monitor children closely for side effects, including suicidal thoughts.

Combined Treatment:

- ❖ Combining medication and CBT can be beneficial for severe or treatment-resistant depression. However, research on this approach is still evolving.

Prevention:

- ❖ Early intervention is crucial. Psychological programs aimed at preventing depression can be effective, especially for children at high risk due to family history or previous depressive episodes.

Additional Factors:

- ❖ **Comorbid Conditions:** Other mental health issues often coexist with depression, complicating treatment.
- ❖ **Parental Mental Health:** A parent's depression can impact a child's mental health, and treating maternal depression can positively influence a child's condition.

CONCLUSION

Childhood depression, primarily viewed as a psychosocial disorder with irritability, correlates strongly with adverse childhood experiences. Co-occurrence with other psychiatric issues underscores the need for comprehensive care. Inadequate healthcare training poses a significant barrier to effective diagnosis and treatment. Addressing bullying, especially homophobic bullying, is crucial for young people's mental health. Ongoing debates surround the disorder's causes, diagnostic criteria, and optimal treatments. Further research is essential to refine our understanding and develop effective prevention strategies.

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