

Recognizing Depression in Children and Adolescents with DCD

Exact statistics regarding depression in youth with DCD are not known. However, children and adolescents with DCD are at greater risk for depression, possibly due to the accompanying social difficulties and isolation associated with their movement problems. Children with DCD often show significant deterioration in self-esteem, beginning in Grade 3 or 4. When this is accompanied by social isolation and self-deprecating comments, depression should be considered. If the child is demonstrating more than a few of the depressive symptoms listed below, assessment of the child by a psychologist or psychiatrist may be warranted.

The following is a list of symptoms that children and adolescents typically experience when they are depressed.

General descriptors (present for at least 2-3 weeks)

- sad or depressed most of the day, nearly every day
- loss of interest or pleasure in all or almost all activities

Physical symptoms

- significant weight loss/gain or decrease/increase in appetite
- insomnia or hypersomnia
- fatigue or loss of energy
- fidgety with excessive movement or sluggish, slow or minimal movement

Emotional/cognitive symptoms

- poor self-esteem, feelings of worthlessness or excessive or inappropriate guilt
- difficulty concentrating and thinking clearly
- difficulty making decisions
- suicidal thoughts
- feeling hopeless about their situation, feeling it will not/ cannot change
- feeling alone, friendless, isolated
- feelings of self-loathing
- frequent feelings of anger and frustration

Behavioural symptoms

- a negative change in school performance (drop in grades, attendance, attitude, non-completion of assignments)
- more fighting, rudeness, temper outbursts
- frequent irritability
- chooses to isolate themselves
- cries more easily

Parents and teachers often say:

- She is so quiet and withdrawn – I worry about her
- He cries so easily
- He seems alone a lot of the time – she never wants to do things with friends
- He never manages to get his school work done and then seems overwhelmed by it all
- She has difficulty starting anything and gives up easily on things I know she could do
- He is fearful of many things
- She worries about all kinds of things
- She talks about how she hates herself and that she wants to die
- He is always angry
- She loses her temper over nothing
- He is verbally and/or physically aggressive with his peers
- She is a trouble maker
- He makes me so angry
- She doesn't care about anything

Children say:

- I am a bad kid – it would be better if I weren't alive
- I don't want to go on anymore
- I hate school
- My teacher doesn't like me
- I hate myself
- I can't do anything
- I have no friends

The above lists are drawn from a combination of clinical experience, the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) and the Children's Depression Inventory (CDI).

Anger can be a sign of depression in youth

It can be difficult to identify depression in children and adolescents when they present with anger and behaviour problems.

Consider as an example, an 11 year-old boy having temper outbursts in class and with siblings, "trashing" his room and being angry and abusive with his parents. A child such as this may not show any overt signs of sadness or depression. This child's anger and misbehaviour may worsen his isolation and home/school difficulties.