How can we recognise the symptoms of low mood and depression in young people

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In 2022, NHS digital prevalence survey indicated that 18.0% of children aged 7 to 16 years and 22.0% of young people aged 17 to 24 years had a probable mental disorder (NHS digital).

NICE guidance estimate that the prevalence of childhood depression as 1% of pre-pubertal children and 3% of post pubertal children (NICE 2020).

Others estimate that 7.6% of children aged 12 years and over have had moderate to severe depression (Haefner, 2016).

Further estimates can be as high as 24% of girls aged 14 years (Patalay & Fitzsimons, 2017)
Depression and low mood **often co-exist** with other mental health conditions in young people.

**Risk factors can include:**
- family history
- increased academic or social demands
- negative life events
- family discord
- trauma (past or present)
- bullying (past or present)
- substance misuse
- chronic illness
What is it like for a teenager to be depressed

Midgley et al (2015). 77 adolescents between 11-17, moderate to severe depression

- "Misery, despair and tears"
- "Anger and violence towards self and others"
- "A bleak view of everything"
- "Isolation and cutting off from the world"
- "Impact on education"
What is it like to be depressed as a teenager

Dundon (2016) metasynthesis, teens described:

- a feeling of losing touch with themselves, their friends, and their families and the depression taking over
  - leaving pessimism
  - decreased self-esteem
  - fatigue
  - anger
  - and an overwhelming sadness in its wake

Causes attributed to stress and transitions from childhood to adulthood, trauma, relationship difficulties and biology
### What would we look for?

<table>
<thead>
<tr>
<th>Children may appear ‘unhappy’</th>
<th>Report feeling hopeless, helpless, miserable</th>
<th>Irritability</th>
<th>Loss of enjoyment in everyday activity</th>
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</thead>
<tbody>
<tr>
<td>Tearfulness</td>
<td>Sad / sadness</td>
<td>Cognitive changes, e.g. concentration</td>
<td>Lack of confidence</td>
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<tr>
<td>Self blame, guilt, responsibility</td>
<td>Sleep changes</td>
<td>Eating patterns</td>
<td>Self harm &amp; suicidal thinking</td>
</tr>
</tbody>
</table>
How else should we consider?

- Is this normal for ‘them’
- School performance – reduced?
- Increased social isolation & avoidance
- Aggressive or violent behaviour
- Increased physical complaints
- Family conflict, changes in personal / family life
- Difficulties with friendships
- Reports of feeling confused
Main features

**Mood changes**
- Sadness
- Irritability

**Social relationships**
- Avoidance withdrawal social isolation
- Difficulties in relationships and poor ability to solve challenges

**Cognitive Changes**
- Concentration
- Low self esteem
- Helplessness
- Suicidal thinking

**Physical Symptoms**
- Sleeping
- Eating
- Apathy
- Inactivity

Verduyn et al., 2009
Vicious circles and ongoing impact

- Inactivity / withdrawal
- Sleep problems
- Poor concentration
- Poor school work
- Seeing less friends
- Sense of failure / feeling hopeless

- Physical
- Social
- Occupational
- Emotional
Low mood

V

Clinical Depression

Feeling blue – experienced intermittently, short lived, maybe as a result of something which has happened or anticipated, motivation may be poor, it will usually pass, YP can be ‘encouraged’ to engage

Depression - starts to significantly impact on functioning, impact on thinking, physical functioning and ability to engage
Does the young person appear different to usual?

Has this been the case for several weeks?

- Has their confidence dipped, are they more indecisive?
- Are they not completing homework, engaging with extra curricular activities as normal?
- Are they reporting fatigue and changes in sleep and appetite?
- Are they reporting increased self doubt, more sense of dread and failure?
- Have the become more ‘sulky’? Are they getting into trouble at school? being negative, grouchy, and feeling misunderstood?
- Are they more absent than usual?
- Are they clingier? Finding it harder to go to school? Isolating themselves
- Anxiety – leading to low mood?
- Lack of emotion?
Don’t forget other external factors

What else might be happening?

Social media

Bullying

Wider contextual factors, family, friends, exams, illness, financial pressures

what else might be contributing or impacting on emotional wellbeing.
For example, Jen, aged 14

→ Started getting more behaviour points at school
→ Would attend family events but was turning down social activities at friends
→ Started to report that when things happened she thought it was all her fault
→ Started to report more headaches and frequent stomach-ache, increased absence
→ Became more tearful, lost weight, reported being tired all the time

Was able to tell a teacher as the teacher asked.
Was able to tell someone things felt hard and that she had started self harming
What can you do?

- Ask?
- How are things?
- Has anything changed?
- How are you feeling?
- I noticed you don’t appear yourself
What can you do?

- On scale of 1/10 where would you place yourself, now?
- A couple of weeks/months ago?
- Where would you like to be?
- What might help?
How to ask when young people don’t want to talk?

- Be available - connections will feel hard for them at the moment
- Use developmentally appropriate language
- Drawing
  - Colours
  - Analogies - weather?
Where else can you access info and support

- Young Minds – [https://www.youngminds.org.uk/](https://www.youngminds.org.uk/)
- NHS Every Mind Matters - [https://www.nhs.uk/every-mind-matters/](https://www.nhs.uk/every-mind-matters/)
- Mind - [https://www.mind.org.uk](https://www.mind.org.uk)
- NSPCC - [https://www.nspcc.org.uk](https://www.nspcc.org.uk)
- Kooth - [https://www.kooth.com/](https://www.kooth.com/)
- Local – Mental Health Support Teams in Schools, CAMHS, charities